

RESOLUTIONS

EB117.R1 Eradication of poliomyelitis

The Executive Board,

Having considered the report on eradication of poliomyelitis,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on eradication of poliomyelitis;

Recalling the 2004 Geneva Declaration for the Eradication of Poliomyelitis, committing the six countries in which poliomyelitis is endemic and spearheading partners to interrupting the final chains of poliovirus transmission through intensified poliomyelitis immunization campaigns;

Recognizing that the occurrence of poliomyelitis is increasingly rare due to the intensification of poliomyelitis eradication activities globally, and that all Member States are enhancing surveillance for the detection of circulating polioviruses and are in the process of implementing biocontainment activities;

Noting the significant support extended by partners, appreciating their ongoing cooperation, and calling for their continuing support to national programmes in the final phase of the global eradication effort;

Noting that most of the new cases have come from areas where transmission of indigenous polioviruses had already been stopped;

Noting that poliovirus importations into poliomyelitis-free areas constitute potential international health threats;

Recalling the standing recommendations of the Advisory Committee on Poliomyelitis Eradication,³

1. URGES Member States in which poliomyelitis is endemic to foster their commitment to interrupting transmission of wild-type poliovirus through the administration of appropriate monovalent oral poliomyelitis vaccines;

¹ Document EB117/4.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

³ *Weekly Epidemiological Record*, 2004, **79**(32): 289-291; 2005, **80**(38): 330-331, and 2005, **80**(47): 410-416.

2. URGES all poliomyelitis-free Member States to respond rapidly to the detection of circulating polioviruses by:

- (1) conducting an initial investigation, activating local responses and requesting international expert risk assessment within 72 hours of confirmation of the index case in order to establish an emergency plan of action;
- (2) implementing a minimum of three large-scale rounds of immunization using a type-specific monovalent oral poliomyelitis vaccine, including, where applicable, house-to-house vaccination, the first round to be conducted within four weeks of confirmation of the index case, with an interval of four weeks between subsequent rounds;
- (3) targeting all children aged less than five years in the affected and adjacent geographical areas, using independent monitoring to determine whether at least 95% immunization coverage has been reached;
- (4) ensuring that at least two full rounds of poliomyelitis immunization are conducted in the targeted area after the most recent detection of poliovirus;

3. REQUESTS the Director-General:

- (1) to ensure the availability of technical expertise to support Member States in their planning and emergency response related to an outbreak;
- (2) to assist in mobilizing funds to implement emergency response to an outbreak, and to ensure adequate supplies of monovalent oral poliomyelitis vaccine;
- (3) to advise at-risk Member States, on the basis of each risk assessment, on which, if any, additional measures are required nationally and internationally to reduce the further spread of poliovirus, taking into account the recommendations of the Advisory Committee on Poliomyelitis Eradication;
- (4) to report to the Executive Board at its 119th session on progress made in the implementation of this resolution.

(Fourth meeting, 24 January 2006)

EB117.R2 Nutrition and HIV/AIDS

The Executive Board,

Having considered the report on nutrition and HIV/AIDS,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

¹ Document EB117/7.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

Bearing in mind WHO's efforts to support access to antiretroviral treatment as part of the "3 by 5" initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients on antiretroviral therapy;¹

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

1. URGES Member States:

(1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:

- (a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;
- (b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;
- (c) developing specific advocacy tools to raise decision-makers' awareness of the urgency and steps needed to incorporate nutrition into HIV treatment and care programmes;

¹ Document EB116/12, Annex.

- (d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;
 - (e) ensuring close multisectoral collaboration and coordination between agricultural, health, social-service, education and nutrition sectors;
- (2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV/AIDS at different stages of the disease, and for sex- and age-specific approaches to providing antiretroviral therapy;
- (3) to provide support for and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:
- (a) implementing fully the global strategy for infant and young child feeding with its approach to feeding in exceptionally difficult circumstances and the United Nations framework for priority action in HIV and infant feeding;¹
 - (b) building the capability of hospital- and community-based health workers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;
 - (c) encouraging revitalization of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;
 - (d) accelerating training in, and expanding use of, guidelines and tools for infant-feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;
 - (e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

2. REQUESTS the Director-General:

- (1) to strengthen technical guidance to Member States for incorporating HIV/AIDS issues in national nutrition policies and programmes;
- (2) to provide support for the development of advocacy tools to raise decision-makers' awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;
- (3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;
- (4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;

¹ *HIV and infant feeding: framework for priority action*. Geneva, World Health Organization, 2003.

- (5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;
- (6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and the impact of nutrition interventions;
- (7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other's achievements;
- (8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

(Fourth meeting, 24 January 2006)

EB117.R3 Sickle-cell anaemia

The Executive Board,

Having examined the report on sickle-cell anaemia,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having examined the report on sickle-cell anaemia;

Recalling resolution WHA57.13 on genomics and world health, and the discussion of the Executive Board at its 116th session on control of genetic diseases, which recognized the role of genetic services in improving health globally and in reducing the global health divide;³

Recalling decision Assembly/AU/Dec.81 (V) of the Assembly of the African Union at its Fifth Ordinary Session;

Noting the conclusions of the 4th International African American Symposium on sickle-cell anaemia (Accra, 26-28 July 2000), and the results of the first and second international congresses of the International Organization to Combat Sickle-Cell Anaemia (respectively, Paris, 25-26 January 2002 and Cotonou, 20-23 January 2003);

Concerned at the impact of genetic diseases, and of sickle-cell anaemia in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

¹ Document EB117/34.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

³ See document EB116/2005/REC/1, Summary record of the first meeting, section 4.

Recognizing that the prevalence of sickle-cell anaemia varies between communities, and that insufficiency of relevant epidemiological data may present a challenge to effective and equitable management;

Deeply concerned at the absence of official recognition of sickle-cell anaemia as a priority in public health;

Recognizing the current inequality of access to safe and appropriate genetic services throughout the world;

Recognizing that effective programmes for sickle-cell anaemia must be sensitive to cultural practices, and appropriate for the given social context;

Recognizing that the management of sickle-cell anaemia raises specific ethical, legal and social issues that require appropriate consideration,

1. URGES Member States:

- (1) to develop, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for the prevention and management of sickle-cell anaemia, including surveillance, dissemination of information, awareness-raising, and screening, such programmes being tailored to specific socioeconomic and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with this genetic disease;
- (2) to develop their capacity to evaluate the situation regarding sickle-cell anaemia and the impact of national programmes;
- (3) to intensify the training of all health professionals in high-prevalence areas;
- (4) to develop and strengthen medical genetics services, within existing primary health care systems, in partnership with parent/patient organizations;
- (5) to promote community education, including health counselling, and associated ethical, legal and social issues;
- (6) to promote effective international cooperation in combating sickle-cell anaemia;
- (7) in collaboration with international organizations, to support basic and applied research on sickle-cell anaemia;

2. REQUESTS the Director-General:

- (1) to increase awareness of the international community of the global burden of sickle-cell anaemia, including as part of a World Health Day, and to promote equitable access to health services for prevention and management of the disease;
- (2) to provide technical support and advice to national programmes of Member States through the framing of policies and strategies for prevention and management of sickle-cell anaemia;

- (3) to promote and support intercountry collaboration in order to expand the training and expertise of personnel and to support the further transfer of advanced technologies and expertise to developing countries;
- (4) to continue WHO's normative functions in drafting guidelines on prevention and management of sickle-cell anaemia with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
- (5) to promote, support and coordinate the research needed on sickle-cell disorders in order to improve the duration and quality of life of those affected by such disorders.

(Fifth meeting, 25 January 2006)

EB117.R4 Prevention of avoidable blindness and visual impairment

The Executive Board,

Having considered the report on prevention of avoidable blindness and visual impairment,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight,

¹ Document EB117/35.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

1. URGES Member States:

- (1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;
- (2) to provide support for Vision 2020 plans by sustaining necessary funding at national level;
- (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;
- (4) to advance the integration of prevention of avoidable blindness and visual impairment in existing health plans and programmes at regional and national levels;
- (5) to encourage partnerships between the public sector, nongovernmental organizations and the private sector in programmes and activities for prevention of blindness at all levels;

2. REQUESTS the Director-General:

- (1) to give priority to prevention of avoidable blindness and visual impairment;
- (2) to provide necessary technical support to Member States and support to collaboration among countries for the prevention of avoidable blindness and visual impairment;
- (3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years.

(Sixth meeting, 25 January 2006)

EB117.R5 International trade and health

The Executive Board,

Having considered the report on international trade and health,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on international trade and health;

¹ Document EB117/10.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

Recalling resolutions WHA52.19, WHA53.14, WHA56.23, WHA56.27, WHA57.14 and WHA57.19;

Recognizing the demand for information about the possible implications of international trade and trade agreements for health and health policy at national, regional and global levels;

Mindful of the need for all relevant ministries, including those of health, trade, commerce, finance and foreign affairs, to work together constructively in order to ensure that the interests of trade and health are appropriately balanced and coordinated,

1. URGES Member States:

- (1) to promote dialogue at national level to consider the interplay between international trade and health;
- (2) to adopt, where necessary, policies, laws and regulations that deal with issues identified in that dialogue and take advantage of the potential opportunities, and address the potential challenges that trade and trade agreements may have for health;
- (3) to apply or establish, where necessary, coordination mechanisms involving ministries of finance, health, and trade, and other relevant institutions, to address public health related aspects of international trade;
- (4) to create constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in their trade and health policies;
- (5) to continue to develop capacity at national level to track and analyse the potential opportunities and challenges of trade and trade agreements for health-sector performance and health outcomes;

2. REQUESTS the Director-General:

- (1) to provide support to Member States, at their request and in collaboration with the competent international organizations, in their efforts to frame coherent policies to address the relationship between trade and health;
- (2) to respond to Member States' requests for support of their efforts to build the capacity to understand the implications of international trade and trade agreements for health and to address relevant issues through policies and legislation that take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health;
- (3) to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels, including generating and sharing evidence on the relationship between trade and health;
- (4) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Sixth meeting, 25 January 2006)

EB117.R6 WHO's role and responsibilities in health research

The Executive Board,

Having considered the report on WHO's role and responsibilities in health research,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research;

Having considered the report on WHO's role and responsibilities in health research;

Acknowledging the critical role of the entire spectrum of health and medical research in improving human health;

Recognizing that research into poverty and inequity in health is limited, and that the ensuing evidence is important to guide policy in order to minimize gaps;

Reaffirming that research to strengthen health systems is fundamental for achieving internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Noting in particular the work of IARC, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction;

Convinced that research findings and data derived from effective health-information systems should be used to inform decisions about the delivery of interventions to those who need them most;

Mindful that the Organization should lead by example in the use of research findings to inform decisions about health;

Reaffirming the role of WHO's cosponsored research programmes in support of neglected areas of research relevant to poor and disadvantaged populations, and recognizing the contributions of WHO to strengthening research capacity;

Committed to ensuring ethical standards in the conduct of health research supported by the Organization,

1. URGES Member States to mobilize the necessary scientific, social, political and economic resources in order:

(1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that "developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least

¹ Document EB117/14.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”;¹

(2) to integrate research in the mainstream of national programme activities and plans, and to promote wider access to research findings;

(3) to strengthen the capacity of national and institutional ethics committees that review health-research proposals;

2. CALLS UPON the health-research community, other international organizations, the private sector, civil society and other concerned stakeholders to provide strong, sustained support to research activities across the entire spectrum of health, medical and behavioural research, especially research into poverty and inequity in health; and to maintain support of activities that promote the use of research findings to inform policy, practice and public opinion;

3. REQUESTS the Director-General:

(1) to strengthen the culture of research in the Organization and to ensure that research informs its technical activities;

(2) to develop a reporting system on WHO’s activities in health research;

(3) to improve coordination of research activities, including integration of research into disease control and prevention;

(4) to review the use of research evidence for major policy decisions and recommendations within WHO;

(5) to establish standard procedures and mechanisms for the conduct of research and use of findings by the Organization, including registration of research proposals in a publicly accessible database, peer review of proposals, and dissemination of findings;

(6) to promote better access to research findings;

(7) to provide support to Member States to develop capacities for health systems research.

(Eighth meeting, 26 January 2006)

EB117.R7 Application of the International Health Regulations (2005)

The Executive Board,

Having considered the report on application of the International Health Regulations (2005);²

¹ In *Commission on Health Research for Development. Health research: essential link to equity in development*. New York, Oxford University Press, 1990.

² Document EB117/31.

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:¹

The Fifty-ninth World Health Assembly,

Having considered the report on application of the International Health Regulations (2005);

Recalling resolutions WHA58.3 on revision of the International Health Regulations and WHA58.5 on strengthening pandemic-influenza preparedness and response;

Reaffirming the serious risk to human health, including the possible emergence of a pandemic virus, arising from ongoing outbreaks in poultry of highly pathogenic avian influenza, caused by the H5N1 strain of *Influenzavirus A*, in parts of Asia and elsewhere;

Noting with concern the persistence of outbreaks in poultry, the continuing occurrence of sporadic cases of severe human disease associated with these outbreaks, the endemicity of the virus in several countries, the spread of the virus through the migration of wild waterfowl to new areas, and its predicted further spread;

Aware that these and other developments have increased the probability that a pandemic may occur;

Highlighting the importance of WHO's global influenza preparedness plan and the control measures recommended therein;²

Mindful that rapid detection of human cases, supported by adequate national capacity, and rapid and transparent reporting of findings underpin WHO's ability to issue a reliable risk assessment and declare an appropriate phase of pandemic alert, and are further needed to ensure that the earliest epidemiological signals of increased transmissibility of the virus among humans are not missed;

Aware that several provisions in the International Health Regulations (2005) would be useful in ensuring a strengthened and coordinated response on the part of the international community to both the present situation and a possible pandemic;

Further aware that strengthened capacity to respond to human cases of avian influenza and the corresponding pandemic threat will strengthen the capacity to respond to many other emerging and epidemic-prone infectious diseases, and thus increase global public-health security against the threat of infectious diseases;

Noting that the International Health Regulations (2005) will not enter into force until 15 June 2007;

Recalling the main conclusions reached, and recommended actions agreed on, during a joint meeting convened by WHO, FAO, OIE and the World Bank on avian influenza and human pandemic influenza (Geneva, 7-9 November 2005);

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² Document WHO/CDS/CSR/GIP/2005.5.

Responding to the specific request made during that meeting to put forward proposals to the Fifty-ninth World Health Assembly through the Executive Board at its 117th session for immediate voluntary compliance with relevant provisions of the International Health Regulations (2005),

1. CALLS UPON Member States to comply immediately, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza;
2. DECIDES that relevant provisions of the International Health Regulations (2005) shall include the following:
 - (1) Annex 2, in so far as it requires prompt notification to WHO of human influenza caused by a new virus subtype;
 - (2) Article 4 pertaining to the designation or establishment of a National IHR Focal Point within countries and the designation of WHO IHR Contact Points, and the definition of their functions and responsibilities;
 - (3) articles in Part II, pertaining to information-sharing, consultation, verification and public health response;
 - (4) articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;
 - (5) articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes;
3. NOTES that such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005) after their entry into force;
4. URGES Member States:
 - (1) to designate or establish immediately a National IHR Focal Point, as provided for in Article 4 of the Regulations, and inform WHO accordingly within 90 days, the said Focal Point having the authority to communicate official information and participate in collaborative risk assessment with WHO;
 - (2) to follow, in matters pertaining to human cases of avian influenza, mechanisms and procedures set out in the Regulations for a disease that may constitute a public health emergency of international concern;
 - (3) to provide transparent and urgent notification and subsequent continued communication to WHO of any probable or confirmed human cases of avian influenza, including exported or imported cases;
 - (4) to disseminate to WHO collaborating centres information and relevant biological materials related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner;

(5) to strengthen collaboration on human and zoonotic influenzas among national organizations responsible for human and animal health in order to strengthen surveillance and implement immediate measures to control outbreaks of avian influenza in humans and animals;

(6) to respect time frames stipulated in the Regulations for undertaking and completing urgent activities and communications, particularly for the reporting of human cases of avian influenza, verification of events, and response to requests for further information from WHO;

(7) to collaborate, including through the mobilization of financial support, to build, strengthen, and maintain the capacity for influenza surveillance and response in countries affected by avian influenza;

(8) to follow recommendations issued by the Director-General, with technical advice from the influenza pandemic task force, considered necessary for the international response to avian influenza or pandemic influenza;

(9) to inform the Director-General of the measures that they have taken in voluntary compliance with the International Health Regulations (2005);

5. REQUESTS the Director-General:

(1) to designate immediately WHO IHR Contact Points, as provided for in Article 4 of the Regulations;

(2) to implement, in so far as feasible and relevant for the purpose of this resolution, measures in Parts II and III of the Regulations falling under the responsibility of WHO;

(3) to further accelerate steps to establish a roster of experts and to invite proposals for its membership, pursuant to Article 47;

(4) to use the influenza pandemic task force as a temporary mechanism to advise the Organization on the response to avian influenza, the appropriate phase of pandemic alert and the corresponding recommended response measures, the declaration of an influenza pandemic, and the international response to a pandemic;

(5) to collaborate with Member States in implementation of the present resolution, and in voluntary compliance with the International Health Regulations (2005), as appropriate, including through:

(a) provision or facilitation of technical cooperation and logistical support;

(b) mobilization of international assistance, including financial support, in consultation with Member States, especially for affected countries lacking sufficient operational capacity;

(c) production of guidelines as support to Member States in development of capacities for a public-health response specific to the risk posed by avian influenza and pandemic influenza;

- (d) establishment of a framework to monitor voluntary compliance of Member States with the International Health Regulations (2005);
- (6) to collaborate with Member States to the extent possible in providing support to developing countries in building and strengthening the capacities required under the International Health Regulations (2005);
- (7) to mobilize and dedicate WHO's technical resources where possible, using capacities available in regional offices and collaborating centres, to expand and accelerate training efforts in the areas of epidemic surveillance, alert and response, and laboratory capacity, biosafety and quality control, in order to provide support to Member States in implementation of the International Health Regulations (2005);
- (8) to report to the Sixtieth World Health Assembly through the Executive Board at its 119th session on implementation of this resolution, and to report annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005).

(Eighth meeting, 26 January 2006)

EB117.R8 Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

The Executive Board,

Having considered the report on HIV/AIDS: universal access to prevention, care and treatment,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Taking note of the report on HIV/AIDS and universal access to prevention, care and treatment;

Recognizing the role of WHO as a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS);

Recalling the decisions of the Seventeenth Programme Coordinating Board of UNAIDS, (27-29 June 2005, Geneva);

¹ Document EB117/6.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

Commending the final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;¹

Noting, in that regard, that improved coordination and harmonization of efforts and a clear division of responsibilities between UNAIDS and its cosponsors will be required, together with coordination with national and global partners;

Noting the emphasis placed on support for action at country level and on developing the national response;

Recognizing that leadership, national ownership of plans and priorities, fostering of effective coordination, and alignment and harmonization of programmes and support at country level are key determinants of effective national responses;

1. ENDORSES the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and further endorses all the related decisions as contained in the report of the Seventeenth Programme Coordinating Board of UNAIDS;²

2. URGES Member States to accelerate implementation of the “Three Ones” principle according to country realities;³

3. REQUESTS the Director-General:

(1) to implement the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, to prepare appropriate plans of action in collaboration with UNAIDS and the other cosponsors, and to maintain the momentum created by the Global Task Team, within the deadlines set;

(2) to report to the Executive Board at its 119th session and to the Sixtieth World Health Assembly, and every two years thereafter, on progress made in implementation of the recommendations of the Global Task Team, and to use that report to inform the Programme Coordinating Board of UNAIDS;

(3) to provide effective technical support to national governments and, in conformity with the agreed division of labour, to focus on those areas in which WHO has an advantage compared to other bodies, in particular strengthening of health systems and human resources for health in response to scaled-up interventions.

(Eighth meeting, 26 January 2006)

¹ Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: Final Report, 14 June 2005.

² Document UNAIDS/PCB(17)/05.10.

³ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

EB117.R9 Health promotion in a globalized world

The Executive Board,

Having considered the report on follow-up to the 6th Global Conference on Health Promotion,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Recalling resolutions WHA42.44 on health promotion, public information and education for health, WHA51.12 on health promotion, WHA57.16 on health promotion and healthy lifestyles, and the outcomes of the five international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000);

Having considered the report on follow-up to the 6th Global Conference on Health Promotion, which confirms the need to focus on health promotion actions to address the determinants of health;

Drawing on the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, and the Bangkok Charter for Health Promotion in a Globalized World which sets out strategic directions for equitable health improvement in the first decades of the twenty-first century;

Considering the actions and recommendations set out in the Bangkok Charter for Health Promotion in a Globalized World to make the promotion of health central to the global development agenda, a core responsibility for all governments, a key focus of communities and civil society, and a requirement for good corporate practice;

Noting that health promotion is essential for meeting the targets of the Millennium Development Goals, is intimately related to the work of WHO's Commission on Social Determinants of Health, and makes an important contribution to realizing the objectives of the Eleventh General Programme of Work;

Recognizing that the dramatic changes of the global burden of disease require greater attention, and call for adjustments in society at large and in resource allocation in order to tackle the immediate and underlying determinants of health;

Confirming the importance of addressing also the wider determinants of health, and of implementing recommendations on, and undertaking action for, health for all, as set out in the Bangkok Charter for Health Promotion in a Globalized World,

1. URGES all Member States:

(1) to consider the need to increase investments in health promotion as an essential component of equitable social and economic development;

¹ Document EB117/11.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

(2) to establish mechanisms for involving government as a whole in order to address effectively the social determinants of health throughout the life course;

(3) to support and foster the active engagement of civil society, the private sector and nongovernmental organizations, including associations of public health, in health promotion;

(4) to monitor systematically health promotion policies, programmes, infrastructure and investments;

(5) to close the gap between current practices and evidence of effective health promotion by the full use of knowledge-based health promotion;

2. REQUESTS the Director-General:

(1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States;

(2) to optimize use of existing forums of Member States for multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of health promotion, and to report on the need for new forums or bodies to encourage health promotion;

(3) to encourage the convening of global conferences on health promotion on a regular basis;

(4) to evaluate progress and identify major shortcomings in health promotion globally;

(5) to report to the Sixtieth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Eighth meeting, 26 January 2006)

EB117.R10 Confirmation of amendments to the Staff Rules¹

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General:² (i) with effect from 1 January 2006 concerning the staff assessment scale, remuneration of staff in the professional and higher categories, classification review, definitions and staff in posts subject to local recruitment, education grant, special education grant for disabled children, repatriation grant, home leave, mobility and hardship allowance, assignment grant, recruitment policies, interorganization transfers, promotion, reassignment, leave without pay, sick leave under insurance cover, maternity and paternity leave, travel of staff members, travel of spouse and children, notification of charges and reply, reduction in grade, definition of dependants, and abolition of post; (ii) with effect from 1 April 2006 concerning within-grade increase with such

¹ See Annex 1.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

amendments applying only to those staff members who have not yet reached the P6/D1 step IV level by 1 April 2006; and (iii) with effect from 1 April 2006 concerning the payment of expatriate benefits relating to education grant, repatriation grant and home leave, with such amendments applying to any individual who is either appointed or promoted as an internationally recruited professional staff member on or after that date; staff members who, as at 1 January 2006, are on posts of indefinite duration but have less than five years of continuous and uninterrupted service on a fixed-term appointment will maintain the right to reassignment so long as they remain assigned to such a post.

(Tenth meeting, 27 January 2006)

EB117.R11 Salaries of staff in ungraded posts and of the Director-General

The Executive Board

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:¹

The Fifty-ninth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 160 574 per annum before staff assessment, resulting in a modified net salary of US\$ 117 373 (dependency rate) or US\$ 106 285 (single rate);
2. ESTABLISHES the salary of the Director-General at US\$ 217 945 per annum before staff assessment, resulting in a modified net salary of US\$ 154 664 (dependency rate) or US\$ 137 543 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect from 1 January 2006.

(Tenth meeting, 27 January 2006)

EB117.R12 Relations with nongovernmental organizations²

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,³

1. DECIDES to admit into official relations with WHO The Transplantation Society, The International Society for the Prevention of Child Abuse and Neglect, and the International Association for Biologicals;

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² See Annex 2.

³ Document EB117/24.

2. DECIDES to discontinue official relations with the following nongovernmental organizations: Federation for International Cooperation of Health Services and Systems Research Centers, International Consultation on Urological Diseases, International Federation of Chemical, Mine, Energy and General Workers' Unions, International Society of Chemotherapy, and the International Union of Local Authorities.¹

(Tenth meeting, 27 January 2006)

EB117.R13 [Global framework on essential health research and development]

The Executive Board,

Having considered current developments regarding access to medicines and the need to develop urgently new medicines and other health care technologies;

Submits to the Fifty-ninth World Health Assembly for its consideration the following draft resolution:

The Fifty-ninth World Health Assembly,

Recalling resolutions WHA52.19, WHA53.14, WHA54.10, WHA56.27, and WHA57.14;

Considering the need to develop safe and affordable new medicines for such communicable diseases as AIDS, malaria and tuberculosis, and for other diseases or illnesses that primarily affect the world's poorest people;

Recognizing the importance of providing support for the development of treatments for diseases that have small client populations;

Recognizing the importance of making global health and medicines a strategic sector;

Concerned about the need for appropriate, effective and safe health tools for patients living in resource-poor settings;

[Mindful that more than 70% of new drug approvals are for medicines that do not provide incremental benefits over existing ones;²]

Considering the urgency of developing new medicines to address emerging health threats such as multidrug-resistant tuberculosis, and other infectious diseases of relevance to developing countries;

Aware of the need for additional funding for research and development for new vaccines, diagnostics, and pharmaceuticals, including microbicides, for illnesses, including AIDS, that disproportionately affect developing countries;

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² The National Institute for Health Care Management Research and Educational Foundation. Changing patterns of pharmaceutical innovation. Washington, DC, NIHCM Foundation, May 2002.

[Recognizing the importance of global public undertakings such as the Human Genome Project, and the increasing relevance of open and accessible public research in advancing science and the transfer of technology;

[Further aware of the promise of new, open models for the development of medical science, enhanced participation in, and access to, scientific advances, and increased knowledge;

[Recognizing the importance of public/private partnerships devoted to the development of new essential drugs and research tools, but concerned about the need for governments to set a needs-based priority agenda for health, and to provide political support and sustainable sources of funding for such initiatives;

[Recognizing the importance of public and private investment in the development of new medical technologies;]

Considering that a number of developing countries have been strengthening their research and development capacity in new health technologies, and that their role will be increasingly critical, and recognizing the need for continued support for research in and by developing countries;

Recognizing that intellectual property rights are one of several important tools to promote innovation, creativity, and the transfer of technology;

[Recognizing at the same time the importance of providing for a proper balance between intellectual property rights and the public domain, and the need to implement intellectual property rules in a manner that is consistent with the basic human fundamental right of every human being to the enjoyment of the highest attainable standard of health and the promotion of follow-on innovation;]

Taking into account Article 7 of the TRIPS agreement that states that “the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations”;

Stressing that the Universal Declaration of Human Rights provides that “everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” and that “everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author”;

[Considering that it is imperative to reconcile the public interest in accessing the products derived from new knowledge, with the public interest in stimulating invention;]

[Concerned about the impact of high prices of medicines on access to treatment, and the need to implement intellectual property laws in a manner that reconciles incentives for development of new medicines with the need to promote access to all, consistent with paragraphs 4, 5 and 7 of the Doha Declaration on TRIPS and Public Health;]

Aware of the need for [a new global framework (mechanism) to provide] adequate and sustainable levels of financial support for public health needs-driven research, including in particular for priority medical research;[including the possibility of exploring a new global framework]

[Considering the global appeal on research and development on neglected diseases launched on 8 June 2005 with the support of 18 Nobel Laureates, over 2500 scientists and health experts, academics, nongovernmental organizations, public research institutes, governments officials and members of parliament, calling for [Noting the need for] new policy [rules] [approaches] to stimulate essential research and development in health, especially for the most neglected patients/diseases;]

Aware of the need to promote new thinking on the mechanisms that support innovation;

Recognizing the importance of strengthening capacity of local public institutions and businesses in developing countries to contribute to, and participate in, research and development efforts,

1. URGES Member States:

(1) to make global health and medicines a strategic sector, to take determined action to emphasize priorities in research and development addressed to the needs of patients, especially those in resource-poor settings, and to harness collaborative research and development initiatives involving disease-endemic countries;

(2) [taking into account [the results of the Commission on Intellectual Property Rights, Innovation and Public Health and] existing frameworks, to take an active part, within-in cooperation with WHO and with other international actors, [in the establishment of a framework for defining global health priorities]; providing in supporting for essential medical research and development predicated [based on the principle of equitable sharing of the costs of research and development by all those who benefit from it;] and determining incentives to invest in useful research and development in the areas of patients' need and public interest;]

(3) to ensure that progress in basic science and biomedicine is translated into improved, safe and affordable health products – drugs, vaccines and diagnostics – to respond to all patients' and clients' needs, especially those living in poverty, taking into account the critical role of gender and to ensure that capacity is strengthened to support rapid delivery of essential medicines to people;

[(4) to encourage that bilateral trade agreements take into account the flexibilities contained in the WTO TRIPS Agreement and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;]

[(5) to ensure that the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health is included on the agendas of WHO's regional committees in 2006;]

2. REQUESTS the Director-General:

(1) to establish an open-ended working group of interested Member States to consider proposals to [establish a global framework for supporting][strengthen incentives and mechanisms for] needs-driven research, consistent with appropriate public interest issues [and [taking note of the work][building on the analysis] of the WHO Commission on Intellectual Property Rights, Innovation and Public Health];

[(2) to submit an annual progress report onf the working group of interested Member States [to] beginning with the [Sixtieth] World Health Assembly [(May 20087), and, if

possible], a final report [with concrete proposals] ~~to~~through the Executive Board at its 121st session (January 2009) to the Sixty-first World Health Assembly (May 2008); [and to suggest alternative simplified systems for protection of intellectual property, with a view to enhancing accessibility to health innovations and building capacity for product development, uptake and delivery new medicines in developed and developing countries.]]

(Tenth meeting, 27 January 2006)