SECOND MEETING

Monday, 17 January 2005, at 14:10

Chairman: Mr D.Á. GUNNARSSON (Iceland**)**

1. ORGANIZATION OF WORK (continued from the first meeting)

The CHAIRMAN said that, following representations by the member for Sudan and discussions with members for other Member States in the Eastern Mediterranean Region regarding working arrangements on the Muslim religious holiday of Eid el-Adha, it was proposed that the Board should not meet on the morning of Thursday, 20 January 2005.

Dr LARIVIÈRE (alternate to Mr Shugart, Canada) said that the issue of sensitivity to religious practices had been raised in the past and the Board had adopted a decision on the subject. As the various major religions of the world had holy days at different times of the year, observing all of them would drastically reduce the Organization's working days. The arrangement proposed by the Chairman risked establishing a precedent whereby all similar requests would have to be honoured in future. He did not object to the arrangement proposed, but wished to sound a note of caution.

The CHAIRMAN said that, if there were no objections, he would take it that the Board agreed to the proposed change in the working arrangements for its current session, on the understanding that no precedent would be created thereby.

It was so agreed.

2. 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 first meeting)

Dr AHMED (Ghana) expressed his country's deep sympathy and condolences for the victims of the recent tsunami. The President of Ghana had launched an appeal for aid and private institutions and individuals had donated materials and funds, an effort which was being coordinated locally by UNDP.

Ghana commended WHO's vision in attempting to appraise the emergency through the Strategic Health Information Centre which, having been tested by the disaster and found to be efficient, should be maintained in order to monitor any future disasters.

Dr STEIGER (United States of America) said that having been closely involved in much of the planning and implementation of the response to the tsunami, the United States considered that it was probably the most effectively coordinated international relief effort seen in many years. Much of the credit for the health-related aspects of the response went to the leadership at WHO. His country was proud to be working in partnership with WHO, the other agencies in the coalition and the governments concerned. The United States had already disbursed about US$ 100 million of the US$ 350 million pledged by President Bush.

The coordination of the relief effort had been of such high quality that it presented a good model for use by WHO in the future. It was encouraging that the investment made by his Government and others in the Strategic Heath Information Centre had paid benefits during the crisis in ensuring better

links between headquarters, the regional offices, donors and Member States. The video link established earlier in the day had illustrated the excellent relationship that existed between United States military and civilian forces on the ground and the international agencies – a level of cooperation that was almost unprecedented.

He thanked the many staff members of WHO who were working so hard in response to the tsunami and expressed the hope that following the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005) WHO would be able to apply the lessons learnt to its future efforts, as well as to its daily work.

Mrs LE THI THU HA (Viet Nam) said that her Government had decided to grant US$ 450 000 in aid and goods, including medicine and vaccines, to disaster-stricken countries. It had welcomed the Special ASEAN Leaders' Meeting on the Aftermath of the Earthquake and Tsunami (Jakarta, 6 January 2005) and the pledge by world leaders to set up an Indian Ocean early warning system, which could save lives in the event of a repetition of the disaster.

Viet Nam commended WHO's prompt action in providing guidance to national authorities, other United Nations agencies and nongovernmental organizations to ensure that the public health needs of people in the tsunami-affected areas were met. It welcomed WHO's efforts to establish an early warning system for disease outbreak, with strong disease surveillance and laboratory support in the affected areas. It fully supported WHO's appeal for US$ 67 million to prevent disease outbreaks in the affected areas of south-east Asia and the related public health emergency strategy focusing on five key objectives to ensure the rapid recovery and rehabilitation of public health services.

The disaster had taught a lesson about early warnings, sent a signal to countries that it was time to examine their means of coping with future natural disasters, and revealed the need to maintain an effective information system. Regional and international cooperation in disaster preparedness should be further strengthened. Her country supported further enhancement of WHO's capacity to respond to crises and natural disasters.

Mrs GILDERS (alternate to Mr Shugart, Canada) commended WHO's response in areas where it clearly had a comparative advantage in coordinating health activities. As the video link with Indonesia had shown, the close collaboration with agencies on the ground and the combined expertise of specialists from many countries would help to relieve immediate suffering and assess longer-term needs.

Canadians had contributed some US$ 425 million to the tsunami-affected countries, much of which would be directed towards humanitarian relief and rehabilitation. Canadian reconstruction efforts would be targeted to longer-term recovery so that communities could again stand on their own feet. Preparedness was a precondition for effective response; and the experience of PAHO in that regard offered an example that could inform and strengthen WHO's activities. The painful lessons learnt from the recent disaster could be applied to the Organization's work in a broad range of crisis areas.

Dr BUSS (Brazil), speaking on behalf of the countries of MERCOSUR, commended the rapid and effective response of WHO's leaders and technical teams to that terrible challenge. Also worthy of note was the heart-warming show of solidarity on the part of governments and individuals throughout the world through the donations made to the suffering populations. The one positive aspect of the whole tragic episode was the realization that people throughout the world retained a sense of compassion and solidarity with others.

Mr PIROGOV (alternate to Mr Skotnikov, Russian Federation) said that the tragedy in south Asia had graphically demonstrated the need to develop appropriate and effective mechanisms to respond to every challenge to human health, including natural disasters. The Secretariat's intention to devote new efforts to preparing for action in emergency situations was therefore welcome. He was grateful for the provision of first-hand information on the efforts undertaken in the affected areas and

commended WHO's efforts to overcome the consequences of the tsunami, efforts in which his country was ready to take an active part.

Rescue workers and paramedics from his country had been among the first to arrive in the affected countries. Dozens of air shipments, thousands of tons of humanitarian aid and teams of Russian physicians, epidemiologists and rescue workers had been sent to the afflicted regions. The Government had decided to allocate US$ 22 million to disaster relief, US$ 3.5 million of which would be channelled directly to WHO. The Russian Federation was providing not only financial and in-kind contributions, but also the means of delivering Russian goods and those offered by other nations directly to the victims. That activity would be pursued.

Professor FIŠER (Czech Republic) said that, although earthquakes could not be forecast, the extent of the ensuing damage could be accurately predicted. Prevention was better than cure; and it had to be said that the early warning system had not functioned properly. International solidarity, including the involvement of his compatriots and Government in relief operations, was encouraging and important, but it was not enough. Although such disasters were likely to occur once in every 100 years, statistics showed that random events were most likely to occur at very short intervals. Another catastrophe could therefore be expected in some part of the world in the near future.

Despite economic growth, governments of developing and developed countries alike were failing to provide budgetary resources to deal with such potential crises. A balance must be struck between promotion of economic growth and protection of the lives and health of the population. Solidarity after the completion of relief operations was also of the utmost importance. The developed countries could contribute funds and the scientific capacity to create an appropriate action plan for the prevention and management of disasters worldwide.

Ms HALTON (Australia) said that the key role played by WHO and its partners in the response effort should not be overlooked; the outstanding contributions made by individuals in both their personal and professional capacities must also be acknowledged.

Total official Australian contributions to direct relief and reconstruction efforts stood at Aus$ 1060 million, comprising a five-year Australian-Indonesian partnership for reconstruction and development, together with Aus$ 60 million for immediate humanitarian and emergency response activities in the affected countries. To date the Australian community had made individual contributions of more than Aus$ 1 million to relief efforts. The Australian Defence Forces had deployed medical teams and provided air transport of relief supplies and engineering capacity, including the operation of a water-purification plant pumping up to 480 000 litres of clean water every day in Banda Aceh. The Australian Federal Police had provided more than 30 officers to assist with disaster victim identification.

The main focus of Australia's response had been to provide urgently-needed relief to the affected communities and avert secondary threats such as disease. The Aus$ 60 million in emergency assistance was being delivered by Australian nongovernmental organizations, international bodies and United Nations specialized agencies, in such sectors as food aid, health, water and sanitation, shelter, education, protection of vulnerable people, preservation of the environment, support for logistical operations and coordination of aid.

The crisis had highlighted the importance of WHO's contribution as part of the international community's assistance to the health sector. WHO should continue its efforts to ensure the integration of Indonesian, Sri Lankan and other governments' action in the health sector and effective participation in United Nations responses. In addition to the immediate, short-term regional response to the disaster, a long-term agenda must be established, based on the lessons learnt and emphasizing enhanced emergency preparedness and coordination among United Nations specialized agencies and key partners.

Dr SUWIT WIBULPOLPRASERT (Thailand) welcomed the importance accorded by the Board to the tsunami disaster and on behalf of the Thai people, thanked all countries, international civil society and intergovernmental organizations for their strong solidarity and massive support for

emergency relief action. Two senior medical officers from Bangkok and Phuket who had been directly involved in dealing with the disaster were present at the session and could provide first-hand information to all those wishing to learn more.

Thailand had learnt many lessons from the crisis. Although the tsunami had struck the southern part of Thailand in the early morning, the first medical teams – recruited from all over the country to support local facilities – had arrived only after midnight, despite the fact that the Prime Minister had been present to take personal command of the operation. The first lesson was that people had to rely on their own resources at the beginning of a disaster, as external support took time to arrive. It was therefore essential to establish adequate health infrastructures throughout the country. WHO's programmes for the development of health services, basic health infrastructures and human resources for health in Member States should therefore be strengthened so as to enhance preparedness for future crises. That concern should also be given greater priority in the Proposed programme budget 2006-2007.

Despite criticism by senior government officials of the management of Thai relief efforts, expressions of appreciation had been received from all over the world, praising the emergency relief action by the Government and people of Thailand and the strong public spirit that had prevailed. Immediately after the disaster the Thai Ministry of Health had set up a central command centre in Bangkok and a provincial command centre at Phuket. Those centres would clearly have been able to do much more with a better level of emergency preparedness.

The national committee for avian influenza control had stressed that an influenza pandemic preparedness plan was urgently required, as there was a risk that Thailand might become a source of a new influenza pandemic. Such a situation might prove much worse than the tsunami disaster, as everyone, including close relatives and health personnel, would avoid the affected people rather than help them. It was therefore important to establish preparedness plans not only for natural disasters but also for other health-related crises. WHO's capacity to provide strong technical support to countries should consequently be enhanced.

Another lesson was that steps needed to be taken to counteract rumours that accompanied crisis situations, so as to prevent public panic. There had been rumours, for example, that the tsunami would return, and that the bodies would spread infectious diseases or contaminate water supplies and food. Prompt and accurate information from credible sources was essential, and WHO was the best organization to provide it. Furthermore, certain national and international organizations had emphasized the risk of epidemics. Although well intentioned, such statements had had negative effects. Effective public communication was essential in a crisis situation and needed to be handled professionally. WHO's capacity to provide prompt accurate and effective communication in time of crisis, which had been aptly demonstrated during the epidemic of severe acute respiratory syndrome (SARS), must be revitalized in order to cope with future crises.

Due to past investment in human resources and infrastructures, Thailand had been able to set up an extensive 24-hour epidemiological surveillance system immediately after the disaster, which had found no evidence of epidemics of cholera or other infectious disease. The international organizations, including WHO, and Member States should use the latest information available from such surveillance systems to update their travel warnings so that in future the situation in affected areas would not be unduly aggravated.

The tsunami disaster had also provided extensive experience in the management of the dead. As several thousand foreigners had died, there was a need for internationally acceptable procedures for recovery, identification and burial of bodies. Over 300 forensic doctors from more than 25 countries were currently working in Thailand, a situation that called for systematic professional management. Support in those areas had been provided by the Centers for Disease Control and Prevention (Atlanta, Georgia, USA) and by the Government of China. As WHO lacked expertise in those areas, it was important that they should be included in the Health Action in Crises programme.

The psychological and social impacts of the disaster called for the alleviation of post-traumatic stress disorders, a strong social network and mental health support. In that regard, he noted with regret that the budget allocation for mental health in the Proposed programme budget 2006-2007 was low.

The disaster had been followed by massive relief support, the coordination of which represented an immense additional burden. WHO could help in the coordination of foreign support to free local health officials for other tasks; in the early stages of the disaster, Thailand had had sufficient national capacity to help those affected and remained anxious that assistance and support should go to countries in greater need. The Regional Office had expressed interest in recruiting Thai teams to support other countries. Thailand was accordingly ready to volunteer to be the focal point for subregional coordination of health action in crises.

Experience of the disaster had shown that the first group to move in was local civil society followed by the national Government, then foreign governments and lastly the United Nations specialized agencies, including WHO. As a technical organization rather than an implementing agency, WHO's role in disaster situations should be focused mainly on emergency preparedness and recovery, apart from certain activities relevant to the immediate response period, particularly in relation to communicable disease prevention and control and environmental health support. However, the relevant area of work had a budget allocation of only about US$ 105 million in the Proposed programme budget 2006-2007, almost all of which came from voluntary contributions allocated specifically to certain crisis areas. The regular budget allocation was only US$ 8 million, and it was difficult to see how the Secretariat could be expected to provide support for long-term emergency preparedness with that meagre amount. He therefore urged all Member States to increase their contributions to the regular budget so as to enable more to be done. He also urged all donor countries to react promptly to WHO's request for US$ 67 million for the tsunami disaster, for which only US$ 40 million had so far been mobilized. He further requested all Member States to support WHO's emergency fund for health action in crises, which currently amounted to only US$ 500 000 rather than the US$ 10 million required. If more funds were forthcoming, it would be important to expedite their utilization and to provide clear accountability and indications of funding sources. It was also important to take advantage of the current sense of urgency to plan for any future disaster.

He therefore proposed that a formal drafting group should be convened to prepare a resolution with clear indications for action, for consideration by the Board at its present session and, subsequently, by the Health Assembly.

The CHAIRMAN recalled that some 30 years previously Iceland had learnt the hard way that a country must rely on itself for the initial work required after a natural disaster. The Nordic countries and those rescued had nothing but praise for the response of the Thai authorities to the tsunami.

Dr SÁ NOGUEIRA (Guinea-Bissau) said that, although nothing could compensate for the lives lost, his country and others in Africa had spontaneously shown their solidarity and sympathy with the countries affected and made donations, however small, to help the victims. He expressed satisfaction at the way WHO and the international community had reacted and appealed to them to continue to be vigilant with regard to emergencies, whatever their cause, which involved suffering and loss of life.

Dr TANGI (Tonga) said that many small, low-lying countries in the Pacific had donated what they could afford to the relief effort. As there was little doubt that other tsunamis would occur, he emphasized the importance of preparedness for emergencies so that responses could be effective. The immediate response to the tsunami by various countries, including rich countries, was heart-warming and he hoped that lessons had been learnt that would prove useful in the future.

Mrs FERNANDO (Sri Lanka)[1] said that in her country over 35 000 lives had been lost and more than 15 000 people injured; 88 000 houses had been totally demolished and more than 800 000 people displaced. The Government was in the process of assessing the destruction of infrastructure, which included, it was estimated, more than 85 health institutions. Yet the tragedy had brought out the best in

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

Sri Lanka's people and been a reminder that compassion was a pillar of her society; there had been an immediate surge of local support, without discrimination, for all victims, and government health systems had proved resilient. Within two hours of the disaster, medical teams had been deployed to all the affected areas and medical professionals had responded magnificently to the crisis, assisted by the national Red Cross and local nongovernmental organizations.

Furthermore, the response to her Government's appeal to the international community for assistance in meeting health and sanitation needs had been overwhelming. The response from WHO headquarters and the Regional Office for South-East Asia had been effective, in particular, the Director-General's rebuttal of certain rumours, for example about the contamination of fish. Sri Lanka greatly appreciated the vital supplies, cash donations, field hospitals, medical teams, ships and helicopters sent by the many foreign governments and nongovernmental organizations. The Government had been able to act in all affected parts of the country, thanks to the prevailing ceasefire with the Liberation Tigers of Tamil Eelam. According to the Regional Office, the medical infrastructure in the areas controlled by the Liberation Tigers was good, and millions of dollars' worth of medicine and relief supplies had been sent there. Moreover, the country's excellent health infrastructure had helped to prevent the spread of diseases and epidemics after the tsunami. WHO's work to provide clean drinking-water and sanitation and its initiation of a major counselling project to treat the trauma affecting thousands of displaced persons had been invaluable.

The people of Sri Lanka had shown courage and resilience in the face of the disaster and she trusted that the international community would continue its support, solidarity and generosity during the rehabilitation and reconstruction stages.

Dr AGARWAL (India)[1] said that in India the tsunami had wrought havoc in several areas. The death toll exceeded 10 700; nearly 6000 people were still missing; the lives of some three million people had been affected; there had been considerable damage to crops and dwellings; and the total cost of reconstruction was estimated at US$ 1560 million, excluding the Andaman and Nicobar Islands, for which an equal amount would be required. The entire government apparatus in India had been mobilized for the relief effort: the armed forces, and medical and paramedical professionals, with special emphasis placed on mitigating the psychological impact of the catastrophe.

The situation had begun to stabilize except in the Andaman and Nicobar Islands. The focus was primarily on providing temporary housing and paid employment, restoring the infrastructure and rehabilitating the people. Fishing had resumed, shops and schools were reopening, there were no reports of scarcity of food or medicines, and the state governments were making efforts for early resumption of normal life. Hygiene was being maintained in relief camps and the health situation was being monitored. So far, there had been no reports of epidemics.

The way ahead, however, would be long and arduous as people attempted to rebuild their lives. His Government was extremely grateful for the offers of assistance it had received from the international community; so far, owing to its well-established, experience-based system, it had been able to take swift action and estimated that it could manage alone. It was therefore requesting that international efforts should be directed where they were most needed, while retaining the option to make requests for any specific assistance it might require. Many of the issues mentioned by previous speakers, such as the need to dispel unfounded rumours, were real and required professional handling.

India had contributed to international relief efforts by sending assistance to neighbouring countries that had experienced even greater damage and suffering. For Sri Lanka, a composite relief package worth US$ 24 million had been announced. On the day the tsunami struck, an Indian aircraft carrying a medical team and supplies had landed in Colombo; 16 helicopters had been engaged in search and rescue operations and in assessing the damage; a mobile army field hospital with medical personnel had been air-lifted to Sri Lanka and was operating in the worst-affected areas, and a 45-bed hospital ship had been deployed. Army teams had helped to restore water and power supplies and to

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repair some buildings and telecommunications systems. Help had also been provided the disposal of bodies and in sanitation operations.

For Maldives, relief equivalent to US$ 1.15 million had been announced and some Indian aircraft had been made available there to transport supplies to remote areas and conduct search-and-rescue operations. Water containers had been sent and two naval vessels had set up medical camps and were providing transport to remote islands. Generators and telecommunications equipment were being repaired; a naval tanker and water-purification facilities were also in place.

In addition, aid in kind of US$ 1 million to Indonesia, consisting of emergency shelter, medicine and food supplies, had been announced by the Indian Government. Immediately after the disaster, an Indian hospital ship had been sent to Aceh. For Thailand, aid in kind of US$ 0.5 million had been approved.

The disaster had again highlighted the need for WHO to play an effective coordinating role in ensuring prompt response to the health aspects of such crises. He thanked WHO for the support to his country and affirmed that India would continue to extend all possible support to other affected countries in the region.

Dr SADASIVAN (Singapore)[1] said that, in the aftermath of the disaster, the world had responded rapidly and generously; WHO had coordinated with governments and organizations to provide aid, issued alerts on the risk of potential outbreaks of disease, provided public health guidance and ensured access to public health care. It had also helped to coordinate the delivery of medical supplies where required. His country's action represented only a small fraction of the global effort, but it was committed to supporting WHO and, in view of its proximity to the affected areas, had helped to ferry relief supplies to Aceh, Indonesia, offered the use of its air and naval bases for relief operations, and provided office, telecommunications and logistics facilities. One lesson learnt from the disaster was the importance of preparedness and capacity-building. The present need was to rebuild public infrastructure and capacity, a daunting task for which the global community would need to sustain its efforts, translating plans into action. WHO would have a critical leadership role in the months ahead, and he urged Member States fully to support that endeavour.

Dr TSHABALALA-MSIMANG (South Africa)[1] said that her Government had joined the United Nations-led initiative to provide unprecedented financial and material assistance, and had pledged over 9 million South African rand with the stipulation that half that sum be used in Africa. In addition, more than 3.5 million rand had been pledged by telephone donors, and a fund-raising concert organized by the Tourism and Leisure Association to heighten general disaster awareness was expected to raise over 10 million rand. South Africa had also donated over 40 tonnes of equipment and medicines to Maldives, deployed two helicopters, crewed by South African volunteers (including a medical doctor), to Indonesia to help to deliver supplies in remote areas at a cost of 4 million rand, and donated a further 180 tonnes of clothes and other supplies. South African Airways had pledged cargo space on scheduled flights to move donated goods as and when required. Thousands of South African volunteers from many sectors stood ready to help, a matter she hoped to discuss with the Director-General and his Representative for Health Action in Crises.

South Africa considered itself duty-bound, in the spirit of international solidarity, to respond as it had, despite being faced with its own internal disasters such as flooding and severe drought. Indeed, three South African provinces had suffered heavy flooding on the very day the tsunami had struck.

It was vitally important that the scope of the international community's response be extended to the affected communities in Africa: people who had been confronted with the untold hardship caused by floods, drought, civil war and famine suddenly had to contend with the additional effects of the tsunami without adequate infrastructure, human capital or financial resources. South Africa had sent a delegation to Somalia two weeks earlier to obtain information on the tsunami's impact. The

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information that about 300 people had died, a further 54 000 were displaced and infrastructure destroyed had to be seen in the light of the political and conflict situation in that country, where the absence of a local assessment and response capacity made it hard to obtain accurate data; the true toll might be much higher. The disaster had highlighted the need to develop a global early warning system capable of reducing the potential consequences of disasters.

Dr FUKUDA (Japan)[1] expressed appreciation for WHO's timely and appropriate action in the wake of the tsunami, and for the updates on the situation in the countries affected made available on its web site. Japan had decided to contribute US$ 500 million in cash to the relief effort, half of which would be directly allocated to the countries concerned, while the other half would be donated through international organizations such as WHO. The Japanese Diet had just allocated US$ 6 million for WHO activities. Japan hoped to cooperate with WHO to prevent and control the spread of infectious diseases.

Dr KARAM (Lebanon)[1] commended WHO's immediate response. The reports by the Director-General, his staff and relief workers in the region had been reassuring, and the words of the member for Thailand revealing. WHO had played a pivotal and exemplary role in alleviating suffering, and still had a role to play in ensuring that help reached the people for whom it was intended and that the amounts pledged worldwide were forthcoming. He suggested that a ministerial-level committee of Member States not affected by the tsunami act as a consultative body to the Director-General for the duration of the crisis. Its terms of reference would be determined by the Director-General on the recommendation of the Executive Board, and should include support for the Secretariat's work, to ensure that pledges were met and that the field was not overcrowded.

Mr RECINOS TREJO (El Salvador),[1] speaking on behalf of the Group of Latin American and Caribbean countries, said that the countries in his region, despite their economic difficulties, had provided what aid they could. They, too, were vulnerable to natural disasters and endorsed any initiative seeking a long-term strategy to reduce disaster vulnerability. The Group applauded the prompt response of the Secretariat and encouraged it to pursue its work during the reconstruction and rehabilitation phase.

Dr BELLO DE KEMPER (Dominican Republic)[1] endorsed the statement by the previous speaker, the proposal of the member for Thailand that the Board should consider a draft resolution, and the comments relating to corpses and the spread of disease. A recent PAHO study should be made public. She suggested that the subitem under discussion should be placed on the agenda of the Fifty-eighth World Health Assembly to give Member States more information on WHO's activities in that field, the work of the United Nations Office for the Coordination of Humanitarian Affairs, civil-military cooperation in the event of natural disasters, and implementation of the Tampere Convention on the Provision of Telecommunication Resources for Disaster Mitigation and Relief Operations. It was to be hoped that the plan of action that would be considered by the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005) would include the establishment of tsunami alert systems and awareness programmes for vulnerable groups.

Dr ANTEZANA ARANÍBAR (Bolivia) said that the disaster had underlined the importance of a well-established, properly organized health system. An adequate response to disasters would be impossible without continuous improvement in health systems. He commended the Director-General's report[2] for its affirmation that primary health care was a vital means of attaining that goal.

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

[2] Document EB115/2.

The following day's presentation on the global plan to achieve the Millennium Development Goals would be particularly useful as the Goals dealt with many topics raised indirectly in the present discussion and constituted major challenges for developing countries.

The Director-General had also highlighted the importance of World Health Day 2005, whose theme was "Make every mother and child count", which would provide an opportunity to link health for all to the Millennium Development Goals. The Director-General had also mentioned the report of the United Nations High-Level Panel on Threats, Challenges and Change and WHO's role as described therein. That report was also relevant to the discussion since it covered threats, whether natural or otherwise, the challenges they posed to health for all, and the changes to which the Organization would have to adapt.

In view of the importance attached by the Director-General to global public health activities, the Organization's financial resources, whether from the regular budget or voluntary contributions, must be used as efficiently as possible; the discussion of the Proposed programme budget 2006-2007 and the increases it contained would be of paramount importance.

Mr JUNOR (Jamaica) noted that the lessons being learnt by the countries affected by the tsunami confirmed the recent experience of many countries in the Caribbean. During his seven years as Minister of Health, he had been struck by the need for countries to have the capacity to respond to mass casualty situations. That capacity, as pointed out by the previous speaker, could only be based on a functional health system. The countries of the Caribbean were fortunate in that, through PAHO, they had developed a tremendous regional capacity to respond to each other's disasters. PAHO and WHO were to be thanked for their help in restoring a certain normality to the health sector, in particular.

Dr LHOTSKA (Consumers International), speaking at the invitation of the CHAIRMAN, and also on behalf of the International Baby Food Action Network, commended the relief efforts under way. The Network had a history of working in emergency situations and had contributed to a document on infant and young child feeding in emergencies and The Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response, which called for adherence to the International Code of Marketing of Breast-milk Substitutes and relevant Health Assembly resolutions. The Network was also a member of the Interagency Working Group on Infant and Young Child Feeding in Emergencies, which had developed two training modules providing practical technical guidance for emergency relief workers.

The risks associated with the use of milk products, breast-milk substitutes and infant feeding equipment in emergencies, together with poor hygiene, limited access to safe drinking-water and fuel, and overcrowding, included diarrhoeal diseases and other infections. Breastfeeding and protection and support for exclusive and continued breastfeeding were therefore particularly important as a source of sustainable food security and a means of child spacing in the absence of contraceptives. Breast-milk substitutes in emergencies should be provided after careful assessment to ensure distribution only to children needing them and for as long as that need continued, and to avoid their use as a sales inducement. Children separated from their mothers were better served by local products labelled in the correct language and distributed with appropriate training on safe use. That was especially relevant given current public health alerts concerning contaminated powdered infant formula and the international recall of some products.

Since the tsunami, Consumers International and the International Baby Food Action Network had been active in providing information, technical guidance and practical aid in affected countries and had launched a specific fund. They stood ready to continue that assistance. Colleagues in nongovernmental organizations working in the field had confirmed the value of the guidance materials provided. Member States should ensure that protection, promotion and support of breastfeeding were an integral part of their policies and programming for crisis preparedness, response and recovery.

Mr SUMIRAT (Indonesia)[1] expressed heartfelt gratitude to WHO for the extensive help and support given to his Government and people, especially those in Aceh province, since the Indian Ocean tsunami. Quality of health care for the survivors was a key criterion in the provision of relief, rehabilitation and reconstruction in the affected areas. There had so far been no reports of severe epidemics among survivors in Indonesia, but the threat of outbreaks of diarrhoeal diseases and malaria in the weeks ahead was a serious concern. The cooperation of WHO and other international organizations in the field was therefore most welcome.

Dr NABARRO (Representative of the Director-General for Health Action in Crises), summarizing the discussion, said that speakers had offered substantial guidance and had identified several as yet unresolved difficulties. Most had also commented on the importance of heeding health matters in times of crisis, whether caused by conflict or natural disasters. The discussion had highlighted the important role of health systems and health professionals. The capacity of national health systems clearly had a considerable impact on the health situation following emergencies. There was a need for effective early warning of disease outbreaks, strong public health guidance and practice, relevant measurement of unfolding events, and clear and strong advocacy by health professionals. All speakers had expressed their solidarity with the countries affected and had indicated generous offers of help in cash and in kind, some including military deployment. WHO was being asked to strengthen its help to countries in a number of ways: coordination of offers of help so that they met actual needs; coordination of unplanned help arriving in countries; support for the establishment of social networks to handle the psychological effects of the crisis; support in developing disaster preparedness and response programmes and policies, including the formulation of protocols and training exercises; and strong advocacy to dispel rumours and to remind the international community of the needs of other areas where disasters had failed to elicit such a generous response. The provision of such support was a complex matter calling for careful management to ensure more effective action in the United Nations system as a whole, in the donor community, and both nationally and locally.

Many speakers had commented on the value of the Strategic Health Information Centre, the Regional Offices and country offices in ensuring a more effective response. PAHO, in particular, possessed great expertise and was providing significant support in the present crisis. Further, many WHO staff and volunteers were actively engaged in current operations. It was essential, however, to direct those energies efficiently and effectively, for example through such activities as the three-year programme for enhancing WHO's performance in health action in crises and the Forum for Health Action in Crises. Several speakers had commented that Member States would need to provide greater support, including financial contributions, to increase preparedness activities and make WHO more effective in times of crisis.

Mr AITKEN (Director, Office of the Director-General) said that the Secretariat would work with interested parties to prepare a draft resolution for discussion later in the week.

The CHAIRMAN reiterated the condolences expressed by all speakers to those affected by the tsunami. He thanked the Director-General and his staff for their considerable efforts in response to the crisis, and welcomed the selfless spirit displayed. He suggested that the item be left open, pending consideration of the draft resolution.

It was so agreed.

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

3. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE: Item 3 of the Agenda (Document EB115/45)

Dr YOOSUF (Maldives), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introducing the report, said that the participants had considered the single committee to be an improvement over the previous arrangement, permitting fuller and broader discussions and resulting in a series of concrete recommendations to the Board.

Following extensive discussions on the areas of work of the Proposed programme budget 2006-2007, the Committee had recommended: the alignment of overall goals to ensure consistency; a review of expected results to ensure a consistent standard of quality throughout the programme budget document; a review of resource requirements to ensure that they were adequate to achieve stated outcomes; and a thorough review of the Emergency preparedness and response area of work. The Committee had expressed concern at the rapidly decreasing proportion of the overall WHO budget represented by the regular budget, and urged that measures be taken to tackle the undesired consequences of that trend. He would report on the views of the Committee on specific topics under the relevant items of the Board's agenda.

The next meeting of the Committee was scheduled for 13 May 2005, immediately before the opening of the Fifty-eighth World Health Assembly. It was suggested that the work of the new Committee should be evaluated after the completion of a full cycle of meetings in 2006.

The CHAIRMAN invited general remarks on the report, requesting members to reserve specific comments for the detailed discussion of the proposed programme budget.

Dr ANTEZANA ARANÍBAR (Bolivia) said that the brevity of the comments in the report under the different budget headings, such as that on nutrition in paragraph 26, made it difficult to offer any constructive comment. The budget document itself (document PPB/2006-2007) was equally obscure in places: for example, it was impossible to judge, in the section on human resources management, how it was intended to implement the human resources module of the global management system, or how the management processes in key posts were being improved and simplified. The assumption throughout the budget document was that most of the spending would take place at country level; however, in some cases less than 20% of budget funds were allocated to countries. If the argument that much of the funding allocated to headquarters' activities would ultimately be spent in countries was valid, that should be made clear in the budget document.

Professor DAB (France) drew attention to the need to budget adequately for disaster preparedness and response. The tsunami crisis highlighted the indissoluble link between disaster or emergency situations and long-term action. The examples given earlier by the member for Thailand were vivid illustrations of that linkage. Adequate preparation for emergencies must be an essential item of the WHO regular budget, not just in the form of a set of budgets for specific actions. Moreover, a budget strategy that emphasized voluntary contributions to the detriment of regular ones risked jeopardizing the entire mission of the Organization. Whenever the Health Assembly made a recommendation to the Director-General, its budgetary impact should be evaluated first to ensure that the Secretariat was in a position to act on it.

The CHAIRMAN said the issues raised by the members for Bolivia and France could be discussed fully when the Board took up the question of the Proposed programme budget 2006-2007.

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

Revision of the International Health Regulations: update: Item 4.1 of the Agenda (Document EB115/4)

The CHAIRMAN explained that the report by the Secretariat summarized the discussions and outcome of the first session, in November 2004, of the Intergovernmental Working Group on Revision of the International Health Regulations.

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union and the candidate countries Croatia and Romania, welcomed the progress made in revising the Regulations through the regional consultations and the negotiations in the Intergovernmental Working Group. The European Union and its member states would continue to be active in the revision process, in order to make the Regulations consistent, binding and useful. There were still differences of opinion on some important matters, and a high degree of coordination was needed for consensus solutions. She urged WHO to enhance the effectiveness of its working methods so that a text acceptable to all could be completed at the forthcoming session of the Intergovernmental Working Group.

The European Union continued to favour an algorithm for Annex 2 to the Regulations as the best way of guaranteeing clear decisions, while making provision for the different characteristics and circumstances specific to each emergency situation. It was gratifying that WHO had convened an expert group on the subject, and the European Union undertook to play a constructive part in its work for the sake of a satisfactory compromise on Annex 2. She trusted that all concerned would show the necessary flexibility to overcome the remaining points of disagreement so that, in the interests of all Member States, the final text submitted to the Fifty-eighth World Health Assembly for adoption contained strong regulations.

Dr STEIGER (United States of America) expressed appreciation of the efforts of the Secretariat and the Intergovernmental Working Group to complete the revision process. He agreed with the previous speaker that a clear instrument for decision-making was needed in Annex 2, and he strongly favoured inclusion of a list of reportable diseases.

Dr CAMARA (Guinea) also welcomed the progress made on the revision and the pragmatic and participatory approach of all countries and regions. The Regulations must reflect a true consensus. The inclusion of specifics would make them less effective and harder to implement. Technical aspects must be kept apart from political ones, and the terms used clearly defined. He also emphasized the need to respect national sovereignty and the responsibility of health ministries for announcing public health emergencies. Attention must go to the provisions in the Regulations on ground transport and to the need, in the African Region, to make implementation of the Regulations part and parcel of integrated disease surveillance.

Professor CINTEZA (Romania), endorsing the remarks by the member for Luxembourg, expressed his country's full support for revision of the Regulations as a tool for international warning and response in the event of threats to public health. It was a priority for Romania to establish a national surveillance system to meet the requirements of the new Regulations and of the European Commission Decision of July 2003 (2003/542/EC) on the operation of dedicated surveillance networks. The Romanian system would have written procedures and policies, and its own budget. As the representative of WHO's European Region on the bureau of the Intergovernmental Working Group, Romania welcomed the opportunity to develop a regional position on the new textual proposal being prepared by the Chair of the Group.

Dr PREECHA PREMPREE (adviser to Dr Suwit Wibulpolprasert, Thailand) expressed appreciation for the management of the revision process, which had enabled all stakeholders to

participate actively. In the light of the increasing frequency of outbreaks of infectious disease in several regions, willingness to collaborate in revising the Regulations had been unprecedented. The collective spirit shown by members of the Board would, he was confident, produce a basis for adopting the revised Regulations at the Fifty-eighth World Health Assembly.

With regard to the inclusion of specific reportable diseases, Thailand was proposing that some major diseases be part of the reportable list, and that a participatory mechanism should be established to take the necessary decisions whenever new diseases had to be included in future. Referring to the composition and work of the emergency committee, he emphasized the importance of having knowledgeable members on the committee from the affected countries.

Professor FURGAL (adviser to Mr Skotnikov, Russian Federation) welcomed the work done so far; considerable effort had gone into achieving consensus on the guiding principles of the revision, and a more balanced interpretation had emerged of the concept of an international health emergency. The result was a sound basis for implementing the revised Regulations with a view to maximizing epidemiological safety at minimum cost in terms of moving people and goods. Russian experts were prepared to play an active part in the second session of the Intergovernmental Working Group in order to reach consensus on all outstanding issues.

(For continuation of the discussion, see summary record of the third meeting, section 2.)

The meeting rose at 17:35.