



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

121st SESSION

GENEVA, 24 MAY 2007

**RESOLUTIONS AND DECISIONS
ANNEXES**

SUMMARY RECORDS

**GENEVA
2007**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	<i>Office International des Epizooties</i>
ASEAN	– Association of South East Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 121st session of the Executive Board was held at WHO headquarters, Geneva, on 24 May 2007.

The Sixtieth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board in place of those whose term of office had expired,¹ giving the following new composition of the Board:

Designating country	Unexpired term of office ²	Designating country	Unexpired term of office ²
Afghanistan	2 years	New Zealand.....	3 years
Azerbaijan	1 year	Paraguay	3 years
Bahamas	3 years	Peru.....	3 years
Bhutan	1 year	Portugal	1 year
China	2 years	Republic of Korea.....	3 years
Denmark.....	2 years	Republic of Moldova.....	3 years
Djibouti	2 years	Rwanda.....	1 year
El Salvador.....	2 years	Sao Tome and Principe.....	3 years
Indonesia	3 years	Singapore.....	2 years
Iraq	1 year	Slovenia	2 years
Japan.....	1 year	Sri Lanka	2 years
Latvia	2 years	Tunisia.	3 years
Liberia	1 year	Turkey	2 years
Madagascar	1 year	United Arab Emirates.....	3 years
Malawi	3 years	United Kingdom of Great Britain and Northern Ireland	3 years
Mali	2 years	United States of America.....	2 years
Mexico	1 year		
Namibia.....	1 year		

Details regarding members designated by the above Member States will be found in the list of members and other participants.

¹ By decision WHA60(8). The retiring members were those designated by Australia, Bahrain, Bolivia, Brazil, Jamaica, Kenya, Lesotho, Libyan Arab Jamahiriya, Luxembourg, Romania, Thailand, and Tonga.

² At the time of the closure of the Sixtieth World Health Assembly.

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 - 5.2 Avian and pandemic influenza: follow-up to discussions at Sixtieth World Health Assembly
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6. Management, budget and financial matters
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 - 6.2 Methods of work of the Executive Board
 - 6.3 Multilingualism: plan of action
 - 6.4 Committees of the Executive Board: filling of vacancies
 - 6.5 Expert Committee on the Selection and Use of Essential Medicines: establishment of a subcommittee
 - 6.6 Future sessions of the Executive Board and the Health Assembly
 - 6.7 [deleted]
7. Staffing matters
 - 7.1 Statement by the representative of the WHO staff associations
 - 7.2 [deleted]

¹ As adopted by the Board at its first meeting.

8. Matters for information: reports of expert committees and study groups
9. Closure of the session

LIST OF DOCUMENTS

EB121/1 Rev.1	Agenda ¹
EB121/1(annotated)	Provisional agenda (annotated)
EB121/2	Outcome of the Sixtieth World Health Assembly
EB121/3	Report of the Programme, Budget and Administration Committee of the Executive Board
EB121/4	Director-General and Deputy Director-General of the World Health Organization: report in accordance with resolution EB120.R19
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¹ See page vii.

² See Annex 2.

³ See Annex 1.

Information document

EB121/INF.DOC./1 Statement by the representative of the WHO staff associations

Diverse

EB121/DIV/1 Provisional list of members and other participants

EB121/DIV/2 Preliminary daily timetable

EB121/DIV/3 Decisions and list of resolutions

EB121/DIV/4 List of documents

PART I
RESOLUTIONS AND DECISIONS
ANNEXES

RESOLUTIONS

EB121.R1 Methods of work of the Executive Board¹

The Executive Board,

Having considered the report on methods of work of the Executive Board,²

1. DECIDES:

(1) to endorse criteria for inclusion of proposed additional items in the provisional agenda of Executive Board sessions, namely, proposals that address a global public-health issue, or involve a new subject within the scope of WHO, or an issue that represents a significant public-health burden;

(2) to review resolutions introduced during sessions of the Board with a view to ensuring that they contain a realistic time limit for validity, an appropriate provision for review, follow up and reporting on implementation, that they are concise, focused and action oriented, and that policy, programmatic and financial implications are taken into account, including reference to the Medium-term strategic plan;

(3) to amend its Rules of Procedure as proposed in Annex 2 to the report on methods of work of the Executive Board, with effect from the closure of its 121st session;

2. REQUESTS the Director-General:

(1) to communicate the criteria mentioned in paragraph 1(1) above to Member States when inviting proposals for additional items to be included on the provisional agenda of future sessions of the Executive Board;

(2) to ensure that the parameters mentioned in paragraph 1(2) above are applied to draft resolutions proposed by the Secretariat.

(Second meeting, 24 May 2007)

¹ See Annex 1 for the financial and administrative implications for the Secretariat of this resolution; see Annex 2 for amended Rules of Procedure.

² Document EB121/5.

**EB121.R2 Expert Committee on the Selection and Use of Essential Medicines:
establishment of a subcommittee¹**

The Executive Board,

Having considered the report by the Secretariat on the establishment of a subcommittee of the Expert Committee on the Selection and Use of Essential Medicines,²

1. DECIDES to establish as from June 2007 a temporary subcommittee of the Expert Committee on the Selection and Use of Essential Medicines, of no more than 15 members, with the following terms of reference:

(1) to prepare a list of medicines for children, based on their clinical needs and the burden of disease, that the Expert Committee on the Selection and Use of Essential Medicines can use to revise and regularly update the WHO Model List of Essential Medicines with missing essential medicines for children;

(2) to determine suitability criteria for dosage forms of medicines for children, with particular attention to conditions prevailing in the developing countries;

(3) to review the feasibility of manufacturing appropriate formulations of those priority medicines for which no dosage form for children currently exists, specifically considering requirements for use in resource-limited settings and availability of data on efficacy and safety in the appropriate age groups;

(4) to identify the clinical-research gaps regarding safety and efficacy of essential medicines for children in order to improve suboptimal prescribing and dosing, and to facilitate regulatory approval of paediatric formulations;

(5) to report to the Expert Committee on the Selection and Use of Essential Medicines in 2009;

2. FURTHER DECIDES that the temporary subcommittee shall terminate in 2009, after its report to the Expert Committee on the Selection and Use of Essential Medicines.

(Second meeting, 24 May 2007)

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

² Document EB121/8.

DECISIONS

EB121(1) Membership of the Executive Board's Standing Committee on Nongovernmental Organizations

The Executive Board appointed Dr Jigmi Singay (Bhutan) and Dr J. Calderón Yberico (Peru) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Mr O.K. Shiraliyev (Azerbaijan), Dr Ren Minghui (China) and Dr R.R. Jean Louis (Madagascar), already members of the Committee. It was understood that, if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 24 May 2007)

EB121(2) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board appointed as members of the Programme, Budget and Administration Committee Dr S.F. Supari (Indonesia), Dr H. Shinozaki (Japan), Dr Z.M. Youba (Mali), Mr M. Bailón (Mexico), Mr P. Hodgson (New Zealand), Professor J. Pereira Miguel (Portugal) and Dr H. Abdessalem (Tunisia) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr A.S. Salehi (Afghanistan), Mr J. Fisker (Denmark), Dr W.T. Gwenigale (Liberia), Mr N.S. de Silva (Sri Lanka), Dr J. Agwunobi (United States of America), already members of the Committee, and Dr B. Sadasivan (Singapore), Chairman of the Board, and Dr J.G. Maza Brizuela (El Salvador), Vice-Chairman of the Board, members ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 24 May 2007)

EB121(3) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Professor S. Aydin (Turkey) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that, if Professor S. Aydin was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 24 May 2007)

EB121(4) Membership of the Jacques Parisot Foundation Fellowship Selection Panel

The Executive Board, in accordance with the Implementing Regulations of the Jacques Parisot Foundation, appointed Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland) as a member of the Jacques Parisot Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that, if Sir Liam Donaldson was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.

(Second meeting, 24 May 2007)

EB121(5) Membership of the Sasakawa Health Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Sasakawa Health Prize, appointed Professor Sohn Myong-sei (Republic of Korea) as a member of the Sasakawa Health Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board and a representative of the founder, members ex officio. It was understood that, if Professor Sohn Myong-sei was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.

(Second meeting, 24 May 2007)

EB121(6) Membership of the United Arab Emirates Health Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation, appointed Dr H. Abdessalem (Tunisia) as a member of the United Arab Emirates Health Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, and a representative of the founder, members ex officio. It was understood that, if Dr Abdessalem was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.

(Second meeting, 24 May 2007)

EB121(7) Membership of the State of Kuwait Health Promotion Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr A.A. Bin Shakar (United Arab Emirates) as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, and a representative of the founder, members ex officio. It was understood that, if Dr Bin Shakar was unable to attend, his successor or the

alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.

(Second meeting, 24 May 2007)

EB121(8) Appointment of representatives of the Executive Board at the Sixty-first World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr B. Sadasivan (Singapore), ex officio, and its first three Vice-Chairmen, Dr W.T. Gwenigale (Liberia), Dr V. Jaksons (Latvia) and Mr A.A. Miguil (Djibouti), to represent the Board at the Sixty-first World Health Assembly. It was understood that, if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr J.G. Maza Brizuela (El Salvador), and the Rapporteur, Dr Jigmi Singay (Bhutan), could be asked to represent the Board.

(Second meeting, 24 May 2007)

EB121(9) Date, place and duration of the 122nd session of the Executive Board

The Executive Board decided that its 122nd session should be convened on Monday, 21 January 2008, at WHO headquarters, Geneva, and should close no later than Saturday, 26 January 2008.

(Second meeting, 24 May 2007)

EB121(10) Place, date and duration of the Sixty-first World Health Assembly

The Executive Board decided that the Sixty-first World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 19 May 2008, and that it should close no later than Saturday, 24 May 2008.

(Second meeting, 24 May 2007)

ANNEXES

ANNEX 1

Financial and administrative implications for the Secretariat of resolutions adopted by the Executive Board

[EB121/5, Add.1 – 24 May 2007]

1. Resolution EB121.R1 Methods of work of the Executive Board	
2. Linkage to programme budget	
Area of work Governing bodies	Expected results 1. Resolutions adopted that focus on policy and strategy and provide clear orientations to Member States and the Secretariat on their implementation. 3. Governing body meetings held in all the official languages of WHO at global level and in agreed official languages for the regional committees.
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution is consistent with the expected results noted above and will help to reach targets specified for the following indicators:	
<ul style="list-style-type: none">• Proportion of resolutions adopted that focus on policy and can be implemented at global, regional and national levels• Timeliness of documentation in the official languages.	
3. Financial implications	
(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)	
No additional cost. Rather, although they are difficult to forecast, savings could be achieved by reducing the number of resolutions that must be monitored and reported on, and by improving management of the Executive Board’s agenda and documentation.	
(b) Estimated cost for the biennium 2006–2007 (estimated to the nearest US\$ 10 000, including staff and activities)	
No additional cost. Although they are difficult to forecast, savings could be achieved by improving management of the agenda and production of documents for the Executive Board at its session in January 2008.	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?	
Not applicable.	

4. Administrative implications

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

Headquarters

- (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)**

No additional staffing requirements. More lead time would facilitate planning and dispatch using existing staff.

- (c) **Time frames (indicate broad time frames for implementation and evaluation)**

Implementation would be on a continuing basis; evaluation could take place in two years.

1. Resolution EB121.R2 Expert Committee on the Selection and Use of Essential Medicines: establishment of a subcommittee

2. Linkage to programme budget**Biennium 2006–2007**

Area of work: Essential medicines

Expected result

7. Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.

Biennium 2008–2009

Strategic objective: 11

3. Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.

3. Financial implications

- (a) **Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)** US\$ 450 000
- (b) **Estimated cost for the biennium 2006–2007 (estimated to the nearest US\$ 10 000, including staff and activities)** US\$ 180 000
- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** 100%

4. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

Normative work to be undertaken at headquarters. Consultation with regions and countries required.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)

The equivalent of one full-time staff member in the professional category will be required for the biennium 2008–2009.

(c) Time frames (indicate broad time frames for implementation and evaluation)

Development of a list of essential medicines for children during the period 2007–2008; and dissemination and consultation leading to endorsement in 2009 by the Expert Committee on the Selection and Use of Essential Medicines. It is anticipated that the subcommittee will be disbanded at that time.

ANNEX 2

Text of amended Rules of Procedure of the Executive Board¹

[EB121/5, Annex 2 – 26 April 2007]

SESSIONS

Rule 5

The Board shall hold at least two sessions a year. It shall determine at each session the time and place of its next session.

Notices convening the Board shall be sent by the Director-General eight weeks before the commencement of a regular session to the members of the Board, to Member States and Associate Members and to the organizations referred to in Rule 4 invited to be represented at the session.

Documents for the session shall be dispatched by the Director-General not less than six weeks before the commencement of a regular session of the Board. They shall be made available in electronic form in the working languages of the Board on the Internet site of the Organization.

Documents for the session should conform to the functions of the Board and contain the information required by Rule 18 and clear recommendations for Board action.

AGENDA

Rule 8

The Director-General shall draw up a draft provisional agenda for each session of the Board, which shall be circulated to Member States and Associate Members within four weeks after the closure of its previous session.

Any proposal for the inclusion on the agenda of any item under (c), (d) and (e) of Rule 9 shall reach the Director-General not later than 12 weeks after circulation of the draft provisional agenda or 10 weeks before commencement of the session, whichever is earlier.

¹ See resolution EB121.R1.

The provisional agenda of each session shall be drawn up by the Director-General in consultation with the Officers of the Board, on the basis of the draft provisional agenda and any proposals received under paragraph 2 of this Rule.

Where the Director-General and the Officers find it necessary to recommend the deferral or exclusion of proposals received under paragraph 2 of this Rule, the provisional agenda shall contain an explanation for such recommendation.

An annotated provisional agenda, together with any recommendations referred to in paragraph 4 of this Rule shall be dispatched with the notice of convocation to be sent in accordance with Rule 5 or Rule 6, as the case may be.

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OFFICERS OF THE BOARD

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Rule 14 bis

The Chairman, or a Vice-Chairman acting as Chairman, shall not vote, but he or she may, if necessary, appoint an alternate from his or her delegation in accordance with Rule 27.

PART II

SUMMARY RECORDS

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

SINGAPORE

Dr B. SADASIVAN, Senior Minister of State for Foreign Affairs, Singapore (**Chairman**)

Alternates

Mr B. GAFOOR, Ambassador, Permanent Representative, Geneva

Dr CHEW Suok Kai, Deputy Director of Medical Services (Epidemiology and Disease Control), Ministry of Health Singapore

Advisers

Dr B. KOH, Assistant Director (Surveillance), Ministry of Health Singapore

Mr C. WONG, Assistant Director (International Cooperation), Ministry of Health Singapore

Ms D. TEO, Health Policy Analyst (International Cooperation), Ministry of Health Singapore

Mr J. RATNAM, Deputy Permanent Representative, Geneva

Mr S.N. SYED HASSIM, Deputy Permanent Representative, Geneva

Ms F. GAN, First Secretary, Permanent Mission, Geneva

Mr M. BASHA, First Secretary, Permanent Mission, Geneva

Ms KOONG Pai Ching, First Secretary, Permanent Mission, Geneva

AFGHANISTAN

Dr A.S. SALEHI, Director, International Relations Department, Ministry of Public Health, Kabul

Alternates

Dr A.J. NAEEM, Head, Grants and Contracts Management Unit, Ministry of Public Health, Kabul

Mr D. HACHEMI, Second Secretary, Permanent Mission, Geneva

Mr F. AMEL, Attaché (Administration), Permanent Mission, Geneva

AZERBAIJAN

Mr O.K. SHIRALIYEV, Minister of Health, Baku

Alternates

Mr E. AMIRBAYOV, Ambassador, Permanent Representative, Geneva

Mr S. ABDULLAYEV, Head, International Relations Department, Ministry of Health, Baku

Mr R. NOVRUZOV, Third Secretary, Permanent Mission, Geneva

BAHAMAS

Dr M. DAHL-REGIS, Chief Medical Officer, Ministry of Health, Nassau

BHUTAN

Dr JIGMI SINGAY, Minister for Health, Thimphu (**Rapporteur**)

Alternates

Mr S.T. RABGYE, Ambassador, Permanent Representative, Geneva

Dr D. WANGCHUK, Director General, Department of Medical Services, Ministry of Health, Thimphu

Advisers

Mrs K.C. NAMGYEL, Deputy Permanent Representative, Geneva

Ms D. TSHERING, Counsellor, Permanent Mission, Geneva

Mr S. WANGCHUK, Counsellor, Permanent Mission, Geneva

Ms T. PEMO, Nursing Superintendent, Jigme Dorji Wangchuck National Memorial Hospital, Ministry of Health, Thimphu

Mr T. DORJI, Programme Officer, Information and Communication Bureau, Ministry of Health, Thimphu

CHINA

Dr QI Qingdong, Deputy Director General, Department of International Cooperation, Ministry of Health, Beijing (**alternate to Dr Ren Minghui**)

Alternates

Mr FU Cong, Minister Counsellor, Permanent Mission, Geneva

Dr XING Jun, Division Director, Department of International Cooperation, Ministry of Health, Beijing

Mr WANG Chuan, Second Secretary, Permanent Mission, Geneva

Mr ZHANG Ze, Third Secretary, Permanent Mission, Geneva

Ms SITU Sujian, Programme Officer, Department of International Cooperation, Ministry of Health, Beijing

DENMARK

Mr J. FISKE, Director General, National Board of Health, Copenhagen

Alternate

Mrs M.-L. OVERVAD, Ambassador, Permanent Representative, Geneva

Advisers

Ms M. KRISTENSEN, Senior Adviser, National Board of Health, Copenhagen

Dr S.J. JØRGENSEN, Senior Adviser, National Board of Health, Copenhagen

Ms M. HESSEL, Counsellor, Permanent Mission, Geneva

Ms H. KNUDSEN, Permanent Mission, Geneva

DJIBOUTI

M. A.A. MIGUIL, Ministre de la Santé, Djibouti (**Vice-Chairman**)

Alternate

M. A.M. ABOUBAKER, Directeur des Etudes, de la Planification et de la Coopération internationale, Ministère de la Santé, Djibouti

EL SALVADOR

Dr. J.G. MAZA BRIZUELA, Ministro de Salud, San Salvador (**Vice-Chairman**)

Alternates

Sr. B.F. LARIOS LÓPEZ, Embajador, Representante Permanente, Ginebra

Sr. R. RECINOS TREJO, Ministro Consejero, Misión Permanente, Ginebra

INDONESIA

Dr S.F. SUPARI, Minister of Health, Jakarta

Alternates

Dr I.N. KANDUN, Director-General, Disease Control and Health Management, Ministry of Health, Jakarta

Dr M. WIBISONO, Ambassador, Permanent Representative, Geneva

Ms L.S.W. SULISTYOWATI, Head, Centre of Public Communication, Ministry of Health, Jakarta

Ms M. UTAMI, Head, Section for Administration and Protocol, Ministry of Health, Jakarta

Advisers

Dr W. LUKITO, Assistant to the Minister of Health, Jakarta

Mr I.G.A.W. PUJA, Ambassador, Deputy Permanent Representative, Geneva

Mr S.M. SOEMARNO, Minister Counsellor, Permanent Mission, Geneva

Mr A. SOMANTRI, First Secretary, Permanent Mission, Geneva

IRAQ

Dr A. AL-KHUZAIEE, Undersecretary for Technical Affairs, Ministry of Health, Baghdad (**alternate to Dr A.H.I. Al-Shammari**)

Alternates

Mr B.H. AL-SHIBIB, Ambassador, Permanent Representative, Geneva

Dr R.R. MANSOOR, Deputy Director General and Head, International Health Department, Office of the Minister of Health, Baghdad

Dr M.J. HUWAIL, Deputy Director General for Primary Health and Public Health, Ministry of Health, Baghdad

Ms M.A. YASS, First Secretary, Permanent Mission, Geneva

Mr A.L. RASHID, Attaché, Permanent Mission, Geneva

JAPAN

Dr H. SHINOZAKI, President, National Institute of Public Health, Tokyo

Alternates

Dr H. INOUE, Director, International Cooperation Office, Ministry of Health, Labour and Welfare, Tokyo

Dr S. KOIKE, Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare, Tokyo

Ms M. IMAI, Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare, Tokyo

Mr K. NATSUME, First Secretary, Permanent Mission, Geneva

Ms T. TSUJISAKA, First Secretary, Permanent Mission, Geneva

LATVIA

Dr V. JAKSONS, Adviser to the State Secretary on International Affairs, Ministry of Health, Riga
(Vice-Chairman)

Alternates

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Alternate

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Dr M.P.O. RAHANTANIRINA, Vice-Ministre de la Santé, du Planning familial et de la Protection sociale, Ministère de la Santé, du Planning familial et de la Protection sociale, Antananarivo
(alternate to Dr R.R. Jean Louis)

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Mme C. ANDRIANJAKA, Conseiller, Mission permanente, Genève

Dr M.O. ADRIANARIVONY, Maternité de Béfelatanana

Mme N.H.N. HARIZANDRY, Chef, Service des Relations publiques et internationales,
Ministère de la Santé, du Planning familial et de la Protection sociale, Antananarivo

MALAWI

Dr F. SALANIPONI, Director, National TB Control Programme, Ministry of Health, Lilongwe

Alternates

Ms M.E. NGAUNJE, Minister of Health, Lilongwe

Mr C.V. KANG'OMBE, Secretary for Health, Ministry of Health, Lilongwe

Dr K. KAMOTO, Ministry of Health, Lilongwe

Dr D. LIU, Technical Adviser, Ministry of Health, Lilongwe

Adviser

Mrs M.S. KAGONEGONE, Office of the Minister of Health, Lilongwe

MALI

Mme Z.M. YOUNBA, Ministre de la Santé, Bamako

Alternates

M. S.L. SOW, Ambassadeur, Représentant permanent, Genève

Dr S. DIALLO, Conseiller technique, Ministère de la Santé, Bamako

Professeur T. SIDIBE, Directeur national de la Santé, Ministère de la Santé, Bamako

M. I. SANGHO, Chargé de mission à la Communication, Ministère de la Santé, Bamako

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Alternate

Ms D.J. TJIPURA, Ministry of Health and Social Services, Windhoek

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Dr D. MATHESON, Deputy Director-General of Health, Ministry of Health, Wellington (**alternate to Mr P. Hodgson**)

Alternate

Dr A. BLOOMFIELD, Chief Adviser Public Health, Ministry of Health, Wellington

PARAGUAY

Dr. R. DULLAK, Director General de Planificación y Evaluación, Ministerio de Salud Pública y Bienestar Social, Asunción (**alternate to Dr O. Martínez Doldan**)

Alternates

Dra. N. DURÉ DE BORDÓN, Viceministra de Salud, Ministerio de Salud Pública y Bienestar Social, Asunción

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M. J. SOUSA FIALHO, Conseiller, Mission permanente, Genève
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Alternates

Mr PARK Hun-yul, Counsellor, Permanent Mission, Geneva
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Mr LEE Kang-hee, Deputy Director, International Cooperation Division, Ministry of Health and Welfare, Seoul

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Mr V. PALII, First Secretary, Permanent Mission, Geneva

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Mrs N. URSU-MORARU, Adviser to the Minister of Health, Chisinau

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Mr A. KAJANGWE, Officer on Multilateral Services (Health Issues), Permanent Mission, Geneva

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Dr J.M. DE CARVALHO, Coordinateur des Soins de Santé, Ministère de Santé, Sao Tomé

Alternate

Dr J. AFONSO NOBRE DOS RAMOS, Directeur, Cabinet du Ministre de la Santé, Sao Tomé

SLOVENIA

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Ms V.-K. PETRI, Secretary, Ministry for Health, Ljubljana
Mr B. JERMAN, Minister Counsellor, Permanent Mission, Geneva
Ms G. KORŽE, Secretary, Ministry for Health, Ljubljana
Ms N. KRTELJ, Adviser, Ministry for Health, Ljubljana

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Mr N.S. DE SILVA, Minister of Healthcare and Nutrition, Colombo

Alternates

Mrs S. FERNANDO, Ambassador, Permanent Representative, Geneva

Dr H.A.P. KAHANDALIYANAGE, Secretary, Ministry of Healthcare and Nutrition, Colombo

Dr Y.D.N. JAYATHILAKA, Additional Secretary, Ministry of Healthcare and Nutrition,
Colombo

Dr P. ABEYKOON, Consultant, Ministry of Healthcare and Nutrition, Colombo

Dr S. SAMARAKOON, Consultant Venereologist, National STD/AIDS Control Programmer,
Ministry of Healthcare and Nutrition, Colombo

Mr O.L. AMEERAJWAD, Counsellor, Permanent Mission, Geneva

Mr S. DISSANAYAKE, Deputy Director, Ministry of Foreign Affairs, Colombo

Ms A. RAJAPAKSE, Consultant

TUNISIA

Dr H. ABDESSALEM, Directeur général, Unité de la Coopération technique, Ministère de la Santé
publique, Tunis

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M. S. LABIDI, Ambassadeur, Représentant permanent, Genève

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TURKEY

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Washington, DC

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Mr M. ABDON, International Health Analyst, Office of Global Health Affairs, Office of the
Secretary, Department of Health and Human Services, Washington, DC

Ms A. BLACKWOOD, Director for Health Programs, Office of Technical Specialized
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Ms D. GIBB, Senior Technical Adviser, Bureau for Global Health, Agency for International
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Mr G. HOUTTUIN, Head, Geneva Liaison Office, General Secretariat of the Council of the European Union, Geneva

Mr T. HOFMAN, Desk Officer, Federal Ministry of Health, Bonn

Mr L. SELWIG, First Secretary, Permanent Mission, Geneva

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Mrs V. INGOLFSDOTTIR, Director of Department, Ministry of Health and Social Security,
Reykjavik

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Dr B. SADRIZADEH, Adviser for Health and International Affairs to the Minister of Health and
Medical Education, Tehran

IRELAND

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Mr M. GALLAGHER, Second Secretary, Permanent Mission, Geneva
Ms F. FLETCHER, Assistant Principal Officer, Department of Health and Children, Dublin

ISRAEL

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Ms D. NICOLAU-NORRIS, Adviser, Permanent Mission, Geneva

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Mme M.P. RIZZO, Expert, Ministère des Affaires étrangères, Rome
Mme E. BIANCHINI, Attaché, Mission permanente, Genève

KAZAKHSTAN

Dr Z. KARAGULOVA, Counsellor, Permanent Mission, Geneva

KENYA

Dr T. MBOYA OKEYO, Counsellor (Medical), Permanent Mission, Geneva

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Ms G. VRIELINK, First Secretary, Permanent Mission, Geneva
Ms N. JAGESSAR, Health Attaché, Permanent Mission, Geneva
Ms L. VAN TONGEREN, Adviser, Permanent Mission, Geneva

NORWAY

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Mr T.E. LINDGREN, Senior Adviser, Ministry of Health and Care Services, Oslo

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Mr F. PIRONEA, Second Secretary, Permanent Mission, Geneva

RUSSIAN FEDERATION

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Mr N. SIKACHEV, Senior Adviser, Department of International Organizations, Ministry of Foreign Affairs, Moscow

Mr V. ZIMYANIN, Senior Counsellor, Permanent Mission, Geneva
Mr N. LOZINSKIY, Senior Counsellor, Permanent Mission, Geneva
Dr M. TSESHKOVSKIY, Senior Researcher, Central Research Institute of Health Management and Information Systems, Moscow
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Ms N. DLADLA, Health Attaché, Permanent Mission, Geneva

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M. A. VON KESSEL, Chef suppléant, Section Organisations internationales, Office fédéral de la Santé publique, Berne
M. J. MARTIN, Conseiller (Développement/Santé), Mission permanente, Genève
Mme B. SCHAEER BOURBEAU, Premier Secrétaire, Mission permanente, Genève
M. P. BEYER, Conseiller juridique, Service juridique, Division Droit et Affaires internationales, Institut fédéral de la Santé publique, Berne

THAILAND

Dr VIROJ TANGCHAROENSATHIEN, Director, Bureau of International Health Policy Program,
Ministry of Public Health, Nonthaburi
Dr SOPIDA CHAVANICHKUL, Director, Bureau of International Health, Ministry of Public Health,
Nonthaburi
Ms PRANGTIP KANCHANAHATTAKIJ, First Secretary, Permanent Mission, Geneva

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Mrs K. SALMANI, Third Secretary, Permanent Mission, Geneva

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Ginebra
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Senior Coordinator for Avian and Human
Influenza

United Nations Conference on Trade and Development

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Division of International Trade in Goods
and Services, and Commodities

United Nations Environment Programme

Mr W.K. ASNAKE, Programme Officer-Civil
Society Partnerships, UNEP Regional
Office for Europe, Geneva

World Food Programme

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Geneva
Ms P. KENNEDY, Deputy Director, WFP
Office in Geneva

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Mr M. BURCHARD, Head, UNRWA
Representative Office, Geneva

Office of the United Nations High Commissioner for Refugees

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Officer, Technical Support Section
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Emergency Preparedness and Response
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Mme S. COULIBALY-LEROY, Représentant
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Geneva
Mrs A. KANE, First Secretary, Permanent
Observer Mission, Geneva

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Mr A. OROZCO
Mrs PARK Yoonsun
Dr R.W. PARSA-PARSI
Dr WU Young-Tung
Dr WU Shuh-Min
Mrs R.M. ELVORD
Dr G.Z. MARTINS

**World Association of Societies of Pathology
and Laboratory Medicine**

Dr R. BACCHUS

Dr U. MERTEN

World Vision International

Mr T. GETMAN

World Federation for Mental Health

Mrs M. LACHENAL

Dr S. FLACHE

Ms A. YAMADA-VETSCH

COMMITTEES AND WORKING GROUPS¹

1. Programme, Budget and Administration Committee

Dr B. Sadasivan (Singapore), Chairman of the Executive Board, member ex officio, Dr J. Maza Brizuela (El Salvador), Vice-Chairman of the Executive Board, member ex officio, Dr A.S. Salehi (Afghanistan), Mr J. Fisker (Denmark), Dr S.F. Supari (Indonesia), Dr H. Shinozaki (Japan), Dr W.T. Gwenigale (Liberia), Dr Z.M. Youba (Mali), Mr M. Bailón (Mexico), Mr P. Hodgson (New Zealand), Professor J. Pereira Miguel (Portugal), Mr N.S. de Silva (Sri Lanka), Dr H. Abdessalem (Tunisia), Dr J. Agwunobi (United States of America).

Sixth meeting, 10 and 11 May 2007: Ms J. Halton (Australia, Chairman), Dr A.S. Salehi (Afghanistan), Dr Jigmi Singay (Bhutan), Ms M. Kristensen (Denmark, alternate to Mr J. Fisker), Dr R.R. Mansoor (Iraq, alternate to Dr A.H.I. Al-Shammari), Dr S. Campbell Forrester (Jamaica, alternate to Mr H. Dalley), Dr W.T. Gwenigale (Liberia), Professor J. Pereira Miguel (Portugal), Mr A. Kajangwe (Rwanda, alternate to Dr J.D. Ntawukuriryayo), Dr Y.D.N. Jayathilaka (Sri Lanka, alternate to Mr N.S. de Silva), Dr V. Tangi (Tonga), Ms A. Blackwood (United States of America, alternate to Dr J. Agwunobi).

2. Standing Committee on Nongovernmental Organizations

Mr O.K. Shiraliyev (Azerbaijan), Dr Jigmi Singay (Bhutan), Dr Ren Minghui (China), Dr R.R. Jean Louis (Madagascar), Dr J. Calderón Yberico (Peru).

3. Léon Bernard Foundation Committee

Professor S. Aydin (Turkey), together with the Chairman and Vice-Chairmen of the Board, members ex officio.

4. Jacques Parisot Foundation Fellowship Selection Panel

Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland), together with the Chairman and Vice-Chairmen of the Board, members ex officio.

5. Sasakawa Health Prize Selection Panel

Professor Sohn Myong-sei (Republic of Korea), together with the Chairman of the Board and a representative of the founder, members ex officio.

¹ Showing their current membership and listing the names of those members of the Executive Board who attended meetings held since the previous session of the Board.

6. United Arab Emirates Health Foundation Selection Panel

Dr H. Abdessalem (Tunisia), together with the Chairman of the Board and a representative of the founder, members ex officio.

7. State of Kuwait Health Promotion Foundation Selection Panel

Dr A.A. Bin Shakar (United Arab Emirates), together with the Chairman of the Board and a representative of the founder, members ex officio.

SUMMARY RECORDS

FIRST MEETING

Thursday, 24 May 2007, at 09:35

Chairman: Dr F. ANTEZANA ARANÍBAR (Bolivia)

later: Dr B. SADASIVAN (Singapore)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the Provisional agenda (Documents EB121/1 and EB121/1(annotated))

The CHAIRMAN declared open the 121st session of the Executive Board and welcomed the participants. He suggested that items 6.7, “Amendments to the Financial Regulations and Financial Rules” and 7.2, “Confirmation of amendments to the Staff Regulations and Staff Rules” should be deleted from the Provisional agenda, since there were no matters to be considered under either item. If he heard no objection, he would take it that the Board agreed to that suggestion.

The agenda, as amended, was adopted.¹

- 2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR:** Item 2 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr QI Qingdong (China) nominated Dr B. Sadasivan (Singapore), the nomination being seconded by Dr SHINOZAKI (Japan).

Dr Sadasivan was elected Chairman.

The DIRECTOR-GENERAL thanked Dr Antezana Aranibar, the outgoing Chairman, for his excellent work and outstanding leadership during the past year. His steady hand had helped to steer the Organization through a period of grief and uncertainty. Having been elected to the post of Director-General under his chairmanship of the Executive Board, she had been honoured and privileged to work alongside him.

The Director-General presented Dr Antezana Aranibar with a gavel.

Dr ANTEZANA ARANÍBAR said that it had been an honour and a privilege to serve as Chairman of the Executive Board and expressed his appreciation for the teamwork of his fellow members. Although he had taken up the reins at a difficult time for WHO, the Board’s dedicated

¹ See page vii.

efforts had contributed to a successful transition of leadership. He stressed that the Executive Board shared responsibility for policy-making with the Secretariat and should provide the latter with guidance and authority. In that connection, he also stressed the role played by Member States through the regional committees, and by the Regional Directors in representing the Organization on the ground.

He urged members of the Board to strive to enhance WHO's image in the world. He observed that health was a human being's most important asset and should remain the priority behind every item on the Organization's agenda.

Given the dramatic increase over the years in the number of resolutions proposed to the governing bodies, all draft texts should be subject to more effective screening in respect of substance, relevance, timing, feasibility and cost, with the aim of streamlining the work of both bodies.

Dr Sadasivan took the Chair.

The CHAIRMAN expressed appreciation to Dr Antezana Aranibar for his valuable contribution to the work of the Executive Board over the years, particularly as its Chairman. He also thanked the Director-General for her able leadership, and the Board for having given him the opportunity to serve as its Chairman, which he would do to the best of his ability. He invited nominations for the four posts of Vice-Chairman.

Dr RAHANTANIRINA (Madagascar) nominated Dr W.T. Gwenigale (Liberia).

Mr BAILÓN (Mexico) nominated Dr J.G. Maza Brizuela (El Salvador).

Mr SHIRALIYEV (Azerbaijan) nominated Dr V. Jaksons (Latvia).

Dr SALEHI (Afghanistan) nominated Mr A.A. Miguil (Djibouti).

Dr SHANGULA (Namibia), Dr AGWUNOBI (United States of America), Professor PEREIRA MIGUEL (Portugal) and Dr BIN SHAKAR (United Arab Emirates), respectively, seconded the four nominations.

Dr Gwenigale (Liberia), Dr Maza Brizuela (El Salvador), Dr Jaksons (Latvia) and Mr Miguil (Djibouti) were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman were unable to act between sessions, one of the Vice-Chairmen would act in his place; the order in which the Vice-Chairmen would be requested to serve would be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Dr Gwenigale (Liberia), Dr Jaksons (Latvia), Mr Miguil (Djibouti) and Dr Maza Brizuela (El Salvador).

The CHAIRMAN invited nominations for the office of Rapporteur.

Dr JAYATHILAKA (alternate to Mr de Silva, Sri Lanka) nominated Dr Jigmi Singay (Bhutan). Dr SUPARI (Indonesia) seconded the nomination.

Dr Jigmi Singay (Bhutan) was elected Rapporteur.

3. OUTCOME OF THE SIXTIETH WORLD HEALTH ASSEMBLY: Item 3 of the Agenda (Document EB121/2)

The CHAIRMAN said that the Health Assembly had dealt with a heavy agenda and had adopted 30 resolutions. Three issues had emerged that would require the Board's attention: health technologies; avian and pandemic influenza; and public health, innovation, and intellectual property.

Dr SHANGULA (Namibia) commended the report. He was gravely concerned, however, that, once again, the Health Assembly had been forced to discuss the question of Taiwan at great length, wasting much valuable time. Every Member State had the right to propose any item for consideration by the Health Assembly, but that was not an absolute right; it ended where the rights of other Member States began. The Health Assembly had also been subjected to an unnecessary vote, and the events that had occurred during the voting would, in his country, constitute electoral fraud, a very serious offence. The explanation given in the plenary that the blame rested with the interpreters was simply not plausible: the names of countries sounded more or less the same in any language. Even if the interpreters had made a mistake, that did not explain how one Member State had voted twice.

The Health Assembly must stop engaging in a puerile exercise whose outcome had been obvious on 11 successive occasions. The issue should be considered under the agenda item on future sessions of the Executive Board and Health Assembly. Such a divisive issue undermined what had come to be known as the "spirit of Geneva". He urged the Director-General to find a way of ensuring that the first day of future sessions of the Health Assembly was well spent, and not wasted on futile polemics. His delegation's attendance at the Health Assembly was paid for by Namibian taxpayers, who would want to see the time spent more fruitfully.

Dr OKEYO (Kenya),¹ supported by Dr GWENIGALE (Liberia), pledged to work with the Director-General to ensure the effective implementation of the Medium-term strategic plan 2008–2013. The Health Assembly's decision to review the strategic plan every two years, in conjunction with the Proposed programme budget, offered her sufficient room to address the concerns expressed during the Health Assembly by the Member States of the African Region. All Member States should support her. At the same time, he requested her to take advantage of the implementation of the global management system and the introduction of the International Public Sector Accounting Standards to resolve the capacity constraints identified by the External Auditor in the Regional Office for Africa. On the basis of the appropriation resolution for the financial period 2008–2009, almost one third of resources were committed to improving the global and country leadership of WHO. He therefore challenged the Board to develop a strategy to enable WHO to commit world leaders, including those of the G8 countries and the African Heads of State, to fulfilling their pledges on health and development in Africa.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB121/3)

The CHAIRMAN said that the sixth meeting of the Programme, Budget and Administration Committee of the Executive Board had been held in Geneva on 10 and 11 May 2007, chaired by Ms Halton of Australia. As Ms Halton was no longer a member of the Board, Professor Pereira Miguel, member of the Committee, had been asked to brief the Board on the Committee's work as a whole.

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

Professor PEREIRA MIGUEL (Portugal) said that the Committee had been briefed on progress made in management reforms, focusing on the global management system to be supported by enhanced service delivery. The Committee had stressed implementation of the system within the planned time frame and the establishment of a global service centre. It had commended the Secretariat's keeping within the budget and had supported the proposal to ensure full funding as originally budgeted. The Committee had been briefed also on selection criteria for the location of the new service centre and the four locations shortlisted. The Committee had noted the importance of training for all staff and the commitment of the Director-General to minimizing the project's impact on staff.

At its fifth meeting in January 2007, the Committee had asked for a fuller description of WHO's publication policy. At the sixth meeting, the Director-General had presented a document but had requested more time for further, fuller review, with the aim of presenting a new policy to the Committee and the Executive Board in 2008. The Committee had agreed with the proposal; a strong policy was needed in order to maintain WHO's reputation for excellence. Greater use should be made of technologies to render publishing more cost effective. The Committee acknowledged that the Director-General was ultimately responsible for the contents of WHO publications and that she should be protected from any undue influence of interest groups.

The Committee had welcomed the interim performance assessment of implementation of the Programme budget 2006–2007 as a further step towards greater transparency and accountability. The primary purpose of the assessment had been to draw managers' attention to those areas which, at the mid-point of the biennium, required particular attention. Concern had been voiced at the number of expected results in the African Region that were in serious jeopardy. The Regional Director for Africa had explained that human resource difficulties were partly to blame for the poor results. The Committee discussed possible explanations for low implementation in several areas and requested the Secretariat to explore reasons for such shortcomings and to report thereon to the Committee at its next meeting.

The CHAIRMAN proposed that the remaining subjects covered by the Committee's report should be discussed later during consideration of the relevant items on the Board's agenda.

It was so agreed.

5. TECHNICAL AND HEALTH MATTERS: Item 5 of the Agenda

Health technologies: Item 5.1 of the Agenda (Document EB121/11)

The CHAIRMAN recalled that at its 120th session the Board had adopted resolution EB120.R21 and that, as indicated by the Director-General,¹ a group of experts and interested Member States had been convened to help to resolve outstanding areas of concern. The report outlined the outcomes and recommendations of that consultation on the scope of health technologies.

Dr GWENIGALE (Liberia) said that he failed to understand why items 5.1, 5.2 and 5.3 had been placed for discussion on the Board's agenda when they had been discussed at length at the Sixtieth World Health Assembly.

¹ Document EB119/2006–EB120/2007/REC/2, summary record of the thirteenth meeting, section 3.

Dr JAKSONS (Latvia) requested a copy of the relevant Health Assembly resolution on health technologies to be made available to the Board in order to facilitate its discussion.

In reply to the member for Liberia, Mr BURCI (Legal Counsel) explained that the Board had decided at its 120th session to forward item 5.1 in part to the Health Assembly but to review at its 121st session two areas of concern that had been referred to a group of experts for further evaluation. Items 5.2 and 5.3 had been included in the agenda at the suggestion of the outgoing Chairman so that the Board could fulfil its constitutional role, take stock of the deliberations that had taken place at the Sixtieth World Health Assembly, and either formulate any recommendations for the following Health Assembly or keep the matter under review.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi), supporting the views of the member for Liberia, said that, if the items were to be re-examined, it would be helpful to receive some guidance on the discussion points rather than reopen the matter for general debate.

The DIRECTOR-GENERAL explained that preparing the agenda was the prerogative of the Chairman of the Executive Board and that the current agenda had been drawn up well in advance of the Health Assembly. Anticipating the importance of the items, the Chairman had included them on the Provisional agenda. If members of the Board believed the matters to have been sufficiently discussed already and had no comments to make, discussion could simply pass to the next item.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) agreed that it would not be helpful to reiterate points already made at the Health Assembly; however, since there appeared to be some confusion over what had or had not been resolved in regard to health technologies, informal soundings could be taken on any matters outstanding and the item placed on the agenda of the Executive Board's next session.

Dr SHANGULA (Namibia) supported the previous speaker's views, observing that it would be neither useful nor desirable to reopen the debate.

The DIRECTOR-GENERAL recalled that discussion on health technologies at the 120th session of the Board had revealed three areas of concern on: inclusion of the word "essential" in the title; the scope of health technologies; and the need for a list of health technologies for every country. All those issues had been referred to an expert group and subsequently dealt with satisfactorily at the Health Assembly, although there had been a request from the Board at its 120th session that the findings of the expert group should be reported at its 121st session.

Dr ZUCKER (Assistant Director-General) said that it had been concluded from the two meetings of representatives of interested Member States that no single solution would fit all countries. WHO was committed to helping to set up web-based and other solutions, as set out in the report, that were tailored to the needs of Member States as they developed their technologies. The recommendations of the group had been included in the resolution adopted by the Health Assembly.¹

Mr BAILÓN (Mexico), referring to paragraph 2 of that resolution, asked what plans there were to implement the actions requested of the Director-General with regard to developing guidelines, tools, mechanisms and an online database.

¹ Resolution WHA60.29.

Dr CALDERÓN YBERICO (Peru) said that the subject of health technologies had been broached in general terms; it would be useful if the Secretariat could develop more specific information and tools for discussion at the next session of the Board.

Dr KANDUN (alternate to Dr Supari, Indonesia) asked why the word “essential” had been deleted from the title of the resolution and why “medicinal function” had been deleted from the definition of health technologies.

Dr ZUCKER (Assistant Director-General), responding to the member for Mexico, said that in the following week WHO would begin to consider the actions to take in order to fulfil the requests set out in resolution WHA60.29.

The word “essential” had been removed because the view had been taken that no single “essential” list could be produced that would adequately cover the needs of all Member States.

Dr NAEEM (alternate to Dr Salehi, Afghanistan), referring to paragraph 1(2) of resolution EB120.R21, which mentioned assessment and planning systems, regretted the absence of a reference to training because that would be essential in donor-driven countries such as his own.

Dr GWENIGALE (Liberia) recommended that care should be taken not to review or amend the work completed by the Health Assembly, the senior governing body.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi), referring to the comment about training, observed that the resolution did refer to technical assistance.

The Board noted the report.

Avian and pandemic influenza: follow-up to discussions at Sixtieth World Health Assembly:
Item 5.2 of the Agenda

Public health, innovation and intellectual property: follow-up to discussions at Sixtieth World Health Assembly: Item 5.3 of the Agenda

The CHAIRMAN indicated that, as both agenda items had been discussed extensively at the Sixtieth World Health Assembly, many members considered it unnecessary to reopen the debate.

Professor PEREIRA MIGUEL (Portugal), speaking in the name of the German Presidency and on behalf of the European Union and its 27 Member States, welcomed the consensus reached on avian and pandemic influenza at the Health Assembly. In the light of the entry into force of the International Health Regulations (2005) on 15 June 2007, and the early implementation of the provision on influenza surveillance, resolution WHA60.28 demonstrated the commitment of Member States to preventing a global pandemic. A prompt, robust follow-up to the resolution, in an open and transparent manner, was needed, with participation by all Member States and regional economic integration organizations. The European Union would support WHO's efforts to review and improve the mechanisms for sharing viruses and benefits through the Global Influenza Surveillance Network. The Union remained committed to existing initiatives, such as the WHO Global Pandemic Influenza Action Plan to Increase Vaccine Supply, but he stressed the need for integrated approaches to pandemic preparedness that went beyond vaccine preparation and for coordination among international organizations and other stakeholders. The Senior United Nations System Coordinator for Avian and Human Influenza would play a leading role in that respect.

Dr AGWUNOBI (United States of America) endorsed the previous speaker's comments, and affirmed that item 5.2 did not require a full discussion.

There being no further comment, the CHAIRMAN concluded consideration of the items.

6. MANAGEMENT, BUDGET AND FINANCIAL MATTERS: Item 6 of the Agenda

Director-General and Deputy Director-General of the World Health Organization: report in accordance with resolution EB120.R19: Item 6.1 of the Agenda (Document EB121/4)

Dr GWENIGALE (Liberia) recalled that, at its 120th session, the Board had agreed that it would keep the geographical rotation of the post of Director-General under consideration and had adopted resolution EB120.R19. The matter had been referred to the Programme, Budget and Administration Committee, which had decided that it would be more appropriately discussed by the Board. He attached great importance to the issue and considered that it could be submitted to the Sixty-first World Health Assembly.

Dr JAKSONS (Latvia) noted that the issue had already been extensively discussed by the Board. The report failed to provide concrete solutions and would require further work during either the current or the 122nd session, rather than in the Health Assembly. Furthermore, Article 35 of WHO's Constitution did not make clear whether the principle of equal regional representation applied to all staff members of the Organization. Other questions also needed to be answered, including the number of terms of office for which a Director-General was eligible.

Mr DE SILVA (Sri Lanka) said that the report clearly explained the constitutional implications of the establishment of a system of regional rotation and indicated that the Health Assembly would be the organ competent to establish such a system, following submission of a proposal by the Executive Board. The Board must therefore decide whether it wished to proceed.

Dr SALEHI (Afghanistan) supported the idea of choosing the most qualified candidate, but expressed concern that the matter had been under discussion since the Board's 118th session. In order to resolve the issue, the Board should submit a proposal to the Sixty-first World Health Assembly.

Mr ABOUBAKER (alternate to Mr Miguil, Djibouti) agreed with the member for Liberia. The report dealt with two significant issues for the functioning of the Organization. Given their complexity, they should be examined separately. The geographical rotation of the post of Director-General was not inconsistent with the selection of candidates on the basis of their leadership skills. In the past 60 years, there had not been a Director-General from the African, Eastern Mediterranean or South-East Asia Region, which together accounted for more than 50% of the global population.

Dr SHANGULA (Namibia) suggested that the Board should take a decision, in principle, on geographical rotation. If the Board were to agree on the principle, the Secretariat could define the modalities of its implementation, which, after further consideration by the Board at its 122nd session, could be submitted to the Health Assembly. It was important to achieve consensus.

Dr GWENIGALE (Liberia) agreed that consensus would be desirable. Failing that, the issue could still be submitted to the Health Assembly. At the third meeting of the African Union Conference of Ministers of Health, (Johannesburg, South Africa, 9–13 April 2007), it had been agreed that steps should be taken to ensure that the topic of geographical rotation was placed on the Health Assembly's agenda.

Dr AL-KHUZAIEE (Iraq) agreed that the principle of geographical rotation should apply to the post of Director-General and other posts in the Organization.

Dr MATHESON (New Zealand), supporting the member for Afghanistan, stressed the separation of the constitutional and personal aspects. The Organization should pride itself on having a Director-General with the competence and leadership qualities of Dr Chan. It was essential to choose the best qualified candidate for the post of Director-General because of the technical nature of the task. The regional representation aspect should not overshadow the need for a leader with the qualities required to run an international organization. The challenge would be how to achieve more equal representation while upholding the need to choose the best candidate for the post.

Dr YOUBA (Mali) stated that enough had been said on the appointment of the Director-General; it was time to progress. A candidate's integrity and qualifications were essential, but the accomplishment of their mission was equally important. WHO should set an example of equity and justice by offering equal opportunities to candidates from all regions.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that, although the report gave an update on the procedural position, it did not provide a basis for a recommendation to the Health Assembly. His Government would be concerned about any procedural change whereby the Director-General's appointment ceased to depend on merit, but he requested an appraisal of options and a fuller review of the different arguments. The two issues addressed in the report should be made the subject of separate documents, one of which would appraise alternative models for the appointment of the Director-General, including the advantages and disadvantages of each. Following a further discussion at its 122nd session, the Board should be in a position to make a recommendation to the Health Assembly.

Dr VOLJ (Slovenia) said that ability and integrity were more important than geographical rotation, although the latter must be given due weight. Article 31 of WHO's Constitution might be amended to reflect the need to take into account different principles, including that of geographical rotation. As to the mandatory appointment of a Deputy Director-General, Directors-General should be able to appoint their closest collaborator on a non-political basis.

Mr ABOUBAKER (alternate to Mr Miguil, Djibouti) emphasized that regional rotation was one selection criterion among many, but it should not be ignored. It was an important element in the efforts to improve the Organization.

Professor PEREIRA MIGUEL (Portugal) supported the proposal of the member for the United Kingdom on preparing separate documents on the appointment of the Director-General and the Deputy Director-General. The texts should reflect the comments of the member for New Zealand. He advocated selection of the best qualified candidate for the post of Director-General.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi) said that candidates with the appropriate skills for the position of Director-General could be found in all the regions. Regional rotation should be one element in the selection process, but strong leadership skills, competence, experience and qualifications were fundamental criteria. There was a clear need to maintain the post of Deputy Director-General, since the position of Director-General was too burdensome for one person. The Board should examine the method of selection for the post of Deputy Director-General, including the question of whether it should be an established or rotational post.

Mr FISKE (Denmark) agreed with the proposal of the member for the United Kingdom. The most qualified candidate should always be appointed as Director-General, for the good of the Organization. The Director-General was a global leader, not a regional or national leader.

Dr DAHL-REGIS (Bahamas) supported the proposal of the member for the United Kingdom. The candidate with the best technical qualifications should be appointed as Director-General, and equal technical skills and competencies could be found in each of WHO's regions.

Mr SHIRALIYEV (Azerbaijan) said that, unlike other posts in the Organization, that of Director-General should not depend on or be limited by a system of regional rotation. The competencies of each candidate should be the overriding deciding factor. Regional rotation could, however, be used as a criterion in appointing the Deputy Director-General. Given the time the Board had already spent discussing the matter, he suggested that, if consensus could not be reached, the question should be put to the vote at the next Health Assembly.

Dr GWENIGALE (Liberia) underlined the fact that, while regional rotation should be included in the selection criteria for the appointment of Director-General, it should not be the most important consideration. Qualifications, competence, integrity and transparency were all fundamental qualities. Candidates should be well known globally, but acquiring international renown usually began in one's country and region.

Dr SHANGULA (Namibia) emphasized that the discussions on regional rotation did not in any way reflect on the current Director-General, and should be regarded in the context of ongoing United Nations reform. Applying the criterion of regional rotation was not antithetical to competency and the other attributes required of a Director-General. The best outcome would be for the Board to reach consensus, then direct the Secretariat to follow the proposal of the member for the United Kingdom.

Dr CALDERÓN YBERICO (Peru) said that, as the role of the Director-General was to represent all Member States, it would be dangerous to impose appointments to that position on the basis of regional considerations. There was a basic problem of representation in the Organization that had nothing to do with the appointment of the Director-General. At its 122nd session, the Board could examine the problem of countries that considered that their opinions were not being given due consideration. He supported the proposal of the member for the United Kingdom for separate documents.

Dr YOUBA (Mali) agreed that competency and qualifications were the most important criteria in selecting the Director-General. Regional rotation and qualifications were not mutually exclusive; suitable candidates could surely be found in all the regions. Efforts should be made to ensure equity between all regions of the Organization.

Dr OKEYO (Kenya)¹ said that the Member States of the African Region supported the position put forward by the member for Liberia. The appointment of the Deputy Director-General should be mandatory and left to the Director-General. The two appointees should be from different WHO regions, and the two posts should be considered separately, as had been advocated by the member for the United Kingdom. No link should be made between the current discussion and the current Director-General and her possible appointment for a second term of office.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi) said that, although regional rotation was not necessarily a priority, it was important. The appointment of the Deputy Director-General should be the prerogative of the Director-General. She emphasized her support for the current Director-General, adding that her appointment was an inspiration to all women.

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

The DIRECTOR-GENERAL said that she had taken note of the guidance provided by the members of the Board. She supported separate consideration of the appointments of the Director-General and the Deputy Director-General. Based on her experience, no future Director-General could manage the Organization without appointing at least one Deputy. The comments in support of the appointment of the Deputy Director-General were in keeping with the provisions of the Constitution on delegated authority to the Director-General.

Based on the comments of members of the Board at its current and previous sessions, she would prepare a document considering the issues at stake in including regional rotation in the appointment of the Director-General. At its session in January 2008, the Board could discuss that question in more depth, after which any decision could be forwarded to the Health Assembly in May 2008.

The CHAIRMAN said that he took it that the Board wished to proceed as the Director-General had proposed.

It was so agreed.

The Board took note of the report.

The meeting rose at 12:35.

SECOND MEETING

Thursday, 24 May 2007, at 14:20

Chairman: Dr B. SADASIVAN (Singapore)

1. MANAGEMENT, BUDGET AND FINANCIAL MATTERS: Item 6 of the Agenda (continued)

Methods of work of the Executive Board: Item 6.2 of the Agenda (Documents EB121/5 and EB121/5 Add.1)

Professor PEREIRA MIGUEL (Portugal), speaking as a member of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had supported the Secretariat's proposals regarding criteria for inclusion of items on the provisional agenda of the Board.¹ However, in relation to the proposals concerning the quantity and quality of resolutions, it had considered that it was not desirable to create an additional "layer" to review resolutions introduced during sessions of the Board, since the review process was the responsibility of the Board as a whole. The Committee had therefore proposed that paragraph 1(2) of the draft resolution set out in paragraph 22 of document EB121/5 should be replaced by the text given in paragraph 15 of its report.¹

Mr BURCI (Legal Counsel), in reply to a request for clarification from Dr SHANGULA (Namibia), explained that the review of draft resolutions by officers of the Board or the whole Board was designed as a quality-control process before the resolution was adopted, in order to ensure that proposals had realistic time-limits and appropriate mechanisms and intervals for follow-up and reporting. The process was without prejudice to the authority of the Board to take decisions regarding the suitability of draft resolutions for submission to the Health Assembly.

Dr MATHESON (New Zealand) supported the draft resolution, in particular the criteria set out in paragraph 1(1). However, it would be useful to agree on a common understanding of what represented "a global public-health issue". One definition could be a problem whose solution would result in a positive impact on global public health. Guidance would also be needed as to what constituted a "public-health burden", although the recent WHO publication, *World health statistics 2007*, helped to establish a common description of major burdens and how they should be tackled. Draft resolutions should also combine a technical description of the actions needed with a political understanding of how implementation was to be achieved. Account should be taken of the impact a resolution would have on equity within and between countries. The global public health agenda was crowded, and it would therefore also be useful to define more clearly the roles of the parties involved so as to see how best WHO could contribute. The Medium-term strategic plan 2008–2013 and Programme budget 2008–2009 represented a valuable step forward in organizational management, providing a clear direction for action. Draft resolutions should be considered in the light of their potential impact on those instruments; if they were not supportive, the Board should be clear why they were being proposed.

¹ Document EB121/3.

Dr GWENIGALE (Liberia) said that the number of resolutions adopted by the Health Assembly was a concern, not least because of the cost of implementation. However, there was a risk that efforts to control the number at an early stage in the consideration process might lead to a higher number being submitted directly to the Health Assembly, which was not desirable. It was preferable for the Board as a whole to review draft resolutions. A further criterion for consideration might be sponsorship by several Member States, in order to demonstrate broad interest. Review by the Board would have the additional benefit of protecting the Secretariat from problems such as that experienced at the Sixtieth World Health Assembly in relation to Taiwan's application for membership.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) welcomed the efforts to increase the efficiency of processing resolutions. The procedure to be followed for discontinuing resolutions that had become obsolete should also be indicated.

Dr QI Qingdong (China) proposed that paragraph 1(1) of the draft resolution should be amended by inserting the words "within the scope of WHO" after "new subject" in order to clarify the type of new subject that might be introduced. The phrase "at its most recent sessions" was too vague and it might be better to stipulate a particular number of sessions, for example "five". The draft resolutions submitted by the Executive Board should receive greater attention by all parties and should at least be the basis for discussion at the Health Assembly. Submission of new draft resolutions on the same subjects should be discouraged. There should also be stricter time limits for the submission of draft resolutions and more rigorous examination mechanisms. For example, it might be stipulated that new draft resolutions could only be submitted on the first day of the Health Assembly and that they should be circulated only after they had been carefully considered by the officers.

Mr BURCI (Legal Counsel), in response to a question from Dr SHANGULA (Namibia) regarding Annex 2 to document EB121/5, which set out the proposals for changes to the Rules of Procedure of the Executive Board, said that proposed Rule 14*bis* was a new rule. The existing Rule 14, which related to a different matter, would remain.

The DIRECTOR-GENERAL thanked members for their comments and expressed her appreciation to the previous Chairman of the Executive Board for his call for a better screening mechanism. Although the suggestion that the Board's officers should review draft resolutions before their consideration by the Board as a whole had not been accepted, Board members had expressed support for the proposed criteria for the inclusion of additional items, which would be most useful for the Secretariat. It was particularly important that the cost of implementing resolutions was taken into consideration. However, the Secretariat had no wish to usurp the Board's authority in that area.

She endorsed the suggestion made by the member for New Zealand that review of draft resolutions should take into account their potential impact on the Medium-term strategic plan, as that would enhance coherence of action. The Secretariat was guided by the decisions of Member States; those decisions should allow WHO to achieve the objectives and deliver the results agreed in that plan. Furthermore, resolutions should result in improved health. WHO should work as a team, and Member States should therefore resist any attempts by individual WHO staff members to obtain support for their particular resolutions. Member States should be aware that the adoption of a resolution did not necessarily mean an increase in the budget allocation to a particular area, as there were simply not enough resources for everything.

She endorsed the proposal made by the member for the United Kingdom. The Board could play a crucial role in reviewing outdated and overlapping resolutions.

Dr MATHESON (New Zealand) proposed that, in order to clarify the application of the criteria set out in paragraph 1(1) of the draft resolution, the word "or" should be inserted before "involve", and that "and have not" should be replaced by "or have not". He further proposed that in paragraph 1(2)

the words “that they make reference to the impact on the achievement of the goals of the Medium-term strategic plan” should be inserted after “implementation”.

Ms DAM (Office of Governing Bodies) suggested that the revision to paragraph 1(2) proposed by the Programme, Budget and Administration Committee in paragraph 15 of document EB121/3, followed by a reference to the Medium-term strategic plan, might meet the concerns of the member for New Zealand.

It was so agreed.

Dr AGWUNOBI (United States of America), referring to the second amendment proposed by the member for China, asked why the number of recent sessions to be taken into account was five. While stipulation of a precise number of sessions might well reduce the number of draft resolutions to be considered by the Board, it might also lead to more draft resolutions being submitted directly to the Health Assembly.

Dr QI Qingdong (China) said that five had only been a suggestion; the criterion was too vague as it stood.

Dr AGWUNOBI (United States of America) proposed that the words “and have not already been considered by the Board at its most recent sessions” should be deleted.

It was so agreed.

The CHAIRMAN invited the Board to consider the draft resolution with the proposed amendments. Paragraph 1(1) would read: “to endorse criteria for inclusion of proposed additional items in the provisional agenda of Executive Board sessions, namely, proposals that address a global public-health issue, or involve a new subject within the scope of WHO, or represent a significant public-health burden”. Paragraph 1(2) would read “to review resolutions introduced during sessions of the Board with a view to ensuring that they contain a realistic time-limit for validity, an appropriate provision for review, follow-up and reporting on implementation, that they are concise, focused and action oriented, and that policy, programmatic and financial implications are taken into account, including reference to the Medium-term strategic plan”.

The resolution, as amended, was adopted.¹

Multilingualism: plan of action: Item 6.3 of the Agenda (Documents EB121/6 and EB121/6 Corr.1)

Professor PEREIRA MIGUEL (Portugal), speaking as a member of the Programme, Budget and Administration Committee, said that the Committee at its sixth meeting had stressed the importance of multilingualism to WHO as an international organization and had called on it to make greater use of the six official United Nations languages at meetings and in the publication of technical guidelines.² The Committee had supported more investment in multilingualism, provided that funds were not diverted from technical programmes. While recognizing that the six official United Nations languages must have priority, the Committee had cautioned against neglecting the needs of countries where none of the official United Nations languages was used.

¹ Resolution EB121.R1.

² Document EB121/3.

Dr RAHANTANIRINA (Madagascar) said that the plan of action was timely; the previous week the United Nations General Assembly had adopted resolution 61/266 on multilingualism. It was time for WHO to use all six official languages across the full spectrum of its information activities, in order to eliminate the disparity between English and the five other languages. Multilingualism would have the effect of making reliable information more accessible to countries, which would help them in their decision making and thus in improving people's health. Dissemination of multilingual information using new information technologies would make it easier to collaborate and share information, and would help to improve surveillance. The proposed actions under the plan would guide countries as they sought to invest in and maximize the efficiency of information technologies, which were highly cost effective, especially for developing countries.

Mrs VALLE ÁLVAREZ (alternate to Mr Bailón, Mexico) said that Mexico had made its position on multilingualism clear in a statement delivered on behalf of the Group of Latin American and Caribbean countries to the sixth meeting of the Programme, Budget and Administration Committee. She appreciated the Secretariat's efforts to prepare documentation in the six official languages for the governing bodies and the web site, but much work remained to be done. Although in theory WHO worked in its six official languages, in practice English was the working language. The search for greater efficiency and lower operating costs hindered application of the principles of multilingualism – increasingly, to the sole benefit of English. The setting of translation priorities mentioned in paragraph 5 of the report should not imply that certain information products would not be translated into the six languages or that translation could be deferred. The estimated US\$ 20 million cost of implementing the proposed actions should not be to the detriment of the regions' health programmes. She urged WHO to take into account the latest United Nations General Assembly resolution on multilingualism, including the second preambular paragraph on the need to communicate in formats accessible to persons with disabilities.¹

Dr QI Qingdong (China) observed that the Board had discussed the subject of multilingualism many times. China had made its views clear at the meeting of the Programme, Budget and Administration Committee, but two points were not reflected in the report: first, a multilingual culture should be cultivated throughout WHO. Multilingualism should be paid the same attention at headquarters as at regional and national levels. It should be implemented through specific plans and indicators. Secondly, the unequal use of the six languages should be tackled, especially when drafting policy documents, organizing technical conferences and recruiting staff for the Secretariat. Simultaneous interpretation services should be provided for WHO's technical conferences. Multilingualism was a long-term task and he looked forward to substantial progress being made.

Dr YOUBA (Mali) said that WHO should align its plan of action with the resolution on multilingualism adopted by the United Nations General Assembly on 16 May 2007, which set out some important principles, such as staff training in the six official languages and equality among the working languages.

Dr SALEHI (Afghanistan), speaking on behalf of the Member States of the Eastern Mediterranean, commended the Director-General's pledge to support multilingualism and the diversity of cultures. He paid tribute to the efforts of the Regional Director for the Eastern Mediterranean in producing a multilingual unified medical dictionary, providing training at regional and country levels, making 70% of the information on the web site available in both Arabic and English and supporting the translation of key documents into national languages of the Region.

¹ Resolution 61/266.

Multilingualism covered WHO's six official languages and the support required to generate, share and use health knowledge in national and local languages. Multilingualism should be seen not as a tool to satisfy the requirements of the governing bodies, but as a means to improve equal access to health information and support human resources development and the building of health systems. Through the use of national languages, local health workers could be trained, health messages communicated and health information systems built. In addition, besides electronic publishing and access to the electronic files of WHO's documents and reports, multilingualism called for the use of the best publishing format in order to achieve equity in access to health information. The web was full of health information in the six languages, but had little to offer in many other languages. Moreover, the web was not available to millions of people who needed printed material in their local languages.

Language use should go beyond translation or publishing in the six languages. Publishing at WHO was mainly in English, yet WHO should encourage knowledge creation in other languages. Apart from translation, WHO should support many other aspects relating to multilingualism, including terminology and nomenclature standardization and management, machine translation on the web site, research in medical terminology, terminology databanks and multilingual search engines. WHO should make more effort to support research in those areas and possibly to sponsor some applications, especially in favour of non-Latin alphabet languages. WHO should ensure equity in languages by helping to make standards and classifications available at national and local levels. The gap between English, French and Spanish, on the one hand, and Arabic, Chinese and Russian, on the other, should be bridged. WHO's commitment to multilingualism should be translated into action plans and budgets at country and regional levels.

He requested the following: allocation of more resources at regional level to support terminology development and standardization; a more active and central role for WHO in terminology standardization in continuation of its global e-health efforts; more support for the global standardization of terminology, in order to ensure equity among language groups; and the development of computer-based systems to support better terminology management, including machine translation and wider access to terminology databanks.

Professor PEREIRA MIGUEL (Portugal) said that linguistic diversity was essential for the proper discharge of WHO's mandate and he therefore welcomed the proposed plan of action. He reminded the Board that WHO's official working languages included the official languages of the regional offices, of which Portuguese, with more than 220 million native speakers worldwide, was one. Too few documents were translated into such languages and they were not even mentioned in the report. He asked for clarification of the term "local languages" used in the report and of the way in which translation needs would be prioritized among the different language types. Precise criteria would be needed to ensure that translation into local languages was not undertaken at the expense of the Organization's official languages.

The ePORTUGUÊSe initiative could serve as an example of good practice, and it would benefit from being strengthened. United Nations General Assembly resolution 61/266 should be reflected in WHO's plan of action, especially with regard to staff training in all the official languages of the United Nations and parity among the working languages.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi) welcomed multilingualism because it facilitated communication and improved access to information, thus enhancing the global health agenda.

Mrs TOR-DE TARLE (France)¹ welcomed the draft plan of action on multilingualism. It should lead to an increase in the number of WHO guidelines translated into all the official languages, so

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

directly promoting health for all. As other speakers had suggested, the plan of action should take account of United Nations General Assembly resolution 61/266, which laid down some valuable principles for achieving multilingualism. The draft plan of action did not cover the issue of language training for WHO staff. In the matter of translation, there was a need to reconcile the production of documents in the six official languages with the requests from certain Member States for translations into “local languages”. The plan of action should make clear that translation into local languages would not be allowed to jeopardize the provision of documents in either the official languages or the working languages of the regional offices.

The plan of action also referred to the activities of the Special Coordinator appointed in 2000 to promote multilingualism in WHO. She asked for more information about the work done: which activities had been successful, and which less so? Member States needed to know that in order to decide whether and how to change the role of the Special Coordinator.

According to paragraph 12 of the report, the budget proposed for the plan of action was only US\$ 20 million, whereas in the Medium-term strategic plan adopted by the Health Assembly Strategic Objective 12, on fostering partnership and collaboration with countries, had a total budget of more than US\$ 117 million for the same period, 2008–2013. What was the reason for the disparity? Proper provision must be made within the budget for the promotion of multilingualism. All too often, the Secretariat asked Member States, especially francophone States, to pay for the translation of documents in English, notwithstanding the obligation to translate such documents into the six official languages imposed by the rules of the United Nations.

Ms GOY (Luxembourg)¹ said that multilingualism was one element ensuring the harmonious functioning of the United Nations system. The expression “local languages” should be clarified. The translation of documents into the official languages and staff training in languages should be among the priorities laid down by the Organization for financing from the regular budget. She supported the call for equality among all official languages expressed by the United Nations General Assembly in resolution 61/266 and the proposal to include in the action plan a formal reference to that resolution.

Mrs BU FIGUEROA (Honduras),¹ speaking on behalf of the Member States of the Latin American and Caribbean group, endorsed the remarks by the member for Mexico. To enable the Organization to work efficiently and information exchange among Member States, the Secretariat must translate its documentation into all the official languages and provide interpretation at all technical meetings, drafting and working groups, and regional meetings held during conferences and Health Assemblies. At the first Global Partners Meeting on Neglected Tropical Diseases, held on 19 and 20 April 2007, there had been neither documentation nor interpretation in Spanish, which placed some participants at a disadvantage. Technical meetings, in particular, should have interpretation into Spanish. Communications sent to permanent missions should be in the official language of the Member State concerned. She appreciated the Secretariat’s efforts to provide governing body documentation in the official languages, but there was still much to be done in the matter of translation.

Member States in the group were underrepresented in senior posts at WHO headquarters. The advantage of having Spanish as a mother tongue should be given more weight during the recruitment process. In theory, WHO worked in six official languages, but in practice it worked mainly in English.

The Programme, Budget and Administration Committee had acknowledged the efforts made to promote multilingualism, and stressed the use of multiple languages at all WHO’s international meetings.² The translation priorities referred to in document EB121/6 should not unduly affect the basic principle that documents were to be translated into the six official languages. The multilingual

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

² Document EB121/3.

team of web editors (paragraph 6) should include professionals from the Member States of the Region of the Americas. The estimated budget of US\$ 20 million for the plan of action on multilingualism must not be allocated at the expense of health programmes.

Mr MARTIN (Switzerland)¹ concurred with the statements made by the representatives of France and Luxembourg. WHO should act in the spirit of United Nations General Assembly resolution 61/266, of which Switzerland had been a sponsor. The cost of translating operational documents into languages other than the United Nations official languages, for instance Portuguese, should be met from the budget of the programme concerned. That would help protect the six official languages, while demonstrating the true cost of translation into other languages, which had to be met from somewhere. The statistics prepared by the Secretariat for the governing bodies should indicate each staff member's mother tongue and preferred working language.

Mr BARARUNYERETSE (Organisation internationale de la Francophonie), speaking at the invitation of the CHAIRMAN, said that the draft plan of action addressed some of the concerns expressed by Member States. However, the new concept of "local languages" could be defined differently in different situations, and might adversely affect the status of the Organization's official languages unless additional funds were allocated to such languages. He was also concerned by the references in the Secretariat's report to a coordinator (paragraph 11). Before any reassessment of the Special Coordinator's role, the work done so far should be reviewed and a post description drawn up that took into account the post-holder's language skills. Also, the resources allocated to multilingualism might be reduced when the plan of action was implemented.

The United Nations General Assembly, in resolution 61/266, emphasized the importance of parity of treatment of the six official languages, and requested the Secretary-General to treat all the language services equally and to give them the resources and working conditions they needed to produce work of the highest possible quality. It reiterated its call for all important older United Nations documents to be uploaded onto the United Nations web site in the six official languages, and for documents and databases currently available only in English to be translated into the other languages. Those services were needed to ensure that truly multilingual dialogue could take place between Member States on an equal footing. All the official languages should be used in all the activities of the United Nations Department of Public Information, and the disparity between the use of English and that of the other five languages should be eliminated.

The draft plan of action should be amended in the light of resolution 61/266, and a draft resolution on the matter should be prepared for the Executive Board to consider at its next session in January 2008.

Dr EVANS (Assistant Director-General), speaking in French, thanked participants for their valuable comments. Multilingualism presented opportunities as well as threats. The Secretariat would take account of resolution 61/266. Progress made on multilingualism would be reviewed.

Continuing in English, he said that the budget of US\$ 20 million proposed in the report covered only activities recommended by the United Nations Joint Inspection Unit, and represented only a small proportion of WHO's activities related to multilingualism. Staff training in the official languages was provided free of charge. The translation of documentation into local languages was not financed from the regular budget; it was often undertaken by private firms as a commercial venture or paid for by Member States.

The Board noted the report.

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

Committees of the Executive Board: filling of vacancies: Item 6.4 of the Agenda (Documents EB121/7, EB121/7 Add.1 and EB121/7 Add.1 Corr.1)

The CHAIRMAN drew the Board's attention to the report on membership of the Board's committees and proposed candidates for the vacant posts (documents EB121/7 Add.1 and EB121/7 Add.1 Corr.1).

Standing Committee on Nongovernmental Organizations

Decision: The Executive Board appointed Dr Jigmi Singay (Bhutan) and Dr J. Calderón Yberico (Peru) as members of its Standing Committee on Nongovernmental Organizations for the duration of their term of office on the Executive Board, in addition to Mr O.K. Shiraliyev (Azerbaijan), Dr Ren Minghui (China) and Dr R.R. Jean Louis (Madagascar), already members of the Committee. It was understood that, if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.¹

Programme, Budget and Administration Committee

Decision: The Executive Board appointed as members of the Programme, Budget and Administration Committee Dr S.F. Supari (Indonesia), Dr H. Shinozaki (Japan), Dr Z.M. Youba (Mali), Mr M. Bailón (Mexico), Mr P. Hodgson (New Zealand), Professor J. Pereira Miguel (Portugal) and Dr H. Abdessalem (Tunisia) for a two-year period or until expiry of their membership on the Board, whichever comes first, in addition to Dr A.S. Salehi (Afghanistan), Mr J. Fisker (Denmark), Dr W.T. Gwenigale (Liberia), Mr N.S. de Silva (Sri Lanka), Dr J. Agwunobi (United States of America), Dr B. Sadasivan (Singapore), Chairman of the Board, member ex officio and Dr J.G. Maza Brizuela (El Salvador), Vice-Chairman of the Board, member ex officio. It was understood that, if any member of the Committee, except the two ex officio members, was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.²

Foundation Committees

Léon Bernard Foundation Committee

Decision: The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Professor S. Aydin (Turkey) as a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that, if Professor S. Aydin was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.³

¹ Decision EB121(1).

² Decision EB121(2).

³ Decision EB121(3).

Jacques Parisot Foundation Fellowship Selection Panel

Decision: The Executive Board, in accordance with the Implementing Regulations of the Jacques Parisot Foundation, appointed Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland) as a member of the Jacques Parisot Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members ex officio. It was understood that, if Sir Liam Donaldson was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.¹

Sasakawa Health Prize Selection Panel

Decision: The Executive Board, in accordance with the Statutes of the Sasakawa Health Prize, appointed Professor Sohn Myong-sei (Republic of Korea) as a member of the Sasakawa Health Prize Selection Panel for the duration of his term of office, in addition to the Chairman of the Board and a representative of the founder, members ex officio. It was understood that, if Professor Sohn Myong-sei was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.²

United Arab Emirates Health Foundation Selection Panel

Decision: The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation, appointed Dr H. Abdessalem (Tunisia) as a member of the United Arab Emirates Health Foundation Selection Panel for the duration of his term of office, in addition to the Chairman of the Board and a representative of the Founder, members ex officio. It was understood that, if Dr Abdessalem was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.³

State of Kuwait Health Promotion Foundation Selection Panel

Decision: The Executive Board, in accordance with the Statutes of the State of Kuwait Health Promotion Foundation, appointed Dr A.A. Bin Shakar (United Arab Emirates) as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board and a representative of the founder, members ex officio. It was understood that, if Dr Bin Shakar was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.⁴

¹ Decision EB121(4).

² Decision EB121(5).

³ Decision EB121(6).

⁴ Decision EB121(7).

Representatives of the Executive Board at the Sixty-first World Health Assembly

Decision: The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr B. Sadasivan (Singapore), ex officio, and its first three Vice-Chairmen, Dr W.T. Gwenigale (Liberia), Dr V. Jaksons (Latvia) and Mr A.A. Miguil (Djibouti), to represent the Board at the Sixty-first World Health Assembly. It was understood that, if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr J.G. Maza Brizuela (El Salvador), and the Rapporteur, Dr Jigmi Singay (Bhutan), could be asked to represent the Board.¹

Expert Committee on the Selection and Use of Essential Medicines: establishment of a subcommittee: Item 6.5 of the Agenda (Documents EB121/8 and EB121/8 Add.1)

The CHAIRMAN recalled that, in March 2007, the Expert Committee on the Selection and Use of Essential Medicines had recommended that a subcommittee should be established in order to identify missing essential medicines for children for inclusion in the Model List of Essential Medicines. The Secretariat had prepared a report incorporating a draft resolution.

Dr AGWUNOBI (United States of America) suggested that, for the sake of consistency, paragraph 1(1) of the draft resolution should be reworded to read: “to prepare a list of medicines for children, based on their clinical needs and the burden of disease, that the WHO Expert Committee on the Selection and Use of Essential Medicines can use to revise and regularly update the Model List of Essential Medicines to include missing essential medicines for children”.

Ms NGAUNJE (alternate to Dr Salaniponi, Malawi) said that the proposed subcommittee would give long-overdue consideration to the lack of standards for essential medicines for children, and that its work would support the Director-General’s commitment to prioritize the health of children. For those reasons, she favoured its establishment.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) strongly supported the establishment of the subcommittee, but was concerned that the two-year period for reporting might be too long. The subcommittee should perhaps be asked to submit an interim report to the Expert Group in about a year, focusing on the problem areas revealed by its work over the preceding 12 months and putting forward proposals to address them.

Mr BAILÓN (Mexico) also supported the establishment of the temporary subcommittee. He encouraged the Secretariat to ensure balanced regional representation in its membership, including participation by experts from developing countries.

Dr ZUCKER (Assistant Director-General) said that the Secretariat would indeed ensure balanced geographical representation in the subcommittee’s membership and would also request the subcommittee to present an interim report in 2008.

The resolution, as amended, was adopted.²

¹ Decision EB121(8).

² Resolution EB121.R2.

Future sessions of the Executive Board and the Health Assembly: Item 6.6 of the Agenda (Document EB121/9)

The CHAIRMAN said that, in the absence of any objection, he took it that the Board wished to adopt the two draft decisions contained in document EB121/9.

Decision: The Executive Board decided that its 122nd session should be convened on Monday, 21 January 2008, at WHO headquarters, Geneva, and should close no later than Saturday, 26 January 2008.¹

Decision: The Executive Board decided that the Sixty-first World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 19 May 2008, and that it should close no later than Saturday, 24 May 2008.²

2. STAFFING MATTERS: Item 7 of the Agenda

Statement by the representative of the WHO staff associations: Item 7.1 of the Agenda (Document EB121/INF.DOC./1)

Mr BELGHARBI (representative of the WHO staff associations) read out a statement highlighting the WHO staff associations' concerns with regard to the lengthy and ongoing process of reform within the United Nations system as a whole and within WHO specifically. The staff associations supported such reforms, particularly if they would lead to the adoption of a learning approach throughout the Organization, but they urged that due attention should be paid to human resources issues in the implementation of future reforms in order to minimize any negative impact on staff or on WHO's ability to deliver essential services. The staff associations acknowledged with appreciation the Director-General's efforts to build a stronger and more dynamic consultative process with the global staff associations and were encouraged by the progress made towards a more open and frank atmosphere for discussion of issues relating to personnel policy and conditions of service.

The Board noted the statement by the representative of the WHO staff associations.

3. MATTERS FOR INFORMATION: REPORTS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 8 of the Agenda (Document EB121/10)

Dr AGWUNOBI (United States of America), referring to the report of the Expert Committee on Problems Related to Alcohol Consumption, noted the reference to trade agreements in paragraph 43 in the Secretariat's report. He would raise that issue again during the Board's session in January 2008, when the Board would also be discussing the harmful use of alcohol.

Dr JAKSONS (Latvia) recalled that the Sixtieth World Health Assembly had failed to reach agreement on a draft resolution on harmful use of alcohol. The main unresolved issue was whether the approach to the problem should be global or at regional and national levels. He encouraged the

¹ Decision EB121(9).

² Decision EB121(10).

Secretariat to give special attention to that issue when it prepared the document to be submitted to the Board at its 122nd session.

The DIRECTOR-GENERAL said that those comments, along with the Health Assembly's discussions on the harmful use of alcohol, would be taken into account in preparing the document.

The Board noted the report.

4. CLOSURE OF THE SESSION: Item 9 of the Agenda

After the customary exchange of courtesies, the CHAIRMAN declared the 121st session closed.

The meeting rose at 16:45.
