SUMMARY RECORDS

FIRST MEETING

Monday, 23 January 2006, at 09:40

Chairman: Mr M.N. KHAN (Pakistan)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB117/1 and EB117/1(annotated))

The CHAIRMAN declared open the 117th session of the Executive Board and welcomed all participants.

He recalled the decisions reached at a consultation between the Secretariat and the Officers of the Board, set out in document EB117/1(annotated). He also proposed that item 6.3 of the provisional agenda should be deleted as there was no proposed amendment to the Financial Regulations and Financial Rules.

Dr BUSS (Brazil) pointed out that provisional agenda items 4.3, International trade and health: draft resolution, and 4.10, Intellectual property rights, innovation and public health, were closely related, and proposed that item 4.10 should be considered immediately after item 4.3.

Mr GUNNARSSON (Iceland), speaking on behalf of the Nordic countries, Denmark, Finland, Iceland, Norway and Sweden, expressed disappointment with the Secretariat's proposal[1] to defer consideration of the draft global strategy on prevention and control of sexually transmitted infections (provisional agenda item 4.6) to the 118th session of the Board. The deferral would entail a further delay of 12 months, because approval by the Health Assembly could not be given until 2007. As he understood that the deferral was mainly due to delays in translation of the draft strategy, he suggested that, once all the documents were available, the Board should review the draft strategy by electronic means following the current session, so that it could be considered at the Health Assembly in May 2006.

He further proposed that item 9.5 of the provisional agenda, Health promotion: follow-up to the 6th Global Conference on Health Promotion should be considered as a technical and health matter, preferably after item 4.11, Health-related Millennium Development Goals. In addition to the Conference, WHO initiatives on health promotion in 2005 had included the publication of a report on Preventing chronic diseases.[2] Given that noncommunicable diseases accounted for some 60% of the global disease burden and also given the direction of the Eleventh General Programme of Work, it was therefore appropriate for the Board to discuss those aspects of public health and to transmit its conclusions, together with any draft resolution formulated, to the forthcoming Health Assembly.

Dr NYIKAL (Kenya) said that Kenya wished to submit a draft resolution under item 4.10, Intellectual property rights, innovation and public health. He supported the proposal made by the previous speaker in relation to item 9.5, as a more in-depth consideration of health promotion was needed.

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[1] See document EB117/8 Rev.1.

[2] *Preventing chronic diseases: a vital investment: WHO global report.* Geneva, World Health Organization, 2005.

Dr ANTEZANA ARANÍBAR (Bolivia) supported the proposal by the member for Brazil. Other subjects under item 4 were interrelated, for example those concerning disease control, and might also be considered jointly.

Professor PEREIRA MIGUEL (Portugal) supported the proposals made by the member for Iceland.

Dr SUWIT WIBULPOLPRASERT (Thailand) proposed that, in view of the concerns raised at the Board's last session in relation to the draft resolution on international trade and health (item 4.3),[1] informal consultations should be held after the meeting to consider outstanding issues and the proposal by the member for Brazil. He welcomed the submission of a draft resolution under item 4.10, as proposed by the member for Kenya. He supported the proposal made by the member for Iceland in relation to item 9.5 and would welcome a draft resolution on follow-up to the 6th Global Conference on Health Promotion.

Dr RAHANTANIRINA (alternate to Dr Jean Louis, Madagascar) said that the African group of countries would be submitting a draft resolution for consideration under item 4.8, Sickle-cell anaemia.

Mr AITKEN (Director, Office of the Director-General) said that there were no procedural difficulties with the submission of resolutions and the proposal made by the member for Iceland on health promotion. It would be possible logistically to combine consideration of item 4.10 with that of item 4.3, but it might be preferable to consider during informal consultations how best to schedule the discussion. He confirmed that the problems encountered in relation to the draft global strategy on sexually transmitted infections were logistic rather than substantive and that the procedure proposed by the member for Iceland for revising the draft by electronic consultations would be possible and would enable consideration of the draft strategy at the Health Assembly in May 2006.

Subject to the outcome of informal consultations in relation to agenda items 4.3 and 4.10, the agenda, as amended, was adopted.[2]

Referring to the preliminary timetable, the CHAIRMAN proposed that item 9.4, Report of the Advisory Committee on Health Research should be discussed immediately following consideration of item 4.12, WHO's role and responsibilities in health research, to take advantage of the presence of the Chairman of the Advisory Committee.

It was so agreed.

Professor PEREIRA MIGUEL (Portugal), speaking on behalf of the Member States of the European Union, said that the European Community and its Member States worked closely with WHO on a wide range of subjects within the European Region and at a global level. As agreed in the exchange of letters of 2000 between WHO and the Community on the consolidation and intensification of cooperation, and without prejudice to any future conclusion of a general agreement between WHO and the European Community, the European Commission attended the sessions of the Board as an observer. However, under Rule 4 of the Board's Rules of Procedure, such representatives were not automatically invited to participate in the work of subcommittees or other subdivisions of the Board, such as drafting groups and working groups. That had given rise to unfortunate situations in the past in which the Commission's representative had been asked to leave certain drafting groups, meaning that the Commission had been unable to contribute to the discussions concerned. To avoid a

[1] Document EB116/2005/REC/1, summary records of the second and third meetings.

[2] See page ix.

recurrence of such difficulties, he proposed that the European Commission should be invited to participate without vote in the deliberations of the subcommittees or other subdivisions of the Board that addressed matters falling within Community's competence, namely matters relating to technical agenda items 4.1 to 4.13, in particular items 4.3 and 4.10. The request related only to the 117th session of the Board.

Dr ANTEZANA ARANÍBAR (Bolivia) supported the request, which reflected the clear interest by the European Community in intensified cooperation with WHO and countries less fortunate than the Member States of the European Union. Its participation would enable the Community to contribute more effectively to discussions on matters of global concern rather than interfere in the Board's work.

Ms HALTON (Australia) said that Australia had always been prepared to consider requests for enhanced participation by the European Commission, on a case-by-case basis and in line with the Rules of Procedure and the distribution of competencies between the European Community and the Member States of the European Union. She was prepared to consider the current request on the following conditions: provision of a clear statement of competencies by the Presidency of the European Union with the support of all its Member States; agreement that the European Commission and the European Union Member States (including the Presidency) would not seek to intervene in discussions on the same subject matter; and the expectation that the status of the European Commission at meetings of the Board's subcommittees and other subdivisions should not subsequently be relied upon in any way to strengthen the Commission's claims for additional participation rights in other international forums.

Mr HOHMAN (United States of America)[1] endorsed that position. On the understanding that the specific areas of exclusive competency for the European Commission at the current Board session were agenda items 4.3 and 4.10, he supported its participation in the deliberations of the subcommittees and other subdivisions of the Board at its 117th session.

Professor PEREIRA MIGUEL (Portugal) said that the conditions proposed by the previous two speakers were acceptable.

Dr SUWIT WIBULPOLPRASERT (Thailand) requested clarification of the implications of granting of the European request for the future participation of other intergovernmental organizations, such as ASEAN, in meetings of the subsidiary bodies of the Board.

Mr BURCI (Legal Counsel) said that the request had been made under Rule 4 of the Board's Rules of Procedure, which stated that intergovernmental organizations required an invitation to participate in the meetings of the Board's subcommittees and other subdivisions. The request related to the 117th session of the Board only, subject to the conditions just stated, for participation in the meetings of working groups and drafting groups that might be established in relation to technical agenda items. The Rules did not preclude such participation and the Board had the authority to regulate as it saw fit the participation of observers in its deliberations, including those of its subsidiary bodies. The European Community was unusual among international organizations in that the Member States of the European Union had transferred to the Community and its common institutions competence in certain areas of work, such as those covered by agenda items 4.3 and 4.10. It was therefore the Community that exercised competence on behalf of the Member States in such areas, whereas in other areas competence was shared. To his knowledge, in no other organization had such a transfer of competence occurred. Similar requests from other intergovernmental organizations would be considered in the light of those circumstances.

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

The CHAIRMAN proposed that the Legal Counsel should consider the matter further, for future reference, and that in the meantime the Board should grant the request, subject to the comments made by members of the Board, which related to its 117th session only.

It was so agreed.

The CHAIRMAN noted that meetings of the Standing Committee on Nongovernmental Organizations, the Sasakawa Health Prize Selection Panel, the United Arab Emirate Health Foundation Selection Panel and the State of Kuwait Health Promotion Foundation Selection Panel were scheduled to take place during the Board's current session. Because the nominations received for the Ihsan Dogramaci Family Health Foundation Prize had not fulfilled the requirements of the Foundation's statutes, the Foundation's Selection Panel would not meet. The Board had appointed him, as a representative of Pakistan, to be a member of the State of Kuwait Health Promotion Foundation Selection Panel.[1] As Chairman of the Board, however, he was a member ex officio of the Panel. Another member from the Eastern Mediterranean Region should therefore be appointed in his place. Following consultations with the Regional Office it was proposed that Dr S.A. Khalfan, alternate to Dr N.A. Haffadh (Bahrain), should be appointed.

Decision: The Executive Board, in decision EB114(4), appointed Mr M.N. Khan (Pakistan) as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board. In his capacity as Chairman of the Board, Mr Khan is member ex officio of that Panel. The Board therefore decided to appoint Dr S.A. Khalfan, alternate to Dr N.A. Haffadh (Bahrain), to replace Mr Khan as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of Dr Haffadh's term of office on the Executive Board. It was understood that if Dr Khalfan were unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.[2]

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

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the Agenda (Document EB117/2)

The DIRECTOR-GENERAL, illustrating his comments with overhead projections, said that the beginning of the millennium had been marked by a strong awareness of the close relationship between poverty, health and development, and WHO had continued to deal with that important area of concern. However, a new area of interest had emerged, namely, health and security.

The recent, unexpected appearance of human cases of avian influenza in Turkey demonstrated the dangers posed by the disease in birds and the importance of surveillance and effective early warning systems; it also increased the threat of pandemic influenza, which could occur with little or no warning of infection in poultry. The experience had also shown how quickly governments and the international community could act in a crisis. In Turkey, the results of analyses of patient samples had been available within 24 hours of collection, 100 000 treatment courses of oseltamivir had been delivered one day after the first cases had been confirmed and WHO experts were already assessing the situation in Turkey and Ukraine; WHO teams would shortly be working with the governments of a further seven neighbouring at-risk countries. The threat was real, and the devastating human and economic impact of a pandemic could only be reduced if thorough preparations were made on a global basis. The recommended strategic actions in response to the threat contained the key elements that all countries needed to implement and the draft containment plan would soon be finalized. At the

[1] Decision EB114(4).

[2] Decision EB117(1).

International Pledging Conference on Avian and Human Influenza (Beijing, 17-18 January 2006), WHO had requested US$ 100 million of the US$ 1900 million pledged to be earmarked for its activities. The Organization was grateful to Roche for its generous donations of five million treatment courses of oseltamivir for regional and international stockpiles. A staff member had been seconded as the Senior United Nations System Coordinator for Avian and Human Influenza. Member States would undoubtedly demonstrate their commitment to shared responsibility by complying immediately with selected provisions of the International Health Regulations (2005), since it was vital that protocols were standardized.

Poliomyelitis eradication epitomized international commitment. Only four countries currently had transmission of indigenous wild-type poliovirus, and poliomyelitis epidemics in 15 of 21 reinfected countries had been eliminated. That success was due not only to enhanced campaigns, particularly in Africa, where synchronized immunization campaigns had been conducted across 25 countries, but also to the availability in all countries of two new monovalent vaccines against types 1 and 3 polioviruses. To complete eradication, however, the funding shortfall for activities in 2006 of US$ 150 million needed to be filled.

With regard to HIV/AIDS, the target of the "3 by 5" initiative had not been reached, but the campaign had demonstrated the importance of combining prevention with treatment and had led to a commitment by the G8 group of countries and the 2005 Millennium Summit to provide universal access to care and treatment. New, simplified treatment and care regimens were proving to be successful, the range of pre-qualified drugs had increased and the prices of many antiretroviral agents had continued to fall. The inclusion of HIV treatment as part of essential care, which was already available to women and children in many parts of the world, would contribute to the scaling up of access to HIV services.

The global burden of malaria continued to increase despite new long-lasting insecticide-treated bednets and effective artemisinin-based combination therapies. The newly created global malaria programme, to which a new Director had been appointed, would enable WHO to redouble its efforts to control the disease.

The Second Global Plan to Stop TB (2006-2012), to be launched at the end of January 2006, was based on a new strategy to reduce the global burden of tuberculosis. The Plan outlined the resources needed to achieve the Millennium Development Goals relating to tuberculosis control. The Global Drug Facility, which provided high-quality essential medicines efficiently to large numbers of people, had enabled DOTS coverage to almost double from 2001 to 2005.

Some 167 countries and the European Community had so far become signatories to the WHO Framework Convention on Tobacco Control and 115 countries and the European Community had become Contracting Parties. The first Conference of the Parties would be held from 6 to 17 February 2006. WHO was committed to supporting countries in the implementation process, given the significant public health implications of tobacco control for the reduction of chronic diseases.

Three of WHO's publications issued in 2005 covered topics that had received insufficient attention in the past. *Preventing chronic diseases: a vital investment*[1] detailed the toll taken by heart disease, stroke, cancer, chronic respiratory diseases and diabetes, which were the major causes of death among adults in most countries. Four out of five deaths due to chronic disease were in low- and middle-income countries. The *WHO multi-country study on women's health and domestic violence against women*[2] reported on the enormous toll that intimate-partner violence took on the health and well-being of women around the world. *The world health report 2005*[3] focused on the fact that many women and children still had no access to potentially life-saving care, and called for the wider use of key interventions and a "continuum of care" approach for mother and child. The recently launched

[1] *Preventing chronic diseases: a vital investment: WHO global report.* Geneva, World Health Organization, 2005.

[2] *WHO multi-country study on women's health and domestic violence against women. Initial results on prevalence, health outcomes and women's responses.* Geneva, World Health Organization, 2005.

[3] *The world health report 2005: Make every mother and child count.* Geneva, World Health Organization, 2005.

Partnership for Maternal, Newborn and Child Health would support countries in their efforts to deliver such care. The actions recommended in the reports formed the basis of WHO's work in the areas in question. The WHO Commission on Intellectual Property Rights, Innovation and Public Health would submit its report in 2006. *The world health report 2006*[1] would deal with the crisis in human resources for health.

The Organization had continued to support the revitalization of health services within communities after the earthquakes and tsunamis in south Asia and to work closely with the governments of the countries affected by the recent earthquake in Asia.

Much of WHO's work continued to be carried out in collaboration with partners. With the creation of the International Finance Facility for Immunization, the Global Alliance for Vaccines and Immunization (in which WHO and UNICEF were partners) would have nearly US$ 4000 million to disburse over the next 10 years, and would thus contribute significantly to attainment of the goals of the Global Immunization Vision and Strategy, 2006-2015. The World Alliance for Patient Safety had launched a global initiative to address patient safety issues.

WHO's efforts towards achieving the Millennium Development Goals should be in harmony with the efforts of Member States. The Eleventh General Programme of Work, 2006-2015 would provide the framework for many joint achievements.

On the financial side, voluntary funding had increased by US$ 550 million since the 2002-2003 biennium and had currently reached US$ 1920 million. As at the end of November 2005, some 63% of funds for the 2004-2005 biennium had been spent in regions and countries. The new global management system, which would be introduced in 2006 and 2007, would enable financial and human resources to be managed more efficiently.

The Global Private Network provided reliable and secure access to information and to affordable telecommunication facilities for many WHO offices. Currently 85 locations were connected and a further 55 would be added by mid-2006. Country offices in the African Region had joined the network in 2005. The Strategic Health Operations Centre continued to facilitate collaboration with key partners during public health crises.

He introduced the senior members of staff who had joined the Organization since the 116th session of the Executive Board, and thanked those members of staff engaged in programmes that were less well known than those concerning pandemic influenza or poliomyelitis eradication, such as dracunculiasis eradication, leprosy control and radiation safety, but whose work was equally valuable and appreciated.

Mr GUNNARSSON (Iceland) commended the achievements and the Director-General's overview, particularly the emphasis on the close relationship between poverty and health, on health and security and on the social determinants of health, through the establishment of the Commission on Social Determinants of Health. Among the reported setbacks had been the failure to meet the goals of the "3 by 5" initiative; work on the initiative should be pursued, however, as the goals served as a catalyst for further action. The daunting challenges raised by the recent series of natural disasters had elicited a prompt and able response by WHO.

Dr SHANGULA (Namibia), speaking on behalf of the African group of countries, expressed sympathy to the victims of the earthquake in south Asia and other humanitarian crises, and urged continued support for the survivors. With regard to current global health issues, most countries in the African Region lacked the capacity to respond to pandemic influenza and draw up national contingency plans. The review of achievements towards implementing the United Nations Declaration of Commitment on HIV/AIDS (2001) and the "3 by 5" initiative should provide an opportunity to learn lessons for making progress towards the goal of universal access to treatment by 2010 set at the 2005 World Summit by the United Nations General Assembly.

[1] *The world health report 2006: working for health*. Geneva, World Health Organization, 2006.

Essential though the focus on communicable diseases was, noncommunicable diseases posed a growing threat; deaths in Africa from such diseases were projected to increase by 27% by 2010. Cooperation with other Member States, for example on tobacco-control mechanisms, was among the strategies followed by the African countries. Twenty-three African Member States had already ratified or otherwise accepted the WHO Framework Convention on Tobacco Control.

The commitment of African Heads of State and Governments to improving the health status of their people was demonstrated by such measures as the Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases (2001), the Health Strategy of the New Partnership for Africa's Development and the prioritization of diseases such as sickle-cell anaemia.

The group welcomed the report on strategic resource allocations,[1] especially the explicit principle of support for countries in greatest need, in particular least developed countries. It acknowledged the current priority given to the African Region in the budget allocations and looked forward to further strengthening of that principle. The difficulties faced by countries' health systems in the Region were further compounded by the human resource crisis and the group was keen for implementation of recent Health Assembly resolutions on international migration of health personnel.

Dr SHINOZAKI (Japan) said that among the main health issues confronted in recent years had been several major natural disasters, to whose victims WHO had committed support in cooperation with other United Nations organizations. Only through WHO could such a prompt response have been provided. WHO's leadership and response in preparing for potential pandemic influenza was equally to be commended. Japan had recently hosted the Japan-WHO Joint Meeting on Early Response to Potential Influenza Pandemic (Tokyo, 12-13 January 2006).

He welcomed the theme of *The world health report 2005*. In order to maintain the success of maternal and child health programmes, essential medicines, health facilities, health information systems and other components must be integrated into sustainable public health systems, with particular emphasis on human resources development, which should indeed be the cornerstone of the public health network. Development partners should provide support for that approach.

Globalization processes increased the potential impact across national borders of new and re-emerging infectious diseases and the shortening of life expectancy through the spread of HIV. WHO should tackle the broader, not strictly health-related, impact of the spread of diseases and health crises. He reiterated his country's support for WHO's work.

Dr BUSS (Brazil) stressed the importance, particularly for the least developed countries, of the establishment of the Commission on Social Determinants of Health. Brazil was itself establishing a commission on the social determinants of health. Pandemic influenza preparedness was another issue on which WHO's leadership had proved crucial. The Hemispheric Conference on the Surveillance and Prevention of Avian Influenza (Brasília, 30 November – 2 December 2005), held under the auspices of PAHO, had likewise mobilized the countries in the region.

Regarding HIV/AIDS, he agreed that it was important to learn lessons from the "3 by 5" initiative and move towards the goal of universal access to treatment and effective preventive education. Brazil had considerable experience in the prevention and treatment of HIV/AIDS, but faced serious difficulties in relation to intellectual property rights and difficult access to new drugs. It therefore welcomed the initiative in establishing the WHO Commission on Intellectual Property Rights, Innovation and Public Health and considering the issue of international trade.

Professor PEREIRA MIGUEL (Portugal) said that he was speaking on behalf of the Presidency of the European Union and its 25 Member States because Austria, the current holder of the Presidency, was not at that time entitled to designate a member of the Executive Board. The acceding countries Bulgaria and Romania, the candidate countries Croatia, The former Yugoslav Republic of Macedonia

[1] Document EB117/17.

and Turkey, and the country of the Stabilisation and Association Process and potential candidate Serbia and Montenegro aligned themselves with his statement.

The Director-General's report had to be evaluated in the spirit of United Nations General Assembly resolution 60/35, on enhancing capacity building in global public health, adopted two months earlier, which recognized the expertise and positive performance of WHO in a broad range of activities, and offered some proposals to assist its Member States in formulating health-related policies.

The issues mentioned by the Director-General were of concern to both the European Union and the international community. On the question of pandemic-influenza preparedness and response, he welcomed the appointment of a WHO staff member as Senior United Nations System Coordinator for Avian and Human Influenza. The European Union acknowledged the importance of the International Health Regulations (2005) in supporting national efforts to address the threat.

The year 2005 had rightly been described as the "year of development". In adopting United Nations General Assembly resolution 60/1, on the 2005 World Summit Outcome, the international community had reaffirmed its common determination to achieve the relevant Millennium Development Goals. The resolution recognized, however, that "HIV/AIDS, malaria, tuberculosis and other infectious diseases pose severe risks for the entire world and serious challenges to the achievement of development goals". Health was essential to achieving the Goals, and the physical, economic and social environment, the quality and accessibility of education and information, and the availability of qualified health care and health care providers were important factors in that regard. The European Union noted the commitment expressed in the resolution to "developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it". It was also vital to ensure that the target of universal access to sexual and reproductive health, a target that had been set out in the Programme of Action adopted at the International Conference on Population and Development (Cairo, 1994) and reaffirmed at the 2005 World Summit, was integrated in efforts to achieve Goals 4 and 5. The European Union, as the biggest provider of official development assistance, was making a significant contribution to efforts to achieve the Goals and targets.

The European Union shared the concerns about the limited progress made in reducing child mortality and the alarmingly increased rate of HIV infection among children and young people. Comprehensive measures were urgently needed, including full recognition of the sexual and reproductive needs of young people and their right of access to information to enable them to protect themselves. The European Union's first priority in that area was to reinforce and implement relevant Health Assembly resolutions. In the wider context of joint efforts to combat HIV/AIDS, the European Union had noted with interest the information about the preparation of a policy and planning framework for neonatal health, and the development of a strategy to optimize fetal growth and make pregnancy and childbirth safer.[1] The European Union looked forward to receiving further information on the subject, including concrete results.

He congratulated WHO on its noncommunicable disease strategy and reaffirmed the importance of the work already done under the Global strategy on diet, physical activity and health, and the need for concerted action to reduce the harmful use of alcohol. The Bangkok Charter for Health Promotion in a Globalised World, adopted at the 6th Global Conference on Health Promotion (Bangkok, 7-11 August 2005), pointed to the need to focus on the health determinants. Synergies with the new European Union Programme of Community action in the field of public health (2007-2013) should be identified and put to use.

The European Union welcomed the progress made on patient safety. The World Alliance for Patient Safety provided a global framework for activities, the importance of which was underscored by the participation of the Director-General at the European Union's Patient Safety Summit (London, 28-30 November 2005). Increased international collaboration, support for the agreed research agenda

[1] Document EB117/13.

and the promotion of existing patient safety interventions were needed to achieve the goals endorsed by that meeting.

It was essential to meet the differing prevention, treatment and care needs of women and men in an equitable manner. Women's health was among the main topics of the current Presidency of the European Union. It was regrettable that the consultation process on gender, women and health had not yet been finalized. The European Union looked forward to the issue being taken up in January 2007.

In order to achieve the health-related Millennium Development Goals he emphasized the importance of appropriate training, deployment and support for health workers. He looked forward to World Health Day and the findings of *The world health report 2006* on the question.

It was also regrettable that the draft global strategy for the prevention and control of sexually transmitted infections had not yet been submitted to the Board. The delay in approving it would have a negative impact on the important work of WHO on sexual and reproductive health. The European Union took note of document EB117/8 Rev.1 as an additional progress report, and urged the Director-General to finalize the draft strategy before the Fifty-ninth World Health Assembly. He welcomed the assurances in that regard already given by the Director-General.

The year 2005 had seen several major natural disasters. The international community was needed to support the reconstruction, and the European Union was giving prompt and substantial assistance to the relief efforts. The Fifty-eighth World Health Assembly had called upon the Director-General to improve further WHO's contribution to internationally conducted humanitarian assistance in major natural disasters. The European Union looked forward to the Director-General's progress report on that subject to the Health Assembly, taking note of document EB117/29, section D, and of document EB117/30 on WHO's response to the earthquake in south Asia. He thanked the Director-General for his contribution towards a better coordinated United Nations response, and for the work to help the survivors.

European Union Member States had contributed to a European Region consultation on the proposed Eleventh General Programme of Work, which should be seen as part of a package, including the resource allocation principles and the medium-term strategic plan. It had been agreed that the aim of that Programme of Work ought to be clarified, since some of the areas proposed for action seemed to be too broad, and the document itself seemed to advocate a global health strategy rather than a programme of work. The European Union Member States looked forward to being involved in further consultations on the Programme of Work as soon as possible.

The European Union welcomed the work done on resolution WHA58.25 on the United Nations reform process, and on the role of WHO in harmonizing operational development activities at country level. Following the 2005 World Summit, it was vital to support the Secretary-General's efforts to achieve long-overdue reform of the international development system. Urgent action was needed to improve the quantity, quality and impact of aid. The Secretary-General had made clear his intention of seizing the opportunities offered by the follow-up to the Millennium Review Summit outcomes and the preparations for the triennial comprehensive policy review in 2007, and Member States and United Nations bodies must do the same. He looked forward to hearing more about the current WHO efficiency and effectiveness reforms, especially the work with the United Nations Development Group and specific programming processes at country level, the Common Country Assessment and the United Nations Development Assistance Framework. Austria would take forward the question of United Nations reform during its Presidency of the European Union.

The first meeting of the Conference of the Parties to the WHO Framework Convention on Tobacco Control would take place shortly. As key players in the negotiation process, the European Commission and its Member States were strongly committed to controlling the harmful effects of tobacco consumption, and looked forward to the Conference of the Parties adopting a clear timetable for elaborating protocols to the Convention.

He congratulated the Director-General and his staff on their work and assured him of the continued support of the European Union.

Speaking as the member for Portugal, he emphasized the range and quality of the work done in the European Region on strengthening pandemic-influenza preparedness and response, and thanked the Regional Director and the Secretariat for their efforts.

Dr ACHARYA (Nepal) welcomed the Director-General's comprehensive report and praised the "3 by 5" initiative which had played a catalytic role in the treatment of HIV/AIDS worldwide. The South-East Asia Region had 25% of the world's population and 40% of the disease burden, and he urged that the Region should receive its due share of resources.

Dr WINT (Jamaica) thanked the Director-General for his report, which recognized important areas of achievement, particularly in disease control, poliomyelitis eradication, response to natural disasters and the possible influenza pandemic. The Member States in the Caribbean were particularly vulnerable to the social and economic impact of catastrophes on the health sector. He looked forward to the promised intensified WHO collaboration and cooperation, particularly with respect to chronic disease prevention, the control of violence in the home and the community, and the increasing human resources crisis, which threatened to undermine the sustainability of health systems.

Dr ANTEZANA ARANÍBAR (Bolivia) commended the Director-General's report. Appropriate, effective and efficient management was essential and reform of management was of the utmost importance at all levels of the Organization. A significant percentage of the budget was being allocated to regions and countries. A better understanding of the use of those resources and, where appropriate, of coordination of management between headquarters, regions and countries would be welcome.

Poverty meant lack of opportunity and of access to technology, and weaker health services. Action was needed to improve the social determinants of health. Health should be seen from a global perspective, rather than merely in terms of specific policies and programmes.

Dr TANGI (Tonga) thanked the Director-General for his clear, vivid and focused presentation. He emphasized the special strengths of WHO, namely, the dedication of its staff at all levels, the unnamed faces behind the achievements, the embrace of advanced technology and the constant availability of up-to-date technology.

Dr MANDIL (alternate to Dr Botros Shokai, Sudan) welcomed the Director-General's excellent report. He emphasized the importance of WHO support that improved a country's capacity and infrastructure to deal with the challenges it faced. More of WHO's support should be channelled towards creating tools and services that countries could integrate into their national public health systems.

Mr SHUGART (Canada) thanked the Director-General and his staff for their enthusiastic efforts over the previous year. He wished to raise the subject of the Eleventh General Programme of Work at that juncture given the strategic importance of the issues raised.

An effective response to pandemic influenza and to high-burden, communicable, poverty-linked diseases, as well as to chronic noncommunicable diseases, depended on a well-functioning and well-resourced WHO. Canada strongly supported WHO's ongoing efforts to create a more effective, efficient and transparent organization, and considered WHO to have become a leader in the results-based approach among the specialized agencies in the United Nations system. Canada commended the work done on the Eleventh General Programme of Work, and the efforts made to consult widely on the document. It provided good contextual information but needed more focus on WHO's specific role, its strengths and comparative advantages and especially its priorities. Given limited financial resources, WHO could not be all things to all people all of the time.

A governance issue of serious concern to Canada was the high dependency of WHO's programme work on voluntary funding which represented more than 50% of the funding requirements for WHO's global health activities. If WHO was to be fully effective, essential functions such as disease surveillance and response activities must not be overly reliant on unpredictable voluntary contributions.

Canada, even though it was also a contributor of voluntary funding, was among those countries that would request that certain action be taken by the Secretariat. In order to resolve any apparent

contradiction, WHO had to give a clear signal about its core functions and priorities; the General Programme of Work was the vehicle through which that could be done.

The DIRECTOR-GENERAL said that the unnamed staff members to whom the member for Tonga had paid tribute merited the credit that often went to him as Director-General. WHO had some 150 country offices throughout the world, with six regional offices as well as its headquarters. Its staff came from very diverse backgrounds and origins yet rose as one body to meet challenges, such as the outbreak of avian influenza in Turkey. All six regional offices had provided staff and other resources. That was what made it a credible organization, and credibility and its reputation were its most important assets, to be protected and enhanced.

Concerning the draft strategy on the prevention and control of sexually transmitted infections,[1] he said that the delay in its issuance was attributable solely to the need to ensure total accuracy in such an important document. In future, every effort would be made to ensure that reports were issued in a timely fashion, including through electronic means.

The arrival of Dr D. Nabarro in New York to serve as Senior United Nations System Coordinator for Avian and Human Influenza meant that the United Nations secretariat had someone on hand to validate technical data, keep the Secretary-General informed about the situation and coordinate the work of FAO, WHO and other bodies. Clearly, that was a great advantage for WHO and a good example of how the United Nations system worked.

He had benefited greatly from the work of previous Directors-General, Dr Brundtland on the reform process, Dr Nakajima on poliomyelitis and other emerging diseases, and Dr Mahler on primary health care. Valuable contributions had likewise been made by past members of the staff. Thus, when the work of the Organization was commended, such commendations should be addressed to all staff members, past and present.

The CHAIRMAN thanked Board members for their moving words of sympathy with the earthquake victims in his country.

Professor AYDIN (Turkey)[2] expressed gratitude to the Director-General and the Regional Director of the Regional Office for Europe and his staff for the close cooperation from which his country had benefited. Turkey appreciated the timely and excellent support given by the Regional Office for Europe and the team sent to Turkey in response to its request. Globally sustainable cooperation and international awareness were the keys to combating avian influenza. Turkey was doing its best to share its data and information with WHO and other relevant international organizations in a transparent manner. He expressed gratitude for the support of all the parties that had contributed to the progress made so far in combating the outbreak.

3. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 3 of the Agenda (Document EB117/3)

Ms HALTON (Australia), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, summarized the findings of the report. She affirmed that much had been achieved at the Committee's third meeting, held the previous week. The Committee's report should be of genuine benefit to the Board in its consideration of a number of items on its agenda. It highlighted areas where specific action was recommended to the Board. She pointed out the report's

[1] Document EB117/8 Rev.1.

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

recommendations regarding the periodicity of meetings and the necessity for an extraordinary meeting in February 2006.

The CHAIRMAN said that comments on individual matters should be made during discussion of the appropriate agenda item.

(For continuation of the discussion and adoption of a decision, see summary record of the tenth meeting, section 2.)

The meeting rose at 13:00.