

## **TENTH MEETING**

**Friday, 27 January 2006, at 14:10**

**Chairman:** Mr M.N. KHAN (Pakistan)

**later:** Ms J. HALTON (Australia)

**later:** Mr M.N. KHAN (Pakistan)

### **1. PROGRAMME AND BUDGET MATTERS:** Item 5 of the Agenda (continued)

**Guiding principles for strategic resource allocations, including validation mechanism:** Item 5.2 of the Agenda (Document EB117/17) (continued)

The CHAIRMAN stated that informal consultations had taken place since the morning meeting.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) proposed that, following consultations and in the interest of seeking a consensus on how best the validation mechanism could comply with guiding principle 2, on which there was agreement, the matter should be referred to the Programme, Budget and Administration Committee at its session preceding the Fifty-ninth World Health Assembly and then submitted to the Board at its session in May 2006.

Dr GASHUT (alternate to Dr Al-Keeb, Libyan Arab Jamahiriya), Mr MAHMOOD (alternate to Dr Ali Mohammed Salih, Iraq) and Dr KHALFAN (Bahrain) supported that proposal.

Dr MIHAI (adviser to Dr Iliescu, Romania) supported earlier speakers who had drawn attention to the disparate levels of development within the European Region, and to the consequent need for a fairer allocation of funds.

Dr SADRIZADEH (Islamic Republic of Iran) said that the outcome of adopting the modelling formula would be that WHO headquarters would receive 28% of resources, more than had been promised, and the African, South-East Asia and Eastern Mediterranean regions would receive less. The principles should be reviewed and refined in line with the Board's discussions and WHO's decentralization policy. After revision by the Secretariat, the principles should be submitted via the Programme, Budget and Administration Committee to the Fifty-ninth World Health Assembly.

Mrs MTSHALI (South Africa)<sup>1</sup> acknowledged the work of the Programme, Budget and Administration Committee in facilitating the Board's deliberations. Some issues not fully dealt with in the Committee would inevitably come up in the Board.

She asked what were the status and constitutional responsibility in WHO of territories and areas within the jurisdiction of Member States and whether that responsibility, if any, matched the ideas and proposals contained in paragraph 12 of document EB117/17.

She endorsed previous statements about the least developed countries, and commended earlier improvements to the guiding principles, especially the inclusion of Principle 2.

Ms HALTON (Australia), speaking as Chairman of the Programme, Budget and Administration Committee, agreed with the proposal by the member for Thailand to refer the item to the Committee

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

and the Board at its subsequent session. Contentious issues remained and not all the complexities had been dealt with in detail at the current Board session. Preliminary work should be done ahead of the Committee meeting in order to engage all interested parties informally, and to collect all information and comments in order to focus the Committee's meeting before consideration by the Board. The previous speaker's comments would be among those discussed by the Committee.

The CHAIRMAN said that the Secretariat should likewise be requested to provide all the information sought by the members for Bahrain, Bhutan and others as input to the deliberations of the Committee and the Board. He took it that the Board wished to refer the item to the Programme, Budget and Administration Committee at its next meeting, for subsequent further consideration by the Executive Board at its 118th session.

**It was so agreed.**

**Real Estate Fund: progress report:** Item 5.3 of the Agenda (Document EB117/18)

Mrs SCHAER BOURBEAU (Switzerland)<sup>1</sup> said that, as the host country, which had recently granted an interest-free loan to finance the construction of a new building for WHO and UNAIDS, Switzerland attached particular importance to the report. She welcomed WHO's intention to pursue a coordinated approach to real estate questions, and in particular the forthcoming elaboration of a 10-year capital master plan covering all construction, renovation and security needs. She endorsed the concern about the impact of budget cuts on building maintenance, and stressed the need for all international organizations to set aside the necessary resources to ensure the maintenance of their property.

**The Board noted the report and endorsed the plan of action.**

**2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 3 of the Agenda (Document EB117/3) (continued from the first meeting, section 3)

Mr AITKEN (Director, Office of the Director-General) drew attention to paragraph 48 of the report, referring to a recommendation by the Committee to the Board concerning the periodicity of Committee meetings.

Ms HALTON (Australia), speaking as Chairman of the Programme, Budget and Administration Committee, said that the Board's approval was sought for the proposal to authorize extraordinary meetings of the Committee to deal with urgent matters. She specified that such meetings could be convened by the Board only, and not by the Committee of its own accord.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) supported that proposal given the Board's earlier decision on agenda item 5.1 authorizing the Committee to consider revision of the draft Eleventh General Programme of Work in February 2006 on behalf of the Board.

Mr AITKEN (Director, Office of the Director-General) read out the following proposed decision:

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

**Decision:** The Executive Board, having noted the report of its Programme, Budget and Administration Committee,<sup>1</sup> decided to amend the Terms of Reference of the Committee as set out in the annex to resolution EB114.R4, by adding the following sentence at the end of the paragraph entitled “Periodicity of meetings”: “The Board may decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms of reference of the Committee and that need to be considered between regular meetings of the Committee.”

**The decision was adopted.<sup>2</sup>**

**The Board noted the report.**

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

**Earthquake in south Asia: WHO’s response:** Item 4.1 of the Agenda (Document EB117/30) (continued from the second meeting)

The CHAIRMAN, speaking as the member for Pakistan, said that, on the basis of the Board’s previous discussion of item 4.1 of the agenda, Pakistan wished to propose a draft resolution, which read:

The Executive Board,  
Having considered the report on the earthquake in south Asia: WHO’s response,<sup>3</sup>

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

The Fifty-ninth World Health Assembly,  
Aware of the adversity due to natural and man-made disasters suffered by the people of the world;

Noting that the resilience of the nations and communities affected by crises is being eroded by the extreme pressures they face on a daily basis and over a protracted period;

Concerned that emergency preparedness in many countries is weak and that existing mechanisms may not be able to cope with large-scale disasters such as the earthquakes in Bam, Islamic Republic of Iran, and, most recently, in northern India and Pakistan, the earthquakes and tsunamis in south Asia and the hurricane Katrina in the United States of America;

Appreciating the progress made, particularly in the Eastern Mediterranean and South-East Asia regions with regard to emergency response to the south Asian earthquake;

Recalling Article 58 of WHO’s Constitution, which specifies the establishment of a special fund to meet emergencies and unforeseen contingencies, to be used at the discretion of the Board,

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<sup>1</sup> Document EB117/3.

<sup>2</sup> Decision EB117(2).

<sup>3</sup> Document EB117/30.

1. EXPRESSES its sympathy, support and solidarity for the victims of disasters;
2. ENCOURAGES Member States further to strengthen national emergency preparedness and response programmes through legislative, technical, financial and logistical measures;
3. REQUESTS the Director-General to take the necessary steps:
  - (1) to provide the necessary technical guidance and support to Member States for building their health sector emergency preparedness programmes at national and local levels;
  - (2) to create a global database and an interregional network of trained and equipped health professionals and institutions that are ready to respond to emergencies and crises;
  - (3) to establish a special emergency solidarity fund, whose resources can be mobilized in the immediate aftermath of emergencies and crises and to which all Member States would contribute;
  - (4) to establish several regional hubs for logistics and supply management, which would serve for immediate mobilization of vital supplies in emergencies and crises;
  - (5) to support the development and strengthening of regional centres for emergency disaster preparedness and response;
4. FURTHER REQUESTS the Director-General to report to the Sixtieth World Health Assembly on progress in implementing this resolution.

Mr GUNNARSSON (Iceland) said that it was crucial that the Organization was able to respond to emergencies without delay. The efforts made to deal with an emergency on the spot during the first 24 hours were critical: after that, it was important to receive assistance from outside.

He supported the draft resolution in general, but could not accept the need for a special emergency solidarity fund. Many colleagues would be reluctant to approve yet another fund. He proposed that paragraph 3(3) should be amended to read: “to endeavour to ensure that WHO, within its mandate, is able to respond in the immediate aftermath of emergencies and crises”, and suggested the addition of a new paragraph, to read: “URGES Member States to support WHO to enable it to address immediately, within its mandate, humanitarian health crises”.

Dr BUSS (Brazil) supported the amendments proposed by the member for Iceland. It was important that the Board should express its sympathy with the victims of natural disasters, and his country would always be willing to provide material assistance. The resolution should include reference to the coordination of emergency efforts between different bodies in the United Nations system. He suggested adding a new paragraph 3(6) to read: “to act jointly with the United Nations to establish a rapid coordination mechanism with other organizations of the United Nations system”.

Professor PEREIRA MIGUEL (Portugal), speaking on behalf of the Member States of the European Union, suggested the insertion of an additional preambular paragraph, to read: “Recalling United Nations General Assembly resolution 60/124 on strengthening the coordination of emergency humanitarian assistance of the United Nations”. In paragraph 3, after “REQUESTS the Director-General”, the words “in cooperation with the Office for the Coordination of Humanitarian Affairs (OCHA), other specialized agencies and the relevant international organizations” should be added. Paragraphs 3(2), 3(3), 3(4) and 3(5) should be deleted and replaced by a new paragraph 3(2) reading: “To explore (and engage in) ways to enhance WHO participation in the overall humanitarian response through existing mechanisms such as the Central Emergency Response Fund (CERF), the

International Search and Rescue Advisory Group (INSARAG) or United Nations Disaster Assessment and Coordination (UNDAC)”.

Dr KAMAL (alternate to Mr Shugart, Canada) accepted all the proposed amendments, and suggested adding a further preambular paragraph, to read: “Recalling resolution WHA58.1 on health action in relation to crises and disasters;”. Cooperation, timely leadership and the role of the Office for the Coordination of Humanitarian Affairs should all be emphasized. There was also a need to explore potential synergies between the regional hubs for logistics and supply management which existed both in and outside the United Nations system.

Dr SINGAY (Bhutan) fully supported the draft resolution.

Ms TSUJISAKA (alternate to Dr Shinozaki, Japan) emphasized the importance of action by WHO in emergency situations. She supported the draft resolution, but considered that the implications of the proposed fund and the regional hubs referred to in paragraph 3 called for further consideration. In that sense, she agreed with the amendments proposed by the member for Portugal.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) supported the draft resolution, but did not favour establishing another fund because of the bureaucratic implications. Although the amendment proposed by the member for Iceland was useful, it emphasized the vertical relationship between the Secretariat and its Member States rather than the horizontal relationship between Member States themselves, which could be more important in crises and emergencies. Additional wording could be inserted in the operative part of the resolution, urging Member States to support one another in times of disaster. The texts proposed by the members for Portugal and Iceland, should be considered carefully because of possible inconsistencies.

Mr PHAM HONG NGA (alternate to Mrs Le Thi Thu Ha, Viet Nam) strongly supported the draft resolution. A solidarity fund would enable WHO to react within hours after a disaster struck. Time was of the essence in responding to an emergency, and pre-positioned supplies in strategic locations were essential. The proposed fund could be effectively managed by the Secretariat.

Dr ABDULLA (alternate to Dr Botros Shokai, Sudan) strongly supported the draft resolution and the actions requested of the Director-General in paragraph 3. He suggested setting up a working group to seek consensus on the establishment of an emergency fund.

The CHAIRMAN observed that consultations could take place electronically.

Ms HALTON (Australia) willingly supported a resolution calling for the Board’s sympathy and solidarity with the victims of the south Asia earthquake and disasters in general. The Secretariat’s responses to recent disasters had been rapid and better than in the past, but there was still room to improve responsiveness, especially in terms of the operational platform.

The last preambular paragraph of the draft resolution recalled the Constitution’s reference to a special fund to meet emergencies and unforeseen contingencies. She pointed out that resolution WHA58.1 already provided guidance to Member States and the Director-General on priorities for future action to improve the collective response to crises and disasters. Paragraph 3(6) of that resolution requested the Director-General “to adapt, redesign where necessary, and secure adequate resources for effective work in the area of emergency preparedness and response, and other areas of work involved in the Organization-wide response to crises”. There was thus no need for a further resolution on funding mechanisms for that purpose. Moreover, Article 58 of the Constitution was intended to establish, within the biennial programme budget, a budget allocation for contingencies, which could include emergencies. She suggested deleting the last preambular paragraph of the draft resolution together with paragraph 3(3). Paragraphs 3(4) and 3(5) could be combined to read: “to support, as appropriate, the development and strengthening of regional centres for emergency disaster

preparedness and response, including several regional hubs for logistics and supply management, which would serve for immediate mobilization of vital supplies in emergencies and crises". In paragraph 4 the words "through the Executive Board" should be added after "Sixtieth World Health Assembly".

She could accept the amendments proposed by the member for Portugal, which were not inconsistent with the wording suggested by the member for Iceland.

Dr ACHARYA (Nepal) supported the draft resolution as amended by the member for Iceland.

Ms BLACKWOOD (United States of America)<sup>1</sup> said that the third preambular paragraph should include a reference to hurricane Rita as well as to hurricane Katrina, and she suggested inserting at the end of paragraph 2 the words "including through a focus on building community resilience". She welcomed the emphasis placed by some members of the Board on cooperation with the Office for the Coordination of Humanitarian Affairs and other responsible United Nations agencies, and agreed with the member for Portugal that the issues raised in paragraph 3 warranted closer examination.

The CHAIRMAN, speaking as the member for Pakistan, expressed his appreciation of the Board's solidarity with victims of disaster. When an emergency struck, it fell to the Director-General to take the appropriate action, whether or not resources were immediately available, and to seek the Board's approval as necessary. He drew strength in that regard from Article 58 of the Constitution.

Mr AITKEN (Director, Office of the Director-General), noting that the draft resolution enjoyed broad support, said that it might, however, not be possible to incorporate the various proposed amendments in time for it to be adopted at the current session. He suggested that the Secretariat should take on that task and circulate an electronic version of the draft resolution to members of the Board for review. The revised resolution might then be submitted to the Fifty-ninth World Health Assembly.

**It was so agreed.**

#### **4. FINANCIAL MATTERS: Item 6 of the Agenda**

**Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:** Item 6.1 of the Agenda (Document EB117/19)

The CHAIRMAN noted that the item had already been discussed by the Programme, Budget and Administration Committee, and that the Committee's report was contained in document EB117/3.

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

**External and internal audit recommendations: tracking of implementation:** Item 6.2 of the Agenda (Document EB117/20)

The CHAIRMAN said that the report gave an example of the presentation of the proposed tracking document. Members should also refer to the report of the Programme, Budget and Administration Committee, contained in document EB117/3. As there were no comments, he took it that the Board accepted the proposed tracking programme.

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

**It was so agreed.**

**5. STAFFING MATTERS:** Item 7 of the Agenda

**Human resources: annual report:** Item 7.1 of the Agenda (Documents EB117/21, EB117/21 Add.1 and EB117/21 Add.1 Corr.1)

The CHAIRMAN recalled that the Programme, Budget and Administration Committee had considered the item.

Mr BAILÓN (Mexico), speaking on behalf of Member States in Latin America and the Caribbean, welcomed the report on staffing contained in document EB117/21 Add.1. For the sake of transparency and equitable geographical distribution in staffing, account must be taken of each Member State's financial contribution, population and membership. He urged the Organization to step up the recruitment of professional staff from developing countries, and recruit staff from unrepresented or underrepresented countries. He strongly supported the proposal of the Programme, Budget and Administration Committee that the Secretariat should compile a report differentiating between, on the one hand, the number of staff appointed to internationally-recruited posts through a competitive process following the issuance of a vacancy notice and, on the other, the number of direct appointments made by the Director-General. He attached equal importance to the Committee's proposal to include information on the mother tongue and language proficiency of staff. When addressing public health issues, it was necessary to take account of the various approaches and academic traditions in the world, and to respect multilingualism and multiculturalism and the need for access to information. The report should be available in time for the forthcoming Health Assembly.

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

**Report of the International Civil Service Commission:** Item 7.2 of the Agenda (Document EB117/22)

The CHAIRMAN explained that the item had also been discussed the previous week by the Programme, Budget and Administration Committee, and reference should therefore be made to the Committee's report.<sup>1</sup>

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

**Confirmation of amendments to the Staff Rules:** Item 7.3 of the Agenda (Documents EB117/23, EB117/23 Add.1 and EB117/23 Add.2)

The CHAIRMAN invited the Board to consider the two draft resolutions contained in document EB117/23.

**The resolutions were adopted.<sup>2</sup>**

**Statement by the representative of the WHO staff associations:** Item 7.4 of the Agenda (Document EB117/INF.DOC./1)

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<sup>1</sup> Document EB117/3.

<sup>2</sup> Resolutions EB117.R10 and EB117.R11.

Ms LALIBERTÉ (representative of the WHO staff associations) said that the staff associations sought to be active contributors to the process of establishing an institutional framework that was fair and equitable and in keeping with the standards and practices of the United Nations system. In May 2003 agencies of the system had signed a Declaration of Collective Understanding regarding a common human rights approach to both their work and the institutional governance of the system. She drew attention to a one-hour work stoppage that had taken place at headquarters on 30 November 2005 as a result of a breakdown in communication between headquarters staff and management. Surveys had pointed to a lack of trust in senior management and the work stoppage reflected disquiet that staff had been excluded from the decision-making process in respect of conditions of service and from the most critical phases of the strategic direction and competency review. There had been documented cases of abuse of discretionary decision-making in respect of recruitment and promotions, high levels of harassment and an ineffective internal justice system.

One key concern had been the refusal to reconsider or abolish the “four years and out” rule, due to be implemented in June 2006, whereby 280 staff, mostly women, on short-term contracts would have to leave the Organization after four years’ service. Short-term contracts had been prioritized in 2002 to enable the Organization to develop an effective system for human resources planning, and had not been intended to perpetuate a situation in which staff performed regular tasks without benefiting from regular conditions of employment. The headquarters staff association did not oppose downsizing or transfer of resources to regions and countries, but expected a human resources planning system that would convert short-term contracts into regular or fixed-term positions and relocate staff in keeping with technical cooperation demands and country focus strategy, taking into account gender balance and with clear procedures for mobility and rotation. Organization-wide, 45% of staff were serving under short-term contracts, many of which would expire in 2006.

She called for a comprehensive proposal on integrating gender considerations in all policies and programmes. She expressed concern about the systematic rehiring of retired staff; a policy on the matter was needed. Consideration should be given to changing the Staff Rules to give recognition to staff for time served in the Regional Office for the Americas and PAHO, and service contracts should be introduced in the regional offices for Europe and the Americas.

The role of the staff associations was to promote internal due process, fairness and a work environment that was based on good practices and rewarded integrity and mutual respect. They requested the Board to provide guidance to the administration on updating the guiding principles on staff/management relations so as to promote WHO as an employer of choice with an ethical and supportive work environment. There should be a fair, consistent and accountable process, and a jointly agreed mechanism for ensuring the upholding, monitoring and evaluation of the guiding principles; a clear policy should be defined and regulations streamlined in all the regions to avoid rehiring retired staff; and consideration should be given to the request for a moratorium until January 2007 on the application of the “four years and out” rule so that implementation of a human resources planning proposal could be discussed.

Dr BUSS (Brazil) said that the proposals for a strengthening of dialogue and more constructive relations were reasonable. He supported the request for a clear policy and a streamlining of regulations on the issue of rehiring of retired staff, observing nevertheless that the experience of such staff could be useful to the Organization in some situations. He welcomed the Director-General’s democratic approach in making possible a permanent and constructive dialogue, and suggested that the Board should consider the points raised at its 118th session. It would be important to assess the financial implications of the request for a moratorium on the application of the “four years and out” rule.

Dr BRUNET (alternate to Professor Houssin, France) expressed concern at the tone of the statement presented. Management sometimes had to take decisions that could have difficult consequences for staff, but it was important that staff understood the reasons for such decisions. Relations between management and staff in an organization had to be based on mutual respect. The Board could assist the Director-General by referring the budgetary implications of the requests made to the Programme, Budget and Administration Committee for consideration.



He expressed confidence that the administration was able to solve the problems raised, but urged that they should be considered with the seriousness they deserved. Good human relations were a precondition for a well-functioning and effective organization.

Professor FIŠER (Czech Republic) endorsed the views expressed by the member for Brazil: the current tension between staff representatives and the administration could not be beneficial for WHO. The Director-General should pursue dialogue with the staff associations in order to find a reasonable compromise that would improve the working atmosphere in the Organization.

Dr TANGI (Tonga) said that it was his impression that most staff were proud to be members of the Organization and worked for it unstintingly. While agreeing with the comments made by the member for France, he would be concerned to see the development of confrontational, union-style relations. Problems should be resolved by senior management and staff through dialogue.

Mr OLDHAM (alternate to Mr Shugart, Canada), affirming that human resources were of paramount importance for WHO, said that special emphasis should be placed on dialogue between management and staff during the period of profound change the Organization was undergoing. He supported the suggestion by the member for France that the budgetary issues raised should be referred to the Programme, Budget and Administration Committee.

Mr GUNNARSSON (Iceland) said that his own management experience had shown him the difficulties of balancing staff expectations and management imperatives to cut costs. It was to be expected that the transfer of resources from headquarters to the regions would be difficult for staff, but the decision to make that transfer had to be implemented.

He reminded those present that they had been appointed by their governments to lead the Organization, and that personnel matters had been entrusted to senior managers. Despite the deep sympathy that he and other members of the Board felt for staff, governments did not expect members to become involved in personnel matters.

Mr HENNING (Human Resources Services) said that the Secretariat welcomed and valued the participation of the staff associations in the consultative process concerning personnel policy or conditions of service, as enshrined in the Staff Rules and Staff Regulations. The Global Staff/Management Council's guiding principles had been further refined and reinforced, and agreed upon by all parties. He expected to submit to the Board at its session in May 2006 a proposal on contract reform in line with the recommendation of the International Civil Service Commission to the United Nations General Assembly, and therefore considered it appropriate to suspend any further action during 2006 on service appointments. With respect to the issue of reciprocity with PAHO, the Board would have noted the proposed change to the Staff Rules whereby PAHO's staff transferred to WHO would no longer be required to undergo a probationary period. Concerning retired staff, measures had been put in place to limit the recruitment of retirees, and to identify new or existing talent, particularly from unrepresented and underrepresented countries.

Over the past year, each department in headquarters had gone through a review of strategic direction, functions, high-level structure and human and financial resources, in order to align the work of departments with the parameters of the Programme budget 2006-2007. Several regional offices were expected to go through a similar process. The review process had led to reduction in numbers of staff in some headquarters programmes and in the inappropriate use of short-term contracts for long-term functions. In order to manage those changes, the Secretariat had introduced several measures to support staff through the process. They included the publication of safety net guidelines for all affected staff; the establishment of in-placement and out-placement services, complemented by time off for job search activities for fixed-term and long-serving short-term staff; special measures for retention of internal candidates for short-term assignments; implementation of a mechanism for separation by mutual agreement; institution of special measures for those affected by the maximum 44-month policy for temporary contracts; strengthening of the reassignment process; and

establishment of a task force on staff support. Furthermore, staff representatives were members of the Coordinating Team and Monitoring Working Group of the strategic direction and competency review process, and participated as observers if and when departments went through a review of staff and conducted a matching exercise.

**The Board took note of the statement by the representative of the WHO staff associations.**

**Ms Halton took the Chair.**

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

**Intellectual property rights, innovation and public health:** Item 4.10 of the Agenda (Document EB117/9) (continued from the eighth meeting, section 3)

Dr SHANGULA (Namibia) said that the informal group set up to discuss the draft resolution on a global framework on essential health research and development, which he had chaired, had agreed on the text of some paragraphs and had placed square brackets around others on which there was no agreement or for which further information was required. The text would be distributed to Board members, and the group recommended that it should be submitted to the Fifty-ninth World Health Assembly.

The CHAIRMAN suggested that the item remain open until the text of the draft resolution prepared by the group was available.

**It was so agreed.**

(For adoption of the resolution, see section 9 below.)

**7. OTHER MANAGEMENT MATTERS:** Item 8 of the Agenda

**Reports of committees of the Executive Board:** Item 8.1 of the Agenda

- **Standing Committee on Nongovernmental Organizations** (Documents EB117/24 and EB117/24 Add.1)

Dr ACHARYA (Nepal), speaking in his capacity as Chairman of the Standing Committee on Nongovernmental Organizations, described the outcome of the Committee's consideration of applications from three nongovernmental organizations for admission into official relations with WHO and whether official relations with some others should be maintained. In particular, concerning Corporate Accountability International, it had recommended that the Board should defer a review until that body had presented a written response to the allegations made. He drew attention to the draft resolution and the draft decision contained in paragraphs 29 and 30 of document EB117/24. He expressed appreciation of the work of the applicant organizations and of those whose activities had been reviewed.

The CHAIRMAN invited the Board to consider the draft resolution contained in paragraph 29 of document EB117/24.

**The resolution was adopted.<sup>1</sup>**

Ms GILDERS (alternate to Mr Shugart, Canada) said that Canada recognized the commitment of nongovernmental organizations working with WHO and their contribution to public health. She stressed the need for transparent relations, and for informing nongovernmental organizations in a timely manner of any concerns relating to their relations with WHO.

The CHAIRMAN invited the Board consider the draft decision contained in document EB117/24.

**The decision was adopted.<sup>2</sup>**

- **Foundations and awards**

**Dr A.T. Shousha Foundation Prize**

**Decision:** The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize to Dr Sa'ad H.S. Kharabsheh (Jordan).<sup>3</sup>

**Sasakawa Health Prize**

**Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2006 to the International Leprosy Union (ILU), India and to the Agape Rural Program (Holistic Community Based Health Development Program) of Puerto Princesa City, Palawan, Philippines. Each laureate will receive US\$ 40 000 for its work in health development.<sup>4</sup>

**United Arab Emirates Health Foundation Prize**

**Decision:** The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2006 jointly to the Rafic Hariri Foundation (Lebanon) and to Ms Aminath Jameel, Executive Director, Manfaa Centre on Ageing (Maldives). Each laureate will receive US\$ 20 000 for their outstanding contribution to health development.<sup>5</sup>

**State of Kuwait Prize for Research in Health Promotion**

**Decision:** The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in

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<sup>1</sup> Resolution EB117.R12.

<sup>2</sup> Decision EB117(3).

<sup>3</sup> Decision EB117(4).

<sup>4</sup> Decision EB117(5).

<sup>5</sup> Decision EB117(6).

Health Promotion for 2006 to the Early Psychosis Intervention Programme (EPIP) (Singapore). The laureate will receive US\$ 20 000.<sup>1</sup>

**Reports of the Joint Inspection Unit:** Item 8.2 of the Agenda (Documents EB117/25 and EB117/26)

Mr MACPHEE (alternate to Mr Shugart, Canada) noted that an oral report had been given at the Programme, Budget and Administrative Committee meeting because document EB117/26 had not been available. The Board had thus had little time to discuss important topics. He welcomed the detailed report, and suggested that it be carried forward, updated, and discussed at a meeting of the Programme, Budget and Administrative Committee in 2007.

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

**Provisional agenda of the Fifty-ninth World Health Assembly and date and place of the 118th session of the Executive Board:** Item 8.3 of the Agenda (Document EB117/27)

Dr KEAN (Governing Bodies and External Relations) said that, during the current session of the Board, several issues had been proposed for transmittal to the Health Assembly. The Secretariat proposed that under item 12 of the Health Assembly's agenda (technical and health matters) the following should be added: sickle-cell anaemia; implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, to be taken with nutrition and HIV/AIDS as a two-part item on HIV/AIDS; intellectual property rights, innovation and public health; and emergency preparedness and response. Under item 12.12 (implementation of resolutions: progress reports) nursing and midwifery and a subitem on patient safety should be added.

Under item 15 (programme budget and financial matters) it was proposed to renumber the subitems as follows: 15.1, status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution; and 15.2, special arrangements for settlement of arrears. Placing those items first would enable voting rights to be clarified as early as possible in the proceedings. The other items would then follow, namely 15.3, Programme budget 2004-2005: performance assessment; 15.4, financial report and 15.5, amendments to the Financial Rules and Financial Regulations (if any).

Ms GILDERS (alternate to Mr Shugart, Canada) requested that under item 12, after "implementation by WHO of the recommendations of the Global Task Team", the words "and of the Global Steering Committee on Universal Access" should be added.

Professor PEREIRA MIGUEL (Portugal) proposed that consideration of the Global Strategy on Diet, Physical Activity and Health should be moved up the provisional agenda in order to give more attention to health promotion at the Health Assembly. The primary prevention of chronic diseases by promoting a healthy diet and physical activity was of great importance for his and other governments. Moreover, resolution WHA57.17 requested the Director-General to work with other agencies on assessing and monitoring the health aspects of the strategy and to report on its implementation at the Fifty-ninth World Health Assembly.

Ms HUNT (Belize)<sup>2</sup> expressed surprise that the Board had failed to consider an item that her Government had requested for inclusion in the provisional agenda, entitled "Invitation to Taiwan to participate in the World Health Assembly as an observer and consideration of adequate measures to

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<sup>1</sup> Decision EB117(7).

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

facilitate its meaningful participation in relevant meetings and disease control mechanisms of the World Health Organization". That failure was not only unlawful but unacceptable. The Board had deliberately transgressed the clear provision of Rule 5(d) of the Rules of Procedure of the World Health Assembly, which stated that the Board "shall include in the provisional agenda ... any item proposed by a Member". Moreover, it disregarded the decision of the highest body of the Organization, thereby establishing a bad precedent that would deprive any Member State of its fundamental and constitutional right to propose any matter it deemed appropriate. The adverse position adopted by the Board could be extremely prejudicial to every Member State. It was for the Health Assembly to decide whether to include an item in its agenda. The Board's position called in question the Organization's integrity. It could be suggested that, according to Rule 3 of the Rules of Procedure of the Executive Board, her proposal should be seconded by a member of the Board. There was, however, a contradiction between the rules governing the Health Assembly, which had 192 Members, and those governing the Board, which had only 32 members. The Health Assembly rules should prevail.

It might be argued that, had the proposal been submitted earlier, it would have appeared on the provisional agenda. However, she could find no provision concerning a deadline; if there were a deadline, the Secretariat should bring it to delegations' attention well in advance. She requested the Director-General to explain his position and asked how, given the ever-increasing possibility of a new pandemic outbreak, WHO proposed to deal with a geographical area that had neither Member nor observer status in the world's supreme health organization.

Mr BURCI (Legal Counsel) said that the Board acted in accordance with Rules 4 and, especially, 5 of the Rules of Procedure of the World Health Assembly, under which a request in writing by a Member State to the Director-General was included in the provisional agenda whereas proposals made during the Board's consideration of the provisional agenda of the item had to be approved by the Board. The letter from the Permanent Mission of Belize had arrived, however, only on 24 January, after the provisional agenda of the Health Assembly had been issued, and, moreover, the request therein had been addressed not to the Director-General but to the Board itself. Faced with an unusual situation, the Secretariat had informed the Permanent Mission that it would have to raise the issue directly with the Board at the meeting.

The CHAIRMAN said that she took it that the Board wished to adopt the draft decision contained in paragraph 3 of document EB117/27.

**The decision was adopted.<sup>1</sup>**

The CHAIRMAN said that she took it that the Board wished its 118th session to be convened from 29 May to 1 June 2006 at WHO headquarters, Geneva.

**Decision:** The Executive Board decided that its 118th session should be convened on Monday, 29 May 2006, at WHO headquarters, Geneva, and should close no later than Thursday, 1 June 2006.<sup>2</sup>

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<sup>1</sup> Decision EB117(8).

<sup>2</sup> Decision EB117(9).

**8. MATTERS FOR INFORMATION: Item 9 of the Agenda**

**Expert committees and study groups:** Item 9.1 of the Agenda (Documents EB117/28 and EB117/28 Add.1)

Dr ANTEZANA ARANÍBAR (Bolivia) stressed the importance of the work done by the Expert Committee on Biological Standardization. The importance of vaccine production according to WHO-approved standards had been discussed and continuing success in that area was largely the responsibility of the Committee. He drew particular attention to its work on blood grouping reagents, in view of the threat to safe blood transfusion from HIV infection and other diseases.

**The Board noted the report.**

The CHAIRMAN said that she took it that the Board wished to thank the experts who had given up their time to serve on the expert committees and study groups.

**It was so agreed.**

**Implementation of resolutions: progress reports:** Item 9.2 of the Agenda (Document EB117/29)

**A. Infant and young child nutrition**

Dr GASHUT (alternate to Dr Al-Keeb, Libyan Arab Jamahiriya) noted with some disappointment that the paragraphs neither covered all elements of resolution WHA58.32 nor could be considered as the quadrennial report due at the next session of the Health Assembly. Evidence showed that improved breastfeeding led to a 13% reduction in under-five mortality. The international conference on "Tracking Progress in Child Survival: Countdown to 2015" (London, 13-14 December 2005) concluded that breastfeeding exclusively for six months, and continued breastfeeding with appropriate complementary feeding were essential predictors of progress towards attaining Millennium Development Goal 4 (reduce child mortality). She therefore sought assurances that the quadrennial report would be issued in good time for the review and sufficiently reflect all aspects of the Global strategy on infant and young child feeding.

Dr RAHANTANIRINA (alternate to Dr Jean Louis, Madagascar) said that her country's legislation enshrined most of the provisions of the International Code of Marketing of Breast-milk Substitutes. She asked WHO and interested nongovernmental organizations for technical assistance in implementation. The rate of exclusive breastfeeding for six months had reached 70% compared with only 34% in 1997 while the mortality rate of children under five had dropped from 159 per 1000 in 1997 to 94 per 1000 in 2004, clearly showing the link between breastfeeding and lower mortality rates, but Madagascar needed assistance in raising breastfeeding rates still higher.

Dr SOPIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpolprasert, Thailand) said that most of the report related to the activities of WHO, not those of Member States. It did not satisfy proper reporting requirements and she sought an assurance that a full report would be available to the Health Assembly in May 2006.

Dr BUSS (Brazil) said that his Government had in place a wide-ranging policy of exclusive breastfeeding up to six months and he welcomed the fact that an ever-growing number of States had introduced legislation to that effect. Since the last session of the Board, Botswana and Honduras had done so.

Ms LEHNERS-ARENDT (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that her Association had officially endorsed the Global strategy for

infant and young child feeding, which was based on the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, a visionary document that had urged governments to set up effective mechanisms for the protection, promotion and support of breastfeeding; to make its maternity facilities baby-friendly; to protect mothers and babies from commercial pressures by implementing the International Code of Marketing of Breast-milk Substitutes; and to create a supportive environment for breastfeeding for working women. An international meeting jointly organized by WHO, UNICEF and interested nongovernmental organizations had agreed that much still needed to be done. She was dismayed that the provisions of the Code, and those of subsequent relevant WHO resolutions, were still being violated. In most instances, such violations occurred in countries that had not yet implemented the Code. She therefore called on Member States to implement the Code in full, as a minimum requirement.

Dr BRONNER (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, said that, serving a vital area of health care, manufacturers fed about 70 million children worldwide with foods designed to meet their specific needs, including infant formulas that were important for babies when they did not receive breast milk or when they would otherwise receive dangerous substitutes. Scientific progress aimed at promoting nutrition was to be welcomed. The industry would continue to be guided by national and international recommendations in the field of infant nutrition and would apply food legislation prescribed for infant food products. Once the results of the WHO Multicentre Growth Reference Study and the associated standards were issued, the industry looked forward to working with national authorities and paediatricians on their application. Her organization welcomed ongoing efforts by WHO to ensure safe and appropriate infant feeding practices in emergencies and in special circumstances, such as when mothers were HIV-positive. The infant food industry applauded the significant strides made by many countries in implementing the International Code, thus improving the health of infants and young children worldwide. National measures through legislation or guidelines, together with transparent monitoring procedures, were the best means of giving effect to the Code.

Dr LE GALÈS-CAMUS (Assistant Director-General) acknowledged that the report was short for such a multifaceted subject, but explained that it had been decided simply to note developments since the previous report. Considerable progress had been made. The results of the Multicentre Growth Reference Study would be published in a few months' time.

**B. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (including impact on national economic development)**

Dr RUÍZ MATUS (alternate to Mr Bailón, Mexico) said that, according to UNFPA, deficiencies in reproductive health were the main cause of morbidity and mortality among women worldwide. The indicators were directly linked with poverty; the issue was therefore one of social justice, ethics and equity, particularly for the most vulnerable groups. His Government had therefore, on the basis of scientific evidence, drawn up integrated programmes, standards and guidelines, with a view to establishing best practices. To hamper women's access to reproductive health services or health information constituted violence against women coping with unwanted pregnancies, unsafe abortions or sexually transmitted infections. Violence against women had serious repercussions for sexual and reproductive health. His Government would strengthen the link between reproductive health and violence against women by engaging key actors and agencies.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) said that, in his country, reproductive health services were available free to everyone as part of the national health insurance package, in accordance with the actions agreed at the International Conference on Population and Development (Cairo, 1994). Particular attention went to family planning services for adolescents. Contraceptive use remained very high. Antiretroviral medicines had been universally

available since 2003. The Medical Council of Thailand had revised its definitions of maternal and fetal health indications for legal abortions in order to minimize the number of unsafe abortions. WHO should work closely with Member States in order to accelerate achievement of the goals of the Cairo Conference.

Dr STEIGER (United States of America)<sup>1</sup> said that his country had disassociated itself from resolution WHA57.12. He noted that, in the section heading in document EB117/29, a phrase had been added in brackets reading: “including impact on national economic development”. Why had the title of the strategy been changed after its endorsement by the Health Assembly?

Mrs PHUMAPHI (Assistant Director-General) thanked Member States for their response to the assessment of the strategy on reproductive health. It was essential to focus on such areas as maternal mortality where progress was still not on course to meet the targets set by the Millennium Development Goals. On the problem of violence against women, WHO had issued a report on the Multi-country Study on Women’s Health and Domestic Violence against Women in November 2005. There was still concern about the high incidence of unsafe abortion and the weakness of strategies for the prevention of sexually transmitted infections, particularly HIV infection. It was to be hoped that the draft global strategy on the prevention and control of sexually transmitted infections would be adopted at the Fifty-ninth World Health Assembly. Country plans could then be drawn up, implemented and followed up.

The two clusters concerned with this topic – Family and Community Health and Noncommunicable Diseases and Mental Health – worked closely together. She assured the member for Madagascar that her appeal for technical assistance in promoting breastfeeding would be answered.

Mr AITKEN (Director, Office of the Director-General), replying to the point raised by the representative of the United States of America, said that the phrase in brackets “including impact on national economic development” did not form part of the official title of the Health Assembly resolution or the strategy, both of which remained as the Health Assembly had adopted them.

Dr STEIGER (United States of America)<sup>1</sup> asked whether any future resolutions were likely to be referred to by titles other than those formally adopted by the Health Assembly.

The DIRECTOR-GENERAL and Mr AITKEN (Director, Office of the Director-General) assured the Board that it would not happen again.

### **C. Family and health in the context of the tenth anniversary of the International Year of the Family**

The CHAIRMAN observed that the Board had no comments on this progress report.

### **D. Health action in relation to crises and disasters**

Dr SÁ NOGUEIRA (Guinea-Bissau), speaking on behalf of the Member States of the African Region, said that, following the Asian tsunami of December 2004 and subsequent crises, including the earthquakes in the Islamic Republic of Iran and Pakistan and the famine in Niger, the Health Assembly, in resolution WHA58.1, had requested the Director-General to strengthen WHO’s capacity for health action in crises on the basis of evaluation of health needs, closing gaps, coordinating health activities, and capacity-building for WHO’s partners.

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



The Member States of the African Region greatly appreciated WHO's activities, which had included the recruitment of 12 country consultants for the Central African Republic, Chad, the Democratic Republic of the Congo, Liberia and Uganda; strengthening health systems in Burundi to facilitate voluntary repatriation of refugees; a project on gender-based violence in crisis situations in the Democratic Republic of the Congo and Liberia; a mortality survey in northern Uganda; the establishment of an early warning system for nutrition and epidemics in Chad and Niger; and participation in the Consolidated Appeal Process and Common Humanitarian Action Plans coordinated by the United Nations.

Financial resources must be mobilized for the many African countries without emergency preparedness or relief plans. WHO should increase its technical support for African countries and improve its cooperation with other international agencies, donor countries and the governments of affected countries.

Dr SOPIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpolprasert, Thailand) thanked WHO for its support to the countries affected by the Asian tsunami. Thailand particularly welcomed technical assistance with the identification of bodies, mass casualty management and mental health rehabilitation.

#### **E. Sustainable health-financing, universal coverage and social health insurance**

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) said that in the context of resolution WHA58.33 he welcomed the emphasis on mobilizing additional funds, using them effectively, efficiently and equitably, and ensuring social protection for poor and vulnerable groups. Thailand had taken 28 years to achieve universal coverage, starting with the poor and gradually extending coverage to older people and children under 12, using a system financed from general taxation. The social health insurance scheme, which had originally applied to enterprises with over 20 employees, was applicable to all enterprises. In order to achieve universal coverage, different partners, including ministries of finance, labour and social welfare, had had to reach a national consensus on social protection for the poor. WHO should work closely with international partners, including ILO.

Dr NYIKAL (Kenya), speaking on behalf of the Member States of the African Region, said that financing was the key to health-care delivery. At the African Summit on HIV/AIDS, tuberculosis and other related infectious diseases (Abuja, 2001) African Heads of State had undertaken to allocate 15% of their national budgets to improvement of the health sector. Most countries had many competing priorities. Traditional health-financing mechanisms, such as direct taxation and support from donors, would not adequately fund health services in developing countries. Much more work was needed to implement resolution WHA58.33. Several African States, including Ghana, Kenya and Nigeria, were developing social insurance systems, and, by the end of 2005, Rwanda had achieved 45% coverage. Social health insurance might be the only way of mobilizing internal resources and still protect the poor.

Dr SINGAY (Bhutan) said that, in response to resolution WHA58.33, his country had established the Bhutan Health Trust Fund, which was already enabling the purchase of vaccines and essential medicines and financing primary health care. It might offer a model for other countries. WHO should support countries in improving their health-care financing policies in line with their socioeconomic development plans, facilitating the exchange of experience in health-care financing between countries, and, with national stakeholders, partners and development agencies, advocating increased investment in health and better resource coordination and utilization.

Dr VON VOSS (Germany)<sup>1</sup> commended the follow-up to resolution WHA58.33. Sustainable health-care financing, including social health insurance, would contribute to the achievement of all the health-related Millennium Development Goals. Germany had supported the partnership between WHO, ILO and the *Gesellschaft für Technische Zusammenarbeit* which had flourished since the International Conference on Social Health Insurance in Developing Countries (Berlin, 5-7 December 2005). The partnership aimed to create synergies through joint assistance, pooling of resources and greater choice of the best technical advisers. The initiative was a model of good practice.

#### **F. The role of contractual arrangements in improving health systems' performance**

Dr ANTEZANA ARANÍBAR (Bolivia), emphasizing the importance of following Health Assembly resolutions, observed a recent trend towards the privatization and outsourcing of health services. WHO could provide valuable support in the form of policies, guidelines and mechanisms. The report described country workshops and other activities, in the Eastern Mediterranean and African regions for example, and plans for 2006-2007, including assessment of innovations in terms of methodology, efficiency and effectiveness. Those activities should be widely publicized.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) said that his country's health insurance system relied exclusively on contractual services in which purchasers, such as the social security or national health security offices, purchased services which were financed by capitation payments or global budgets. Thailand had considerable experience of contracting in health services, in which the roles of purchaser and provider of health care were separated, in order to allow the consumer a choice. Contractual arrangements could increase efficiency and save on costs, but high-quality care should be maintained. He welcomed the workplan for 2006-2007.

#### **G. United Nations reform process and WHO's role in harmonization of operational development activities at country level: interim progress report**

Mr DELVALLÉE (alternate to Professor Houssin, France) welcomed WHO's contributions to the current process of United Nations reform. The Programme, Budget and Administration Committee at its meeting the previous week had discussed two important issues. First, it had noted that the Millennium Development Goals were apparently being given their rightful place in the Programme budget for the biennium 2006-2007 and in the forthcoming Eleventh General Programme of Work. Secondly, the efforts to harmonize WHO's operational activities, in accordance with the Rome Declaration on Harmonization (2003) and the Paris Declaration on aid effectiveness (2005), had already achieved some results, such as the introduction of results-based budgeting and decentralization.

However, little had been done to implement resolution WHA58.25. A first step was the Board's adoption of resolution EB117.R8 on the implementation by WHO of the recommendations of the Global Task Force on Improving AIDS Coordination among Multilateral Institutions and International Donors, the day before. WHO should pursue its efforts within the United Nations system on two levels. First, it should work with UNDP to ensure that the Organization's standards were incorporated into national development strategies and used by other United Nations agencies. The campaign to eradicate poliomyelitis and the Expanded Programme on Immunization were promising examples. Secondly, it should work at country level, particularly in the UNDP country development teams, as had been done for country activities to combat HIV/AIDS. WHO should continue to discuss financing of operational activities, for instance at the next substantive session of the United Nations Economic

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

and Social Council, in order to make the specialized agencies and United Nations funds and programmes more effective by ensuring more predictable long-term financing.

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

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

**Intellectual property rights, innovation and public health:** Item 4.10 of the Agenda (Document EB117/9) (resumed from section 6)

The CHAIRMAN drew attention to the revised draft resolution on a global framework on essential health research and development, which read:

**[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;

Noting the useful work being done by the WHO Commission on Intellectual Property Rights, Innovation and Public Health,

Submits ~~RECOMMENDS~~ to the Fifty-ninth World Health Assembly for its consideration ~~the adoption of~~ 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 ~~paucity of~~ safe, ~~adapted~~ and affordable new medicines ~~developed~~ for such communicable diseases as AIDS, malaria and tuberculosis, and ~~the lack of medicines, vaccines and diagnostics for tropical other~~ other 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;<sup>1</sup>]

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

Aware ~~that~~ of the need for additional funding for research and development for new vaccines, ~~and other illnesses that disproportionately affect developing countries is~~ insufficient;

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<sup>1</sup> National Institute for Health Care Management Research and Educational Foundation, *Changing Patterns of Pharmaceutical Innovation*, 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~~ right to the highest attainable standard of health and the promotion of follow-on innovation;]

Taking into account Article 7 of the TRIPS agreement that ~~points out~~ 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”; ~~recognizes the right to protection of interests resulting from any scientific production balanced by the right to share in scientific advancements and its benefits;~~

[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 ~~patient-driven~~ public health search, including in particular for priority medical research; [including the possibility of exploring a new global framework]

~~Bearing in mind a call from 162 scientists, public health experts, law professors, economists, government officials, members of parliament, nongovernmental organizations and others for an evaluation of proposals for a new global framework on medical research and development;~~

[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 in 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 direct priorities in~~ to emphasize priorities in research and development ~~according~~ 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 ~~determining~~ of the costs of research and development, 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 ~~are rapidly delivered~~ 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 ~~a~~ 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 ensure that bilateral, regional and global free-trade agreements and other trade agreements do not jeopardize the flexibilities of the TRIPS agreement and are in accordance with the Doha Declaration on TRIPS and Public Health;

[(3) to submit an annual progress report of the working group of interested Member States [to] beginning with the [Sixtieth] World Health Assembly [(May 2008), if possible] and 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 of new medicines in developed and developing countries;<sup>1</sup>

(4) 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.

Dr SHANGULA (Namibia), speaking as chairman of the drafting group, said that the revised draft resolution was recommended for submission to the Fifty-ninth World Health Assembly. The text in square brackets was open to discussion and that marked as deleted would be deleted from the version submitted to the Health Assembly, as agreed. He drew attention to the fact that the preambular paragraph commencing "Noting that UNDP's *Human Development Report 2005* states that ..." in the earlier draft had also been deleted.

Dr BRUNET (alternate to Professor Houssin, France) recalled that the working group had agreed to insert a footnote in paragraph 1 to extend "Member States" to cover "where possible, regional economic integration organizations".

Mr HOHMAN (United States of America)<sup>1</sup> said that he had no recollection of such a discussion and could not agree to that amendment.

Dr SHANGULA (Namibia) confirmed that he too had no recollection of discussion of a footnote.

Ms KONGSVIK (Norway),<sup>1</sup> referring to the preambular paragraph beginning "Recognizing at the same time the importance of providing for a proper balance ...", recalled that the group had agreed to use the language of the Constitution so that the phrase "basic human right to health" should be replaced by "fundamental human right to health", a view supported by Dr SHANGULA (Namibia).

Mr BURCI (Legal Counsel) noted that the expression "the fundamental right of every human being to the enjoyment of the highest attainable standard of health" would be closer to the language in the preamble of the Constitution.

The CHAIRMAN, in response to a question from Mr HOHMAN (United States of America),<sup>1</sup> confirmed that the entire preambular paragraph under consideration remained in square brackets.

Dr CICOONA (Italy),<sup>1</sup> speaking for the record, confirmed that his notes of the discussions in the drafting group indicated that the insertion of the phrase quoted by the member for France had distinctly been mentioned, even if not necessarily as a footnote.

The CHAIRMAN commented that often in drafting not all comments were necessarily taken up. She understood that the matter would be more fully debated at the Health Assembly.

Dr SHANGULA (Namibia), speaking as the chairman of the drafting group and responding to a question from Ms PRANGTIP KANCHANAHATTAKIJ (adviser to Dr Suwit Wibulpolprasert, Thailand), confirmed that in the third line of paragraph 2(3) the words "if possible and a final report" should be changed to "and, if possible, a final report".

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

The CHAIRMAN invited the Board to consider the revised draft resolution, as amended.

**The resolution, as amended, was adopted.<sup>1</sup>**

Mr AITKEN (Director, Office of the Director-General), responding to a question from Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand), confirmed the procedural aspects relating to consideration of intellectual property and public health at the Fifty-ninth World Health Assembly. It had been agreed that a 12-member committee would be set up, composed of two members of the Executive Board from each Region represented, to be chosen by the members for that Region. The committee would hold a meeting in Geneva – to which all Member States would be invited – to review the report on intellectual property rights, innovation and public health that would be produced in April 2006. That report would be transmitted to the Fifty-ninth World Health Assembly for its views or comments. That committee would not be considering the resolution just adopted by the Board which would go directly to the Health Assembly. The Secretariat itself intended to submit, alongside the report on intellectual property rights, innovation and public health reviewed by the committee, a draft resolution to the Fifty-ninth World Health Assembly, which would take into account the comments made by the 12-member committee.

**Mr Khan resumed the Chair.**

#### **10. MATTERS FOR INFORMATION:** Item 9 of the Agenda (resumed)

##### **Human resources for health development:** Item 9.3 of the Agenda (Document EB117/36)

Ms MAFUBELU (South Africa)<sup>2</sup> commended the report, welcoming the significant progress made in implementing resolution WHA57.19. She asked what progress had been made regarding paragraph 2(6) of that resolution concerning examination of modalities for receiving countries to offset the loss of health workers.

Mr RAMATSOARI (alternate to Dr Phooko, Lesotho), speaking on behalf of the Member States of the African Region, said that the issue of human resources was of great importance to health service delivery, in Africa and beyond, and affected almost all the agenda items addressed by the Board. In September 2005 the United Nations General Assembly had noted that one of the reasons why developing countries, particularly in Africa, would be unlikely to achieve the Millennium Development Goals was their limited human resources. Health indicators such as maternal health and child mortality were considerably worse than in other regions. Those countries would also have difficulty implementing the Eleventh General Programme of Work and governing body resolutions unless the issue of human resources was examined. He expressed support for human resources development advocacy beyond World Health Day 2006. Full implementation of resolutions WHA57.19 and WHA58.17, on international migration of health personnel, was required if developing countries were to meet the challenges. He looked forward to *The world health report 2006* and said that, while the right of health workers to free movement must be respected, both “push” and “pull” factors must be managed in order to limit the impact on health service delivery in Africa. He drew attention to four points. First, development of collaborative partnership and intervention among Member States was urgently needed. Secondly, more health workers needed training, with support from receiving countries. Thirdly, as migration and recruitment raised moral issues, receiving

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<sup>1</sup> Resolution EB117.R13.

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

countries should compensate source countries. Fourthly, WHO should attract staff from those countries that were underrepresented or nonrepresented and who would otherwise migrate elsewhere.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand), commenting on global inequity, said that paragraph 9 in the report highlighted the difficulty of obtaining data and their unreliability. That was because of limited information on the education, retention, posting and morale of health professionals, even in middle-income countries like Thailand. The draft Eleventh General Programme of Work had observed that over the next decade or so there would be a chronic drain of trained health professionals from developing to developed countries. Paragraph 10 indicated that the measures taken so far were having no significant effect, and even though a draft protocol had been prepared that emphasized the roles and responsibilities of receiving and source countries, it seemed unlikely to make a significant impact on the movement of health workers. One country had produced an ethical code, but it applied only to government appointments and not private-sector recruitment of doctors and nurses from Africa. A global effort was required to tackle what amounted to a pandemic of international migration of the resources forming the backbone of countries' health systems. Given the scale of the problem and since the global response required was beyond the capacity of WHO alone, the solution might be to hold a special session of the United Nations General Assembly on human resources.

Dr EVANS (Assistant Director-General), responding to the comments made by the representative of South Africa, recalled that resolution WHA57.19 specifically requested the Director-General to examine international agreements. However, there was no evidence of any issues relating to health worker migration having been raised under mode 4 of WTO's General Agreement on Trade and Services. There were between 12 and 16 instruments, either codes of practice or ethical international recruitment guidelines, recommended by some groups and by international and professional organizations. Bilateral agreements involving explicit discussions between countries on the nature of exchange or the two-way movement of health workers were becoming more popular. Ethical recruitment, codes of practice and bilateral agreements were three international instruments that were receiving attention and would be discussed at a forthcoming policy consultation.

With respect to the comments of the member for Lesotho, the responsibilities of source and receiving countries would also receive significant attention in connection with *The world health report 2006* and more specifically at the consultation addressing migration. Given the complexity of the issue, a broad approach sensitive to many dimensions of health worker migration was needed to minimize ill effects.

Turning to the comments of the member for Thailand, he pointed out that the observatory in Africa was at an early stage of development; its purpose would be to collect more accurate information on the size of current and future migratory flows. With population ageing in the developed countries and demographic changes in the developing countries, migration seemed likely to become more intractable. WHO could not handle the problem on its own, and it needed to make the case for health exceptionality because when health workers left already under-resourced areas the consequences were not just economic. However, since migration was a global phenomenon transcending individual sectors, WHO and its partners, including ILO and IOM, were seeking satisfactory ways of managing the drawbacks of the phenomenon.

**The Board noted the report.**

The CHAIRMAN conveyed the gratitude of the President of Pakistan to WHO for all the support, the goodwill and the words of comfort extended to the Pakistan people in the tragic circumstances of the recent earthquake.



**11. CLOSURE OF THE SESSION:** Item 10 of the Agenda

The DIRECTOR-GENERAL confirmed that WHO's draft protocol for rapid response to pandemic-influenza had been uploaded on to the WHO web site for consultation. He would urgently follow up on the early implementation of relevant provisions of the International Health Regulations (2005) and other preparedness measures. The theme of *The world health report 2007* would be health and security, covering the links with development, how countries could best prepare against the destabilizing effect of unpredictable events and strengthen their health systems in the long term, and the impact of conditions such as HIV/AIDS on social systems. The draft global strategy on prevention and control of sexually transmitted infections would be circulated to Member States for comment within four weeks. He also announced that that morning the Global Plan to Stop TB 2006-2015 had been launched at the World Economic Forum in Davos, Switzerland. It aimed to save some 14 million lives by 2015. Already nearly US\$ 1000 million had been committed.

It had been agreed to hold several consultations and meetings on matters in hand. The Programme, Budget and Administration Committee would meet to review the emendation of the draft Eleventh General Programme of Work, 2006-2015. From mid-February to mid-March, the Secretariat would host an electronic consultation on WHO's role in health research. A date would be chosen in April for the convening of the open-ended working group on smallpox and, later in the month, for the working group on the report of the Commission on Intellectual Property Rights, Innovation and Public Health.

Speaking informally and referring to the statement by the representative of the WHO staff associations, he said that the foremost matter for him was his accountability to the Board and Member States. There were rules for the welfare of staff; he owed them a duty of care, but his overall responsibility was to the Member States. Fundamental staffing dilemmas, such as those that arose when goals had been achieved, had to be faced. About two thirds of WHO's staff were employed in country or regional offices, many working to relieve health crises in emergency situations, and they had not raised that issue. A large proportion of WHO's resources was being channeled to regional and country levels; less funds at headquarters had repercussions on staffing. He and his senior managers were, however, committed to the welfare of the staff; much thought had gone into staff planning, and all parties had engaged in many meetings. He recalled the appreciation expressed for the Organization's rapid responses to recent crises; its credibility and reputation was also reflected in increased funding.

After the customary exchange of courtesies, the CHAIRMAN declared the 117th session closed.

**The meeting rose at 19:05.**

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