

THIRD MEETING

Tuesday, 18 January 2005, at 09:00

Chairman: Mr D.Á. GUNNARSSON (Iceland)

Following an open meeting at 09:00, the meeting resumed in public session at 10:05.

1. MANAGEMENT MATTERS: Item 7 of the Agenda

Appointment of the Regional Director for Africa: Item 7.1 of the Agenda (Document EB115/18)

Dr NDONG (Gabon), Rapporteur, read out the following resolution adopted by the Board during the open meeting:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of WHO;
Considering the nomination and recommendation made by the Regional Committee for Africa at its fifty-fourth session,²

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

The CHAIRMAN congratulated Dr Sambo on his appointment.

At the invitation of the CHAIRMAN, Dr Sambo took the oath of office contained in Staff Regulation 1.10 and signed his contract.

Dr SAMBO (Regional Director elect for Africa) said that he was honoured to be appointed as Regional Director, and was most grateful to the Member States of the Region for nominating him. His participation in the Board's work and 15 years' experience within the Organization had given him valuable grounding, and Dr Samba's constant support during the period of their collaboration had helped to motivate him to carry out his new task.

He was aware of the grave health problems facing Africa, which were often linked to development issues, and notably to poverty. One challenge was the prevalence of communicable diseases, particularly HIV/AIDS, tuberculosis and malaria, the growing burden of noncommunicable diseases, the very high maternal death rates, and the high infant mortality rate, all of which led to a low life expectancy in the Region. HIV/AIDS was the public health problem that caused the greatest concern because of its effect in terms of morbidity and mortality, and its impact on the economic performance of Member States. Every effort was being made, with the support of partners, to achieve the goal of eradication of poliomyelitis. Another challenge was the fragility of health systems, especially in relation to the availability of human, financial and technological resources.

¹ Resolution EB115.R1.

² Resolution AFR/RC54/R1.

The commitment shown by African countries to achieving the health-related Millennium Development Goals provided an historic opportunity for governments and for WHO and its partners, which should recognize and strengthen that commitment. Special emphasis needed to be placed on promoting excellence at the technical and management levels, and particularly on management based on results, reporting and accountability.

Under the guidance of the Director-General, in cooperation with Member States and partners, and in collaboration with his fellow Regional Directors, his aim would be to strive for the realization of WHO's work programme with a view to raising the health status of all peoples to the highest possible level.

The DIRECTOR-GENERAL warmly welcomed the appointment of Dr Sambo, who had worked for WHO for a long period. The challenges he would face in Africa, especially in achieving the health-related Millennium Development Goals, were enormous. The technical support capacity and the administrative capacity of the Regional Office and country offices would need to be strengthened, as WHO's performance in the Region would be of crucial importance in the coming years. Dr Sambo would need to build on the impressive achievements of his predecessor, and he pledged him the Organization's support in that endeavour.

Dr NDONG (Gabon), Rapporteur, read out the following resolution adopted by the Board during the open meeting:¹

The Executive Board,

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

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

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

Dr SAMBA (Regional Director for Africa) recalled that Dr Sambo had been his colleague, supporter and adviser during all his years in office. He was grateful for the opportunity he had been given of working for WHO, and greatly valued the friendships that he had established within the Organization over the years. He particularly appreciated the friendship of the Director-General, whom he had known for nearly 20 years, and of Mr Gunnarsson, the member for Iceland.

Africa was a difficult continent to serve: the Board had the previous day discussed the impact of the Indian Ocean tsunami on Somalia, yet in Africa emergencies were a daily occurrence. He expressed his gratitude to the members of the Board for their support, to the Members of the African Region for having elected him to serve the Organization, and to his fellow Regional Directors.

The DIRECTOR-GENERAL said that Dr Samba had served WHO for a long time and with great dedication. His openness to new ideas had been much appreciated, and he would remind him of his promise to continue WHO's work after his retirement. He wished Dr Samba success in all his future endeavours.

¹ Resolution EB115.R2.

Dr NDONG (Gabon), speaking on behalf of the African group, expressed appreciation of Dr Samba's outstanding services to humanity in general and to Africa in particular, and congratulated the new Regional Director on his election.

Appointment of the Regional Director for Europe: Item 7.2 of the Agenda (Document EB115/19)

Dr NDONG (Gabon), Rapporteur, read out the following resolution adopted by the Board during the open meeting:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of WHO;
Considering the nomination and recommendation made by the Regional Committee for Europe at its fifty-fourth session,²

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

Dr DANZON (Regional Director for Europe) said that he was honoured that the Board had renewed its trust in him for five more years as head of the Regional Office for Europe, and would do his utmost not to disappoint expectations. His reappointment was taking place in a world climate which, although dramatic, perhaps gave grounds for hope owing to the new spirit of solidarity shown in the response to events in south Asia. For WHO, which was both a technical agency and an upholder of universal values, such solidarity represented a duty; for the European Region, it was an encouragement to improve the services it provided to Member States for strengthening their health systems and promoting their public health programmes, particularly those targeting fragile populations.

During the next five years the Regional Office would continue its task of adapting major global programmes to regional needs, particularly HIV/AIDS, the "3 by 5" programme, attainment of health-related Millennium Development Goals, and implementation of the WHO Framework Convention on Tobacco Control. It would also continue to improve its knowledge of the needs of the Region's 52 Members, so as to adapt its activities to their requirements. In so doing it would work in partnership with the Director-General and colleagues from other regions, and in cooperation with other bodies with which WHO had close ties.

The DIRECTOR-GENERAL congratulated Dr Marc Danzon on his reappointment.

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union, congratulated the Regional Director on the work already accomplished, and assured him of the Union's full support for the next five years.

The CHAIRMAN added his own congratulations to those voiced by previous speakers.

¹ Resolution EB115.R3.

² Resolution EUR/RC54/R2.

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

Revision of the International Health Regulations: update: Item 4.1 of the Agenda (Document EB115/4) (continued from the second meeting, section 4)

The CHAIRMAN said that revision of the International Health Regulations was probably one of the most important and most difficult issues currently before WHO. The slow progress was a matter for concern, not only because of the nature of the subject but because prolonged deliberations were absorbing funds that could well be used elsewhere.

Dr BRUNET (alternate to Professor Dab, France) advised holding parallel discussions in subgroups, since progress was most likely to be achieved in that way on points that were difficult to resolve.

Mrs GILDERS (alternate to Mr Shugart, Canada) said that support for the revision process had been evident at the session of the Intergovernmental Working Group in November 2004, and progress had been made in building consensus on many topics, but much still remained to be done. At the forthcoming session, delegations would therefore have to display a spirit of collaboration and cooperation. Canada remained committed to the timetable for adoption of the revised Regulations at the Health Assembly in May 2005; the Chair's proposed text would undoubtedly help to focus negotiations on critical areas.

Dr AHMED (Ghana) welcomed the strategy for reviewing the International Health Regulations and expressed support for Guinea's position regarding national sovereignty. The question of geographical spread should be taken into account in the list of diseases to be included in Annex 2. It would be advisable to separate the political and technical aspects of the Regulations.

Mr JUNOR (Jamaica) noted that Jamaica had been the only English-speaking Caribbean country represented at the Group's first session in November 2004. The amendments that had been suggested at the regional meeting held in March 2004 in Grenada had been fed into the international negotiating process. Key issues had included the definition of disease, the selection of focal points in each Member State, the determination of an appropriate reaction to an international health emergency, the financial and technical assistance required by Member States for implementation of the Regulations within the given time frame, and the balance that would have to be achieved between respect for human rights and the invasiveness of the medical interventions used to treat and control some diseases. Member States would have to strengthen their surveillance systems, and review existing laws on procedures and national capacity to implement the Regulations. The difficult question of whether to charge for medical and other interventions in the public sector, and the question of whether to give Member States the option of rejecting, or making reservations to, the Regulations, would have to be tackled.

The review was relevant and timely, because Member States had to be vigilant with regard to security in the light of terrorist threats to use biological agents and communicable diseases as weapons. For that reason, the definition of diseases in the twenty-first century could not be confined to infectious conditions, but must include illnesses caused by chemical and radionuclear substances.

Ms HALTON (Australia) expressed support for both the revision process, which the second session should facilitate, and the preparation of background papers on particular issues. She favoured simplicity as a guiding principle, and hoped that the panel of experts that would convene before the next session would be able to agree on a practical mechanism to trigger the operation of the Regulations. The Director-General's recently appointed special envoy would without doubt help to promote consensus. The recent outbreaks of severe acute respiratory syndrome (SARS) and avian influenza had highlighted the need for a strong new global framework to provide maximum security against the international spread of disease while causing minimum interference with traffic and trade.

Dr ACHARYA (Nepal) said that one issue debated during consultations organized in the South-East Asia Region had been Member States' insufficient core capacity to implement the Regulations within the proposed time frame. It had therefore been suggested that consideration be given to a phased approach, allowing Member States ample time to develop such capacity. It was essential to assess gaps in implementation capacity at points of entry and exit, since implementation represented a huge challenge for countries like Nepal which had open borders with neighbouring countries. Disquiet had also been expressed about the lack of clarity regarding national focal points and their role in the notification process, and about the use of unofficial sources of information. A further concern had been the scope of notification of chemical and radionuclear events, and of hazards caused by the deliberate release of chemical agents. It had been felt that that aspect of the Regulations might need further elaboration and that the concerns voiced by the member for the United States of America were understandable. Substantial financial, technical and logistic support would be needed by some countries in order to build core capacity for implementation of the Regulations as outlined in the proposal.

Ms DENG Hongmei (China) commended efforts to revise the Regulations; the revision process should continue to be carried out under the auspices of WHO. Political considerations should not impinge, or the process would be delayed.

As far as implementation was concerned, due allowance should be made for the different laws, regulations and conditions obtaining in various countries by providing for longer periods before the entry into force of some articles. Further negotiations would be required in order to sort out differences of opinion on some key issues. China was ready to work with other parties to complete the revision process as soon as possible.

Dr LAMATA COTANDA (Spain) endorsed the statement made at the previous meeting by the member for Luxembourg, and emphasized the importance of adopting the revised Regulations. It was regrettable that, despite the progress made, it had not been possible to submit a consensus text to the Board. Further efforts should therefore be made at the current session of the Board to resolve some of the technical difficulties impeding agreement, so that the Regulations could be adopted at the forthcoming Health Assembly.

Dr PHOOKO (Lesotho), speaking on behalf of the African group, said that its members still had some concerns about the text. In particular, an appropriate balance should be maintained between the mandate of WHO and the sovereignty of individual Member States. Human rights should be accorded due prominence. In respect of health measures at points of entry into a country, due consideration should be given to entry by road or rail, to take account of the situation of African countries.

The group was also concerned about possible imposition of charges for health measures under the Regulations, and urged the Intergovernmental Working Group to bear in mind the interests of developing countries in that regard. The additional measures proposed in Article 39 might provide some countries with the flexibility to take additional action; however, it was important to safeguard against unilateral measures, which might hamper efforts to promote multilateralism. Flexibility must be accompanied by transparency and nondiscrimination, and the technical aspects of the institutional framework of the Regulations must be carefully separated from the political aspects. Member States must ensure that WHO acted only within its mandate and did not encroach upon the mandates of other international organizations.

With regard to the proposed revision of Annex 2, which was central to the Regulations, the African group intended to participate in the ad hoc group of experts due to meet before the second session of the Intergovernmental Working Group. It did not expect the ad hoc group to discuss the text of the Annex, but rather to provide expert advice to guide the Intergovernmental Working Group in its negotiations.

Possible contradictions between some articles of the Constitution of WHO and those of the International Health Regulations, particularly in respect of reservations, must be avoided.

Mrs LE THI THU HA (Viet Nam) said that, as a country that had been affected by the outbreaks of SARS in 2003 and avian influenza in 2004, Viet Nam fully supported the revision of the International Health Regulations, which were designed to provide maximum protection against the international spread of disease, while minimizing interference with international traffic and trade. She noted that consensus had been reached on a range of issues and hoped that the revised text would be submitted to the Health Assembly for consideration in May 2005.

Dr GAKURUH (Kenya) endorsed the statement made by the member for Lesotho. She stressed the need to define formal and informal sources of information and their use and, for developing countries, to make a proper assessment of their implementation capacity and the financial implications of implementation well in advance of implementation.

Dr BUSS (Brazil) noted that the MERCOSUR and Andean Pact countries were due to meet in Uruguay at the end of the month to agree on a common position for the next session of the Intergovernmental Working Group.

Mr RECINOS TREJO (El Salvador),¹ speaking on behalf of the Latin American and Caribbean Group, said that the Intergovernmental Working Group had made some progress at its first session, but much remained to be done. The Latin American and Caribbean Group supported the procedure proposed by the Chair of the Intergovernmental Working Group and the convening of an ad hoc group of experts to discuss the revision of Annex 2 of the Regulations. That ad hoc group should have the same number of members as the Executive Board in order to ensure adequate representation of the regional groups.

Dr AGARWAL (India)¹ said that effective national surveillance systems and international coordination were essential to prevent the spread of disease. Much work remained to be done if the revised Regulations were to be submitted to the Health Assembly in May 2005. In India, the Chair's proposed text would be submitted to national stakeholders for comment; regional consultations would also be held. India welcomed the establishment of an ad hoc group of experts to examine Annex 2 of the Regulations.

Mr ERGANI (Turkey)¹ associated himself with the statement made by the member for Luxembourg the previous day.

Ms THOMPSON (European Commission), speaking at the invitation of the CHAIRMAN, commended the close cooperation between WHO and the European Commission in activities to prevent the spread of communicable diseases. The European Union, as a regional economic integration organization, and its 25 Member States, would work towards a consensus on the revisions to the Regulations at the second session of the Intergovernmental Working Group. Some important issues remained unresolved, including ways of identifying a public-health emergency of international concern, the scope of the Regulations, the sovereignty of Member States and the roles and responsibilities of WHO. More effective working methods and greater flexibility and imagination would be needed at the second session if the revision was to be completed in time for the Fifty-eighth World Health Assembly.

Mr ANGOT (Office International des Epizooties (OIE)), speaking at the invitation of the CHAIRMAN, said that OIE wanted to increase collaboration with WHO, particularly in the area of emerging and re-emerging diseases, of which 75% were zoonoses. The Directors-General of the two organizations had signed an Agreement in December 2004 and had stressed the need to increase

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

surveillance and take action as close to the source of infection as possible. Diseases such as avian influenza could be controlled by tackling pathogens at their source. It was essential to re-establish surveillance systems to detect zoonoses in the countries affected by the tsunami.

At the first session of the Intergovernmental Working Group, OIE had drawn attention to the international standards adopted by its Members that dealt with health information, international trade in animals and animal products and the role of national veterinary services. The collaboration between WHO and OIE also covered the OIE Global Early-Warning System for Transboundary Animal Diseases, the United Nations Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, and antibiotic resistance.

The CHAIRMAN, responding to the comments of the member for Spain, said that he had been informed by the Legal Counsel that the Board itself did not have a mandate to discuss the text of the draft revision of the International Health Regulations, which would be taken up by the Intergovernmental Working Group the following month.

Dr ASAMOA-BAAH (Assistant Director-General) acknowledged the genuine difficulties that remained and the different positions on a wide range of issues. He had noted, in particular, points made with regard to the centrality of the decision instrument, the importance of a list of selected diseases, the issue of scope, and the need to respect, rather than compromise, national sovereignty. It appeared that further attention should be given to national capacity building, the role of the focal points, and the provision of financial and technical support to a number of parties. Political factors should not be allowed to derail the process and political and technical aspects should be separated where possible. There was also a need for simplicity, a phased approach to implementation in the light of the different capacities of different countries, and more effective working methods. The issue of ground crossings should be given due attention and a consensus reached on charges and reservations. It was important that the need for flexibility offered by the additional measures was balanced by the need for transparency, while respecting the Charter of the United Nations, human rights and the Constitution of WHO. The role and responsibilities of WHO also needed to be defined, and the Organization's work linked to that of other agencies. The bureau of the Intergovernmental Working Group would be meeting shortly to finalize some of the arrangements for the second session and would undoubtedly take into consideration the sentiments expressed by the Board.

Ms WHELAN (Ireland),¹ speaking in her capacity as the Chair of the Intergovernmental Working Group, expressed optimism that the Group would be able to complete its work in accordance with its mandate, and urged participants to demonstrate the same degree of flexibility at the forthcoming session as they had in November 2004. She welcomed the importance accorded to her textual proposal, which would be available in all official languages before the end of the current session of the Board so that she could receive feedback.

The Board took note of the report.

Achievement of the health-related Millennium Development Goals: status report: Item 4.2 of the Agenda (Documents EB115/5 and EB115/5 Corr.1)

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union and the candidate countries, Croatia, Romania and Turkey, said that the tsunami was a timely reminder of responsibilities with respect to preparation for outbreaks of disease and their prevention. Globalization provided a healthy breeding ground for the spread of disease, and it was

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

essential for every region of the world to have epidemic alert and surveillance systems to reduce threats to global health. Completion of the revision of the International Health Regulations was an absolute priority for the European Union, and every effort should be made to resolve the outstanding issues.

She welcomed the emphasis placed on the five new and emerging areas of concern in the Proposed programme budget 2006-2007. Without prejudice to the discussions at the Health Assembly, she supported the six priority areas of work identified, in particular Making pregnancy safer. Further information should be provided on prioritization, however, notably on the activities to be scaled down or stopped. The new European Centre for Disease Prevention and Control would shortly help to make community action more effective and facilitate synergies between WHO and the European Union.

Several countries were linking economic development and health. The SARS outbreak in 2003 had shown health systems and economies to be equally vulnerable. Health systems could be strengthened by incorporating health strategies with poverty-reduction policies and donor programmes. Indeed, if the health-related Millennium Development Goals were to be achieved, there needed to be further investment in the health area besides consideration of gender, equity and social cohesion. The European Union would be an active partner in that connection, notably to those countries that were particularly lagging behind in attaining the Goals.

Many health-related problems undermined the economic and social development of countries and their poverty-reduction efforts. The High-Level Forum on the Health Millennium Development Goals (Abuja, December 2004) had highlighted, for example, the need to face up to the massive shortage of health workers and to strengthen coordination among donors. Tuberculosis, malaria, chronic noncommunicable diseases and tobacco use seriously hampered the attainment of the Goals. The European Union welcomed the entry into force of the WHO Framework Convention on Tobacco Control, and would play an active role in the Conference of the Parties.

Unless more effort was made in the area of reproductive health, both maternal and infant mortality and HIV/AIDS would prove major stumbling blocks to the achievement of the Millennium Development Goals. New and innovative strategies for HIV/AIDS must be developed, and the European Union welcomed the steps taken by WHO in that regard. The essential balance between prevention and treatment must be maintained, and prevention and treatment services must be better integrated, made more accessible, and staffed with competent and motivated personnel. As the latest statistics confirmed the feminization of the AIDS epidemic, women should be given special attention in HIV/AIDS policies. The "3 by 5" initiative remained a key element in the global strategy against HIV/AIDS, and Member States should be provided with information on the implementation of the strategy and action to be undertaken in 2005 to attain the objectives. WHO should also work with all UNAIDS other cosponsors, particularly at the country level. At the European ministerial conferences on HIV/AIDS held in Dublin and Vilnius in February and September 2004 respectively, an alarming increase had been reported in new HIV infections in middle-income countries, including certain countries in eastern Europe and central Asia. A road map had been developed and specific action undertaken by governments.

With regard to the Proposed programme budget 2006-2007, the process of reform in the United Nations system should enable WHO to channel more effective support to the developing countries. The Director-General should inform the Health Assembly of the progress made in connection with that reform process and the options envisaged or implemented.

Dr ANTEZANA ARANÍBAR (Bolivia) observed that the opening sentence of document EB115/5 was a sharp reminder of the difficult challenges that remained. With the benefit of hindsight, the Millennium Development Goals might even appear to have been selected without sufficient consideration having been given to what could realistically be achieved.

However, although at least 10 of the 18 targets were health-related, success in attaining the Goals would in most cases depend on the degree of coordination between the health sector and the other sectors involved. For example, the dilemma facing the health sector of whether to improve people's health in order to achieve economic development or whether alleviating poverty first would more effectively improve health could only be resolved through cooperation with the economic, social

and political sectors. Furthermore, although the Goals appeared to be exclusively oriented towards poor and developing countries, in reality their attainment depended equally on the commitment of all countries, including rich nations.

Another aspect that needed to be considered was the inequality of living conditions which caused migration from poor to rich countries. It would be very difficult to overcome the numerous economic obstacles to attainment of the Millennium Development Goals – economic conditions that affected the health sector but over which it often had no control. *The world health report 2003*,¹ the Proposed programme budget 2006-2007 and strategic directions accorded the highest importance to that aspect of health development. Future relations between WHO, other organizations of the United Nations system, the Bretton Woods organizations and WTO, would therefore be of paramount importance.

The status report mentioned WHO's intention to support building capacity within ministries of health to enable them to participate more effectively in macroeconomic debates. Such skills could also prove useful in improving access by least developed countries to knowledge, technologies and services. WHO should therefore re-think its role and the nature of its cooperation, rather than encouraging countries to orient their efforts and national budgets in line with its own budget priorities. The importance of cooperation with all other sectors and organizations, the need to re-examine national and international instruments to that end and the need to strengthen the leadership role of health ministries in national decision-making, could not be over-emphasized.

Dr PHOOKO (Lesotho), speaking on behalf of the African group, expressed concern at the finding in the report that most poor countries would not meet the health-related Millennium Development Goals, that no region of the developing world was on track to meet the child mortality target, and that the maternal mortality ratio and newborn mortality rate in the African Region were the highest in the world. He recalled the commitment of the African health ministers, expressed at the fifty-fourth session of the Regional Committee for Africa in Brazzaville in 2004, to accelerate the attainment of the Goals relating to maternal and newborn health in Africa. In line with the resolution adopted, he requested WHO's support and technical assistance to increase investment in maternal and newborn health; develop, implement, monitor and evaluate appropriate road maps; develop tools and guidelines to strengthen health-care delivery systems, in particular, for emergency obstetric care; and train mid-level health workers in the provision of emergency obstetric and newborn care.

Both the Proposed programme budget 2006-2007 and the Eleventh General Programme of Work 2006-2015 gave priority to the achievement of the Millennium Development Goals, but adequate funding had to be made available for the 10-year Programme of Work.

Dr AHMED (Ghana), noting that some of the factors that accounted for the expectation that most poor countries would not achieve the health-related Millennium Development Goals had been addressed, said that close attention needed to be given to the reasons for the depletion of human resources as qualified personnel moved to developed countries.

In many countries, education and the dissemination of information on the Goals was limited, particularly at policy level. WHO was attempting to address the issue by increasing its advocacy role in individual countries. Although the strategy was to involve all sectors of the community, in practice, it tended to be slightly oriented towards the health sector. The decision to include locally relevant targets was helpful since it took account of the fact that levels of development varied between countries. The economic situation in many poor countries created a further barrier to their attaining the Goals and was another area in which the advocacy of WHO and other international bodies could make a difference to their achieving at least some Goals by 2015.

The meeting rose at 12:35.

¹ *The world health report 2003: Shaping the future*. Geneva, World Health Organization, 2003.