

SIXTH MEETING

Wednesday, 25 January 2006, at 14:10

Chairman: Mr M.N. KHAN (Pakistan)

later: Dr H.N. ACHARYA (Nepal)

later: Mr M.N. KHAN (Pakistan)

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

Prevention of avoidable blindness and visual impairment: Item 4.9 of the Agenda (Documents EB117/35 and EB117/35 Add.1) (continued)

Mr BAILÓN (Mexico) commended the report and endorsed the draft resolution, as amended by the members for Jamaica and Thailand; it was in line with Mexico's domestic policy. Full integration of persons with disabilities into society required maximum input from the private and public sectors and the creation of programmes for the prevention and cure of blindness and visual impairment, which account for 14.6% of disabilities in Mexico. His country had recently established a national council for the prevention and treatment of visual impairment, and a national reference centre for cataract surgery. What would be the financial implications of making the prevention of avoidable blindness and visual impairment a priority area of WHO's work?

Dr NYIKAL (Kenya) welcomed the report and expressed support for the draft resolution. In his country, cataracts, trachoma, glaucoma and preventable diseases such as diabetes mellitus were prevalent. Kenya had benefited from the mobilization of resources resulting from the Vision 2020 initiative. Blindness had a major socioeconomic impact, particularly when it affected heads of household. He therefore endorsed the call for the prevention of blindness to be given priority in WHO's activities.

Dr RAHANTANIRINA (alternate to Dr Jean Louis, Madagascar) commended the clear, comprehensive report. Adoption of the draft resolution would enable major progress in socioeconomic development to be made and enhance commitment to the Vision 2020 initiative, leading to considerable savings in resources in the long term. She therefore endorsed, and wished to cosponsor, the draft resolution.

Ms HALTON (Australia) also expressed her support for the draft resolution as amended. In November 2005, in response to resolution WHA56.26, Australian health ministers had approved a national framework for action to promote eye health and prevent avoidable blindness and vision loss, which affected not only developing countries but also Australia, particularly its indigenous populations. She was grateful for the acknowledgement of Australia's support in initiatives to eliminate avoidable blindness, which remained a priority for her Government. Technical assistance would continue to be provided to developing countries in the Asia-Pacific and other regions, as would funding for eye health research, which had considerable long-term benefits. She joined the member for Canada in welcoming the information provided on the resource implications of resolutions.

Mr LEÓN GONZALEZ (Cuba)¹ commended the report and welcomed the inclusion of the item on the agenda of the Board and the forthcoming Health Assembly. He supported the request by the member for Mexico for information on the financial implications of designating the prevention of avoidable blindness as a WHO priority area of work. He asked for clarification of the additional commitment needed to eliminate visual impairment (paragraph 6). He was concerned at the statement (paragraph 10) that implementation of national plans and projected resources were falling, and asked the Secretariat to help to identify impediments to reaching Vision 2020 objectives. He stressed international cooperation to help all countries to plan for Vision 2020. The importance of such cooperation had been demonstrated in the Region of the Americas with *Operación Milagro* (Operation Miracle), which promoted exchange of ophthalmic technology, experts and human resources, in order to facilitate eye operations. Bolivia, member countries of the Caribbean Community, Cuba, Ecuador, Panama, Uruguay and the Bolivarian Republic of Venezuela were currently participating in that expanding regional programme and WHO could facilitate greater integration in the Region.

Mr SAMOU (alternate to Dr Al-Keeb, Libyan Arab Jamahiriya) said that prevention of avoidable blindness and visual impairment should be considered within the framework of the Millennium Development Goals, especially Goal 3 (Target 4, gender disparity), Goal 4 (Target 5, mortality rate among children under five), Goal 7 (environmental sustainability) which was essential for avoiding diseases such as trachoma, and Goal 8 (global partnership for development), which successfully illustrated WHO's current cooperation with the International Agency for the Prevention of Blindness, which should continue. He requested the Director-General to ask the Fifty-ninth World Health Assembly to designate prevention of avoidable blindness as a WHO priority area of work and included it in the Medium-Term Strategic Plan.

Dr ANDRADE GAIBOR (Ecuador) endorsed the comments of the representative of Cuba on the importance of regional cooperation for the exchange of medical experience and expertise. Ecuador had been helped by Cuba, for example, in the 1991 outbreak of cholera and in the more recent outbreak of dengue fever. Over the past year the Cuban Government had treated more than 5000 Ecuadorian patients in Cuba for different types of eye problems, and there were plans to adapt Ecuador's hospital infrastructure in order to reduce patients' transport costs.

The CHAIRMAN, speaking as the member for Pakistan, said that the surgical treatment of cataract could result in worldwide economic gains estimated to be as high as US\$ 223 000 million, and change the economic status of families, nations and even continents, thus reducing poverty. Pakistan had invested 2850 million Pakistan rupees in a national plan for cataract treatment. He strongly supported the draft resolution, and recommended that WHO should provide the necessary technical support for its implementation.

Dr BRANDRUP-LUKANOW (Germany)¹ also commended the report and endorsed the draft resolution. In Germany, programmes for the prevention of avoidable blindness and visual impairment focused on early detection through the screening of children, particularly preschool-age children, developments in technology, and work with "self-help" groups of people living with visual impairment. Those aspects could have been included in the report.

Germany had supported efforts to combat onchocerciasis through cooperation with WHO and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. More recently it had worked closely with the WHO initiative on capacity strengthening for neglected diseases, including other causes of blindness such as trachoma. Germany would be pleased to continue exchange of expertise with national research institutions in that area and to support further the health-care management and systems in partner countries.

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

Dr BELLO DE KEMPER (Dominican Republic)¹ said that the prevention of avoidable blindness was of great concern to her country, which had had experience of a blind president. In the framework of Vision 2020, retinopathy due to premature birth had been identified as one of the avoidable causes of blindness that must be eradicated. That topic could have been mentioned in the report (in relation to childhood blindness). In recent years her country had seen a rise in the number of babies born blind as a result of insufficient intrauterine development and, according to a report by the national association for blind persons, 36% of those people referred to the association were blind owing to premature birth. It was necessary to raise the awareness of perinatal and neonatal specialists of the visual health of premature babies, particularly concerning treatment in the first weeks of life. She supported the amendments to the draft resolution proposed by the member for Jamaica and endorsed the statement made by the representative of Cuba.

Prince ABDULAZIZ BIN AHMAD BIN ABDULAZIZ AL SAUD (International Agency for the Prevention of Blindness), speaking at the invitation of the CHAIRMAN, said that his agency was the umbrella body representing more than 60 international organizations seeking to eliminate blindness. He expressed his appreciation of the efforts of Member States of the Eastern Mediterranean Region, particularly in the context of the Vision 2020 initiative, and hoped that the Board would adopt the draft resolution.

Vision 2020 had alleviated suffering throughout the world, and reduced the number of the blind and visually impaired, resulting in huge economic benefits. He thanked WHO for its assistance, which he hoped would continue through to the landmark date of 2020. The Global Initiative for the Elimination of Avoidable Blindness should be made a priority area of WHO's work, and funds allocated accordingly.

Mr GARMS (Christoffel-Blindenmission), speaking at the invitation of the CHAIRMAN, recalled that his organization had collaborated with WHO in developing the underlying concepts and strategies of the Vision 2020 initiative. The need for eye-care resources was overwhelming. In resolution WHA56.26 a historic commitment had been made to the prevention of blindness. Implementation of that resolution depended on strengthening technical cooperation and providing support to Member States and collaborating nongovernmental organizations in the formulation of national plans, programme implementation, monitoring and evaluation. An explicit commitment to that end by WHO would benefit the millions of children, women and men who were needlessly blind or in imminent danger of losing their sight.

Mr PORTER (Sight Savers International), speaking at the invitation of the CHAIRMAN, recalled that his organization had been a founding member of Vision 2020, and had worked closely with the Secretariat for seven years. Recent WHO data confirmed that Vision 2020 had reduced the prevalence of avoidable blindness in some of the poorest countries leading to enormous economic benefits.

The Vision 2020 initiative had reached a critical moment. The near elimination of avoidable blindness by 2020 would be achievable, provided that WHO lent its full support to the campaign. Enhanced WHO input at regional and country levels, combined with the efforts of national governments and international nongovernmental organizations, would mean that many millions of people would be spared from unnecessary blindness. He called on the Board to consider and support the case for designating the prevention of blindness as a WHO priority area of work.

Mr BAILÓN (Mexico) endorsed the comments by the representative of the Dominican Republic. Premature retinopathy in developing countries, including Mexico, was a serious problem:

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

between 15% and 20% of premature babies who were underweight suffered from the disorder, and between 5% and 10% of babies with serious retinopathy would become blind.

Dr LE GALÈS-CAMUS (Assistant Director-General), responding to comments made, said that the prevention of avoidable blindness would have a significant impact on attaining the Millennium Development Goals. Seven years had elapsed since Vision 2020 had been launched, and the presence of representatives of the founding organizations indicated their commitment. Much of the success achieved so far could be attributed to such partnerships. The discovery of new causes of blindness and visual impairment, including chronic diseases and trauma raised new challenges. Retinopathy in children was also a serious problem, but Vision 2020 provided a framework that could be adapted to respond to specific problems and specific country needs.

The importance of the evaluation process envisaged in resolution WHA56.26 had been recognized, and the first meeting of the Evaluation Committee had recently taken place in Geneva. The Committee's findings would be included in the report to the Health Assembly. The financial implications of providing support to countries might seem significant, but, as the member for Sudan had noted, the interventions envisaged were extremely cost-effective. The amount required to restore the sight of children and the elderly was relatively modest and should justify the effort needed. The proposals and recommendations that had been put forward would be taken into account in the development of future activities.

Mr AITKEN (Director, Office of the Director-General) read out the proposed amendments. The fifth preambular paragraph would read "Acknowledging the links between poverty and blindness and that blindness places a heavy economic burden on families, communities and countries, ...". In paragraph 1(2) "integrated programmes for prevention of avoidable blindness and visual impairment" would be replaced by "these plans". Paragraph 2, as amended, would read "REQUESTS the Director-General to give priority to this issue, and to provide necessary technical support, not only to Member States, as well as support to collaboration among countries for the prevention of avoidable blindness and visual impairment". A new final subparagraph would read: "to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners and to report to the Executive Board every three years".

The resolution, as amended, was adopted.¹

Health-related Millennium Development Goals: Item 4.11 of the Agenda (Documents EB117/12, EB117/13 and EB117/INF.DOC./2)

- **Update after the high-level plenary meeting of the United Nations General Assembly (September 2005)** (Document EB117/12)
- **WHO's contribution to implementation of the strategy for child and adolescent health and development, with particular emphasis on attainment of the Millennium Development Goals** (Document EB117/13)

Dr SHINOZAKI (Japan) observed that, as the difficulty of attaining the health-related Millennium Development Goals by the deadline of 2010 became increasingly evident, the need for a well coordinated approach had become vital. The Health Metrics Network, which had been established in 2004 to strengthen health systems but which had not been mentioned in the report, was an important resource, and information on its progress should be reported to the Board at its 119th session. He welcomed the efforts to draw up a strategy for strengthening health systems, in

¹ Resolution EB117.R4.

response to a clear need and in the context of the Goals. It would also be a useful tool for long-term health development.

Dr Acharya took the Chair.

Dr ANTEZANA ARANÍBAR (Bolivia) said that attainment of the Goals would be complex because of the social factors involved, notably health and education. The United Nations General Assembly had established the Global Fund to Fight AIDS, Tuberculosis and Malaria and had proposed measures to deal with foreign debt, yet the political will in its Declarations had not been reflected in any practical action. The undertakings from the G8 Summit (Gleneagles, Scotland, 7-8 July 2005) had not been translated into concrete proposals for achieving the Goals. Few countries had so far complied with their commitment to contribute 0.7% of their gross domestic product to development aid.

The most effective way to reduce infant mortality would be through poverty alleviation and strengthened health services, notably human resources. Given the fundamental importance of mobilizing resources, WHO, when attending United Nations meetings, must clearly indicate progress towards attaining the health-related Goals. Member States must be able to provide precise figures for the financial resources thus far allocated to the attainment of the Goals.

Dr NTAWUKULIRYAYO (Rwanda) endorsed that view. The migration of health sector workers was particularly damaging to efforts to achieve the Goals. Health professionals travelled abroad and even within countries to find work that offered better prospects, leaving many people dying from malaria and tuberculosis. Rwanda, with its partners, had been trying to establish a fund that would enable it to retain and train health professionals in all branches of medicine and at all levels. Resources for that fund could be derived from international organizations or from national budgets of countries that had committed themselves to devoting 15% of their budgets to health by 2015. Guidelines were needed in order to build a national medical profession that would sustain a health system, with contributions to it through health insurance schemes such as the one currently being formulated in Rwanda.

Mr GUNNARSSON (Iceland) said that one of the central issues in achieving the health-related Millennium Development Goals was the right to sexual and reproductive health, as highlighted in resolution WHA57.12 "Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets" and the commitment re-emphasized at the 2005 World Summit to universal access to reproductive health by 2015. The Organization should re-examine the strong commitments undertaken in that area, including resolution WHA48.10 with its support for implementation of reproductive health strategies in keeping with the principles elaborated in the Programme of Action of the International Conference on Population and Development (Cairo 1994) and in particular to the problems of unwanted pregnancies and unsafe abortions: it was estimated that, in 2000, 19 million women had undergone unsafe abortions and that 68 000 women had died from post-abortion complications. The underlying public health issue should be tackled independently from the national legislations pertaining in different countries. He looked forward to evidence and guidelines produced by WHO in order to achieve the goal of access to reproductive health for all by 2015.

Dr VIROJ TANGCHAROENSATHIEN (adviser to Dr Suwit Wibulpolprasert, Thailand) noted with concern that, owing to poor resources and lack of health systems' capacity, several countries in Africa and south Asia were unlikely to achieve the goals relating to maternal and child mortality reduction by 2015. He welcomed the progress made in implementing the seven priorities for child and adolescent health set out in document EB117/3, but noted also the decrease in immunization coverage in the "fragile" States.

A strong health system that was well managed and well funded, with adequate staffing, was essential for attaining the Millennium Development Goals. The Secretariat could assist Member States

in strengthening their health systems on the basis of cost-effectiveness, strong leadership and adequate financing. He endorsed the notion of universal and equitable access, a central tenet of the Goals, and the introduction of social protection. The strategic directions should provide pragmatic advice on how to achieve health-system goals in developing countries, including the production of evidence and on how to prioritize programmes, guide resource allocation, target priority areas and serve as monitoring and evaluation tools. Much could be learnt from South-South cooperation.

Dr BRUNET (alternate to Professor Houssin, France) said that international recognition of the leading role played by health in the Millennium Development Goals placed a heavy responsibility on Member States and the Secretariat. The indicators and targets defined in the Goals would guide France in its cooperation with WHO.

Achievement of the Goals would require innovative ways to increase funding, and the need for further human resources to strengthen health systems. He welcomed the emphasis given in the 2005 World Summit Outcome to universal access to reproductive health. Further information was required on the issues surrounding illegal abortion, an important area affecting women's health. He was pleased to learn that the draft strategy on sexually transmitted infections would soon to be available.

It was the responsibility of the Board and other Member States to ensure that all those objectives were, explicitly and in detail, contained in the Eleventh General Programme of Work. France committed itself fully to that aim.

Dr GASHUT (alternate to Dr Al-Keeb, Libyan Arab Jamahiriya), speaking on behalf of the Member States of the Eastern Mediterranean Region, gave assurance that those countries were committed to achieving the Millennium Development Goals through encouraging political commitment, resource mobilization and strengthening technical assistance. Primary health-care services should be accessible to the poor, and country cooperation strategies and poverty reduction strategies should be oriented by the Millennium Development Goals. WHO should assist donor and recipient countries by facilitating sector-wide approaches to poverty reduction and direct budget support for the health sector.

Child health should remain a priority for Member States, and WHO's role as the global technical agency in that area should be enhanced. New initiatives such as a trust fund for child health should be promoted.

Mr Khan resumed the Chair.

Dr RAHANTANIRINA (alternate to Dr Jean Louis, Madagascar), speaking on behalf of Member States of the African Region, said that the Millennium Declaration had highlighted the responsibilities of world leaders to all their citizens, especially the most vulnerable. African countries had subscribed to the Millennium Development Goals and to the New Partnership for Africa's Development; many of them had adopted poverty reduction strategies that referred explicitly to the health-related Goals, and had undertaken to allocate 15% of their national budgets to health. Four or five countries had achieved the 15% health allocation, while around 10 had committed between 8% and 10%. African countries had pursued health improvement strategies thanks to support from WHO, the Global Alliance for Vaccines and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Initiative.

Health inequalities remained and trends were worsening, especially in sub-Saharan Africa. Only seven African countries were progressing towards Goal 4 (reducing child mortality), and Africa had the highest incidences of AIDS, malaria and tuberculosis in the world. Nevertheless, the problems were surmountable and many lives could be saved if health systems were strengthened, with increased investment in obstetric and neonatal equipment and facilities. Donors were therefore encouraged to allocate 0.7% of their gross domestic product to development aid, while African countries should allocate 15% of their budgets to health as set out in the Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious Diseases. She paid tribute to the assistance provided by WHO and other

partners, and expressed optimism that the international community and the elaboration of a new strategy for strengthening health systems would help Africa to achieve the health-related Millennium Development Goals.

Dr RUÍZ MATUS (alternate to Mr Bailón, Mexico) welcomed the inclusion of access to reproductive health for all by 2015 in the Millennium Development Goals. Access was essential in order to achieve Goals 4 and 5, namely reducing child mortality and improving maternal health. Mexico had reduced child and maternal mortality, and had the fewest cases of malaria in its history while using the lowest number of insecticides. It had made strides in combating tuberculosis. It had achieved universal coverage with antiretroviral treatment for all AIDS patients and was combating stigmatization and discrimination against people with HIV/AIDS.

He welcomed the renewed focus on maternal health. Achievement of the health-related Goals was linked to poverty reduction as well as to universal access to high-quality health care. In Mexico, the Millennium Development Goals had been incorporated into Government policy.

Dr BUSS (Brazil) said that the huge inequalities between rich and poor was largely responsible for the explosive insecurity in the world. Overcoming poverty would result in a more secure world. The first issue was external assistance, the commitment by the rich countries to give 0.7% of their gross domestic product for combating poverty and enhancing development. Only a few countries had reached that target; the Board should request the other countries to fulfil that obligation. It was a moral issue since, without economic and social development, including education, health targets would not be reached.

Former colonies were the countries furthest from attaining the Goals. The former colonial powers should shoulder their responsibilities and provide help. The Board should assist in identifying the needs of each country for achieving the health-related Goals by 2010. Rather than neocolonization, it was the will of sovereign States, assisted by the United Nations, to improve their situation. He therefore asked for a report on the needs of each country in relation to the Goals. He urged the forthcoming Health Assembly to take action on the matter.

Coordinating external assistance within recipient countries was important. Brazil was doing its utmost to help lusophone African countries, from which it had received many slaves, whose descendants were advancing his country's development. Brazil would assist in technical assistance projects and give financial help. The Health Assembly should make a declaration on the whole moral issue, urging that countries fulfil their commitment to give 0.7% of their gross domestic product, for peace and security.

Mrs GILDERS (alternate to Mr Shugart, Canada), acknowledging WHO's efforts to achieve internationally agreed health-related goals concerning child, adolescent and maternal health, recognized that at the 2005 World Summit Member States had committed themselves to the goal of achieving universal access to reproductive health by 2015. She strongly supported the comprehensive WHO approach to maternal, newborn, child and adolescent health and welcomed the expansion of the Integrated Management of Childhood Illnesses strategy. Canada also commended the expanded access to antiretroviral treatment and adolescent-friendly sexual and reproductive health services, which should also include prevention. Her country encouraged WHO to recognize the particular vulnerability of youth and children to HIV/AIDS and commended the prevention and management of injuries suffered by women and children, including those caused by violence.

She urged that the work of the Secretariat should be enhanced in helping countries where abortion was legal to avoid unsafe abortions. It was important that WHO should deal with a public health issue that millions of women faced every year.

Dr HANSEN-KOENIG (Luxembourg) said that her country was committed to the Goals: in 2005, under its presidency, the European Union Member States had agreed to raise their development assistance to 0.56% of gross domestic product by 2010 and to 0.7% by 2015. Luxembourg currently

gave 0.85%, with a target of 1% in coming years. She supported two points raised by previous speakers: the importance of enhanced work on all aspects of reproductive health; and the essential role of health systems and human resources. The topics of effective and equitable health systems and appropriately trained personnel had informed all discussions since the beginning of the Board's session, reflecting the paramount role of WHO and the exceptional commitment it must make, with all Member States, to attain the Millennium Development Goals.

Professor PEREIRA MIGUEL (Portugal) said that availability of qualified health care and access were essential to achieving the Goals. Maternal and child mortality had been markedly reduced in Portugal, which was willing to share its experience. His country welcomed the adoption of the European strategy for child and adolescent health. Maternal and child health might also be a priority area in future cooperation with the Member States of the African Region and was a continuing priority in bilateral cooperation with lusophone countries.

Dr SINGAY (Bhutan) said that the Goals required multifaceted approaches, including cooperation across sectors and geographical areas, preventive health services, disaster preparedness and management mechanisms, and a special focus on vulnerable populations. Improvements in accessibility and quality of health systems were crucial, requiring planning, analysis and monitoring, good health management information and stable financing systems, and a properly trained and deployed workforce. An approach based on human security was important in addressing disparity. It could include the recording of inequalities, increasing the availability and quality of health services, promoting primary and essential care, and establishing risk-sharing arrangements.

Meeting the health-related Goals would require cross-sector investment in such areas as poverty reduction, educational achievement, gender equality, water supply and sanitation, and infrastructure. More domestic and external investment, and better use of resources and enhanced regional cooperation would be needed. Country ownership of Goal-based strategies required the involvement of many stakeholders including governments, nongovernmental organizations, civil society and the private sector. He prioritized maternal health since, in the developing countries, mortality of mothers and newborn infants remained high. That essential continuum of services deserved special consideration and must be strengthened through investment in relevant human resources, particularly in midwifery and nursing.

Dr NYIKAL (Kenya) said that the 2005 World Summit had noted that the Goals might not be met in Africa and would probably not be in his country. The real issue was development in a broader context, including trade relations, agriculture, debt burden, inflation and governance, as constantly reflected in underfunding, poor infrastructure and inadequate personnel in the health sector. The greatest hindrance to further enhancement of antiretroviral treatment in Kenya was currently lack of human resources and infrastructure. Many trained health officers went abroad to work having no qualms about subsequently lecturing their own countries on their lack of capacity. Efforts to reach the Goals must tackle those broad areas. He welcomed the development of strategies but stressed that the capacity must exist for their implementation.

Dr PHOOKO (Lesotho) said that important health indicators in Africa, such as maternal and child mortality, lagged behind those of other regions and were regressing in many countries. Poverty and hunger, and therefore illness, were increasing. Resolution WHA58.30 had called for a coherent and adequately resourced strategy to strengthen health systems. A clear focus on equity in access and outcomes needed substantial investment in both human and financial resources. Resolutions had also been adopted on reproductive health and universal coverage of maternal, newborn and child health interventions. All were high priorities since they concerned the needs of vulnerable populations. Such populations were at risk, however, not only from global health threats, such as avian influenza, HIV/AIDS or tuberculosis, but also from emigration of health personnel from developing countries. Urgent action was needed. Although African countries knew that they had to strengthen their primary

health care systems, they were suffering from a severe drain of health personnel. Even where indicators had improved through innovative use of alternative health personnel, implementation soon slowed for lack of supervisory expertise. Developing countries invested heavily in training health personnel; but such spending was negated by poverty, hunger and emigration, not to mention epidemic diseases. Fully functioning health systems would reduce morbidity and mortality and might enable African countries to attain internationally agreed health-related development goals, unlikely under current circumstances. The Secretariat should elaborate a strategy to strengthen health systems, emphasizing the need to retain health workers. Comprehensive debt relief for the least developed countries should also be urgently considered, with specific reference to health issues.

The CHAIRMAN, speaking as the member for Pakistan, said that, in adopting the Millennium Development Goals, States had undertaken a rights-based agenda that placed health at the centre of development. His Government had drawn up a national mother and child health policy and strategic framework for 2005-2006, setting out the requirements for achieving the relevant Goals in a national programme. A key element of the policy was reproductive health, but several programmes sought to empower women: to educate a woman was to educate a family and a nation; countries that excluded women from the mainstream of life did themselves a disservice.

One innovation was the introduction of 80 000 women health workers, working primarily for child and mother care in the villages. Such skilled help would reduce mortality rates markedly. The management of childhood illnesses had also been integrated and immunization and nutrition programmes had been established. Despite the recent earthquake, Pakistan remained fully committed to the Millennium Development Goals. States should work nationally, with each other and with WHO; humankind could do without disasters of its own making, in view of the carnage wrought by natural disasters. The people in his region had suffered terribly. In the health sector alone, US\$ 35 000 million-worth of infrastructure had been destroyed and thousands of the doctors and nurses who had staffed health facilities had been killed. He urged members to work together to bring sanity to the world for the sake of their children and their children's children.

Mr HILMERSON (Sweden)¹ endorsed the statements on the crucial role of sexual and reproductive health and rights in relation to attaining the Millennium Development Goals, and the role of WHO in that regard. He therefore regretted that the Secretariat was not giving the issue the attention that it deserved. The draft strategy on sexually transmitted diseases was hardly satisfactory. The discussions on the important issue of women, gender and health, scheduled for 2005, had been postponed, and participants in the interdisciplinary consultation on research priorities for preventing unsafe abortion and its consequences were wondering when the proceedings would be published. Meanwhile, the Eleventh General Programme of Work 2006-2015 described abortion simply as a "sensitive issue". WHO should show stronger leadership, accountability and transparency with regard to sexual and reproductive health and rights.

Dr STEIGER (United States of America)¹ stated his country's position concerning reproductive health. The United States understood that references to the United Nations International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action, and the use of the phrase "reproductive health" in paragraphs 57(g) and 58(c) of the 2005 World Summit Outcome did not create a right and could not be interpreted as constituting support for or endorsement or promotion of abortion. In addition, the United States did not support the use of the term "sexual rights", of which there was no internationally agreed definition. Although every woman, wherever she lived, deserved the best medical care possible for her ailments, however acquired, it was not for the international organizations, including WHO, to promote abortion where it was not legal or to promote it as an intervention of birth or population control. He encouraged Member States and the Secretariat

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

to focus on fostering healthy and stable families, emphasizing the role of parents as primary caregivers, and ensuring the age-appropriateness of health and education interventions for children and adolescents.

Mr MARTIN (Switzerland)¹ said that WHO's activities on abortion went well beyond the mere challenge of the voluntary interruption of pregnancy, particularly in developing countries but also among young women living in poverty in developed countries. Although abortion should not be promoted as a form of family planning, and women's health was at risk from abortions performed in insanitary conditions, the prevention of unwanted pregnancies remained a priority. Whatever a country's legislation on abortion, it was an important public health issue and WHO should document its extent and impact, adopt strategies appropriate to the various national legislations and support governments seeking its assistance.

The documents relating to the Millennium Development Goals made little reference to United Nations reform, even though the Health Assembly had encouraged WHO's participation in that exercise.

Mr NAIR (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, expressed support for the report in document EB117/12, especially paragraph 5. In that context, agenda item 9.3 should be considered in conjunction with item 4.11. As to document EB117/13, his organization believed that the last sentence of paragraph 3 should read, in line with *The world health report 2005*:² "The challenge remains to identify delivery strategies which strengthen national health systems' ability to provide efficient, effective, accessible and equitable health services in order to rapidly increase coverage ...". A footnote specifically referring to resolution WHA58.31 should be included. With regard to paragraphs 7 and 16, increased support for technical guidance on neonatal health was welcome, but normative work in that area should also be well resourced. The emphasis on the impact of malnutrition on health was also welcome. On the question of health promotion, his organization's research indicated that information alone would not lead to changes in behaviour without changes in economic, social and political norms, including improved access to high-quality health and education services. Mechanisms to reach the most marginalized people needed to be prioritized and resourced. With regard to increased resources for immunization, mentioned in paragraph 13, such resources should go to strengthening national health systems. The report was right to emphasize, in paragraphs 15 and 16, the need to focus on the impact of HIV on children; donors should support research into paediatric formulations of medicines as a matter of urgency. Referring to the Secretariat's commitment to report on work on strategies on strengthening nursing and midwifery services to the Health Assembly,³ it should be considered under agenda item 4.11.

Dr EVANS (Assistant Director-General) said that member's comments in general seemed to agree on the essential elements of national health systems. Infrastructure was, naturally, a critical element and one that could not be provided by the health sector alone. An effective information system was also vital for providing baseline data and indicating what progress was being made and how efficiently resources were being used. The Secretariat planned to submit a progress report on the Health Metrics Network to the next Health Assembly. By that time, a new edition of *World health statistics* should also be available, and it should be possible to break the data down to show the major social determinants, as the member for Thailand had suggested.

Human resources were another vital element of health-system infrastructure, and would provide the theme for *The world health report* and World Health Day in 2006. There was no simple answer to the problem of human resources: instead, solutions must be found for various aspects, such as training

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

² *The world health report 2005: make every mother and child count*. Geneva, World Health Organization, 2005.

³ Document WHA56/2003/REC/3, summary record of the seventh meeting of Committee A, section 3.

the right number of health workers in appropriate skills, supporting workers in the workplace, occupational health and safety, retaining staff and planning for their retirement. It was essential to maintain an overview of the human-resources situation, particularly at a time of general population ageing.

Health financing was another priority. Although it was important to earmark more resources for international development assistance, it was also vital to develop and invest in national financing systems for health, as recommended in resolution WHA58.33, since the current level of international funding might not be available in 10 years' time. Leadership and governance of priority programmes must be taken into consideration. WHO's programmes relating to tuberculosis, HIV/AIDS and maternal and child health devoted considerable attention to the interface between their respective technical areas and national health systems. Working across different sectors and taking due account of the social determinants of health were likewise important. He looked forward to the results of the work of the Commission on Social Determinants of Health in that regard.

The 2005 World Summit had called on countries to implement comprehensive national development strategies. Such strategies went well beyond the health sector and WHO's role was, therefore, to coordinate its efforts with those of other development partners. For example, a seminar was taking place that afternoon on the efforts of two African countries to align WHO's work with their own broad development plans. WHO was working to improve its coordination of the contributions received from various donors.

The Secretariat was preparing a position paper on WHO's role in the current debate on reform of the United Nations, with particular reference to the future role of the specialized agencies, including WHO.

Members seemed to support the main points of the proposed draft strategy for strengthening health systems, which the Secretariat planned to submit during 2006. He had noted the Board's emphasis on both the strategy itself and how it would be implemented.

Mrs PHUMAPHI (Assistant Director-General) said that good reproductive health was critical to human development. Areas with poor access to reproductive health services and a high rate of unplanned pregnancies tended to have high maternal and child mortality rates and widespread ill-health and neglect of children. WHO took very seriously the task of coordinating its efforts with those of the other members of the global reproductive health community. Reproductive health was crucial to achievement of the Millennium Development Goals.

Safe abortion was one of the five core elements of the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, adopted in resolution WHA57.12. In 2003, the Secretariat had published technical and policy guidance on safe abortion.¹ That publication referred to settings where abortion was legally permitted. More than 27 000 copies of the publication had been printed, and a further 18 000 copies had been downloaded from the WHO web site. Regional workshops had been conducted for interested Member States in the African, European and South-East Asia Regions. Technical support had been provided for individual countries, including Bangladesh, Ghana, Mongolia and Viet Nam. WHO published data on unsafe abortion and its consequences at five-yearly intervals, the most recent dating from 2004.

It was not part of WHO's mandate to promote abortion as a method of birth control, or to advocate its legalization. The interdisciplinary consultation on research priorities for preventing unsafe abortion and its consequences, referred to by the representative of Sweden, had involved researchers from all over the world. WHO had been asked to publish its proceedings, but some of the content of the report had been considered incompatible with WHO's mandate. Another institution that had taken part in the consultation might publish the proceedings instead.

¹ *Safe abortion: technical and policy guidance for health systems*. Geneva, World Health Organization, 2003.

In 2003 the Health Assembly had welcomed the formulation of the strategic directions for improving the health and development of children and adolescents.¹ Subsequently, the Secretariat had encouraged regions to draw up their own strategies and helped countries to develop national implementation plans. The Integrated Management of Childhood Illness strategy was being evaluated and measures were being taken to close gaps in child and adolescent health services at country level.

The member for Brazil had asked for information about country needs. The Secretariat had detailed information about the needs of those Member States that had requested assistance and drawn up country plans.

Member States had committed themselves to implementing the recommendations of *The world health report 2004*² and the policy briefs published later. Many of the report's recommendations had also been adopted by WHO's partner agencies, including UNICEF and UNFPA, professional associations and nongovernmental organizations. Since the publication of *The world health report*, the Secretariat had helped to set up the Partnership for Maternal, Newborn and Child Health and had continued to build on the work begun by the Child Survival Partnership, in addition to promoting partnerships with the European Commission and other donor agencies. The Secretariat would continue to promote the principles of universal access, integration of services and the continuum of care.

The DIRECTOR-GENERAL apologized for any impression which members might have gained that WHO was giving too little attention to child and adolescent health. The Millennium Development Goals were a commendable target, but he was struck by the fact that many Member States had been unable to fulfil their commitments to the litmus test of the "3 by 5" strategy, even though life expectancy in many countries had dropped below 40 years, largely owing to the HIV/AIDS pandemic. If incapable of dealing with the HIV/AIDS problem together, the world could hardly hope to achieve the Millennium Development Goals in 10 years' time. By then, those succeeding the present decision-makers might simply change the targets.

It was important to aim for short-term achievements and build on small successes. It would not be possible to achieve the Millennium Development Goals by 2015, deceptively remote as it seemed, without a succession of small achievements in the meantime. It was not only a question of money; the target of 0.7% of gross domestic product for official development assistance was commendable, but countries had to have the resources and the political will for that. Good governance and a demonstrated ability to meet short-term goals, with some supplementary international support for national health systems, would achieve real change.

One third of the time laid down for achievement of the Millennium Development Goals had already elapsed. It was unrealistic to think that, if progress continued at the current rate, the Goals would be met by 2015. He had not yet seen any major change in national governance or commitment or in international contributions, with the exception of the reaffirmation of the Millennium Development Goals at the 2005 World Summit. The Secretariat must set short-term goals for the next one or two years and work with Member States to build on those successes.

he CHAIRMAN, affirming the need for collaboration for progress towards the Millennium Development Goals, called for support to Member States in improving their technical and support mechanisms. The 0.7% target had been endorsed by the World Summit, but increased national funding was also critical. Board members should encourage their governments to contribute funding themselves, in addition to the international assistance they received. Member States needed more information about the innovative financing schemes that had been mentioned. WHO needed the support of the United Nations and the political support from the Head of State of every country

The Board noted the reports.

¹ Resolution WHA56.21.

² *The world health report 2004: changing history*. Geneva, World Health Organization, 2004.

International trade and health: draft resolution: Item 4.3 of the Agenda (Documents EB117/10 and EB117/10 Add.1)

The CHAIRMAN invited the Board to consider the following draft resolution that had resulted from an informal consultation :

The Executive Board,
Having considered the report on international trade and health,¹

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

The Fifty-ninth World Health Assembly,
Having considered the report on international trade and health;¹
Recalling resolutions WHA52.19, WHA53.14, WHA56.23, WHA56.27, WHA57.14 and WHA57.19;

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

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

1. URGES Member States:

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

2. REQUESTS the Director-General:

- (1) to provide support to Member States, at their request and in collaboration with the competent international organizations, in their efforts to frame coherent policies to address the relationship between trade and health;
- (2) to respond to Member States' requests for support of their efforts to build the capacity to understand the implications of international trade and trade agreements for health and to address relevant issues through policies and legislation that take advantage of the potential opportunities, and meet the potential challenges, that trade and trade agreements may have for health;

¹ Document EB117/10.

- (3) to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels, including generating and sharing evidence on the relationship between trade and health;
- (4) to report through the Executive Board to the Sixty-first World Health Assembly on progress made in implementing this resolution.

Mr AITKEN (Director, Office of the Director-General) said that, in paragraphs 1(2) and 2(2), the word “meet” should be changed back to the original word, “address”.

The resolution, as amended, was adopted.¹

The meeting rose at 17:50.

¹ Resolution EB117.R5.