

EIGHTH MEETING

Thursday, 26 January 2006, at 14:15

Chairman: Mr M.N. KHAN (Pakistan)

later: Ms J. HALTON (Australia)

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

WHO's role and responsibilities in health research: Item 4.12 of the Agenda (Documents EB117/14 and EB117/14 Add.1) (continued)

Dr SINGAY (Bhutan), welcoming the report and supporting the draft resolution therein, observed that stronger links and improved coordination between ACHR, WHO headquarters and the regional offices would benefit the Organization's health research activities.

Dr BOTROS SHOKAI (Sudan) acknowledged WHO's role in health research, and supported the draft resolution. Health research would play a crucial role in reconstructing health systems and would be needed to monitor progress towards the Millennium Development Goals, achieve equity, reduce disparities and evaluate interventions. WHO must support countries in strengthening the culture of health research by providing examples of how its application had improved human health. Some partner institutes and programmes, such as the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, played a valuable role, yet tended to work centrally and needed to concentrate more on building countries' capacities.

Ms GILDERS (alternate to Mr Shugart, Canada) welcomed WHO's work on a system to report its health research activities and stressed the need for the Organization to continue to prioritize those activities and define the value it added in the area of research. Canada encouraged research into resolving health inequities. It had sponsored a workshop, the WHO-Canada Dialogue on Global Health Research (Ottawa, 3-4 November 2005), that had produced suggestions on ways to improve collaboration in health research between developed and developing countries. Other countries should host similar dialogues.

Ms HALTON (Australia) recalled that resolution WHA58.34, on the Ministerial Summit on Health Research, urged Member States to consider implementing the recommendation from 1990 that "developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening". Since that resolution had been adopted after extensive discussions on the outcome of the Ministerial Summit, the wording of the draft resolution under consideration should be made consistent with that text, with paragraph 1(1) being replaced by paragraph 2(1) of resolution WHA58.34.

Dr NTAWUKULIRYAYO (Rwanda) supported the draft resolution, particularly as it highlighted the responsibility of Member States in health research and development. It should be easy to implement, provided that each party honoured its commitment. He welcomed its request for equal effort on the part of both the Director-General and Member States in strengthening health research.

Dr STEIGER (United States of America)¹ supported the proposal by the member for Australia. He further proposed inserting in paragraph 2 a comma after the words “spectrum of health”, deleting “and” before “medical”, and inserting “and behavioural” after “medical”. The text could also mention WHO’s two bodies that performed research: IARC and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

Mr DEL PICÓ (Chile),¹ speaking on behalf of the Latin American and Caribbean Group, said that most countries in his region would be unable to meet the obligation of allocating 2% of their health budget to research. He therefore suggested inserting in paragraph 1(1), after the word “implement” and between commas, the phrase “in so far as possible”.

Mr DEVLIN (Council on Health Research for Development), speaking at the invitation of the CHAIRMAN, welcomed WHO’s endeavours to clarify its present activities and functions in health research and urged the Organization to give more attention to assessing its activities at the regional and country levels. In analysing its role, WHO should include external agencies, nongovernmental organizations and others in order to create assuredly beneficial partnerships for health research at the country level. He welcomed the proposal made by the member for Iceland to involve partners in reviewing the position paper and said that the Council would be willing to participate.

Dr LARIVIÈRE (IARC) said that IARC welcomed the efforts of ACHR to disseminate health research outcomes and to apply findings to policies and programmes. His organization had been established by the Health Assembly in 1965. Producing some 300 scientific publications annually, IARC made a unique contribution to global cancer prevention and control. It welcomed the draft policy on health research as an opportunity to share and optimize its extensive research experience for the benefit of WHO. To satisfy future needs in health research, a document was needed that would reflect the current research reality within WHO and meet future collective needs in health research. The open consultations proposed by the member for Iceland could lead to improvements in the position paper, which could be reconsidered at a later date.

Mr BAILÓN (Mexico) supported the amendment proposed by the representative of Chile. Allocating 2% of the health budget to research was an ideal, but he recognized that limited financial resources would make it difficult for many countries to achieve that figure. He asked WHO to devote more resources to systematic review of the scientific literature and to recommend that Member States should undertake that task so that all could acquire the best information available. Experts from low- and medium-income countries should be included in working groups so that their positions could be taken into account. Finally, a mechanism should be established whereby progress made in promoting health research could be evaluated.

Mr GUNNARSSON (Iceland) endorsed the proposal by the representative of the United States of America to add “behavioural” before “research” in paragraph 2.

Dr EVANS (Assistant Director-General), expressing openness to further consultations, said that, with only two months remaining in which to complete the position paper and as budgetary constraints would make it difficult to organize consultations, he urged Member States to provide feedback through electronic media. He thanked Member States for their comments, which would be taken into account.

Mr AITKEN (Director, Office of the Director-General) read out the amendments. A new paragraph had been proposed to follow the third preambular paragraph, to read: “Recognizing that

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

research into poverty and inequity in health is limited, and that this evidence is important to guide policy to minimize gaps;”. Bearing in mind the comment about the debate in May 2005, he suggested that the text of paragraph 1(1) submitted to the Fifty-ninth World Health Assembly should retain the wording of resolution WHA58.34, namely: “to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that ‘developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening’;¹”. In paragraph 2, the text should read: “... the entire spectrum of health, medical and behavioural research, especially research into poverty, inequity and health; and to maintain ...” A new subparagraph 3(7) had been proposed, to read: “to assist Member States to develop capacities for health systems research”.

Ms GILDERS (alternate to Mr Shugart, Canada), supporting the proposal by the representative of the United States of America to include a reference to existing research programmes, proposed adding mention of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction as a sixth preambular paragraph.

Dr EVANS (Assistant Director-General) cautioned against singling out specific research programmes.

Mr AITKEN (Director, Office of the Director-General) suggested adding the words “noting, in particular, the work of IARC, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction”.

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

The resolution, as amended, was adopted.²

2. MATTERS FOR INFORMATION: Item 9 of the Agenda

Report of the Advisory Committee on Health Research (ACHR): Item 9.4 of the Agenda (Document EB117/37)

Professor WHITWORTH, speaking as Chair of ACHR, commended the long-standing personal support of the Chairman of the Board for health research in his country and internationally. The person designated Australian of the Year in 2006 was a health researcher. Introducing the Committee’s report on its forty-fifth session, she said that the Committee’s workplan for 2006-2007 included continued involvement in the partnership programme on health systems research, the clinical trials registry programme and the Evidence-informed Policy Networks initiative. The Subcommittee on Better Use of Research Evidence in WHO was examining WHO’s roles and responsibilities in the use of health research in order to inform decisions. Change demanded more rigorous processes for synthesis and interpretation of evidence than traditional approaches using expert opinion. WHO had the mandate to capitalize on those advances and show leadership. WHO should aim to exemplify best practice in the

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

² Resolution EB117.R6.

use of research evidence, and WHO's leadership was encouraging. In-house capacity-building would be vital for implementation.

The Swedish International Development Agency's survey of WHO's research activities was welcomed by the Committee. An information system for more effective research management should be developed. The Committee strongly supported the position paper on WHO's role and responsibilities in health research¹ and the draft resolution. WHO should remain the foremost international health organization for advice based on best research evidence. Risk management could avoid exposure of perceived deficiencies in WHO's advice, recommendations or guidelines. Its own research practices should be consistent with best practice. That had been done for research ethics; similar high standards were achievable for research priority setting, peer review, dissemination and improved health outcomes.

She drew attention to the ministerial conference on research for health to be held in Africa in 2008. The Ministerial Summit on Health Research in 2004 had put research squarely on the agenda for policy-makers and the meeting in Africa in 2008 would build on that.

Dr SHINOZAKI (Japan) noted that the position paper on WHO's role and responsibilities in the area of health research referred to a supporting and collaborative mechanism for WHO research.¹ There was no single WHO policy or mechanism to coordinate the work of the existing 368 WHO collaborating centres and two specialized centres. Owing to limited financial and human resources, networking was not enough, and the work of those centres needed a coordination mechanism, which could best be developed by ACHR. He reaffirmed Japan's commitment to the mission of the WHO Centre for Health Development in Kobe, Hyogo, Japan, and welcomed the 10-year extension of its operations. The support received from the local consortium, the Kobe Group, was an outstanding example of how research could be sustained through public-private partnerships.

With regard to the Committee's report, the clinical trials registry was an important initiative for all countries, and WHO should support capacity-building to establish registers in developing countries. Promoting health systems research was also important. He stressed preparation and coordination for the 2008 meeting in Africa.

Dr BOTROS SHOKAI (Sudan), commending the ACHR report, asked, with reference to paragraph 5, why no links were proposed with other regional offices such as those for the Eastern Mediterranean and Africa. Regarding the survey of WHO's research activities (paragraph 7), she asked why repeated calls had had to be made for more effective management mechanisms for dissemination. She regretted that research contracts between external donors and developing country institutions put the latter at a disadvantage; that situation needed to be rectified.

Dr EVANS (Assistant Director-General) said in reply to the second question that, with the many research activities undertaken throughout the Organization, the task of eliciting specific responses defining and describing the work was not always simple, but that efforts to collate the information were being pursued. No research centre in the African and Eastern Mediterranean regions was specifically a WHO centre.

Dr ANTEZANA ARANÍBAR (Bolivia), referring to paragraph 6 of the report, stressed consideration of the eventual use of research results. Clearly, the aim should be to ensure that research outcomes were used to improve health systems in all countries and not, as was sometimes the case, to see them in print for the benefit of their authors. He, too, urged cooperation in preparation for the 2008 African conference.

The Board noted the report.

¹ Document ACHR45/05.16.

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

Strengthening pandemic-influenza preparedness and response: follow up: Item 4.2 of the Agenda (Document EB117/5) (continued)

- **Application of the International Health Regulations (2005): follow up** (Documents EB117/31 and EB117/31 Add.1) (continued from the third meeting, section 1)

The CHAIRMAN invited the Board to consider the revised draft resolution on application of the International Health Regulations (2005), which read:

The Executive Board,
Having considered the report on application of the International Health Regulations (2005);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 application of the International Health Regulations (2005);

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

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

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

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

Highlighting the importance of WHO's global influenza preparedness plan² and the control measures recommended therein;

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

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

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

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

¹ Document EB117/31.

² Document WHO/CDS/CSR/GIP/2005.5.

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

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

1. CALLS UPON Member States to comply immediately, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza;

2. DECIDES that relevant provisions of the International Health Regulations (2005) shall include the following:

- (1) Annex 2, in so far as it requires prompt notification to WHO of human influenza caused by a new virus subtype;
- (2) Article 4 pertaining to the designation or establishment of a National IHR Focal Point within countries and the designation of WHO IHR Contact Points, and the definition of their functions and responsibilities;
- (3) articles in Part II, pertaining to information-sharing, consultation, verification and public health response;
- (4) articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;
- (5) articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes;

3. NOTES that such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005) after their entry into force;

4. URGES Member States:

- (1) to designate or establish immediately a National IHR Focal Point, as provided for in Article 4 of the Regulations, and inform WHO accordingly within 90 days, the said Focal Point having the authority to communicate official information and participate in collaborative risk assessment with WHO;
- (2) to follow, in matters pertaining to human cases of avian influenza, mechanisms and procedures set out in the Regulations for a disease that may constitute a public health emergency of international concern;
- (3) to provide transparent and urgent notification and subsequent continued communication to WHO of any ~~suspected~~ probable [Thailand] or confirmed human cases of avian influenza, including exported or imported cases, and to disseminate information and relevant biological materials related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner [Tonga];
- (4) to strengthen collaboration on human and zoonotic influenzas with /national [France]/ organizations responsible for human and animal health, in order to strengthen surveillance and implement immediate measures to control outbreaks of avian influenza in humans and animals; [Thailand]
- ~~(4)~~(5) to respect time frames stipulated in the Regulations for undertaking and completing urgent activities and communications, particularly for the reporting of

human cases of avian influenza, verification of events, and response to requests for further information from WHO;

~~(5)(6)~~ to collaborate, including through the mobilization of financial support, to build, strengthen, and maintain the capacity for influenza surveillance and response in countries affected by avian influenza;

~~(6)(7)~~ to follow ~~any~~ [USA/Canada] recommendations issued by the Director-General, with technical advice from the influenza pandemic task force, considered necessary for the international response to avian influenza or pandemic influenza;

~~(7)(8)~~ to inform the Director-General of the measures that they have taken in voluntary compliance with the International Health Regulations (2005);

5. REQUESTS the Director-General:

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

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

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

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

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

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

(b) mobilization of international assistance, including financial support, in consultation with Member States, especially among affected countries lacking sufficient operational capacity; especially when control measures against international spread are unlikely to succeed; [Thailand]

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

(d) establishment of a framework to monitor voluntary compliance of Member States with the International Health Regulations (2005); [Kenya]

(6) to collaborate with Member States to the extent possible in providing support to developing countries in building and strengthening the capacities required under the International Health Regulations (2005);

(7) to mobilize and dedicate WHO's technical resources where possible, using capacities available in regional offices and collaborating centres to expand and accelerate training efforts in the areas of epidemic surveillance, alert and response, and laboratory capacity, biosafety and quality control, in order to provide support to Member States in implementation of the International Health Regulations (2005); [France]

~~(7)(8)~~ to report to the Sixtieth World Health Assembly through the Executive Board at its 119th session on implementation of this resolution, and to report annually thereafter on progress achieved in providing support to Member States on voluntary compliance with, and implementation of, the International Health Regulations (2005) [Canada].

Mr AITKEN (Director, Office of the Director-General) informed the Board that the amendment proposed by the member for France regarding the expansion of training would have no additional financial implications.

Ms GILDERS (alternate to Mr Shugart, Canada) proposed that paragraph 4(3) should be divided into two subparagraphs, the first concerning notification and communication and the second the dissemination of biological materials. In paragraph 4(4), the word “with” before “national organizations” should be replaced by “between”. In paragraph 5(5)(b), “among” should be replaced by “for”; and in paragraph 5(8), “voluntary” should be deleted before “compliance”, since the Regulations would in due course enter into force.

Ms HALTON (Australia) agreed with the suggestion to delete “voluntary” from paragraph 5(8). She noted that there appeared to be some duplication in that connection with paragraph 5(5)(d).

Dr TANGI (Tonga) explained with reference to paragraph 4(3) that the reason for Tonga’s amendment was that notification of cases of influenza was not sufficient; information and relevant biological materials should be shared as well.

Dr CHAN (Assistant Director-General) accepted the logic of the proposal by the member for Canada to split paragraph 4(3) into two subparagraphs, which would then read: “(3) to provide transparent and urgent notification and subsequent continued communication to WHO of any probable or confirmed human cases of avian influenza, including exported or imported cases;” and a new subparagraph: “to share information and relevant biological material related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner with WHO collaborating centres”.

Dr BELLO DE KEMPER (Dominican Republic)¹ said that resolution WHA58.3 made it clear that compliance with the relevant provisions of the International Health Regulations (2005) should be voluntary. The wording of paragraph 5(8) should therefore remain unchanged, particularly since paragraph 3 stated that “such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005) after their entry into force”. Member States experiencing difficulties with the entry into force of the International Health Regulations would likely decide to apply the relevant provisions voluntarily, particularly in view of a possible outbreak of avian influenza and the threat posed by HIV/AIDS.

Dr CHAN (Assistant Director-General) said that the drafting of paragraph 5(7) in document EB117/31 took account of the views expressed by the Health Assembly when adopting resolution WHA58.3. Article 54 of the Regulations required the Director-General to report to the Health Assembly on their implementation “as decided by the Health Assembly”. In other words, the Health Assembly had the authority to request the Director-General to report at intervals as it deemed necessary. The Intergovernmental Working Group on Revision of the International Health Regulations had discussed the matter at length, and it would be necessary to decide whether the reporting request under discussion conflicted with that Group’s decision that the first report on implementation should concern the decision instrument² and would be submitted to the Sixty-first World Health Assembly. For the sake of clarity and to avoid any conflict with the Working Group’s decision, she suggested that paragraph 5(5)(d) should be retained and paragraph 5(5)(b) should become paragraph 5(8) with the corresponding text in document EB117/31.

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

² Resolution WHA58.3, Annex 2.

Ms GILDERS (alternate to Mr Shugart, Canada) said that the first report should be submitted to the Sixtieth World Health Assembly and that the reporting thereafter should be annual.

Dr STEIGER (United States of America)¹ said that neither the resolution nor the amendments suggested by the Secretariat contained clear wording on the desirability of annual reporting, which he regarded as essential.

Dr CHAN (Assistant Director-General), addressing the concerns of the previous two speakers, proposed the insertion of a full stop after “thereafter” and the deletion of the remainder of paragraph 5(8).

Dr ALI MOHAMMED SALIH (Iraq) said that paragraph 5(8) was too vague; the implications of voluntary compliance for Member States were unclear.

Dr NYIKAL (Kenya) said that his country had tabled its amendment because voluntary compliance with the Regulations, which were not due to enter into force until 2007, would be desirable, given the possibility of an avian influenza pandemic. The international community needed to know whether countries were complying.

Ms HALTON (Australia) said that the text of paragraph 5(8) required further work to meet the requirements of her own country and Canada.

Dr CHAN (Assistant Director-General) said that Article 54 of the Regulations provided an opportunity for requesting the Director-General to provide a report.

Ms GILDERS (alternate to Mr Shugart, Canada) said that paragraph 5(8) referred to reporting by the Director-General on efforts to provide support to Member States in implementing the Regulations, in which case the word “voluntary” was irrelevant.

Mr AITKEN (Director, Office of the Director-General), summarizing the discussion, said that under the International Health Regulations (2005) WHO had an obligation to report to the Health Assembly on their implementation. Those who had spoken in favour of retaining the text in paragraph 5(8) had noted that it contained more detail than a simple request for a report on implementation of the Regulations, namely that WHO should report not only on implementation of the Regulations, as it was required to do under the Regulations, but also on the support it was providing to Member States both in respect of voluntary compliance and in their implementation of the Regulations in general.

The resolution, as amended, was adopted.²

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

Dr NYIKAL (Kenya), reporting on the informal consultations, said that the working group had studied the draft resolution proposed by Brazil and Kenya and, although satisfactory progress had been made, more time would be needed to complete the task.

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

² Resolution EB117.R7.

Following a procedural discussion involving Mr ALCÁZAR (alternate to Dr Buss, Brazil), Dr NYIKAL (Kenya), Dr NTAWUKULIRYAYO (Rwanda) and the Secretariat, it was agreed to continue the informal discussions the next day.

(For continuation of the discussion, see summary record of the tenth meeting, section 6.)

HIV/AIDS: Item 4.5 of the Agenda (continued)

- **Universal access to prevention, care and treatment** (Document EB 117/6) (continued from the fourth meeting)

The CHAIRMAN recalled the draft resolution on implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors and invited further comment.

Dr KAMAL (alternate to Mr Shugart, Canada) requested the Secretariat to prepare a paper on the technical aspects of universal access for submission to the forthcoming Health Assembly, given the interest shown during previous discussions.

Dr PHOOKO (Lesotho) supported the draft resolution, but suggested that paragraph 2(2) should read: “to report to the Sixtieth World Health Assembly and every two years thereafter on progress ...”.

Dr SOPIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpolprasert, Thailand), welcoming the draft resolution, proposed including a new (seventh) preambular paragraph reading: “Recognizing the importance of leadership, national ownership of plans and priorities, fostering effective coordination, alignment and harmonization of programmes and support at country level as key determinants of effective national responses;”. She further requested the addition of a new paragraph 2 reading: “URGES Member States to accelerate the implementations of the 'Three Ones' policy according to country realities” and amended the proposal by the member for Lesotho for paragraph 2(2) so that it began: “to report to the 119th session of the Executive Board and to the Sixtieth World Health Assembly ...”. She also proposed adding the words “in particular health systems strengthening and human resources for health in response to scaled-up interventions.” at the end of paragraph 2(3).

Ms TOR DE TARLÉ (alternate to Professor Houssin, France) said that Cyprus, Estonia, Lithuania and Norway had also announced their sponsorship of the draft resolution.

Mr HOHMAN (United States of America)¹ recalled that certain amendments to the draft resolution had already been proposed by Australia, Canada and the United States of America.

Mr AITKEN (Director, Office of the Director-General) assured the previous speaker that the amendments to which he referred had been noted for inclusion in the draft resolution. He observed that Bolivia had asked to be added to the list of sponsors. He read out the proposed amendments. A new preambular paragraph should read “Recognizing the importance of leadership, national ownership of plans and priorities, the fostering effect of coordination, alignment and harmonization of programmes and support at country level are key determinants of effective national responses;”. Paragraph 1 should conclude with the additional words “and furthermore endorses all the related decisions of the Programme Coordinating Board” and should be followed by a new paragraph, which “URGES Member States to accelerate the implementation of the “Three Ones” policy according to country realities;”. The start of paragraph 2(2) should read: “to report to the 119th session of the Executive

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

Board and the Sixtieth World Health Assembly and every two years thereafter on progress made in implementation of ...". To reflect the various proposals for paragraph 2(3) the text should read: "to provide effective technical support to national governments and, in conformity with the division of labour agreed among UNAIDS cosponsors, to focus on those areas in which WHO has an advantage compared to other bodies, in particular health system strengthening and human resources for health in response to scaled-up interventions."

Responding to a concern raised by Dr ASAMOA-BAAH (Assistant Director-General), he suggested that the amendment by the member for Canada and others to paragraph 1 should be clarified to specify that it related to the decisions of the Seventeenth Programme Coordinating Board of UNAIDS.

The resolution, as amended, was adopted.¹

eHealth: proposed tools and services: Item 4.13 of the Agenda (Document EB117/15)

Professor FIŠER (Czech Republic) said that electronic health was a field undergoing dynamic development that had the potential to help improve the quality, safety and availability of care. As the Tunis Agenda for the Information Society, evolved at the World Summit on the Information Society (second phase) (Tunis, 16-18 November 2005), had recommended that its international implementation mechanism should be facilitated by agencies of the United Nations system, WHO should lead in implementing the Geneva Plan of Action in the field of eHealth and partially in that of eEnvironment. He consequently suggested that a reference to that Summit should be included in the report and a link made between WHO's proposed activities and the Tunis Agenda.

The Czech Ministry of Informatics had made available a basic PC and Internet course that had been delivered three times in Kenya and would be part of the "road map" of the Regional Office for Africa for eHealth in early 2006.

Mr GUNNARSSON (Iceland) welcomed the report, as it had been unclear what specific tools or actions could be given priority within eHealth. Given that electronic medical records were an additional tool forming an essential part of eHealth programmes in many Member States, standardized terminology that could be used by all Member States could be made available; he requested that the matter be discussed by the Board at its 118th session.

Mr IWABUCHI (alternate to Dr Shinozaki, Japan) recognized that the use of information and communication technologies in the health sector, such as electronic health records, telemedicine systems, and the provision of health-related information to the general public, could enhance and promote public health.

WHO's promotion of global and regional eHealth activities, such as the Pacific Open Learning Health Net for the Pacific island States, was appreciated. WHO could continue to provide support to individual countries, bearing in mind differences in technologies.

Particular challenges in promoting eHealth were: the economic burden; standardization of medical information; system compatibility; information security; and collaboration between the public and private sectors. He looked forward to WHO's continued progress in that area.

Dr SOPIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpolprasert, Thailand) drew attention to the imbalance in access to technologies between developed and developing countries, with one person in every 1000 having Internet access in the least developed countries compared with almost half of the population in high-income OECD countries.

¹ Resolution EB117.R8.

The most effective eHealth systems required good infrastructure and computer-literate health personnel, especially in the remote areas where eHealth was most needed. Capacity-building should be a core activity in the proposed workplan. The plan should refer to setting up a committee that would consider legal, ethical and other issues in a detailed and practical manner. WHO should encourage eHealth initiatives that were suited to national health systems and cultural context. WHO should also guarantee the sustainable use of eHealth and provision of support to countries.

Professor PEREIRA MIGUEL (Portugal) welcomed the clear, concise and pragmatic report. Acknowledging WHO's efforts towards promoting eHealth policies in Member States, he endorsed the six proposed activity areas contained in the report. Portugal had been cooperating with WHO by translating documents into Portuguese for dissemination via an interregional network. Portuguese health institutions were preparing an Intranet site in order to develop eLearning tools for continuing education of health professionals. A health portal for the general public, that included access to advice on healthy lifestyles, had been launched at the end of 2005.

He supported the request by the member for Iceland for further discussion of electronic medical records and standardized terminology.

Ms GILDERS (alternate to Mr Shugart, Canada) commended the report's focused approach and acknowledged the potential of eHealth for improving the delivery of health services. Nevertheless, eHealth was not part of WHO's core mandate. WHO's services could be expanded later but, in the meantime, the Organization's resources should not be dissipated.

As Canada had significant experience of eHealth, it was willing to share best practices with other countries.

Dr SINGAY (Bhutan) welcomed the report and endorsed the proposed activities. With the assistance of WHO, Bhutan was in the early stages of implementing telemedicine, a tool that would be particularly useful in overcoming the geographic constraints of a scattered population and a shortage of available specialists. It was also examining the use of electronic health records, hospital information systems and telehealth. WHO's support was appreciated in developing eHealth systems, strategies and policies, best practices, norms and standards, eLearning and human resource development.

Dr BOTROS SHOKAI (Sudan), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed WHO's recognition that implementation of eHealth needed a systematic approach and human and financial resources. Many countries in the Region had enhanced health-care delivery services through eHealth projects, and the global eHealth survey was seen as valuable. The Health InterNetwork Access to Research Initiative was appreciated, but some countries lacked reliable Internet facilities; regular training was a prerequisite for making use of the Initiative. Proposed demonstration projects for specific countries, in collaboration with WHO, could be systematically evaluated and become a training platform for eHealth experts. The proposed budget should include support for country initiatives, intercountry and regional collaboration and sharing of experiences.

Dr MANDIL (alternate to Dr Botros Shokai, Sudan), also speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed WHO's role in eHealth. Unlike the member for Canada, he considered that eHealth fell within WHO's mandate, and it was to be hoped that the Director-General would intensify work on it. In its budget and programme orientations, WHO emphasized knowledge management and information technology for public health services, an approach he endorsed. eHealth could assist developing countries in providing improved, cost-effective health-care services, and management should therefore be strongly emphasized.

He welcomed all the proposals before the Board but favoured some prioritization, given the budget estimates. He asked whether those were net of staff costs; if not, the budget was very small. WHO was perhaps uniquely equipped to handle legal and ethical work. Digital security should be prioritized for health transactions over national and international networks, and in the work of the

proposed WHO eHealth legal and ethics committee. He endorsed the proposal made by the member for Iceland that a progress report be submitted to the Board at its 118th session. The tools and services proposed should be formally evaluated on the basis of their practical value to Member States.

Dr BRUNET (alternate to Professor Houssin, France) welcomed the information provided, particularly on the large amount of work being conducted by the regional offices. He commended the initiatives that would assist Member States to base their eHealth activities on reliable standards of quality, security and ethical access. He was particularly interested in information technology and in applications that could support training and human resources. France was undertaking an ambitious programme, involving 17 francophone countries and a network of French universities, based entirely on distance learning. Courses would be accessible to several categories of health professionals and would lead to diplomas approved by participating universities. In such action, involving close collaboration with WHO, lay the future.

Dr EVANS (Assistant Director-General) said that the response rate to the survey had been about 60%, and he urged other countries to reply in order to enhance the information obtained.

A link to the World Summit on the Information Society was crucial, especially for issues such as the digital divide, which transcended WHO's mandate. With respect to electronic health records and standardized terminology, WHO was ready to prepare some information for the Board at its 118th session but he pointed out that standardization was not specific to eHealth and was in greater demand because many of the instruments existed in electronic form. In regard to capacity strengthening at country level, WHO should not overextend its focus, and thus the scope of the strategy was institution-wide, with high input from all the regions.

The strategy was new, and full details could be provided. In response to the question raised by the member for Sudan, he confirmed that the budget was net of staff costs. On the issue of access to the Health InterNetwork Access to Research Initiative, its governing group would work to ensure greater access for those countries that had difficulties. Evaluation was critical, and he would encourage the eHealth group to indicate the timing and nature of a progress report. The initial eHealth survey had great value and could be used for comparison of progress in the next few years. On the issue of human resources and eHealth, distance learning provided a major opportunity by connecting remote communities and multiple institutions. He therefore welcomed the initiative described by the member for France and would be glad to work on other similar efforts.

The Board noted the report.

Health promotion: follow-up to 6th Global Conference on Health Promotion: Item 4.14 of the Agenda (Document EB117/11)

The CHAIRMAN drew attention to a draft resolution on health promotion in a globalized world, proposed by Austria, Bhutan, Bolivia, Brazil, Ecuador, Finland, France, Iceland, Ireland, Italy, Kenya, Luxembourg, Nepal, Norway, Pakistan, Portugal, Sweden and Thailand, which read:

The Executive Board,

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

The Fifty-ninth World Health Assembly,

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

Having considered the report on follow-up to the 6th Global Conference on Health Promotion, which confirms the need to focus on health promotion actions to address the determinants of health;¹

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

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

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

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

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

1. URGES all Member States:
 - (1) to accelerate investments in health promotion as an essential component of equitable social and economic development;
 - (2) to establish mechanisms for involving government as a whole in order to address effectively the social determinants of health throughout the life course;
 - (3) to support and foster the active engagement of civil society, the private sector and nongovernmental organizations in health promotion;
 - (4) to monitor systematically health promotion policies, programmes, infrastructure and investments;
 - (5) to close the gap between current practices and evidence of effective health promotion by the full use of knowledge-based health promotion;
2. REQUESTS the Director-General:
 - (1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States;
 - (2) to establish a forum for multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of health promotion;
 - (3) to assure that global conferences on health promotion are held on a regular basis;
 - (4) to devise and implement a system to monitor global health promotion in order to measure progress and identify major shortcomings;
 - (5) to submit a report on progress in implementing this resolution to the Sixtieth World Health Assembly, through the Executive Board.

¹ Document EB117/11.

Dr WINT (Jamaica) said that the Ottawa Charter for Health Promotion remained relevant, and noted the adoption of the Bangkok Charter for Health Promotion in a Globalized World which had built on its foundations. In particular, he noted the reference to good corporate practice and to health and safety in the workplace. The focus on workers' health provided an opportunity to engage the private sector. WHO's commitment to elaborate a general framework for health promotion strategy, mentioned in paragraph 13 of the report, was noteworthy and he encouraged the Secretariat to expand that activity. The elaboration of methods to measure the impact of health promotion was very important.

Mr GUNNARSSON (Iceland), recognizing the budget constraints, recalled that in October 2005 WHO had reported that no less than 60% of the global disease burden was due to noncommunicable diseases; that situation called for some reallocation of resources. As a sponsor he attached great importance to the proposed draft resolution. The wording needed strengthening. Belgium had requested that its name be added to the list of sponsors.

Ms HALTON (Australia) agreed that the draft resolution could be strengthened. Australia strongly supported health promotion, which was fundamental to the country's health system and had achieved significant results. She pointed out that paragraph 1(1) was inappropriate for countries that were already making significant investments in health promotion. She suggested replacing the beginning of the text by "to consider the need to increase investment in health promotion ...". In paragraph 2(2), as it was unclear what the constitution and working methods of the proposed forum would be, she suggested that the text should read "to optimize use of existing forums of Member States, multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of health promotion and to report on the need for new forums or bodies to encourage health promotion".

Dr RUÍZ MATUS (alternate to Mr Bailón, Mexico) said that health promotion was a political and social process of worldwide importance. It was central to any health policy and a strategic factor in preparing against a possible influenza pandemic. The agreements reached at the 6th Global Conference on Health Promotion should be acted on, and he suggested renewing the commitments made at the 5th Global Conference in order to enhance national and international networks for health promotion. WHO should strengthen health promotion, through capacity building and transfer of technology. The Bangkok Charter should be incorporated into regional activities, and the Secretariat should take responsibility for that task.

Mexico had stressed investment in health promotion and disease prevention. He supported the draft resolution.

Dr BUSS (Brazil) recalled that 2006 was the twentieth anniversary of the 1st Global Conference on Health Promotion, held in Ottawa. Canada had continued to be one of the leading countries in health promotion. The adoption of the Ottawa Charter would be commemorated in Brazil during the 1st World Congress of the World Federation of Public Health Associations in 2006, and he cordially invited the Director-General and Board members to attend.

Ms Halton took the Chair.

Professor FIŠER (Czech Republic) proposed that in paragraph 1(3) the words "including associations of public health" should be added after "nongovernmental organizations". He wished the Czech Republic to be added to the list of sponsors.

Ms GILDERS (alternate to Mr Shugart, Canada) appreciated the efforts made by the sponsors of the draft resolution and the comments of the member for Iceland in regard to strengthening the wording. She thanked the member for Brazil for the reference to her country's commitment to health promotion. Canada wished to be added to the list of sponsors.

Paragraph 2(3) should be amended to read “to encourage that global conferences on health promotion be held regularly”, and paragraph 2(4) simplified to read “to evaluate progress and identify major shortcomings in public health promotion globally”. Her country would be hosting the next world conference of the International Union for Health Promotion and Education in Vancouver in 2007, an important occasion to follow up many of the activities discussed.

Dr NODA (alternate to Dr Shinozaki, Japan), confirming that noncommunicable diseases were a global health issue, said that since the 1st Global Conference on Health Promotion in 1986, there had been tremendous epidemiological research and public health efforts. Greater investment in disease prevention was reasonable because most noncommunicable diseases were preventable. In 2000, his Government had launched a 10-year health promotion programme. He supported the draft resolution.

Dr SINGAY (Bhutan) said that the report confirmed that health promotion was central to primary health care and public health. Health promotion must be fundamental to public policies in all countries, for equity and better health. It should be made a core function of government.

Dr ANTEZANA ARANÍBAR (Bolivia) appreciated the report, but regretted that it contained no reference to the Declaration of Alma-Ata. The core of the document was paragraphs 12, 13 and 14. Health promotion remained crucial, but health was related to a person's social conditions. The poorest populations had little choice in the matter. Commercial health promotion was neither profitable nor satisfactory. States should be responsible for health promotion.

Dr TANGI (Tonga) welcomed the reference in the draft resolution to the Millennium Development Goals, which were intimately bound up with health and health promotion. Tonga engaged in health promotion, given that its main health problems were due to noncommunicable diseases. A bill to establish a health foundation in Tonga was being prepared. His country wished to sponsor the draft resolution.

Professor PEREIRA MIGUEL (Portugal) said that health promotion was at the heart of primary health care and public health. With the support of the Regional Office for Europe, his Government was implementing its National Health Strategy 2004-2010, which had health promotion at its centre. It appreciated the building up of the health-promotion capacity of Member States and the proposed evaluation of the impact of health promotion. He favoured the health determinants approach, on which Portugal had hosted a major conference that had influenced the European Union Public Health Programme. The Regional Office for Europe had established the European Office for Investment for Health and Development to tackle the structural determinants of health.

Dr RAHANTANIRINA (alternate to Dr Jean Louis, Madagascar) said that, as health promotion was most effective in reducing the economic and social effects of disease, it should be supported by greater investment. Existing health promotion strategies should be strengthened. She acknowledged WHO's support for health promotion in her country and would welcome further assistance, particularly in the area of oral and dental health: almost 70% of the population suffered from bad teeth. The Government was setting up a salt fluoridation programme and relied on WHO for help. Madagascar wished to sponsor the draft resolution.

Dr SOPIDA CHAVANICHKUL (adviser to Dr Suwit Wibulpolprasert, Thailand) endorsed the amendment proposed by the member for Australia.

Dr BOTROS SHOKAI (Sudan), speaking on behalf of Member States of the Eastern Mediterranean Region, said that health promotion should be encouraged, especially activities that remove the stigmatization from conditions such as HIV/AIDS, mental illness and tuberculosis. Given that HIV/AIDS was most prevalent among young people, more should be invested in the promotion of sexual health, which should be included in school syllabuses. Greater investment was needed to

improve women's health in such areas as antenatal care. More should be invested in smoking cessation programmes, as active and passive smoking contributed to cancer.

Dr SADRIZADEH (Islamic Republic of Iran)¹ and Dr RUÍZ MATUS (alternate to Mr Bailón, Mexico) said that their respective countries wished to sponsor the draft resolution, and endorsed the amendment proposed by the member for the Czech Republic.

Dr MATHESON (New Zealand)¹ said that health promotion was potentially the most powerful and effective tool for improving health. The Bangkok Charter had reaffirmed the principles of health promotion in the light of increased globalization and the roles of civil society and the private sector. WHO should demonstrate the importance of disease prevention and health promotion in its own structures and functions.

Mr HOHMAN (United States of America)¹ affirmed that health promotion was important. The draft resolution would be strengthened if the two references to the Bangkok Charter, which was not an intergovernmentally negotiated document, were amended: the word "commitments" in the fourth and in the last preambular paragraphs should be replaced by the word "recommendations".

Ms GILDERS (alternate to Mr Shugart, Canada) supported that proposal.

Dr LE GALÈS-CAMUS (Assistant Director-General) said that the Ottawa Charter had been crucial in defining the Organization's activities, but in the subsequent 20 years new challenges had arisen, such as epidemics and noncommunicable diseases. WHO had taken action against smoking and alcohol abuse and in favour of good nutrition and physical exercise. A crucial element in health promotion was a set of reliable assessment indicators. WHO was therefore elaborating both specific and more general indicators so as to reach a better understanding of the progress that could be achieved.

The resolution, as amended, was adopted.²

4. PROGRAMME AND BUDGET MATTERS: Item 5 of the Agenda

Eleventh General Programme of Work, 2006-2015: Item 5.1 of the Agenda (Documents EB117/16, EB117/16 Add.1 and EB117/INF.DOC./3)

The CHAIRMAN recalled her comments on the report of the Programme, Budget and Administration Committee in the first meeting, and recalled that the Committee had considered the Eleventh General Programme of Work.

Dr NORDSTRÖM (Assistant Director-General), outlining the Eleventh General Programme of Work, said that it defined six core functions of WHO, which had changed only slightly since the previous General Programme of Work, with no change in the Organization's mandate. Its four strategic domains laid down specific priorities which would be reflected in the strategic objectives of the medium-term strategic plan. WHO's core functions needed to respond to changing circumstances and the increased volume of work. WHO needed to focus on results and ensure accountability; work with other agencies within the United Nations system and in public-private partnerships; concentrate

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

² Resolution EB117.R9.

on making a difference at country level; and, as a technical agency whose main task was to provide technical support, be a modern, competent and learning Organization.

Formulating the Programme had begun in 2004. At a seminar for members of the Board in Reykjavik, the Secretariat had presented various scenarios in order to elicit major challenges facing WHO. In January 2005, the Board had welcomed the scope of the General Programme and made numerous comments. Later in 2005, the regional committees had provided valuable input. Further comments from recent consultations¹ and the Programme, Budget and Administration Committee² had indicated that it should be made clear that the objective of the General Programme of Work had changed from that of its predecessors. It should be a strategic framework for both WHO and its partners, and indicate clearly the progression from the broad aims of the General Programme to the more specific objectives of the medium-term strategic plan and the biennial programme budgets. The Programme, Budget and Administration Committee had suggested a procedure for the revision of the document.

Endorsement of the General Programme of Work by the Health Assembly would enable it to be used as a framework for the preparation of the medium-term strategic plan and the biennial programme budgets and as a basis for dialogue between WHO and its partners. The layout of the document would be improved to make it easier to read. A process would be put in place to monitor and evaluate progress towards the objectives of the General Programme and ensure its continued relevance throughout its lifetime.

The CHAIRMAN invited Board members to bear the following points in mind in their comments. The Secretariat needed a clear idea of members' views in order to revise the General Programme of Work accordingly. The Board needed to agree on a procedure for transmitting it to the Health Assembly, for instance by delegating the responsibility for approving the final version to the Programme, Budget and Administration Committee, as had been suggested. Document EB117/16 contained a draft resolution on which members might wish to comment.

Professor PEREIRA MIGUEL (Portugal) said that a consultation among Member States of the European Region had taken place in Copenhagen on 10 and 11 January 2006, the conclusions of which were reflected in the report of the Programme, Budget and Administration Committee,² and whose official report would be submitted to the Secretariat. Member States had discussed the overall balance of the document in relation to WHO's core functions as laid down in the Constitution. The key normative and standard-setting functions, exemplified by the WHO Framework Convention on Tobacco Control, the International Health Regulations (2005) and the work of the Commission on Social Determinants of Health, had not received adequate consideration. Those were issues which only WHO could deal with and examples of the added value that the Organization provided. The General Programme resembled more an advocacy document than a genuine programme of work. He asked for his comments to be taken into account, and welcomed the suggestion that the Programme, Budget and Administration Committee should review the next draft.

Mr SAMOU (alternate to Dr Al-Keeb, Libyan Arab Jamahiriya), speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the extensive and transparent consultation process. The General Programme of Work was well structured, laid down a comprehensive global health agenda, provided a good analysis of current gaps in health services (although it had omitted some issues, such as nutrition), and acknowledged the changing roles and responsibilities of health ministries and their partners at country level. The proposed global health agenda provided broad strategic directions for the 10 priority areas identified. It should form the basis

¹ Document EB117/INF.DOC./3.

² Document EB117/3.

for the medium-term strategic plan for the period 2008-2013, recognizing existing technical and financial capacities and resources, especially in the countries with the greatest needs.

The final section, on the evolution of WHO, should acknowledge WHO's past and present achievements and explicitly spell out the lessons that had to be learnt. WHO's role as the "directing and co-ordinating authority on international health work", as stated in Article 2(a) of the Constitution, was more crucial than ever, owing to the emergence of new partners and new alliances, and he called on all members of the Board to support WHO in the fulfilment of that important mandate. He supported the draft resolution.

Dr PHOOKO (Lesotho), speaking on behalf of the Member States of the African Region, commended the preparation of the General Programme of Work, particularly the extensive regional consultations. The General Programme attempted to identify the global health challenges, the advantages WHO could offer compared to other organizations, the gaps in existing resources, the opportunities that presented themselves and the steps needed over the next decade. It had far-reaching implications for the way WHO and its partners would fulfil the Organization's mandate. Its message must be clearly understood by other agencies of the United Nations system, development partners and nongovernmental organizations.

He expressed concern that the General Programme had not been finalized, even though the period to which it applied had already begun. It needed more work but must be completed as soon as possible. Many of the African States' concerns were reflected in document EB117/INF.DOC./3, but he particularly emphasized the need to define global health problems and indicate the respective roles of WHO and other partners in tackling them. The General Programme must respond to the concerns and expectations of the end-users of health services.

The section on the global health agenda should deal with synergy with related organizations and development partners, which was essential in order to avoid duplication and promote cooperation among the increasing number of stakeholders. The final text should define the relationship between the General Programme of Work, the medium-term strategic plan and the biennial programme budgets. He supported the suggestion that the Secretariat, together with the Programme, Budget and Administration Committee, should finalize the General Programme of Work for submission to the Health Assembly in May 2006.

Mr GUNNARSSON (Iceland) said that the Eleventh General Programme of Work, in its current form, lacked clarity. However, when considered together with the medium-term strategic plan, the budget and other relevant documents, it constituted a useful guidance tool. More information was required on WHO's role compared to that of partner organizations, and on its strengths and weaknesses. Fewer and more specific priorities were required. Greater linkage might be provided between the General Programme of Work and the future scenarios in public health that the Board had considered at its seminar in Reykjavik. He approved of the proposed process to be followed, which would result in a better document for submission first to the Programme, Budget and Administration Committee and then to the Fifty-ninth World Health Assembly. He endorsed the draft resolution.

Dr VIROJ TANGCHAROENSATHIEN (alternate to Dr Suwit Wibulpolprasert, Thailand) asked that the comments of the members of the Programme, Budget and Administration Committee and the Board should be taken into account in the revision of the Eleventh General Programme of Work. He expressed concern that, although the analysis in paragraph 139 of the General Programme of Work, relating to the need to ensure an adequate health workforce, was consistent with the problems identified in paragraph 42, the priorities described in paragraphs 142 to 144 were not adapted to the problems of the international migration of health professionals. Those priorities needed greater substance and clarity, and should take into account resolution WHA57.19 on international migration of health personnel.

He proposed that paragraph 1 of the draft resolution be amended to read: "APPROVES the Eleventh General Programme of Work, 2006-2015 after the finalization of the Eleventh General

Programme of Work by the Programme, Budget and Administration Committee in its extraordinary session in February 2006”.

Dr BOTROS SHOKAI (Sudan), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the clear presentation of the General Programme and endorsed the comments made by the member for the Libyan Arab Jamahiriya.

Mr IWABUCHI (alternate to Dr Shinozaki, Japan) acknowledged the extensive consultations. He agreed that WHO's mission was increasingly influenced by social, economic and political factors outside the traditional public health domain, but called for realism about how much the Organization could undertake. WHO should concentrate on what it did well, and the Programme of Work should be more specific in identifying what its tasks should be. The Organization should focus on its original mandate.

Dr ANTEZANA ARANÍBAR (Bolivia) commended the draft Programme of Work but agreed that clarifications were necessary. The chapter on the changing global environment should emphasize poverty, increasing risks to health and the politicization of health. The section on health systems needed strengthening: the effectiveness of the international declarations and agreements (paragraphs 45 and 46) was questionable; it was concrete actions that would improve health systems. He commended the chapter on challenges to, especially inequities in, health. He welcomed the inclusion of health security within the global health agenda but intersectoral analysis was needed. He endorsed the draft resolution.

Ms GILDERS (alternate to Mr Shugart, Canada) commended the drawing up of the Eleventh General Programme of Work. The Programme should state clearly and concisely WHO's top priorities that would lead to a global health agenda and help the Organization to make the difficult choices that financial and human resources demanded. It should also facilitate the budgetary process, given the dependence on voluntary funding, by articulating work priorities that stem from WHO's core functions. She echoed the request made by several members for a clear definition of WHO's role in achieving global health and of those areas where its work represented value added compared to the work of other parties.

She endorsed the proposal for further review of the document and suggested that the Board's comments be used as criteria for determining whether the Programme of Work should be submitted to the Fifty-ninth World Health Assembly. Even if it were not perfect, the document should be submitted to the Health Assembly, as the decade 2006-2015 had already commenced. She endorsed the draft resolution, on the understanding that the Programme of Work would provide a more succinct vision of WHO's work priorities.

The meeting rose at 19:00.