

TWELFTH MEETING

Monday, 24 January 2005, at 14:15

Chairman: Mr D.Á. GUNNARSSON (Iceland)

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

Responding to health aspects of crises: Item 4.3 of the Agenda (Document EB115/6) (continued from the second meeting)

The CHAIRMAN invited the Board to consider the revised draft resolution on health action in relation to crises and disasters, with particular emphasis on the south Asian earthquakes and tsunamis of 26 December 2004, which read:

The Executive Board,
Having considered the report on responding to health aspects of crisis;¹

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

The Fifty-eighth World Health Assembly,

~~Noting~~ Regretting the profound human consequences of the earthquakes and tsunamis that on 26 December 2004 struck ~~12~~ many countries, from ~~South-East Asia~~ to east Africa, causing more than ~~150 210 000~~ deaths, ~~including many health professionals, with thousands more still missing,~~ injuring as many as half a million people, and making at least five million people homeless and/or deprived of adequate access to safe drinking-water, sanitation, food or health services;

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

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

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

Appreciating the generous assistance provided to the affected nations by governments, nongovernmental groups, individuals, and national public-health institutions (including through the Global Outbreak Alert and Response Network); ~~and recognizing the major challenges faced by local authorities as they attempt to coordinate both personnel and goods made available in this way;~~

¹ Document EB115/6.

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

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

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

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

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

Reaffirming the need to build local capacity to assess risks, prepare for, and respond to, any future catastrophe, including by providing continuous public education, dispelling myths about health consequences of disasters, and reducing the risk of disaster damage in critical health facilities;

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

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

2. URGES Member States:

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

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

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

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

~~(4)~~(5) to ensure that – in times of crisis – all vulnerable affected populations have equitable access to essential health care, focusing on saving those whose lives are endangered, and sustaining the lives of those who have survived, and paying particular attention to the specific needs of women and children, older people, and

persons with acute physical and psychological trauma, communicable diseases, chronic illnesses, or disability;

~~(5) to increase as a priority their contribution to existing financing for WHO's support for health actions in crisis so that they are adequate for immediate and significant interventions;~~

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

~~(6)(7) to safeguard protect national and international personnel involved in improving health of crisis-affected communities, and to ensure that they receive the necessary physical protection and professional guidance, emotional support and logistical back-up so that they can to undertake whatever urgent and necessary humanitarian action is needed and relief of suffering (to the greatest possible extent) when lives are endangered, relieve suffering and save lives to the maximum extent possible;~~

3. REQUESTS the Director-General:

~~(1) to build up intensify WHO's support for tsunami-affected to those Member States affected by the tsunami of 26 December 2004 as they establish focus on effective disease-surveillance systems, assess and improved access to clean water, sanitation and good-quality health care (particularly for on mental health), by strengthening the management of medical supply chains and providing necessary technical guidance to all those involved in humanitarian action, health professionals and the general public on matters of public health importance, (including the that on management of dead bodies, and avoidance of communicable diseases), and ensuring prompt and accurate communication of information in a way that reduces misinformation;~~

~~(2) to coordinate the effort of donors to assist governments affected by the said tsunami in the effective planning and implementation of encourage cooperation of WHO's field activities with those of other international organizations, with the support of donor agencies, so as to help governments of countries affected by the tsunami to coordinate responses to public health challenges (under the aegis of the United Nations Office for the Coordination of Humanitarian Affairs) and to plan and implement the rapid and sustainable rehabilitation of health systems and services, and to report to the Health Assembly on the progress of such cooperation;~~

~~(3) to assist in the design of social safety nets and programmes that provide support for to persons unable to function because of the impact of whose lives and livelihoods have been affected by the said tsunami on their lives and livelihoods, and of the services needed to address their psychological physical and mental trauma;~~

~~(4) to extensively adapt, redesign (where necessary), and secure adequate resources for, effective WHO's work in the area of emergency preparedness and response, and other areas of work involved in the Organization-wide response to crises;~~

~~(5) to enhance WHO's capacity to provide support, within the coordination mechanisms of the United Nations system and of other institutions (particularly the International Red Cross and Red Crescent Movement), for formulating, testing and implementing health-related emergency preparedness plans, responding to the critical health needs of people in crisis conditions, and planning and implementing sustainable recovery after a crisis;~~

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

~~(6)~~(7) to mobilize WHO's own extensive health expertise, to increase its ability to locate outside expertise, to ensure that such knowledge and skills are updated, and to make this expertise available in order to provide prompt and appropriate technical support to both international and national health disaster-preparedness, response, mitigation and risk-reduction programmes;

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

~~(7)~~(9) to ensure that WHO helps all relevant groups concerned bodies as they prepare for, respond to, and recover from with preparation for, response to and recovery after disasters and crises – through timely and reliable assessments the levels of suffering and threats to survival, as revealed by (using morbidity and mortality data); coordination of health-related action in ways that reflect these assessments; identification of, and action to fill gaps critical to that threaten health outcomes; and building of local and national capacities, including transfer of expertise, experience and technologies, among between Member States, with adequate attention to the links between relief and reconstruction;

~~(8)~~(10) to develop further strengthen existing logistics services within WHO's mandate, in close coordination with other humanitarian agencies, so that the necessary operational capacity may be available for Member States to receive prompt and timely assistance when faced by public health crises.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that, in his country's experience, one of the most difficult issues to deal with following a disaster was the spread of rumours. In order to prevent public panic caused by such rumours and even more devastating socioeconomic consequences, accurate information should be provided to the media. He therefore suggested the addition of a new paragraph 3(1)*bis*, which would read: "to actively and in a timely manner provide accurate information against rumours to the international and local media so as to prevent public panic, conflicts and other social and economic impacts".

Dr BRUNET (alternate to Professor Dab, France) expressed general support for the draft resolution but recalled that the member for the United Kingdom of Great Britain and Northern Ireland, supported by the member for France, had proposed that in paragraph 3(3) the words between "design of" and "the services needed" should be deleted. The text as it stood was too vague, and he did not think that the design of programmes to support persons whose livelihoods had been affected came within the scope of WHO's activities.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) said that the health aspects of crises should be identified in more detail. For instance, the report stated (paragraph 1) that a threat such as the increasing prevalence of HIV infection could trigger a crisis; the HIV/AIDS epidemic should be identified as a global crisis with no less an impact in medical and social terms than any other crisis or disaster. A combination of an HIV/AIDS epidemic and other types of crisis not only would worsen the situation with regard to HIV infection, but also could lead to a significant deterioration in the epidemiological situation of tuberculosis. In future, more information should be provided on the epidemiology of conditions associated with crises and disasters.

Dr STEIGER (United States of America) suggested that the draft resolution, which he supported, needed minor editorial improvements. The meaning of "gender-sensitive early warning systems" in paragraph 2(4) was not clear, since as he saw it all vulnerable persons should be warned of

disasters and trained in how to deal with them. He proposed adding the words “including displaced persons” after “affected populations” in paragraph 2(5).

Mr YAMAGUCHI (Japan),¹ referring to the final preambular paragraph and to paragraph 3(8), said that the reference to the World Conference on Disaster Reduction should read “World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005)”. In order to emphasize the importance of the role of governments of affected countries, he proposed that the words “as primary responsibility lies with these governments” should be added after “Humanitarian Affairs” in paragraph 3(2).

The CHAIRMAN, speaking as the member for Iceland, supported that proposal.

Dr NABARRO (Representative of the Director-General for Health Action in Crises) said that the term “gender-sensitive” in paragraph 2(4) had been suggested by members to reflect the fact that the early warning systems referred to should meet the needs of all groups, in particular women with children.

With regard to the comments of the member for France on paragraph 3(3), he recalled that in many disasters in recent years WHO had been asked to provide input into the design of humanitarian programmes, not only with regard to health services but also access to water, sanitation, food, shelter and security – areas with a direct potential impact on health. The wording of the paragraph was intended to capture the broad notion of public health within the spirit of the primary health care being developed by WHO, and he wondered whether it would be appropriate to delete reference to WHO’s assistance in the design of humanitarian programmes, particularly as bodies such as UNHCR were requesting assistance in that regard.

He agreed that the text did not provide much information on the epidemiology of conditions associated with crises and disasters; the comments of the member for the Russian Federation would be taken into account.

Mr AITKEN (Director, Office of the Director-General) read out the suggested amendments. The representative of Japan, supported by the member for Iceland, had suggested that “Hyogo” be added after “Kobe” in the final preambular paragraph and in paragraph 3(8). In the light of the comments by the member for the United States of America, it might be appropriate to delete the words “gender-sensitive” from paragraph 2(4). That member had also proposed inserting “including displaced persons” after “affected populations” in paragraph 2(5). The member for Thailand had proposed the addition of a paragraph 3(1)*bis*, to read: “to actively and in a timely manner provide accurate information against rumours to the international and local media so as to prevent public panic, conflicts and other social and economic impacts”. In paragraph 3(3), it might be preferable to insert “health aspects of” after “design of”, and to retain the remainder of the text as it stood.

Dr BRUNET (alternate to Professor Dab, France) supported the amendment to paragraph 3(3) suggested by Mr Aitken.

The resolution, as amended, was adopted.²

Infant and young child nutrition: Item 4.4 of the Agenda (Document EB115/7) (continued from the fourth meeting)

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

² Resolution EB115.R11.

The CHAIRMAN drew attention to the draft resolution on infant and young child nutrition, as amended by a drafting group, which read:

The Executive Board,
Having considered the report on infant and young child nutrition;¹

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

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

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

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

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

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

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

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

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

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

¹ Document EB115/7.

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

1. URGES Member States:

- (1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,¹ and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding encouraging the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;
- (2) to ensure that nutrition and health claims are not permitted on foods for infants and young children except where specifically provided for in relevant Codex Alimentarius standards or national legislation;
- (3) to ensure, in situations where infants are not breastfed, that clinicians and other health-care providers, community workers and families, parents and other caregivers, particularly of infants at high risk, are provided with information and training in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;
- (4) to ensure that financial support for professionals working in infant and young child health does not create conflicts of interests;
- (5) to ensure that research on infant and young child feeding, which forms the basis for public policies, is always independently reviewed in order to ensure that such policies are not unduly influenced by commercial interests;
- (6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;
- (7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;
- (8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;
- (9) to participate actively in the work of the Codex Alimentarius Commission;
- (10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international fora, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

- (1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;
- (2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe

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

and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the global strategy for infant and young child feeding and the International Code of Marketing of Breast-milk Substitutes;

(3) to urgently complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and explore the necessity of adding warning messages on product packaging;

3. REQUESTS the Director-General:

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

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

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

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

Mr AITKEN (Director, Office of the Director-General) pointed out that the words “[see footnote 2]” should be deleted from paragraph 3(2), which in fact had no footnote.

Dr HUERTA MONTALVO (Ecuador) congratulated the drafting group on producing a text that was apparently acceptable to all. He particularly welcomed paragraph 1(6), which clarified the situation and defined the approach to be taken for the future. He agreed that WHO should not be too restrictive in defining its area of competence, bearing in mind that health constituted a state of physical, mental and social well-being and not merely an absence of disease.

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union and the candidate countries Bulgaria, Croatia, Romania and Turkey, supported the amended draft resolution, and indicated that those countries on whose behalf she spoke wished to be sponsors.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) observed that there appeared to be a contradiction in the text. Paragraph 1(3) stated that, where applicable, packaging should contain a warning to the effect that powdered infant formula might contain pathogenic microorganisms. However, in paragraph 2(3), the Codex Alimentarius Commission was requested to explore the necessity of adding warning messages on product packaging. He acknowledged that the potential existed for powdered infant formula to become contaminated with *Enterobacter sakazakii*, and agreed that further research should be undertaken to obtain a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*. The Codex Alimentarius Commission

should develop guidelines for the quality control of infant formula, which would be the most effective way of reducing the risks of contamination of food products. It was not appropriate, however, to put an explicit warning on packaging, as it might cause unjustified concern among clinicians and carers and have a detrimental effect on the health of children during the first year of life, particularly when infant formula was replaced with other, less suitable alternatives, such as cow's milk. Although all Member States recognized the importance of six months' exclusive breastfeeding and had endorsed that as part of a global strategy on infant and young child feeding, breastfeeding for that length of time was not always possible, and in such cases supplementary feeding would be introduced. Care should be taken over the labelling of food products for infants, and the information on nutritional value and the health benefits of those products should be confirmed by rigorous scientific data.

Dr STEIGER (United States of America) said that, although he shared some of the concerns expressed by the previous speaker, he supported the text as it stood.

Dr ACHARYA (Nepal) proposed that the words "where applicable" in paragraph 1(3) should be deleted.

Dr TANGI (Tonga) said that the issue of infant and young child nutrition was of concern to his country. He too supported the draft resolution as it stood and wished to become a sponsor.

Dr AHMED (Ghana) also supported the draft resolution as it stood.

Dr STEIGER (United States of America) urged members not to reopen discussion of the text, which was a carefully balanced compromise.

The CHAIRMAN, acknowledging the differences of view, urged participants to accept the text as it stood in the interests of consensus.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that, in principle, he had no objection to the text, but reiterated that it contained certain contradictions.

Ms HALTON (Australia), speaking as Chairman of the drafting group, thanked participants for the spirit of compromise that they had shown. The comments made by the members for Nepal and the Russian Federation had typified the essence of the debate and highlighted the different positions. Paragraph 1(3) addressed the public health component of the issue. The phrase "where applicable" was a compromise intended to acknowledge that each country should decide for itself what action to take with regard to warnings on packaging. One factor that was clear, however, was the responsibility of the public health authorities in each country to inform citizens about issues surrounding the use of the products. The point made by the member for the Russian Federation that people might stop using the products and replace them with other less suitable alternatives had been discussed by the group.

Referring to paragraph 2(3), she said that it was the group's expectation that the work to be undertaken by the Codex Alimentarius Commission would be consistent with the latter's mandate.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) thanked the Chairman of the drafting group for her explanation and expressed willingness to join the consensus.

The resolution, as amended, was adopted.¹

¹ Resolution EB115.R12.

Social health insurance: Item 4.5 of the agenda (document EB115/8) (continued from the fifth meeting)

The CHAIRMAN invited the Board to consider the amended draft resolution on sustainable health financing, universal coverage and social health insurance, which read:

The Executive Board,
Having considered the report on social health insurance,¹

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

The Fifty-eighth World Health Assembly,

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

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

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

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

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

Recognizing the important role of State legislative and executive bodies ~~government stewardship~~ [Russia] in further reform of health-financing systems with a view to achieving universal coverage;

1. URGES Member States:

(1) to ensure that health-financing systems include a method for introduce or develop ~~introduce or develop~~ [USA] prepayment of financial contributions for health care ~~the health sector~~ [USA], with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;

(1bis) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package; [Thailand]

(2) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms ~~and institutions~~ [USA] for the health system as a whole;

(2bis) to create sustainable and continuing mechanisms, including regular international conferences, in order to facilitate the continuous sharing of experiences and lesson learnt on social health insurance; [Thailand]

¹ Document EB115/8.

- (3) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, [Russia] to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration-Development Goals [USA], and to achieving health for all;
- (4) to recognize that, when managing the transition to universal coverage, each option will need to be developed within the particular macroeconomic, sociocultural and political context of each country;
- (5) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government stewardship;
- (6) to share experiences on different methods of [USA] health financing, reform including the development of social health insurance schemes, and private, public, and mixed schemes, [USA] with particular reference to the institutional mechanisms that are established to address the principal functions of the health-financing system;

2. REQUESTS the Director-General:

- (1) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage, and taking account of the special needs of small island countries and other countries with small population [Maldives]; and to collaborate with Member States in the process of social dialogue on health-financing options;
- (2) to provide Member States, in coordination with the World Bank [Czech Republic] and other relevant partners [USA], with technical information on the potential impact of inflows of external funds for health on macroeconomic stability;
- (3) to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different ~~create an evidence base in order to identify best~~ [USA] practices in health financing, covering collection of revenues, pooling, and provision or purchasing of services, taking account of economic and sociocultural differences;
- (4) to provide support to Member States, as appropriate, for [USA] developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) pointed out that Thailand's amendment had been mistakenly inserted as paragraph 1(2bis), whereas the intention had been that it should become paragraph 2(2bis).

Dr STEIGER (United States of America), noting that that paragraph referred to "regular international conferences", asked about the possible financial implications of such conferences.

Dr EVANS (Assistant Director-General) suggested insertion of the words "if possible" to indicate that, as usual, the Organization would carry out the recommendation contained in the draft resolution subject to the availability of resources.

The CHAIRMAN took it that those amendments were acceptable.

The resolution, as amended, was adopted.¹

Blood safety: proposal to establish World Blood Donor Day: Item 4.6 of the Agenda (Document EB115/9) (continued from the fifth meeting)

The CHAIRMAN invited the Board to consider the draft resolution on blood safety, as amended at the fifth meeting, which read:

The Executive Board,

Having considered the report on blood safety,² and the Consensus Statement of the WHO Forum on Good Policy Process for Blood Safety and Availability³ [USA]

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

The Fifty-eighth World Health Assembly,
Recalling resolution WHA28.72 which urged the development of national blood services based on the voluntary, nonremunerated donation of blood;

Having considered the report on blood safety;

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

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

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

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

1. AGREES to the establishment of an annual World Blood Donor Day, to be celebrated on 14 June each year;

2. RECOMMENDS that this blood donor day should be an integral part of the national blood-donor recruitment programme; [Gambia]

3.2. URGES Member States:

- (1) to promote and support the annual celebration of World Blood Donor Day;
- (2) to establish or strengthen systems for the recruitment and retention of voluntary, nonremunerated blood donors and the implementation of stringent criteria for donor selection;
- (3) to introduce legislation, where needed ~~none exists~~, [USA] to eliminate paid ~~and family or family replacement~~ blood donation except in limited circumstances

¹ Resolution EB115.R13.

² Document EB115/9.

³ 9 November 2004, Geneva.

of medical necessity and, in such cases, to require informed assent of the transfusion recipient; [USA]

(4) to provide adequate financing for high-quality blood donation services and for extension of such services to meet the needs of the patients; [Thailand]

(5) to promote multisectoral collaboration between government ministries, blood transfusion services, professional bodies, nongovernmental organizations, civil society and the media in the promotion of voluntary, nonremunerated blood donation;

(6) to ensure the proper use of blood transfusion in clinical practice so as to avoid abuse of blood transfusion, which may result in a shortage of blood and hence stimulate the need for paid blood donation; [China]

(7) to support the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems through, in particular: [USA]

(a) government commitment and support for a national blood programme with quality-control systems, by means of a legal framework, a national blood-safety policy and plan, and adequate resources,

(b) organization, management and infrastructure to permit a sustainable blood transfusion service,

(c) equitable access to blood and blood products,

(d) voluntary, nonremunerated blood donors from low-risk populations,

(e) appropriate testing and processing of all donated blood and blood products, and

(f) appropriate clinical use of blood and blood products; [USA]

(8) to establish a quality process for policy- and decision-making for blood safety and availability based on ethical considerations, transparency, assessment of national needs, scientific evidence, and risk/benefit analysis; [USA]

(9) to share information nationally and internationally in order to make clear the scientific, economic and social basis of national policy decisions related to blood safety and availability; [USA]

(10) to strengthen partnerships at all levels in order to accomplish these recommended actions; [USA]

43. CALLS UPON international organizations and bodies concerned with global blood safety to collaborate in promoting and supporting World Blood Donor Day;

54. INVITES donor agencies to provide adequate funding for initiatives to promote voluntary, nonremunerated blood donation;

65. REQUESTS the Director-General:

(1) to work with other organizations of the United Nations system, multilateral and bilateral agencies, and nongovernmental organizations to promote World Blood Donor Day;

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

Dr SAM (Gambia) noted that many delegations opposed the inclusion of the wording proposed by the United States of America for paragraph 2(3), namely to introduce legislation “where needed” to eliminate paid blood donation “except in limited circumstances of medical necessity”. It was hard to imagine how any situation, even in circumstances of medical necessity, could require paid blood donation, a practice that should be actively discouraged.

Dr STEIGER (United States of America) said that all countries shared the goal of eliminating paid blood donation and promoting voluntary, nonremunerated donation. Payment for blood donations was condoned under domestic legislation in his country, however, and he could not endorse a text that would require a change in that legislation.

After informal consultations, the CHAIRMAN took it that the Board wished to adopt the draft resolution as amended.

The resolution, as amended, was adopted.¹

Malaria: Item 4.11 of the Agenda (Document EB115/10) (continued from the seventh meeting)

The CHAIRMAN invited the Board to consider the draft resolution on malaria, as amended at the seventh meeting, which read:

The Executive Board,

Having considered the report on malaria;²

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

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

The Fifty-eighth World Health Assembly,

Having considered the report on malaria;

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

Recalling that the period 2001-2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the United Nations General Assembly,³ and that combating HIV/AIDS, malaria and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;

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

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

¹ Resolution EB115.R15.

² Document EB115/10.

³ Resolution 55/284.

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

1. URGES Member States:

(1) to establish national policies and operational plans to ensure that at least 80% of those at risk of or suffering from malaria benefit from major preventive and curative interventions by 2010 in accordance with WHO technical recommendations so as to ensure a reduction in the burden of malaria of at least 50% by 2010 and 75% by 2015;

(2) to assess and respond to the need for integrated [Thailand] human resources at all levels of the health system in order to achieve the targets on the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;

(3) to further enhance financial support and development assistance to malaria activities in order to achieve the above targets and goals;

(4) to increase, in countries endemic for malaria, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

(5) to pursue a rapid scale-up of prevention, by applying expeditious approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups, with the aim of at least 60% of pregnant women receiving intermittent preventive treatment and at least 60% of those at risk using insecticide-treated nets wherever that is the vector-control method of choice, ~~by applying expeditious approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups; [USA and Thailand]~~

(5bis) to support indoor residual insecticide spraying, where this intervention is indicated by local conditions; [USA]

(5ter) to develop or strengthen intercountry cooperation to control the spread of malaria across shared borders; [Russia and Thailand]

(5quarto) to encourage collaboration between national programmes and other services, including those of the private sector and universities; [Gabon]

(6) to support expanded access to artemisinin-based combination therapy, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy, and the scaling up of artemisinin production to meet the increased need;

(7) to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; of sensitive and specific diagnostic tests; of effective vaccine(s); and of new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

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

2. REQUESTS the Director-General:

- (1) to reinforce and expand the Secretariat's work to improve existing national capabilities, and to cooperate with Member States, in collaboration with Roll Back Malaria partners, in order to ensure the full and cost-effective use of increased financial resources for achieving international goals and targets, including the internationally agreed development goals related to malaria contained in the United Nations Millennium Declaration;
- (2) to collaborate with malaria-affected countries and Roll Back Malaria partners to ensure that countries receive full support for necessary monitoring and evaluation, including the development and implementation of appropriate pharmacovigilance systems;
- (3) to collaborate with Roll Back Malaria partners, industry, and development agencies in order to ensure that sufficient quantities of insecticide-treated mosquito nets and effective antimalarial medicines are made available, especially those required for combination therapies, for example by studying the possibility of WHO undertaking bulk purchases on behalf of Member States [Sudan], noting the need for strictly controlled distribution systems for antimalarial medicines [Thailand];
- (3bis) to provide evidence-based advice to Member States on the appropriate use of indoor residual insecticide spraying, taking into account recent experiences around the world; [USA]
- (4) to strengthen collaboration with partners in industry and academia for development of affordable high-quality products for malaria control, including rapid, easy-to-use, sensitive and specific diagnostic tests; an effective malaria vaccine; novel, effective and safe antimalarial medicines; and new insecticides and delivery modes to enhance effectiveness and delay the onset of resistance;-
- (5) to provide support for intercountry collaboration to control malaria, in particular, where there is a risk of spread across shared borders; [Russia and Thailand]
- (6) to further promote cooperation and partnership between countries supporting malaria control programmes in order to ensure that funds available to combat the disease are used efficiently and effectively. [Sudan]

Dr SAM (Gambia) expressed gratitude, on behalf of the countries of west Africa, for the contributions, which had strengthened the draft resolution. Malaria was indeed a global problem, but in west Africa it was the largest cause of both morbidity and mortality. In 2003 the West African Health Organization had adopted a declaration aimed at accelerating efforts to achieve the Abuja targets. The Health for Peace Initiative brought together several countries in west Africa to use cross-border approaches to combat malaria, approaches that were being coordinated by Gambia.

Mr SHUGART (Canada) proposed, in order to foster collaboration with development partners generally, insertion of the words "and to encourage and facilitate the development of new tools to increase the effectiveness of malaria control, especially by providing support to the UNICEF/UNDP/World Bank/WHO Programme for Research and Training in Tropical Diseases" at the end of paragraph 1(3). In paragraph 1(5), the words "and cost-effective" should be inserted after the word "expeditious".

The resolution, as amended, was adopted.¹

¹ Resolution EB115.R14.

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

Reports of the foundation committees: Item 7.5 of the Agenda (Document EB115/RESTR.DOC./1)

Léon Bernard Foundation Prize

Decision: The Executive Board, having considered the report of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Prize for 2005 to Professor T. Sharmanov (Kazakhstan) for his outstanding service in the field of social medicine. The laureate will receive a bronze medal and an amount of CHF 2500.¹

Dr A.T. Shousha Foundation Prize

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2005 to Dr Kamel Shadpour (Islamic Republic of Iran) for his most significant contribution to the objectives of primary health care in the geographical area in which Dr Shousha served the World Health Organization. The laureate will receive the equivalent of CHF 2500 in United States dollars.²

Jacques Parisot Foundation Fellowship

Decision: The Executive Board, having considered the report of the Jacques Parisot Foundation Committee, awarded the Fifteenth Jacques Parisot Foundation Fellowship for 2005 to Dr Alok Kumar (Barbados). The laureate will receive a medal and an amount of US\$ 5000 in order to complete his proposed research project within a period of 12 months.³

Ihsan Dogramaci Family Health Foundation Fellowship

The Executive Board, having considered the report of the Ihsan Dogramaci Family Health Foundation Selection Committee, approved the revision of Article 4 of the Statutes of the Ihsan Dogramaci Family Health Foundation Prize.

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2005 to the Centre for Training and Education in Ecology and Health for Peasants (Mexico). The laureate will receive an amount of US\$ 40 000 for its outstanding work in health development.⁴

¹ Decision EB115(4).

² Decision EB115(5).

³ Decision EB115(6).

⁴ Decision EB115(7).

Francesco Pocchiari Fellowship

Decision: The Executive Board, having considered the report of the Francesco Pocchiari Fellowship Committee, awarded the Francesco Pocchiari Fellowship for 2005 to Professor Dr Gönül Dinç (Turkey). The laureate will receive US\$ 10 000 in order to enable her to carry out the research she proposed.¹

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2005 to Her Majesty Queen Rania Al-Abdullah (Jordan). The laureate will receive US\$ 40 000 for her outstanding contribution to health development.²

State of Kuwait Health Promotion Foundation

The Executive Board took note of the approval by the State of Kuwait Health Promotion Foundation Selection Panel of the guidelines determining the criteria for the assessment of candidatures, the candidate form and the certificate of award.

Reports of the Joint Inspection Unit and related matters: Item 7.6 of the Agenda

- **Previous JIU reports: implementation of recommendations** (Document EB115/23)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had reviewed the implementation of two previous JIU reports that were of relevance to WHO: Managing information in the United Nations system organizations: management information systems and Evaluation of the United Nations system response in East Timor: coordination and effectiveness. Its conclusions were set out in paragraph 80 of its report (document EB115/45).

Mr KOCHETKOV (adviser to Mr Skotnikov, Russian Federation) said that the reports, particularly the one on information technology, were timely, since many international organizations, including WHO, were working to create a global information management system. Member States were not being kept sufficiently well informed about those efforts, however, despite JIU's recommendations. Formal annual reports should therefore be submitted to the Health Assembly on the major information technology projects, focusing on such matters as current expenditure, number of consultants and implementation times.

In the context of the plan to reform JIU within the United Nations system, the Unit was making efforts to establish a system to track the status of implementation of its recommendations. It would be interesting to know the views of the inspectors themselves on implementation by WHO.

Mr OUEDRAOGO (Joint Inspection Unit) said that the agenda of the JIU's current winter session included discussion of how to implement the resolution on reform of the Unit adopted by the United Nations General Assembly in December 2004. One aspect stressed in the resolution was that JIU should closely monitor the implementation of recommendations accepted by heads of specialized agencies or their governing bodies. Those recommendations would be covered in the annual reports sent to Member States.

¹ Decision EB115(8).

² Decision EB115(9).

Dr NORDSTRÖM (Assistant Director-General) said that efforts would be made to provide the Programme, Budget and Administration Committee and the Board with an annual progress report on programme budget implementation. Discussions were also under way on how best to engage in dialogue with the Committee on information technology and knowledge management issues; such a dialogue would be useful and the Secretariat would report back to the Board on its progress.

The Board noted the report.

- **Recent JIU reports** (Document EB115/24)
- **Follow-up to Executive Board deliberations on multilingualism** (Document EB115/3)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had considered the two subitems together, and its conclusions were set out in paragraphs 81 to 84 of its report (document EB115/45). Attention had been drawn to the need to continue to consult widely in order to improve further the current situation regarding the equitable use of official languages and quality control of translation at all levels of the Organization. It had been noted that a committee was being established to deal with all matters related to multilingualism and that a plan of action, together with its cost implications, would be submitted to the Board.

Dr KARAM (Special Coordinator, Multilingualism) said that, since the Board's previous session, progress had been made in the presentation and content of the WHO web site.

Ms WOOD (Acting Coordinator, WHO Web Team) gave a presentation on the web site, which had recently been re-launched in all six official WHO languages, with some 500 new pages in each language. That marked the beginning of the work on multilingualism for public information; ultimately the Organization would be able to publish its technical and other information easily in all six languages. It was to be hoped that with the new framework in place, the volume of content in each language would grow substantially.

English was no longer the primary publishing channel for the web site: documents in each of the six languages were treated as if they were the definitive document. Modifications had been made to the visual design and, more importantly, to the underlying organization of information. A customized search function had been added to facilitate searches in all six languages, and it was possible to move easily from one language version of a document to another without returning to the original page to resume the search.

Mr KOCHETKOV (adviser to Mr Skotnikov, Russian Federation) acknowledged the progress made to promote multilingualism, but said that more needed to be done. Many documents, for example *The world health report 2004*, had not yet been translated into all languages.

One of the main obstacles to multilingualism was the financial implication. ITU had recently implemented a resolution on the financing of all languages on an equal basis. WHO should bear that in mind when developing a future plan of action. He advised caution, however, in relation to the setting of priorities for translations, despite the JIU recommendation.

Dr QI Qingdong (alternate to Dr Yin Li, China) said that he too appreciated the progress made in improving the web site. Promoting multilingualism was a long-term task, and China welcomed the short-term and medium-term measures proposed. It was to be hoped that evaluations of the use of languages at all levels would be made regularly.

Mr RECINOS TREJO (El Salvador),¹ speaking on behalf of the countries of the Americas, a multilingual region, said that the countries had noted the progress made in multilingualism in WHO, particularly the improvements to the web site and the provision of simultaneous interpretation in meetings other than those of the governing bodies. Efforts should be continued to provide interpretation services for all official meetings, despite the financial implications described in the report, and to pursue the question of increasing costs in the context of the proposed programme budget and plan of action. Simultaneous interpretation should also be provided for meetings of regional groups, as necessary, including those held during the Board sessions, at the request of the group concerned.

Dr BRUNET (alternate to Professor Dab, France) noted that, despite improvements to the web site, much remained to be done. Not all the documents for the current session of the Board had been available on the web site in French, for example, and some of them had had to be sent in hard copy, which was a waste of paper, money and time. It was necessary, therefore, to set priorities for the documents to be translated, and, in some cases, to improve the quality of the translations. A plan of action with quantifiable targets should be drawn up which could be regularly reviewed to ensure that the situation was really improving.

The Board took note of the recent JIU reports and the report on multilingualism.

3. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (resumed)

Influenza pandemic preparedness and response: Item 4.17 of the Agenda (Documents EB115/44 and EB115/44 Corr.1) (continued from the eleventh meeting, section 1)

The CHAIRMAN invited the Board to resume discussion of the draft resolution that had been introduced at its previous meeting. The matter to be resolved was the incorporation of a new paragraph 1(10) as proposed by the member for Thailand.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) proposed, after consultation with the member for the United States of America, that the new paragraph 1(10) should read: “to take all necessary measures, during a global pandemic, to provide a timely and adequate supply of vaccines and antiviral drugs, using to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights.”

Mr HOHMAN (alternate to Dr Steiger, United States of America), expressing appreciation of the cooperation in reaching agreement on the wording of the provision, supported the two other proposals made by the member for Thailand. The titles of the Health Assembly resolutions referred to in the text could usefully be included. With regard to the proposed amendment to paragraph 2(3), following consultations with the Secretariat, he would prefer to retain the text as it stood, if the member for Romania raised no objection.

The CHAIRMAN said that, in the absence of any objections, he took it that the Board wished to adopt the resolution, as amended.

The resolution, as amended, was adopted.²

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

² Resolution EB115.R16.

4. MATTERS FOR INFORMATION: Item 9 of the Agenda

Reports of advisory bodies: Item 9.1 of the Agenda

- **Report on the forty-second session of the Advisory Committee on Health Research (ACHR)** (Document EB115/26)

Professor FATHALLA (Chairman, ACHR), introducing the report welcomed the decision to reinstate the practice of placing the ACHR report on the Board's agenda and highlighted some of its activities. As part of its function of performing an intelligence role in identifying the latest scientific developments relating to public health, particularly in developing countries, ACHR had maintained its interest in genomics and world health. It was particularly concerned that the fruits of that new and rapidly advancing field of science might not become available to developing country populations, thereby creating a "genomics divide". It therefore proposed that WHO should consider establishing an expert committee to monitor that field. As part of its advocacy role for a global health research agenda, ACHR had reviewed WHO's report on knowledge for better health,¹ launched at the Ministerial Summit on Health Research (Mexico City, 16-20 November 2004), which had emphasized the importance of turning scientific knowledge into effective action for people's health; the need for increased investment for an innovative approach to research on health systems, particularly important for countries with limited resources; and the need for effective management of national health research systems in order to derive maximum benefits from them. As part of its function to provide guidance on WHO's research activities and their broad trends, ACHR welcomed WHO's emphasis on support, access to and use of research evidence by national policy makers and managers. In issuing its guidelines, ACHR intended to shift the base of its reliance from expert opinions to sound, unbiased and carefully analysed evidence. ACHR's report for the following year was expected to be more substantive. Having come to the end of his term of office as Chairman of the Committee, he was pleased to be succeeded by the first woman to chair the ACHR – Dr J. Whitworth of Australia.

The CHAIRMAN thanked Professor Fathalla for his valuable contribution to ACHR and looked forward to working with the new Chairman.

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that he appreciated ACHR's efforts to provide advice and advocacy for improving health research activities, but was concerned about the way in which knowledge was viewed. In the scientific world, evidence, and therefore knowledge, came from experiments; unfortunately the current tendency was to focus on evidence-based knowledge and to disregard experience, which deserved equal recognition. The establishment of WHO's new department of Knowledge management and sharing was both timely and far-sighted and should ensure better use of research-based knowledge by WHO and by Member States. It might be useful to review the concept and work of ACHR to ensure that it remained relevant to changing needs.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) expressed support for the health research systems analyses and the pilot project at headquarters, an initiative that should lead to more effective use of new scientific knowledge. He also supported the proposal to establish schemes for WHO research activities on a regular basis, and the establishment, in collaboration with national and international bodies, of a new integrated database. It was important that any such network of factual data on health issues was based on Internet technologies to ensure that the most up-to-date scientific data were used in the development of health policies.

¹ *World report on knowledge for better health: strengthening health systems*. Geneva, World Health Organization, 2004.

The Board took note of the report.

- **Expert committees and study groups** (Documents EB115/27 and EB115/27 Add.1)

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) drew attention to the need to ensure that communication between the expert bodies and other partners in the health sector was effective and timely, and that the issues selected for consideration by the expert committees were fully relevant to the rapidly changing health environment.

Dr EVANS (Assistant Director-General) said that, despite certain processing problems, every effort would be made to issue the reports in a more timely manner.

The CHAIRMAN said that, in the absence of further comments, he took it that the Board wished to thank the experts who had taken part in the meetings, to request the Secretariat to follow up their recommendations, as appropriate, in the implementation of programmes, and to take note of the report contained in document EB115/27 Add.1.

It was so agreed.**Poliomyelitis:** Item 9.2 of the Agenda (Document EB115/28)

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) welcomed the progress of eradication activities, particularly in areas endemic for poliomyelitis. Nevertheless, the unexpected resurgence of the disease in the past year, in the form of imported cases and re-established transmission, showed the need for more leadership, communication and advocacy by WHO, which must secure sufficient financing to maintain the necessary activities.

Mr HOHMAN (alternate to Dr Steiger, United States of America) said that poliomyelitis eradication was one of WHO's top priorities. He reiterated his country's firm commitment to meeting the continuing resource needs for that programme and urged other bodies, particularly the G8, OECD and the Organization of the Islamic Conference countries, to increase their funding.

Dr AHMED (Ghana) stressed the need to improve surveillance of poliomyelitis, especially in Africa, and to enhance health education, involving health and community workers, as weaknesses in both areas had contributed to the resurgence of the disease.

Dr CAMARA (Guinea) said that, although major steps had been taken to eradicate poliomyelitis, the interruption of vaccination in some countries over the past two years had led to the virus being exported to other countries, thereby compromising the considerable efforts that had been made. He called for continuing support by those donors that had already provided resources, as the target of eradication had almost been reached.

Dr ABDULLA (Sudan) said that Sudan was among the countries that were deeply concerned at the reappearance of poliomyelitis in Africa; the disease had recently re-emerged three years after eradication. It was essential, therefore, to continue to control the disease through sustained vaccination campaigns. As that required immense financial resources, countries should increase funding so that appropriate infrastructures could be established.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) said that, in order to achieve the target of global eradication, partnerships must be strengthened and adequate financial resources provided. One priority for eradication concerned the immunization strategy in the post-certification period; the most acceptable for Russian experts was use of inactive vaccine followed by oral, live vaccine. Inclusion of inactivated vaccine in national schedules would eliminate vaccine-associated

poliomyelitis, which was of particular importance in the post-certification period. He requested the Secretariat's view.

Mr RAMOTSOARI (alternate to Dr Phooko, Lesotho) said that health ministers in African countries were committed to strengthening surveillance and vaccination programmes in order to meet poliomyelitis eradication targets in 2005. He expressed appreciation for the support from Africa's global partners in achieving that task, which would be given further impetus by the forthcoming African Union summit in Abuja, as the Heads of State and Government strengthened their political commitment to poliomyelitis eradication.

Mr HÖRNDLER (Rotary International), speaking at the invitation of the CHAIRMAN, said that he was encouraged by the Board's dedication to the goal of a poliomyelitis-free world. Rotary International was committed to that aim: its global network of community-based volunteers would ensure that nothing stood in the way of success. By the time global certification was achieved, his organization's contribution would have exceeded US\$ 600 million and more than 2000 million children in 122 countries would have been immunized by volunteers. The poliomyelitis eradication campaign, the largest health initiative in history, was close to achieving its goal and it was his heartfelt wish that 2005, the centenary of the Rotarian movement, would also witness the end of the disease.

Dr HEYMANN (Representative of the Director-General for Polio Eradication) said that poliomyelitis was still being transmitted in a number of countries. The strategies for eradication were effective but intensified surveillance and enhanced vaccination campaigns were required. The only strategy that might evolve over the next year was the use of a monovalent poliomyelitis vaccine for use along with the trivalent oral vaccine. The partners in the campaign had recently met with the health ministers of African countries where the disease was endemic or where there was re-established transmission. Those countries had reaffirmed their commitment to strengthening surveillance and increasing the quality of their vaccination campaigns in order to reach every child with trivalent oral poliomyelitis vaccine. A similar meeting was planned in the near future for the Asian countries in which the disease was endemic. Biologically, it was feasible to interrupt transmission of poliomyelitis during 2005.

The Board noted the report.

5. STAFFING MATTERS (Item 8 of the Agenda)

Human resources (Item 8.1 of the Agenda)

- **Annual report** (Documents EB115/25, EB115/25 Corr.1 and EB115/25 Add.1)

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 paragraph 77 of its report (document EB115/45). It had welcomed the new approach taken and, in particular, efforts to raise awareness of employment opportunities with a wide range of bodies, although those efforts had not yet shown results in all areas. It had noted the positive efforts to further enhance staff motivation in the area of management and leadership development, and the decision to implement the special operations approach for WHO staff in non-family duty stations.

Mr KOCHETKOV (adviser to Mr Skotnikov, Russian Federation) acknowledged the efforts made by the Secretariat. It was no easy task to recruit competent staff and, equally important, to ensure equitable geographical representation. Providing training for existing staff was also crucial, particularly in view of the extra burden that would be placed on programme managers by the introduction of decentralization and results-based management.

Was WHO prepared for its next challenge, namely, the impending retirement of large numbers of staff? The staffing structure showed a certain imbalance: there were, for instance, a large number of posts at grades P4 and P5 and relatively few at grade P3 compared with other United Nations agencies. As current staff retired, WHO could perhaps recruit more staff at grades P2 and P3; elsewhere staff on those grades did much of the more routine work. That would free funds that could then be spent on antiretroviral agents or vaccines.

Dr NORDSTRÖM (Assistant Director-General) said that WHO was committed to strengthening the human resource part of the results-based managerial framework and to ensuring that managers became more efficient and staff with the proper competencies were employed. Attention was being given to making planning systems more efficient and to empowering managers, to introducing staff rotation and to planning reforms regarding contract length. It was very important to staff the Organization in the most effective way.

The Board noted the report.

• **Report by the International Civil Service Commission** (Document EB115/33)

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 paragraph 78 of its report (document EB115/45). The Committee had noted the main points in the report of the International Civil Service Commission and the Secretariat had confirmed that the financial implications would be absorbed from the regular budget and from extrabudgetary sources.

The Board noted the report.

• **Confirmation of amendments to the Staff Rules** (Documents EB115/38, EB115/38 Corr.1, EB115/38 Corr.2 and EB115/38 Add.1)

The CHAIRMAN invited the Board to confirm the amendments to the Staff Rules submitted by the Director-General in accordance with Staff Regulation 12.2. The Board was invited to consider the two draft resolutions contained in document EB115/38. The figure in the last line of paragraph 2 of resolution 2 should read "US\$ 137 453". The Board was also invited to consider a third draft resolution, contained in document EB115/38 Add.1.

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee's conclusions were contained in paragraph 79 of its report (document EB115/45). The Committee had recommended that the Board should adopt the three draft resolutions.

Ms BLACKWOOD (alternate to Dr Steiger, United States of America) requested confirmation that the Secretariat would in due course report back to the Board regarding a proposal for amendments to the Staff Rules.

Mr KOCHETKOV (adviser to Mr Skotnikov, Russian Federation) asked for precise figures concerning the financial implications of the amendments.

Dr NORDSTRÖM (Assistant Director-General) said that, although there would be financial implications, they would not be significant and could be absorbed within existing resources. Some

small extra constraints would be placed on the Secretariat. He was unable to be more precise at present. The reply to the question from the member for the United States of America was affirmative.

The three resolutions were adopted.¹

Statement by the representative of the WHO staff associations: Item 8.2 of the Agenda (Document EB115/INF.DOC./1)

Dr AL-SHORBAJI, (representative of the WHO staff associations) said that some matters brought to the attention of the Board the previous year required highlighting again. On the matter of salaries and pensions, the impact on staff of currency devaluations or cost-of-living increases should be minimized. The rapid decline in value of the United States dollar had adversely affected purchasing power and pension entitlements. General Services staff were locked into the existing seven-grade scale. A joint staff management committee should be formed to look into those issues.

Although staff members welcomed the decentralization process, they recognized its potential impact and proposed that, to the fullest extent possible, use should be made of voluntary rotation and natural fluctuations in staff numbers. The staff associations wished to be fully informed about the process and its implications for staff.

The staff associations wished to pay tribute to those who had given their lives to promote public health, including, most recently, Lisa Véron. They had noted the recent actions to increase staff security in the field. However, much remained to be done and WHO should set an example in that area. Special efforts were needed to establish mechanisms for ensuring the highest level of health and safety for staff at all duty stations. Another matter of concern was official travel: long flights in cramped conditions could lead to deep vein thrombosis.

Following the conversion of a considerable number of “long-term, short-term” positions into fixed-term contracts, it was important to address the issue of prevention. Unless there was a change in the system whereby staff working on consecutive short-term contracts had to leave for at least one year after four years’ service, WHO would face a severe brain drain. Increasing the number of posts might be the solution.

The staff associations welcomed the initiatives taken to improve management practices and train leaders across the Organization. Managers should use contracts appropriately and plan their staffing needs in advance. In that context, he endorsed the discussions at the recent Global Staff/Management Council, during which staff and management representatives had looked together into ways of improving human resource planning and controlling the use of temporary contracts. Staff development efforts should be expanded to cover field offices. He looked forward to the establishment of a staff management working group to initiate a review of good practices and prepare a report for consideration by the Council in 2005.

He recognized that during the past year some significant issues of concern to staff had been tackled and was pleased with the progress made globally, for example, regarding contractual reform. He welcomed the constructive spirit at the recent Global Staff/Management Council, and looked forward to the timely implementation of its outcomes.

The Board noted the statement by the representative of the WHO staff associations.

¹ Resolutions EB115.R17, EB115.R18 and EB115.R19.

6. MATTERS FOR INFORMATION: Item 9 of the Agenda (resumed)

Reports requested by earlier resolutions: Item 9.3 of the Agenda (Documents EB115/31 and EB115/31 Corr.1)

A. Promotion of healthy lifestyles

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that many activities were being arranged for the forthcoming Sixth Global Conference on Health Promotion. Under the theme of "Policy and partnership for action: addressing the determinants of health" the proposed Bangkok charter would complement the Ottawa Charter for Health Promotion in promoting appropriate life styles in a dynamic globalized world. Success required strong support from all partners within and beyond the health sector and he requested the Director-General to ensure extensive participation by all partners at the Global Conference, and a clear, transparent, participatory process in preparing the charter.

Ms VALDEZ (alternate to Dr Steiger, United States of America) said that charters negotiated at past global conferences on health promotion had taken the form of informal guidance to Member States rather than a negotiated consensus document. She wondered whether the same would apply to the outcome of the Sixth Global Conference.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) supported the activities described in the report for health promotion at global, regional and country levels. In particular, he welcomed WHO's initiative to strengthen national capacity in health promotion, including the project to develop evidence about the effectiveness of health promotion and efforts to strengthen the capacity of research and academic institutes and promote joint initiatives with WHO collaborating centres.

The Russian Federation was developing an evaluation system to measure the effectiveness of prevention programmes by analysing demographic and health-status indicators, socioeconomic trends and preventive measures. Monitoring of prevention activities covered the areas of reproductive health, health promotion for children and adolescents, health promotion among people of working age, health protection for elderly people, promotion of healthy lifestyles and reduction of adverse health effects due to alcohol, narcotic drugs and tobacco.

Dr LE GALÈS-CAMUS (Assistant Director-General), thanking Thailand for its assistance and cooperation throughout the preparations for the Sixth Global Conference on Health Promotion, said that the Conference would be a success only if all relevant partners were involved in the preparations as well as in the event itself. The preparatory work for the Conference would be finalized at a meeting to be held in Kobe, Hyogo, Japan, in February 2005. Some resolutions currently being discussed or already adopted would give further impetus to the promotion of healthy lifestyles, with special emphasis on children's health. The question of healthy ageing, which had been discussed by the Board during the current session, was also of relevance to the work.

B. Violence and health

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that violence was becoming a major cause for concern in developing countries. He was disappointed to note that only 40 countries worldwide had nominated their focal points and that only four had prepared a national report on violence, while 13 others were working on their reports. Stronger advocacy was needed for violence prevention. He therefore requested the Director-General to continue support in that field and urged donors to contribute more to WHO and the developing countries for the work. In addition, he requested a report on progress for the Board and the Health Assembly in 2007.

Mrs IORDACHE (alternate to Professor Cinteza, Romania) said that the *World report on violence and health*¹ was a landmark publication in that it had, for the first time, clearly demonstrated the impact of various forms of violence on health, and had alerted many people to the magnitude of the problem and to the role that public health decision-makers could play in reducing its impact. Furthermore, the report still provided authoritative guidance on the topic. She commended the remarkable effort made to devise practical measures to implement the report's recommendations, and the active collaboration between headquarters and the Regional Office for Europe in many areas. Romania had appointed a focal point for violence prevention in its Ministry of Health and had organized a policy debate on the report. As a follow-up to the latter, it had also set up a national family protection agency which was responsible for facilitating and coordinating violence prevention activities in line with WHO recommendations. In 2002, Romania had adopted a law on domestic violence, which had led to the creation of appropriate national and local bodies. Although the number of activities outlined in the Secretariat document was impressive, that was just the beginning of a long process aimed at curbing violence in families and communities. Romania would therefore like to remain actively involved in those activities in coming years. It would welcome regular opportunities to monitor and discuss progress and suggested that the item should be included at two-yearly intervals on the agenda of both the Executive Board and the Health Assembly.

Dr CAMPBELL FORRESTER (alternate to Mr Junor, Jamaica) said that crime and violence were major public health problems in her country and responsible for rising morbidity and mortality levels in the under-30 age group. Her Government had put many of the WHO recommendations into practice; the Jamaica Chapter of the Violence Prevention Alliance had been launched in November 2004 and a violence-free day would be celebrated in February 2005. Her country was committed to combating violence and encouraged Member States to appoint focal points to prepare their national reports and continue investing in multisectoral violence response services.

Dr LE GALÈS-CAMUS (Assistant Director-General) agreed that the report had made it possible to identify the scope of the issue, but such awareness-raising could not be an end in itself and further guidelines needed to be formulated and incorporated into national policy. Such work, which would be given priority in the next few years, would be carried out in cooperation with the regional offices and a number of countries that had requested assistance in that respect.

C. Smallpox eradication: destruction of variola virus stocks

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) supported the conclusions and recommendations of the sixth meeting of the WHO Advisory Committee on Variola Virus Research. In response to resolutions WHA52.10 and WHA55.15, his country was conducting a national research programme in the Russian State Centre for Research on Virology and Biotechnology to establish new methods of diagnosing, preventing and treating smallpox, in line with the Secretariat's recommendations. He urged more action to facilitate exchanges of information about the outcome of experimental and theoretical research. He thanked all the Centre's partners, and in particular its United States colleagues, for participating in the joint research being conducted under the auspices of WHO.

Dr TANGI (Tonga) requested assurances about the control mechanism for safeguarding variola virus DNA.

Mr SHUGART (Canada) noted that the full report had not been made universally available. His country would like to study it further before expressing a final opinion. Given that the aim was the

¹ *World report on violence and health*. Geneva, World Health Organization, 2002.

destruction of the virus, he wished to be completely sure that the remaining research was truly essential for public health purposes; he therefore looked forward to further discussion of the Committee's recommendations.

The CHAIRMAN pointed out that the subjects under discussion were likely to remain on the Board's agenda for many years to come.

Dr ASAMOA-BAAH (Assistant Director-General) said that he had taken note of the points made with regard to the biosafety implications of the research in question. It was precisely because of those concerns that the Director-General was reviewing the Advisory Committee's recommendations. Although the scope of and need for the research were not being called into question, biosafety was a concern, especially in cases where the recommendations related to work that could be done outside the two repositories.

D. Traditional medicine

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand), commenting on the need for a balanced approach to traditional medicine, said that finding ways of performing quality controls, proving the efficacy of medicines, and ensuring their safety had initially been overemphasized in his country, whereas other important issues, such as encouraging wide, equitable and appropriate use, had been neglected. A major change had occurred in 2001 when treatment with traditional medicines first came under the national health insurance system. In 2002 the Government had established a department of Thai traditional medicine development and alternative medicine in systematic support of traditional medicine. All stakeholders should strike a balance between scientific and practical knowledge in the field of such medicines, where much essential knowledge was hard to prove scientifically. The fact that knowledge could not be proved, however, did not rule out any basis for it.

Dr LEPAKHIN (Assistant Director-General) said that the use of traditional medicine was spreading in all countries, being one of the fastest-expanding areas of the work of WHO and on which many training guidelines had been issued in 2004. He expressed gratitude to the countries supporting that work.

E. Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) said that his country had acted to improve care before resolution WHA57.14 had been adopted, but unfortunately only half the patients complied with the prescribed treatment regimen. That situation was caused by weaknesses in the health-care system and inadequate voluntary counselling and testing, compounded by stigmatization. Other countries with scarcer resources should therefore be cautious about expanding access to antiretroviral medicines, since ensuring the availability and affordability of good-quality products was not enough. The experiences of developing countries that had extensive antiretroviral coverage should therefore be documented in a systematic, unbiased and transparent way. Global expansion of access to antiretroviral medicines should be handled prudently with sustainable resources.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) expressed his strong support of WHO's approach, forming as it did an integral part of activities to combat the pandemic. A balanced mix of prevention and treatment, with emphasis on broad access to antiretroviral therapy, would be a major contribution to the fight against HIV/AIDS.

He commended the efforts to implement resolution WHA57.14. Strengthening national health systems was essential to implementation of the "3 by 5" initiative, since without it there could be no

guaranteed access to treatment. He welcomed the initiative to create an HIV/AIDS and health systems platform in order to identify and remove obstacles to the expansion of care for people with HIV. However, improvements to health infrastructure must cover all programme and technical areas, from HIV testing to palliative care.

As more funds were made available for the fight against the HIV/AIDS pandemic, it was important to strengthen countries' technical capacity, which should include the provision of professional training for finance managers. Training for national experts should cover not only health professionals proper but also social workers, staff working in AIDS services and volunteers.

It was important to improve epidemiological surveillance systems and, in particular, to conduct behavioural research among specific population groups. The collection and analysis of such information would provide a basis for forecasting, planning, and evaluation of the effectiveness of action taken.

Ensuring equity of access to care for all population groups was an important ethical principle for WHO. As well as monitoring access to antiretroviral treatment, it was important to gather information about the treatment provided for hard-to-reach groups such as injecting drug users, sex workers and migrants.

He welcomed the WHO initiative to create a rapid response group on HIV and tuberculosis and the publication of guidelines on antiretroviral treatment for women living with HIV and on prevention of vertical transmission of HIV. Guidance was indeed urgently needed on the treatment of HIV infection in people using and dependent on narcotics, and individuals with coinfections, especially viral hepatitis, as were methods to improve patients' compliance with antiretroviral therapy.

Dr BRUNET (alternate to Professor Dab, France), expressing unease at the haste with which the Board was considering the final items on the agenda, observed that, while the figures "3 by 5" were in everyone's mind, of greater significance was the gulf between intention and achievement. He referred to that disparity, not critically, but to call attention to the difficulties ahead and the need for a different approach. Regrettably, the report did not give enough figures to provide a picture of the exact situation. The statement from the member for Thailand was most interesting when seen in conjunction with paragraph 46 of the report. It was a matter of urgency that the Board should learn of the platform's conclusions, so that the Organization's activities could be adjusted accordingly. The coordinating role played by WHO in care systems ought to enable it to find out why some programmes succeeded while others did not. There was no point in awaiting the end of the period to discover why the initial goal had not been reached. More detailed and accurate information was therefore required.

Mr RAMOTSOARI (alternate to Dr Phooko, Lesotho), speaking on behalf of the African group, welcomed the highly informative report. At its fifty-fourth session the WHO Regional Committee for Africa had urged Member States to develop and implement comprehensive plans for improving access to treatment and care, ensuring equity and including nutritional support for people living with HIV/AIDS, with defined targets for greater prevention efforts.¹ It had also welcomed the "3 by 5" initiative. The African group therefore requested the Director-General to strengthen WHO's role in providing technical leadership and direction to the health system response to HIV/AIDS within the United Nations system, to supply technical support and guidance for the development, implementation, monitoring and evaluation of treatment and care, and to mobilize more international resources to improve access to care and treatment. It also urged him to ask the Global Fund to Fight AIDS, Tuberculosis and Malaria to continue fund-raising, to speed up the implementation procedure and access to the funds, and to advocate continuous research into new drugs and vaccines.

¹ Resolution AFR/RC54/R5.

Ms THOMPSON (European Commission), speaking at the invitation of the CHAIRMAN, said that the Commission fully shared the aim of strengthening national health systems. In late 2004 it had set out its response to the re-emerging epidemic in Europe in its working paper "Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood" and its global response in its Communication "A coherent European policy framework for external action to confront HIV/AIDS, malaria and tuberculosis". The Commission was committed to expanding with all its partners the surveillance of HIV/AIDS in Europe. WHO and the Commission should step up collaboration on building national capacity through training. The Commission was facilitating discussions between Member States and the pharmaceutical industry with a view to securing access to affordable antiretroviral therapy and was willing to improve cooperation by exchanging experience and information with WHO and UNAIDS. The action set out in its working paper had been completed by the end of the year and achievements would be assessed. A further Communication from the Commission to be issued later in the year would outline a more focused and longer-term strategy to combat HIV/AIDS within the European Union and neighbouring countries.

Dr CHOW (Assistant Director-General), acknowledging the support for the implementation of the "3 by 5" initiative, concurred that building health systems was an essential part of a robust response in the prevention, treatment and care of HIV/AIDS. In addition to the vertical work of making treatment accessible at low cost, the critical horizontal linkages between finance, expertise and implementation were being examined; of those, the health workforce was all important. He agreed with the member for France on the utility of a proper analysis with figures to show whether certain milestones had been reached, using the data in a way that would permit a more strategic, comprehensive response. The Director-General would soon be offering such an analysis at the World Economic Forum in Davos. The current target was 700 000 people under treatment. Success stories were being identified of countries that had resolutely committed political will and financial resources to improving treatment and prevention. Obstacles and bottlenecks were being pinpointed in an effort to find ways of improving the supply of care, removing resource constraints and making a compelling case for political and social advocacy to create an environment conducive to public health action for persons in need of antiretroviral and prophylactic treatment. He assured the member for Lesotho that the Secretariat was working closely with UNAIDS and the Global Fund to implement the "Three Ones" principle and drawing up a blueprint that would be sent to countries receiving funds. It was vital that WHO should join the call for more financial and human resources. The Global Fund's 2nd Replenishment Conference (Stockholm, 11-12 June 2005) provided a major opportunity to commit to concerted action linking finance and expertise. The Secretariat, with external partners, was exploring ways of promoting research into and development of a new generation of antiretroviral agents. He welcomed the European Commission's moves to develop a policy framework and its emphasis on the requisite infrastructure.

F. Strategic approach to international chemicals management

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) recommended that the Secretariat should provide more technical and financial support to enable developing countries to take part in the meetings of the Preparatory Committee for the Development of a Strategic Approach to International Chemicals Management, and that the Director-General should report on progress with the Strategic Approach to the Board in 2006 before the final conference.

Dr LEITNER (Assistant Director-General) said that she shared concerns about the apparent scant awareness that the health sector ought to take part in international discussions concerning chemical safety. Ways were being sought of obtaining funds, to be made available through the regional offices, to enable more developing countries to attend the third session of the Preparatory Committee. It was definitely an exercise calling for more attention from the health sector, because chemical safety was vital to the protection of human health; it was often impossible to restore the health of people who had been poisoned or intoxicated in a chemical accident. The Secretariat,

therefore, had to be more active in framing strategies and creating management systems. She took note of the Board's interest in receiving a full report in 2006.

The Board noted the report.

Commission on Social Determinants of Health: Item 9.4 of the Agenda (Document EB115/35)

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand), expressing his appreciation of the Director-General's leading role in addressing the importance of social determinants, observed that health was a multifactorial state and by no means confined to health systems. Given a well-defined role and mandate, the Commission on Social Determinants of Health could be expected to make a substantial contribution to well-being. He agreed with the chosen social determinants but proposed others, including civil society; globalization and international trade; and political freedom. The Commission's studies should reflect both the positive and the negative health impacts of such determinants.

Dr ANTEZANA ARANÍBAR (Bolivia) said that the identification and study of the social factors affecting the health status of the population in general, and health services in particular was an important task for WHO. The plan set out in the report was wide-ranging and comprehensive, providing for a study of fundamental changes in the approach to health and the factors influencing it. It was the right time to set up such a Commission, and the proposed knowledge networks and their operation at regional and subregional levels would encompass all the factors pertaining to the social determinants of health, which would doubtless include those mentioned by the member for Thailand. There were many economic or political aspects to be covered, in addition to those singled out in the report. In view of the importance of the study for health policy, the Board should be given regular updates on the Commission's work before its completion in 2008.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that the role of WHO in developing international cooperation in health, improving public health and reducing inequities was timely and relevant. Moreover, the work of the Commission would contribute to achieving the Millennium Development Goals, in terms of sustainable development and the elimination of poverty and hunger, which were key social determinants of health. His country's policy for the coming decade was focused on reducing poverty, increasing welfare, arresting the fall in population and improving public health. For those aims to be achieved, people must have access to affordable and high-quality housing, education and health care, and the most vulnerable sections of the population must receive social support. Medico-social problems in his country were tackled by drawing on both domestic and international experience in development and health. The Russian Federation supported the formation of the Commission and the plan for its activities, and was ready to participate in them.

Ms VALDEZ (alternate to Dr Steiger, United States of America) said that, even though much more work was needed, a growing body of scientific evidence existed about the social mechanisms that helped to shape health and affected social inequities. She noted that focal points for the Commission were being identified within other organizations of the United Nations system, which would undoubtedly participate in its work. As to the funding plan for the Commission, it would be useful to have more information about the resource implications for WHO. Given the competing global priorities for the Secretariat's expertise, the Commission's mandate should benefit its core competencies, so that quantifiable benefit accrued to Member States. She applauded the suggestion that countries could play a leading role in the work of the Commission, and expressed the interest of the United States in doing so. She also expected that the interim report from the Commission to the Director-General at the mid-point of the Commission's work would be made available to Member States.

Dr NSIAH-ASARE (alternate to Dr Ahmed, Ghana) said that the Commission would help to find solutions to the numerous health issues in developing countries, especially in Africa. Its work would consolidate progress already made in identifying social and environmental determinants of health, such as poverty, food insecurity, social exclusion and discrimination, poor housing, childhood diseases, and low occupational status. That knowledge had yet to be translated into action, whether globally or nationally. His delegation therefore supported the detailed plan for the Commission's activities and encouraged the Secretariat to continue work on it.

Mr RAMOTSOARI (alternate to Dr Phooko, Lesotho), speaking on behalf of the African group, welcomed the initiative and expressed appreciation of the Director-General's commitment to ensuring that the composition of the Commission reflected a balance in geographical representation and between men and women. Much work had already been done on the social determinants of health, but the findings had yet to be turned into effective action. He looked forward to further action and reports on the Commission's future work, especially under the Eleventh General Programme of Work 2006-2015.

Mrs IORDACHE (alternate to Professor Cinteza, Romania) congratulated the Director-General on his initiative and commended the report. Romania hoped to be actively involved in the future consultations and activities of the Commission, at both the political and technical levels.

Ms LACROUX (United Nations Human Settlements Programme) welcomed the timely initiative. Of special concern to her Programme were the dynamics of urban conglomerations in both developing nations and countries in transition, which factors were rapidly changing as a result of inequitable forms of globalization. In those new urban settings, change was largely unregulated, and poverty was increasing along with the pressures on health, natural resources and social cohesion. Rapid urbanization was a major trend not always receiving the attention it deserved, in spite of the fact that Millennium Development Goal 7 "to ensure environmental sustainability" included, as Target 11, the goal of achieving by 2020 a significant improvement in the lives of at least 100 million slum dwellers. By 2006-2007, half the world's population would be living in urban areas. About 1000 million people were already living in slums, deprived of adequate housing and basic services, and that population was expected to reach 2000 million by 2030. The greatest impact would then be felt in the developing world, and would predominantly affect women, children, the elderly and indigenous groups. Her Programme was ready to assist the new Commission and the technical programmes of WHO to enhance health for those populations.

Mr SHUGART (Canada), while welcoming the proposed Commission, said that it should not approach social determinants of health solely from the angle of inequalities. The determinants of health were relevant to everyone, regardless of circumstances. Research findings showed that the effective use of public funds in every sector could increase the resources allocated to health. Accordingly, the path to understanding what shaped health did not always lie in the health sector.

The CHAIRMAN, speaking as the member for Iceland and referring to the Report of the WHO Commission on Macroeconomics and Health,¹ said that that Commission had estimated that expenditure of about US\$ 25 000 million a year would be needed for some time to bring countries out of poverty. Improvements in health were invariably linked to poverty reduction. The purpose of the new Commission was to turn existing knowledge into public policy and action nationally and globally, drawing on the successes and failures of past efforts in the field.

¹ Document A55/5.

Dr EVANS (Assistant Director-General) said that the composition of the Commission had been decided so as to bring in a wide range of expertise, and the criteria for its work had been selected with an eye to both impartiality and clarity of focus. As independent members, the experts might select further topics of their own. He could promise the Board regular updates on the Commission's work, each with a focus on special determinants of health. The Commission would also examine the situation in countries, to determine which policies were proving successful and how. WHO would seek to integrate the Commission's findings into the work of all its technical programmes, and would cooperate fully with Member States and with other organizations in the United Nations family, including the United Nations Human Settlements Programme. On the question of resources, the Commission's funding would be provided within the Policy-making for health in development area of work, and was part of the resource mobilization plans. The Commission's aim would be to translate knowledge into action, and its work would be reflected in the Eleventh General Programme of Work 2006-2015. He assured the member for Canada that its approach would not be confined to inequalities in health.

The Board took note of the report.

Reproductive cloning of human beings: status of the debate in the United Nations General Assembly: Item 9.5 of the Agenda (Document EB115/INF.DOC./2)

Professor PAKDEE POTHISIRI (alternate to Mrs Sudarat Keyuraphan, Thailand) observed that reproductive cloning involved both ethics and human rights. Thailand had no legislation on the question, only a regulation by the Medical Council prohibiting it; nor was it punishable under criminal law. The report indicated that only 35 countries had adopted laws forbidding human cloning. The issue should be given more attention, and laws to govern it should be developed and enforced.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that reproductive cloning was dangerous and unethical, in addition to having been badly developed. His country fully supported prohibition of the practice, which it had banned for the past five years. Nevertheless, advances in molecular and cellular biology had made for new and effective biomedical technologies, in the form of so-called "therapeutic cloning", with the prospect of curing numerous diseases; stem cells could be used to restore worn-out cells. Therapeutic cloning must, nevertheless, be strictly regulated, kept free of commercial exploitation and developed by the world's scientists and doctors through productive international cooperation.

Ms VALDEZ (alternate to Dr Steiger, United States of America) expressed her appreciation of the continuing efforts of Member States, in the Sixth Committee of the General Assembly of the United Nations, to resolve the implications of reproductive cloning. Her country called for further efforts to ban it in all its forms.

Ms MAFUBELU (South Africa)¹ welcomed the report and requested that attention continue to be paid to the debate on the subject in the General Assembly of the United Nations. The Secretariat should keep Member States informed through its governing bodies.

The Board took note of the report.

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

7. TECHNICAL AND HEALTH MATTERS (resumed)

eHealth: Item 4.13 of the Agenda (Document EB115/39) (continued from the tenth meeting, section 2)

Mr AITKEN (Director, Office of the Director-General) read out the amendments to the draft resolution, which had been agreed in informal consultations between members. The second preambular paragraph should be amended to read: "... health-care delivery, public health, research and health-related activities ...". In the third preambular paragraph, the phrase "on the part of Member States of WHO, partners and other international organizations" should be deleted. The fifth preambular paragraph should be amended to read: "... serve as a basis for WHO's activities on eHealth". The seventh preambular paragraph should be deleted.

Paragraph 1(1) should be amended to read: "to consider drawing up a long-term strategic plan for developing and implementing eHealth services that includes an appropriate legal framework and infrastructure as well as encouraging public and private partnerships". Paragraph 1(2) should be amended to read: "to develop the infrastructure for information and communication technologies for health as deemed appropriate to promote equitable, affordable and universal access to their benefits, and to continue to work with information telecommunication agencies and other partners to strive to reduce costs to make eHealth successful". Paragraphs 1(3), 1(6) and 1(8) should be deleted. A new subparagraph should be inserted in paragraph 1: "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".

Paragraph 2(3) should be amended to read: "... experiences and best practices, in particular on telemedicine technology; ...". Two new subparagraphs should be inserted in paragraph 2, the first reading: "to provide support to Member States to promote the development, application and management of national standards of health information, and to collect and collate available information on standards with a view to establishing national standardized health information systems in order to facilitate easy and effective exchange of information among Member States". The second would be worded: "... to support regional and interregional initiatives in the area of eHealth among groups of countries that speak a common language".

The resolution, as amended, was adopted.¹

8. CLOSURE OF THE SESSION: Item 10 of the Agenda

After the customary exchange of courtesies, the CHAIRMAN declared the 115th session closed.

The meeting rose at 19:10.

¹ Resolution EB115.R20.