

## **FOURTH MEETING**

**Tuesday, 18 January 2005, at 14:25**

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

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

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

Dr CAMARA (Guinea), welcoming the status report, outlined measures Guinea had taken for attaining the Goals, including: the preparation of a document providing a framework for coordination, planning and resource mobilization, with a view to poverty reduction; and strengthening the health system through improvements in the basic health services, including emergency services. Thanks to partnerships with France, Japan, WHO, UNICEF and the United States Agency for International Development, Guinea had drawn up national programmes to combat malaria, achieve safer pregnancy and secure integrated management of childhood illnesses. Immunization programmes had been reinforced. In general the health services had been decentralized to bring them closer to those in need and extend their reach to remote areas. Despite that, Guinea, like other African countries, was faced with the challenge of attaining the Millennium Development Goals in a context of poverty, high infant and maternal mortality, the problems of refugees from unstable neighbouring countries, and the effects of structural adjustments. There was a lack of skilled birth attendants and of insecticide-treated bednets for pregnant women and children under five years of age. Supplies of chloroquine, iron and folic acid used for prophylaxis against anaemia in pregnant women were inadequate and access to drinking-water and sanitation was still insufficient. The special needs of the developing nations, particularly of the poorest countries, must be taken into account if the Goals were to be met by 2015.

Dr GAKURUH (Kenya) welcomed the status report and supported the statement by the member for Lesotho. On account of the many diverse problems facing the African Region, special emphasis should be laid on achieving political and economic solutions. Listing some of the key prerequisites for attaining the Millennium Development Goals, she noted that most African countries lacked human resources for health. Kenya faced a further challenge – the inability to employ 6000-7000 trained nurses on account of an employment embargo, as a result of which many dispensaries had been closed or were drastically understaffed. The quality of health services was affected by a shortage or inconsistent flow of supplies, dilapidated infrastructures and inadequate or non-functioning equipment.

Regarding management support, referral systems had collapsed through lack of transport and communication capacities, and there was a lack of confidence among patients in the lower level of health facilities. Community-level health activities had decreased as a result of adverse trends since the Declaration of Alma-Ata on primary health care.

Political involvement at the highest level was essential in order: to meet the need for evidence-based advocacy to facilitate the development of human resources for health and the sharing of skills within regions; to provide additional funding to acquire those human resources and ensure supplies, equipment and rehabilitation or reconstruction of infrastructures; and to establish alternative health-care financing conducive to sustainability.

Mr COSTEA (alternate to Professor Cinteza, Romania) supported the views expressed by the member for Luxembourg. Romania recognized the urgent need for all Member States to speed up

efforts to reach the Millennium Development Goals, which otherwise would not be met in many parts of the world: no developing country had yet reached the projected target levels to reduce child mortality; maternal mortality had declined only in countries with already low mortality levels; and countries with high levels of mortality were experiencing stagnation or even reversals. Lessons could nevertheless be learnt from those developing countries that had made progress towards achieving the Millennium Development Goals.

Health sector reform in Romania was based on the principles of equity of access to the health services and better allocation of resources and aimed in particular at decreasing the morbidity rate and the number of premature deaths. Regarding Goal 6, notable progress had been made in combating HIV/AIDS through universal access to treatment, action plans and interventions for people with risk behaviours, and free access to counselling and testing. The treatment of HIV-positive pregnant women had almost eliminated mother-to-child transmission, and the risk of nosocomial transmission had been removed.

He stressed the importance of the plan to achieve the Millennium Development Goals published by the United Nations Millennium Project;<sup>1</sup> Romania would carefully examine the relevant recommendations and was ready to cooperate with WHO both nationally and regionally.

Ms CHA-AIM PACHANEE (adviser to Dr Suwit Wibulpolprasert, Thailand), expressed appreciation of WHO's support, particularly in capacity-building and technical advice to Member States in their efforts to reach the Millennium Development Goals, an objective extremely difficult to reach given current trends. She endorsed the report's emphasis on more health investment and better use of limited resources. Between 1980 and 1990 the maternal mortality rate in Thailand had fallen by more than three quarters with no significant increase in the health budget. It was important to ensure that funds were spent on improving access to essential primary health care services rather than on tertiary care for the urban rich. The much-needed sustainable increase in the national health budget could only come about with peace and economic growth. Whereas 20 years previously, half the national budget of Thailand had gone to security and public debt servicing, the subsequent peaceful situation and rapid economic growth had gradually made it possible to spend more on improving infrastructures, social services, education and health, and subsequently to implement a policy of universal access to health insurance and to antiretroviral agents. It was important therefore that the Secretariat should work multisectorally to contribute to peace, constructive trade relations and globalization.

She strongly supported the need for information to track progress towards achieving the Goals, especially in view of the unreliability of some statistics. Member States and international organizations should support the Health Metrics Network in order to ensure expansion of its coverage.

Because the regular budget allocation for strengthening health systems and human resources for health had been reduced when there was an urgent need to strengthen those systems, she requested that the budget allocation in that area be reconsidered. She also urged Member States to support the necessary increase in assessed contributions in order to cover those important areas.

The Secretariat should increase its efforts to support capacity-building within ministries of health in order to achieve the Goals. That process, however, required close cooperation between ministries of health and other sectors, civil society and the private sector if the Goals were to be met.

Mr DELVALLÉE (alternate to Professor Dab, France), supporting the views expressed by the member for Luxembourg, said that achievement of the health-related Millennium Development Goals would be at the core of international cooperation for the French Ministry of Foreign Affairs, the Ministry of Health, other health agencies and all relevant partner nongovernmental organizations. Moreover, the Goals would be given priority in bilateral cooperation, the strengthening of health

---

<sup>1</sup> United Nations Millennium Project. *Investing in development: a practical plan to achieve the Millennium Development Goals*. New York, 2005.

systems and relations with WHO and the other organizations of the United Nations system. Clearly, no country would achieve those Goals without careful consideration of their funding. National contributions, whether voluntary or compulsory, would not suffice. With the support of 110 other countries France had launched the idea of an international tax, whose revenue might, for example, go towards combating AIDS. There had been a similar suggestion from the United Kingdom of Great Britain and Northern Ireland to create an international financial facility to fund vaccination. Those suggestions were consonant with the conferences on resources for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the first of which would be held in Sweden in March 2005, and with a high-level review of progress towards the Goals (New York, 14-16 September 2005). It was to be hoped that all countries involved would combine their efforts to increase development and that the forthcoming Health Assembly would discuss Member States' specific contributions towards those Goals.

Dr LAMATA COTANDA (Spain) pointed out that 20 000 children in the world died of hunger every single day, and that hunger was the main cause of premature death. Those facts needed to be brought to the attention of all peoples and governments to impress on them the need to transform economic relations so as to promote economic development. Goal 8 stressed that point as a precondition of better health conditions. Although that was not its main purpose, WHO could draw constant attention to the direct link between the economy and health. In the discussions on the Asian tsunami, emphasis had been laid on the need to encourage solidarity and mobilization of resources. Similarly, WHO could highlight the ongoing catastrophe of those premature deaths due to lack of food so as to urge governments, peoples, private initiatives and humanitarian organizations to cooperate in order to bring about change. For perhaps the first time in history there was sufficient expertise and technology available for such change, but it could not be achieved without political will and support.

Strengthening of health systems, training of health professionals and universal coverage were basic objectives that could be achieved with more funding and more efficient use of resources. From the donors' point of view, however, overlapping of activities, one-off activities with no follow-up, or repeated evaluation of programmes under way in different countries (or even within the same country or group of countries) were all too frequent. WHO could and should play a greater role in collaborating with the countries concerned to improve coordination and optimize use of available funds. The opportunity to overcome the scourge of hunger in the twenty-first century must not be allowed to slip away.

Dr HUERTA MONTALVO (Ecuador) said that, at the Board's recent seminar (Reykjavik, 9-10 December 2005), in discussing future scenarios in global public health, there had been much insistence that health and development were a single subject. The health-related Millennium Development Goals must therefore begin with the eradication of poverty. Although that was not WHO's specific field, poverty was directly related to, and should not be separated from, the Organization's work. Poverty spread easily and combating it was a health-related Goal. Political and technical concerns needed to be considered jointly. The same was true of the Goals; health should be regarded as the means of attaining them all. All countries with the necessary capacity should cooperate in achieving the Goals, including those related to health.

Dr QI Qingdong (alternate to Dr Yin Li, China), expressed support for WHO's actions towards achieving the Millennium Development Goals, a system-wide undertaking requiring firm political commitment and concerted efforts by all sectors. There were no grounds for optimism about progress since health-related work was beset by obstacles. The main difficulties must therefore be analysed and solutions found. Stage-by-stage targets should be set and practical measurements used, in order to make WHO a driving force for achieving the Goals.

He particularly supported WHO's position that emphasis should be placed on countries that faced greater problems in achieving the Goals. At the same time, there should be an exchange of successful experience so that, ultimately, all countries reached the Goals. The time was propitious, five

years after the adoption of the Millennium Declaration, for a systematic assessment of progress. It was particularly important to encourage development aid agencies to increase their commitment, which would encourage inter-State cooperation for shared development. China hoped to see further measures by WHO for the attainment of the Goals.

Ms VALDEZ (alternate to Dr Steiger, United States of America) observed that the Millennium Declaration had provided all Member States with a clear set of Goals; the challenge was to find ways of achieving them. WHO had an important mandate, working with Member States, to ensure quality and integrity of reporting on the health-related Goals, and could also help to support a more coordinated, evidence-based approach to track more closely how donor development assistance was flowing and being spent, and how its impact was being measured and evaluated. However, WHO should not seek to attain the Goals by engaging in macroeconomic debate or advising countries on international trade agreements. Such efforts would deplete scarce resources and in any event fell within the purview of other international organizations. She was somewhat concerned at WHO's use of the term "right to health" and suggested that the full formulation contained in the WHO Constitution, and reproduced in the footnote on page 5 of the report should be used.

It had been clear from the debate that, despite concerted efforts, the Goals were unlikely to be attained. Referring to the comments of previous speakers, she stressed WHO's potential key role in showing how investment in health assisted economic growth and development and in emphasizing the need for political commitment at the highest level. WHO also had an important part to play in helping Member States keep the Millennium Development Goals to the fore in national and international policy debate.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) acknowledged the importance of the status report which not only dealt with WHO's contribution to reaching the health-related Millennium Development Goals but also laid out the main lines for the Eleventh General Programme of Work for 2006-2015. The wide-ranging cooperation between WHO and various partners in the United Nations system was welcome. He appreciated the position of principle taken to strengthen work at country level but success depended largely on the qualifications of the staff implementing and supervising such activities; that point needed careful attention by Member States and regional offices. Countries with less developed social and economic systems and countries in transition that had limited budgets would find it difficult to distribute their resources more effectively. In recent years, however, most of those countries had enjoyed substantial external support. WHO could help ensure that such assistance was properly used.

He approved the support provided for work on patents, particularly with regard to new drugs, and to reducing tariffs and the cost of medicines, medical products and medical equipment. He also approved the greater role in supervising and monitoring the work being done at all levels to attain the Millennium Development Goals. In that context, some common criteria for the work of national statistics offices would be useful.

Ms PEXOVÁ (alternate to Professor Fišer, Czech Republic) commended WHO's efforts to achieve the Millennium Development Goals and asked whether a draft resolution on their attainment would be prepared for consideration by the Fifty-eighth World Health Assembly.

Mr JUNOR (Jamaica) said that the status report constituted a frank analysis of the situation regarding achievement of the health-related Goals, including some very disappointing trends. Five years after the adoption of the United Nations Millennium Declaration, there was a real risk of the gap between developed and developing countries widening. There was also a risk that the Goals might be met on a global scale with no improvement in the health status of the poorest and most vulnerable peoples of the world. The objective could thus be lost and serious action was therefore essential: consideration must be given to how the global overall score was reached. More weight should perhaps

be given to poorer countries to ensure that the coverage reflected the disparity between rich and poor nations, and that a false sense of achievement was not induced.

Some countries had already made significant achievements in certain areas included in the Millennium Development Goals and had therefore set themselves more ambitious targets. The Board needed to help Member States not progressing towards the Goals to focus on the reasons for such failure. In some countries it seemed to stem from an incapacity to implement strategies, owing mainly to inadequate human resources and infrastructures. Educational standards in particular needed to be improved as poor levels impaired capacity to sustain the results of the technical assistance offered.

The need for appropriate financing could not be over-emphasized. The performance assessment report of the Programme budget 2002-2003 showed very poor implementation rates for the areas of work covered by Goals 4 and 5, and stated clearly in respect of sustainable development that much remained to be done in order to forge consistent positions across the Organization, and that, despite much progress, the place of health on the development agenda was still not secure. It was a matter of great concern therefore that the Proposed programme budget 2006-2007 showed that, for the areas covered by Goals 4 and 5, a very low proportion of funds came from regular contributions. According to the document, part of the problem for WHO in achieving its objectives arose from uncertainty about normative programmes. The allocations between voluntary contributions and core budget issues needed serious examination. WHO should commit itself anew to the Millennium Development Goals, given their importance for humanity.

Dr YOOSUF (Maldives), referring to the partnership between WHO and the United Nations, expressed the hope that the new practical plan to combat poverty, said to be a cost-effective blueprint for achieving the Millennium Development Goals, would work. Attaining the Goals required national and international resource mobilization and effective resource management. To that end, people had to be trained in public health and health management. More advocacy was also needed, at policy-making and other levels, among those deciding how national budgets were utilized.

Many countries that found it difficult to achieve the Goals had poorly functioning health systems and were experiencing a natural or man-made crisis of some kind. Maldives, for example, had made great progress in reducing maternal and infant mortality rates and in raising immunization coverage and life expectancy. Six days before the tsunami, it had been taken off the list of least developed countries. It would be many years before the country could return to its former levels of development.

To achieve the Goals, governance, equity and resource management would have to be improved. In that respect, tracking, monitoring and reporting of resources, as mentioned in the status report, were of key importance.

Mrs GILDERS (alternate to Mr Shugart, Canada) welcomed WHO's renewed emphasis on achieving the health-related Millennium Development Goals and its call for greater investment in public health and collective action within a broad development framework sensitive to gender and equity issues. It was alarming to note that most poor countries were unlikely to meet the health-related Goals, and in particular that no region of the developing world was on track for the child mortality target. Greater collective action was clearly, and urgently, required. The member for Jamaica was right to highlight the importance of integrating the Goals into the budget-planning process, and it was encouraging to note that the Eleventh General Programme of Work would cover the period corresponding to the target period of the Goals. Other speakers had mentioned the crucial link to be made between health and economic development; WHO should support that process. The events due to take place in 2005 presented a unique opportunity for a new global consensus in support of stronger international cooperation and action to achieve the Goals which WHO should seize to forge new partnerships for the purpose.

The CHAIRMAN, speaking as the member for Iceland, said that the High-Level Forum on the Health Millennium Development Goals (Abuja, 2-3 December 2004) had emphasized that those Goals

could be met if there was a substantial increase in funding and more effective aid. A major concern was the urgent need to strengthen health systems, especially, as the member for Jamaica had pointed out, in terms of human resources. The lack of health personnel in many poor countries was one of the main obstacles to improving the health system. In particular, health personnel were needed in HIV/AIDS-affected communities. The problem had to be tackled at all levels, nationally and internationally. The Secretariat needed to work closely with the Member States, the World Bank and the International Monetary Fund on macroeconomic policies to address a complex issue.

Dr AGARWAL (India)<sup>1</sup> said that specific health-related Millennium Development Goals would be reached only if broader health strategies heeded the local context regarding equity, ethnicity, gender and the major determinants of health. The fifth anniversary of the Millennium Summit afforded a unique opportunity to review progress and to reaffirm the global commitment to achieve the Goals. India, for its part, was committed to cutting its child mortality by two thirds of the 1990 rate by 2015, to halving the current infant mortality rate to 30/1000 by 2010, and to a programme of exclusive breastfeeding for the first six months of life. It planned to implement integrated management of childhood illnesses in phases throughout the country. Maternal mortality would be reduced by ensuring that all pregnant women were registered and received minimum antenatal check-ups and tetanus toxoid immunization, by promoting safe delivery, improving access to anaesthetists and blood banks, and providing reproductive and child health services in remote areas. India further aimed to reduce malaria morbidity and mortality by 25% by 2007 and 50% by 2010, to eliminate leishmaniasis by 2010, and to halve tuberculosis mortality by 2010. Regarding HIV/AIDS, it would continue to emphasize the prevention of mother-to-child transmission, the reduction of blood-borne transmission, the care and treatment of HIV-infected people, and improved surveillance to obtain epidemiological data on time trends in HIV infection.

Ms KEITH (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, said that WHO should establish standards and regulating principles for disease-selective programmes to ensure monitoring of their impact on national health systems. Well-trained, supported and motivated health workers were an essential part of a functioning health system, and time should be made available at the Fifty-eighth World Health Assembly to discuss the current shortage of human resources. Also, a report should be issued on progress in implementing resolution WHA57.19 on international migration of health personnel. She endorsed WHO's suggestion that *The world health report 2006* be devoted to human resources and that 2006 be dedicated to tackling the crisis in human resources for health. Paying for health care had led the poorest into further poverty. She urged national health and finance ministers, WHO and donors to follow Uganda's lead in ensuring that essential health services were free at the point of access. The question of user fees in particular needed to be addressed urgently. In order to achieve the health-related Goals, WHO and donors needed to increase their support to developing countries for operational research on health-funding mechanisms for the poor in the interests of greater equity. Her organization would help to develop the required knowledge base, and asked WHO, donors and academics to work with nongovernmental organizations to document best practices in such situations. It also supported endeavours to improve the quality and scope of health information systems and development goal reporting; it nevertheless urged that health systems indicators of the human resource process be added to Millennium Development Goal monitoring. Save the Children shared WHO's concern about the focus on outcome indicators.

Dr ROSES PERIAGO (Regional Director for the Americas) said that the countries of Latin America and the Caribbean had agreed on some necessary actions for attaining the health-related Millennium Development Goals: more rapid progress towards substantially reducing inequity in health and access to basic services and towards social health protection; increased health spending and

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

investment and more careful allocation of sector resources; a shift in focus to primary health care and health promotion; a sustained effort to strengthen the public health infrastructure; and the formulation and implementation of intersectoral policies and activities that would have an impact on the economic and social determinants of the health targets incorporated in the Millennium Development Goals. The result would be greater social cohesion and enhanced health rights for people. The health policies, plans and programmes of the region's countries would therefore aim to reverse the trends observed in respect of most health indicators; should they fail to do so, the targets set for 2015 would not be met. To that end, PAHO's 45th Directing Council had adopted resolution CD45.R3 in September 2004 on Millennium Development Goals and Health Targets, setting objectives for Member States in the Region of the Americas, few of which had fully incorporated the objectives into their policy, planning, programme and budget processes. Finally, the right to health meant strengthening democratic governance coupled with social cohesion, given that true democracy could only be established if none of the region's inhabitants were excluded from the benefits of development.

Dr ANTEZANA ARANÍBAR (Bolivia), seconded by Dr BUSS (Brazil), proposed that the Secretariat draft a resolution for consideration by the Health Assembly on the close links between development in general and health.

Mr AITKEN (Director, Office of the Director-General) pointed out that the Millennium Project report had just been issued.<sup>1</sup> It would be difficult to draft a resolution during the present session of the Board; the report would have to be analysed in greater depth first. He suggested that the Secretariat draft a resolution in the following week or two and circulate it via e-mail for consultation and comment. The draft resolution would then be submitted by the Director-General to the Fifty-eighth World Health Assembly. In response to a query from Dr STEIGER (United States of America), he said that there was nothing unusual in having the Director-General present the text of a possible resolution for consideration by the Health Assembly.

**It was so agreed.**

Dr LEITNER (Assistant Director-General) said that she had noted the continued commitment to the Millennium Declaration and attaining the Millennium Development Goals. Progress towards achieving the goals, however, was uneven and in some cases inadequate. What was needed were new instruments, new ways of working together, alternative sources of funding, and reallocation of existing funds. Some members had affirmed that it was for Member States to monitor the situation at country level, but WHO could help them to obtain reliable data, strengthen information systems, and ensure that data were disaggregated so as to inform policy decisions at all levels. Others had agreed that forthcoming events in 2005 should be used to forge new partnerships. In that respect, WHO was engaged with the Bretton Woods institutions and other financial institutions, and would continue to be so. She understood the cautions against the Organization spreading itself too thinly. On the other hand, the Secretariat was being approached for input into the human rights debate and trade negotiations to ensure that health issues were given due consideration. In order to do that properly and to facilitate the participation of health ministries in such forums regionally and internationally, a minimum of staff capacity was needed. The health sector had, in particular, to strengthen health systems, tackle issues of health personnel and health information, and come to grips with prevention and mitigation.

The present discussion, the status report and the High-Level Forum on the Health Millennium Development Goals (Abuja, 2-3 December 2004) had all highlighted the specific situation of countries in crisis, where the Goals were least likely to be achieved. A way had to be found of moving beyond

---

<sup>1</sup> United Nations Millennium Project. *Investing in development: a practical plan to achieve the Millennium Development Goals*. New York, 2005.

crises in order to secure in the long term the gains made and promote the sustainability of socioeconomic development.

**The Board took note of the report.**

**Infant and young child nutrition:** Item 4.4 of the Agenda (Document EB115/7)

The CHAIRMAN recalled that the Fifty-seventh World Health Assembly had decided that the draft resolution on infant and young child nutrition submitted to it should be discussed by the Board at its present session.<sup>1</sup> He drew attention to the report contained in document EB115/7 and the draft resolution therein.

Dr TANGI (Tonga) said that he was commenting mainly on behalf of the small Pacific island countries that had sponsored the original draft resolution considered by Committee A at the previous Health Assembly. The summary records showed that 16 speakers had spoken in support, six had spoken against or had requested more time to consider the resolution, and two had requested that it be considered immediately. The Board was being presented with a revised text and the original for comparison. The amended draft resolution had been prepared, no doubt with the best of intentions, by the Secretariat. A substantial proportion of the original text had been deleted, however, and the text before the Board constituted a different resolution altogether. It appeared to shift responsibilities and was not acceptable to the sponsors. Although there had since been some further discussion of the matter with one sponsor, Nepal, for some reason the five small Pacific island sponsors had not been consulted. One of the latter had learnt about the amended text and had requested him, as a Board member from the Region, to investigate the matter. The Board should discuss the original draft resolution since that was the request of the Health Assembly, a procedure prescribed by Rule 9 of the Rules of Procedure of the Executive Board. The Board should not set a dangerous precedent by failing to comply with that Rule.

Dr ACHARYA (Nepal) said that the report clearly indicated that the Health Assembly had requested the Board, at its 115th session, to consider the draft resolution proposed by the six Member States listed in paragraph 1 and to submit it for consideration at the Fifty-eighth World Health Assembly. In other words, the Board had been requested to consider the same draft resolution that had been submitted to the Fifty-seventh World Health Assembly. Although Nepal had responded in time in respect of the amended draft resolution and had sent its comments via its permanent mission in Geneva, it appeared that the other sponsors of the original draft resolution had not been consulted. He was pleased to note that the member for Tonga had been able to consult with the countries concerned in the meantime.

In the amended draft resolution, the text of paragraph 1(3) (numbered 1(1) in the original) had been unduly diluted, giving the impression that the potential for harm was restricted to infants in high-risk groups. Nepal therefore proposed that the text of the original paragraph 1(1) be reinstated, to read: “to ensure that health-care providers, parents and caregivers are informed that powdered infant formula may be contaminated intrinsically by pathogenic microorganisms and that this information is conveyed through explicit warnings on labels;”. Paragraph 1(4) should be amended to read: “to work closely with all stakeholders to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula by doing necessary research and action”. In paragraph 1(5), “bodies” should be replaced by “organizations, including research on infant and young child feeding, which should be free from commercial influence”. The inclusion of the last phrase was of particular importance. Nepal also strongly objected to the deletion of the original paragraph 1(3) and proposed that it be reinstated. Paragraph 2(1) should be amended to read: “to

---

<sup>1</sup> Document WHA57/2004/REC/3, summary record of the eighth meeting of Committee A, page 151.



continue to give full consideration to those resolutions of the Health Assembly that are relevant within the framework of its operational mandate when elaborating standards, guidelines and recommendations, including revision of standards and guidelines on labelling, quality and safety of processed foods for infants and young children”.

Mrs GILDERS (alternate to Mr Shugart, Canada) commended the report and the efforts made to incorporate in the amended draft resolution the changes proposed by Member States during and since the last Health Assembly. Canada accorded the highest importance to infant, young child and maternal nutrition and welcomed the continued activities of WHO and FAO, notably the standard-setting by the Codex Alimentarius Commission in those areas. In recent years Canada had paid particular attention to the prevention of micronutrient deficiencies by strengthening the dietary availability of essential nutrients such as iron, vitamin A and iodine. As a follow-up to the WHO report on iodine deficiency,<sup>1</sup> several Board members, Member States and international organizations, in particular the International Council for the Control of Iodine Deficiency Disorders, had prepared a draft resolution for submission to the Fifty-eighth World Health Assembly. Efforts to eliminate iodine deficiency disorders must be maintained and accelerated where necessary to prevent further recurrences.

In November 2004, Health Canada had issued a recommendation that healthy full-term infants should be breastfed exclusively for the first six months of life; that was in line with WHO's recommendation.

Dr SOPHIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpoprasert, Thailand) endorsed the comments made by the member for Tonga and expressed support for the original draft resolution. She also shared the concerns expressed by Canada in relation to iodine deficiency disorders. The establishment of best practices for infant and child nutrition was vital for the health and development of the future citizens of the world and the prospects of all nations. Implementation of the International Code of Marketing of Breast-Milk Substitutes remained uneven. The Code should be implemented seriously by all Member States, and be reinforced by a legal framework, with effective penalties for violations, and social sanctions for non-compliance should be supported. In line with the Code, maternity leave of six months, which was one of the main strategies in support of exclusive breastfeeding for six months, should become an international standard. In many developing countries, mothers were allowed only one month of maternity leave. Cooperation on the part of public- and private-sector employers was clearly needed. Supplementary feeding after six months was also crucial. WHO should advocate the use of locally sourced nutritious foods rather than the importation of expensive foreign products. Mothers were the most important factor in promoting exclusive breastfeeding and should be encouraged to recognize the benefits of breastfeeding and the importance of maintaining their own health. A report in *The Lancet* in 2003 had indicated that a substantial proportion of deaths among children under five years of age could be prevented through breastfeeding. The Board should establish a drafting group to consider the draft resolution.

Dr STEIGER (United States of America) agreed that national governments and the private sector should address the potential for pathogenic contamination of infant formula and other such products. National policies and standards should be developed on the basis of the best possible scientific evidence. A WHO resolution on the topic was premature, however, and might be counterproductive. The Codex Alimentarius Commission had the mandate for establishing international standards, guidelines and related texts in the areas of food, nutrition and food labelling and was currently reviewing standards for infant formulas, including those for the manufacture of powdered infant formula and relating to the potential for contamination with *E. sakazakii* and other pathogens during manufacture. The United States had brought the hazards associated with such

---

<sup>1</sup> de Benoist B et al., eds. *Iodine status worldwide : WHO global database on iodine deficiency*. Geneva, World Health Organization, 2004.

contamination to the attention of the Commission during its revision of the Recommended International Code of Hygienic Practice for Foods for Infants and Children. The Codex Committee on Food Hygiene had noted that there were still many gaps in the data related to such contamination. Further research was therefore needed in order to assess the risks posed. While progress had been made, processes would need to come to fruition before Member States could debate the situation adequately and develop appropriate national policies. Deliberations must be science-based and all options for preventing contamination by *E. sakazakii* should be considered, including safe preparation and handling procedures for powdered formula. United States Government scientific experts had been consulted and had indicated that, although there was a potential for some infants to develop illness from infection by that pathogen, the greatest risk was to infants born at a gestational age of less than 36 weeks up to a post-term age of four to six weeks, to immunocompromised infants at any age, and to full-term infants admitted to level-two and level-three neonatal intensive care units. The risk to healthy full-term infants was probably low. The situation called for complex and different solutions, tailored to national and cultural needs, including the development of effective alternatives to infant formula to control exposure in high-risk infants, and better education in various segments of public health and distribution networks, and among infant carers and product manufacturers. Since the Codex Alimentarius Commission was already considering all those aspects, the most helpful course for the Board was to recognize that significant progress had already been made and to avoid any action that might impede continuation of that progress.

Dr AHMED (Ghana) said that the question of infant and young child nutrition was pressing in African developing countries, where rates of breastfeeding remained high in rural areas, but were falling in urban areas as a result of changing lifestyles. When that happened, problems such as high rates of illiteracy or inadequate refrigeration and storage could result in a special risk to infants fed on infant formula. Moreover, infants with a low birth weight or born to HIV-positive mothers were more likely than others to receive infant formula and therefore to run the risk of infection from pathogens present in non-sterile formula products. Carers of such infants must be alerted, through labelling or other means, to the fact that such products might be contaminated. Notwithstanding the work of the Codex Alimentarius Commission, WHO should take action of its own on the matter. He was also strongly in favour of enforcing the recommendation on breastfeeding, as advocated by Thailand.

Dr HANSEN-KOENIG (Luxembourg), speaking on behalf of the Member States of the European Union and the candidate countries Croatia, Romania and Turkey, stressed the importance of the subject for the European States. She hoped for rapid progress by the Codex Alimentarius Commission. WHO should also take a stance, however, especially in the light of recent events in one of the European Union's Member States. The European Union was in favour of a resolution on infant and young child nutrition, but proposed several amendments to the text contained in document EB115/7. In paragraph 1(3), the phrase "geared to the particular needs of developing countries" should be deleted, because information and training on the preparation, use and handling of powdered infant formula should not be confined to certain geographical areas. In paragraph 2(2), the phrase "so as to ensure that users are made aware that the product is not sterile and must be appropriately prepared and stored" should be inserted after the words "appropriately labelled products". The word "independent" should be inserted before "research" in paragraph 3(2).

Dr QI Qingdong (alternate to Dr Yin Li, China) welcomed the fact that the global strategy for infant and young child feeding<sup>1</sup> was leading to action. He expressed his appreciation of the Secretariat's work to support that strategy. There was no doubt that the promotion of exclusive breastfeeding for the first six months was producing good results, but there was still a long way to go. All countries should take effective steps to improve infant and young child nutrition. As for powdered

---

<sup>1</sup> Resolution WHA55.25.

infant formula, it was clear that the products were not free of risk. The manufacturers must ensure that consumers used the products properly. He noted that for the past 10 years WHO had been working in conjunction with UNICEF on infant and young child nutrition.

He supported the proposal for the submission of a resolution on combating iodine deficiency to the Fifty-eighth World Health Assembly.

Dr HUERTA MONTALVO (Ecuador) said that, although his country would also support a resolution on iodine deficiency, the issue of contaminated infant formula was even more pressing. The member for Tonga had already explained how the text of the draft resolution had evolved. It was confusing to be presented with different texts originating from different sources and reaching different conclusions. The Board did not have sufficient information to decide how infant formula should be labelled, and whether the labels should merely carry a warning that the product was not sterile. He enquired about the cases of contamination that had occurred in France. Members of the Board also looked for guidance to the Secretariat, which was in a position to summarize technical information received from all Member States. The Board was currently faced with a draft resolution that had been altered without the knowledge of the sponsoring countries and without adequate technical information. It was important to ascertain the temperature at which bacteria present in a powdered formula would be killed, and whether the sterilization process would result in the loss of vitamins, as some reports claimed. There could be no question of adopting the resolution, even in amended form, without the technical support needed to clarify those issues.

Professor DAB (France) explained that contamination of powdered infant formula by *E. sakazakii* had resulted in the deaths of two infants in France out of nine cases (four infected and five whose digestive tracts had been colonized by the bacterium) in the period between 25 October and 13 December 2004. The cases had occurred in five hospitals, and a thorough epidemiological survey had established that the nine strains of the bacterium were indistinguishable both from one another and from those found in samples of one product that accounted for 50% of the milk powders marketed in France. Two batches of that product had initially been withdrawn from the market, as a compromise solution between the need to protect the population and a desire not to disrupt supplies. It had been agreed with the manufacturers that the powder version of the product should be entirely withdrawn, both in France and elsewhere; the same preparation in sterile liquid form was still in use. Discussions were taking place with all the companies concerned, and especially with the manufacturers of the product, to decide in what circumstances it could be brought back on the market.

Although the Codex Alimentarius Commission had broad expertise, the fact that *E. sakazakii* had resulted in fatalities in a country with good hygiene standards made it legitimate and indeed urgent for WHO to tackle the matter. According to investigations, the risk of contamination resulted from a combination of factors. It was difficult to sterilize the products with the available technology, and also difficult to analyse them microbiologically, and the methods used to do so were not standardized. There were also shortcomings in the quality-control procedures. No sample of several batches of the product manufactured in early 2004 had been stored, so that it was impossible to identify retrospectively the production stage at which an error might have been made. The problems of preparation and storage pertained not only in France, and it appeared that the training of health professionals was inadequate.

Thus, a real public health problem had to be addressed. The public, health professionals and doctors all assumed that infant formulas were sterile, which in the present state of knowledge was not necessarily the case. Professional users and parents must be fully informed without further delay of the state of affairs, and that was indeed the recommendation from those parts of the industry with which the French health sector was engaged.

Dr RYAZANTSEV (alternate to Mr Skotnikov, Russian Federation) said that his country shared the concern of other Member States about the quality of powdered infant formula. The Board must adopt a resolution on the subject. He supported the proposal for a drafting group to be set up.

Dr YOOSUF (Maldives) agreed that the draft resolution before the Board was not acceptable as it stood. There was sufficient evidence of the danger posed by *E. sakazakii* to insist that the public should be warned. It was not clear why the original draft resolution had been altered. It was hard to imagine that any member of the Board or Secretariat was in favour of sponsorship of health professionals by manufacturers of breast-milk substitutes, or of research on infant and young child feeding being exposed to commercial influence; yet the paragraphs in the original draft that had sought to prevent such situations had been deleted. He too supported the proposal for a drafting group to be established.

Ms HALTON (Australia) said that access to adequate nutrition of high quality was clearly vital in ensuring a successful start to life and healthy adulthood. Promoting exclusive breastfeeding for the first six months was a priority for Australia. In addition to the issue of infant formula, iodine deficiency had also been mentioned, and looked forward to consideration of that issue at the next Health Assembly.

The member for Tonga had raised legitimate procedural concerns about the draft resolution; lessons must be drawn for the future. On the substance, she noted that the technical regulation of labelling and standards was being dealt with by the Codex Alimentarius Commission. However, although progress was good, the work was not complete. The Board should not adopt a resolution that covered areas that it did not necessarily have the technical competence to address. The policy of support for breastfeeding, on the other hand, was clearly part of WHO's mandate. Technical labelling requirements, scientific evidence, ensuring good manufacturing practices, product recall and consumer education in appropriate use of products were issues on which WHO should have a view; but which, in view of their complexity, would be better dealt with in a drafting group.

Ms STERKEN (Consumers International), speaking at the invitation of the CHAIRMAN and also on behalf of the International Baby Food Action Network, said that parents everywhere had a right to be informed about the problem of intrinsic contamination of powdered infant formula by *E. sakazakii*. The recent international recall of one such product and the deaths of two infants in France were reminders of a real risk. Labelling to indicate the non-sterile status of powdered infant formula was thus of special importance. French mothers had been distressed that such vital information had been provided by the media and industry hotlines rather than through accurate labelling and alerts from governmental authorities.

The procedures of the Codex Alimentarius Commission were long: the one in question might be completed only in 2008 or 2010. In the meantime, babies were dying. Parents had the right to full and accurate information on infant feeding, based on sound, independently funded science. Health and nutrition claims were marketing tools intended to mislead and deceive expectant and new parents. No breast-milk substitute should carry health claims when science-based evidence confirmed that artificially-fed infants were prone to increased mortality and morbidity rates, less than optimal growth, lower cognitive and visual development and increased risk of obesity.

Sponsorship of health professionals by the infant feeding industry created conflicts of interest. Some governments had already enacted legislation that prohibited various forms of sponsorship by the industry. A Health Assembly resolution urging all governments to prevent conflicts of interest by prohibiting commercial sponsorship was needed. A strong, clear resolution would provide clear guidance to the Codex Alimentarius Commission.

Mrs LEHNERS-ARENDT (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that the Association had endorsed the global strategy for infant and young child feeding set out in resolution WHA55.25, and its members were able to provide practical, clinical and evidence-based support for the implementation of that strategy. Governments should start to define national goals and objectives for breastfeeding within a realistic time frame and achievements and outcomes should be measured. Putting the global strategy into practice could prevent 19% of all mortality in infants under five years of age.

Nutrition and health claims were used to promote sales of breast-milk substitutes and must be prohibited. A resolution was needed on *E. sakazakii* in order to take into account the concerns of parents that full information should be included on labels of breast-milk substitutes, including the fact that powdered infant formula was not sterile. While sponsorship by manufacturers of infant formula was a difficult issue, others should follow the example of members of her organization and refuse such sponsorship. Research into infant health and nutrition formed the basis for public policies on infant feeding and should be free from commercial influence. She urged the Board to present a strong draft resolution on all those matters to the Fifty-eighth World Health Assembly.

Dr BRONNER (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, said that her organization had a long-standing commitment to sharing its expertise with WHO to help to combat malnutrition and develop better products for the specific nutritional needs of infants and young children. Infant food manufacturers made concerted efforts to minimize the presence of *Enterobacteriaceae*. Powdered infant formula was an inherently safe product when hygienically handled, prepared and stored according to manufacturers' instructions. A joint FAO/WHO Workshop on *Enterobacter sakazakii* and other Microorganisms in Powdered Milk Formula (Geneva, 2-5 February 2004) had established that combined control measures were the most effective means of reducing risk and that the health community should focus on providing guidelines on appropriate handling and storage of products.

Health and nutrition claims played an important role in enabling health-care professionals to determine the value of products in meeting the nutritional needs of infants and young children. They also enabled the consumer to exercise the right to make an informed choice and were a way of securing optimized nutrition for babies that were not breastfed. The appropriate response to ethical concerns about commercial influence should be not simply to eliminate sponsorship of much-needed research but to establish a forum or mechanism incorporating funding guidelines designed to protect the integrity of all parties concerned.

Dr HUERTA MONTALVO (Ecuador) suggested that a document should be drawn up to reflect all the points of view expressed and circulated in electronic form to all Member States with a view to its consideration at the next Health Assembly. Waiting five years for the Codex Alimentarius Commission to complete its work was not an option, as in the meantime children were dying.

The DIRECTOR-GENERAL said that one important issue raised during the discussion was whether the Secretariat had taken prompt and appropriate action to inform the public and Member States about the potential for *E. sakazakii* contamination of powdered infant formula. In April 2004, an expert committee had met and a report had been issued on the subject. After the outbreak in France in late 2004, the International Food Safety Authorities Network had provided information on the incidents to the food safety authorities of Member States.

The CHAIRMAN, pointing out that the courses of action proposed by the members from Thailand and Ecuador were not mutually incompatible, said that in the absence of any objection, he would take it that the Board wished as a first step to establish a drafting group.

**It was so agreed.**

Dr LEITNER (Assistant Director-General) said that the procedural omission just discussed had been unintentional and the Secretariat would learn the necessary lessons from it. On the substance, there were two interrelated issues, one of public health and one of standard setting. Immediate action on the public health front was a possibility. Once the Codex Alimentarius Commission had set its standard, public policies might be revised to reflect that work. The Board and the Health Assembly should take regular stock of what public health policy needed to reflect in terms of food safety standards and precautionary measures. On the one hand, public health policies should not pre-empt the

standard-setting process; on the other hand, that process was protracted, and a balance must be struck. The discussion also showed the need to frame the resolution so that it applied to all Member States, not just to developing countries. She acknowledged that the Secretariat's efforts, which had been well intentioned, had been found lacking: hence the need for further drafting work to arrive at a result that was satisfactory to all.

(For adoption of the resolution, see summary record of the twelfth meeting, section 1.)

**The meeting rose at 17:55.**