

## **SUMMARY RECORDS**

### **FIRST MEETING**

**Monday, 21 January 2008, at 09:40**

**Chairman:** Dr B. SADASIVAN (Singapore)

**1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the Provisional agenda (Documents EB122/1 and EB122/1(annotated))

The CHAIRMAN declared open the 122nd session of the Executive Board and welcomed all participants, including the new Board members from China, Iraq, Malawi, Mexico, Namibia, New Zealand and the United States of America. Regrettably, some documents for the current session had been issued late; however, he had received assurances from the Secretariat that steps were being taken to avoid any recurrence of that state of affairs.

In drawing up the provisional agenda, the Secretariat and the Officers of the Board had decided to defer some proposals until future Board sessions. Item 5 of the provisional agenda should be deleted, as there was no proposed amendment to the Financial Regulations and Financial Rules. He suggested that consideration of a draft resolution on multilingualism, currently scheduled for discussion under item 8, "Matters for information", should be transferred to item 6, "Management matters".

**It was so agreed.**

Dr VOLJČ (Slovenia), speaking on behalf of the Member States of the European Union, said that the candidate countries Croatia, The former Yugoslav Republic of Macedonia and Turkey, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, and also Ukraine, Armenia and the Republic of Moldova, aligned themselves with his statement. In September 2007, Portugal, the country then holding the Presidency of the European Union, had asked the Director-General to include in the agenda for the Board's 122nd session an item on monitoring the implementation of the health-related Millennium Development Goals. On 6 November 2007, the Director-General, in a communication to Members of WHO, had recommended that consideration of the question should be deferred until the 123rd session. The European Union was worried about the slow progress made with the implementation of the Goals, especially those relating to health supposed to be achieved by 2015, only seven years away. The European Union's current initiative would enable annual discussion of the Goals on the basis of detailed reports from WHO, and improve coordination with other United Nations agencies. Accordingly, he formally requested the Board to approve the inclusion of the item in the agenda for its current session, so that it could be considered at the Sixty-first World Health Assembly with the first annual discussion in May 2009.

Dr WRIGHT (United States of America) said that climate change and health was a complex issue, discussion of which he could not presently support because the Secretariat had made document EB122/4 available only three days before the start of the session. Discussion on the agenda item should be delayed until the end of the session in order to give his country the necessary time to thoroughly review the document and the related draft resolution.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) supported the proposal concerning discussion of the Millennium Development Goals. His Government had advocated the inclusion of climate change and health in the agenda. Climate change and health was the theme of World Health Day in 2008. He therefore proposed that a preliminary discussion on the item should be scheduled on the agenda, with a more detailed discussion of the relevant draft resolution later in the session.

Mr McKERNAN (New Zealand) supported that proposal.

Dr VOLJČ (Slovenia), speaking on behalf of the Member States of the European Union, said that the European Community, its Member States and the European Commission worked closely with WHO. As agreed in the exchange of letters in 2000 between WHO and the Community on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Community, the European Commission attended the sessions of the Board as an observer. However, under Rule 4 of the Board's Rules of Procedure, such representatives were not automatically invited to participate in subcommittees or other subdivisions of the Board such as drafting groups and working groups. He accordingly proposed that, at the 122nd session of the Board, the European Commission should be invited to participate without vote in the deliberations of the subcommittees or other subdivisions of the Board and committees falling within the Community's competence and, in particular, those covered by agenda items 4.1 to 4.13.

Mr BURCI (Legal Counsel) noted that at previous sessions the Board had agreed to such requests on the understanding that the European Community would participate only in drafting or working groups on items regarding which it had competence, namely those just cited, and that either the European Union or the European Community would take the floor, so as to avoid any overlap.

The CHAIRMAN said that he took it that the Board wished to include in its agenda an item entitled "Monitoring of health-related Millennium Development Goals", and to accept the proposal by the member for Slovenia concerning the participation of the European Community.

**It was so agreed.**

After a brief discussion in which Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) and Dr WRIGHT (United States of America) participated, the CHAIRMAN said that he took it that the Board wished to postpone the discussion of agenda item 4.1, "Climate change and health", from the first to the second day of its current session.

**It was so agreed.**

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

Referring to the preliminary timetable contained in document EB122/DIV/2, the CHAIRMAN suggested that the meeting planned for the Darling Foundation Committee should be cancelled, in view of the proposal to disestablish the Committee.

**It was so agreed.**

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<sup>1</sup> See page ix.

The CHAIRMAN announced that item 7.1, "Appointment of the Regional Director for the Americas", would be taken up one day earlier than scheduled. He took it that the Board agreed to the proposed timetable, as amended, allowing for possible adjustments.

**It was so agreed.**

## **2. REPORT BY THE DIRECTOR-GENERAL:** Item 2 of the Agenda (Document EB122/2)

The DIRECTOR-GENERAL drew attention to the threat to health posed by instability and civil unrest, which disrupted routine health services and compromised special initiatives. In particular, support for health services was needed in Kenya and in the Gaza Strip. She commended the Government of Iraq's survey of family health, which would draw the attention of world leaders to the effects of conflict on health services.

She agreed with previous speakers that the late release of documents compromised the ability of the Executive Board to prepare for an efficiently conducted Health Assembly, and assured Members that she would review the issue to ensure the timely issuance of documentation for future sessions.

New estimates from UNAIDS and WHO indicated that the number of people dying from AIDS-related illnesses had declined over the past two years, owing in part to preventive efforts and the expansion of coverage with antiretroviral therapy. Nevertheless, the annual number of new infections outpaced the expansion of access to treatment, mother-to-child transmission of HIV was still a problem, and high-risk groups were being ignored by some governments.

Efforts to control tuberculosis were yielding results, as the annual global incidence appeared to have stabilized or was declining in some parts of the world. Multidrug-resistant tuberculosis was, however, a particular concern in some areas, and the recent emergence of extensively drug-resistant tuberculosis was alarming, as it was difficult to detect and extremely expensive to treat.

The burdens of HIV/AIDS, tuberculosis and malaria were highest in Africa. Progress in combating those diseases would therefore not be measured in terms of global averages but by improvement in the health of the African people. The political and public profile of malaria had risen; international commitment was strong, with coherent implementation of strategies. Artemisinin-based combination therapies were effective and safe but they cost 20 to 40 times more than conventional treatments, placing an intolerable burden on impoverished rural families. UNITAID, an international facility for purchasing medicines and diagnostics for AIDS, tuberculosis and malaria, funded by a levy on airline tickets, paid for large quantities of products and guaranteed a large, predictable market, thereby providing an incentive for improving products. An average reduction in the price of HIV/AIDS medicines of 40% had been brokered. A mechanism was being considered for improving access to artemisinin-based combination therapies, with heavily subsidized prices at the point of manufacture. Once the price of the best products became competitive, ineffective, substandard or counterfeit products would be driven off the market.

Progress had also been made in combating neglected tropical diseases, through cost-effective strategies. Mass preventive chemotherapy, for instance, had eliminated lymphatic filariasis in China and Egypt in 2007, and other countries were close to achieving that goal.

Globalization and urbanization had introduced a common dimension to health problems. Governments in all regions were concerned about emerging and epidemic-prone diseases and recognized the significance of the International Health Regulations (2005) and the increasing incidence of chronic diseases. The health-related Millennium Development Goals had been on the agenda of each of the Regional Committee sessions, all of which signalled difficulty in meeting the goal for reducing maternal mortality. That situation would change only when more women had access to skilled birth attendants and emergency obstetric care, and when the broad social and economic determinants of maternal mortality had been addressed. Countries in all regions had recognized the need to strengthen health systems and health delivery and to ensure the financing of health care.

The past year had been marked by three significant developments: an increasing recognition by development partners, United Nations agencies and funding facilities of the need to invest in health systems; the acceptance of climate change as a reality by world leaders, which must be followed by recognition of the likely impact on human health of extreme weather events; and the revival of the values, principles and approaches of primary health care in achieving the health-related Millennium Development Goals.

Member States had mandated some reforms in order to improve the Organization's performance. In response, she had improved coordination of the work of WHO at all levels, and she thanked the Regional Directors and WHO country representatives for their cooperation. She was committed to results-based performance and financial discipline and to modernizing the managerial and administrative procedures of WHO in order to meet rapidly evolving challenges. The global management system, which would become operational in 2008, would greatly increase transparency and accountability in the management of programme and human resources. Implementation would be closely monitored.

Commenting on specific items on the agenda, she drew attention to eradication of poliomyelitis and dracunculiasis. Efforts to attain those two goals were hindered by substantial funding gaps. The progress made towards eradication of dracunculiasis demonstrated the power of behavioural change to reduce disease incidence and its importance in preventing many chronic diseases. Two other reports showed how the intergovernmental meeting on pandemic influenza had sought a timely, transparent, equitable system for sharing viruses and benefits, and how the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property had sought to influence the dynamics of supply and demand in industries that were largely driven by market forces. Other reports outlined strategies to reduce the harmful use of alcohol; the international migration of health personnel; female genital mutilation; and the health needs of migrants.

The report on the global immunization strategy showed that the obstacles to full coverage encountered in the 1980s had been overcome, with record-breaking progress made in 2006. Immunization was the best means of protecting populations that were hard to reach, even in the absence of a well-functioning health system, and immunization programmes could also deliver other interventions such as bednets, vitamin A supplements and deworming tablets. Strong support was being provided by governments and the GAVI Alliance, and more vaccines were being delivered, stimulating research and development into new vaccines and the involvement of more manufacturers in developing countries. The immunization strategy had also led to more comprehensive disease surveillance and monitoring systems. Between two and three million deaths were being prevented each year. The achievements of the past year indicated that many problems that constrained progress could be overcome, that equitable coverage could be achieved, and that the drive towards such coverage brought ancillary benefits that laid the foundations for additional progress.

Dr SHINOZAKI (Japan), in congratulating the Director-General on the excellent results achieved, referred to pandemic influenza preparedness and public health, innovation and intellectual property and progress made against HIV/AIDS, tuberculosis and malaria. Further effort was needed in order to achieve the Millennium Development Goals, particularly in maternal and child health in Africa, through strengthened health systems and revitalized primary health care.

In 2008, Japan would be hosting the Fourth Tokyo International Conference on African Development and the G8 Hokkaido Toyako Summit, at which health issues would be discussed, as had been the case at the Kyushu-Okinawa Summit in 2000, which had led to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In the areas of maternal and child health and tuberculosis, his Government's philosophy of human security had improved health conditions in Japan.

He noted progress towards organizational reform and the new global management system. In the light of the various organizations and emerging partnerships involved in improving the global health situation, WHO should cooperate closely with the directors of the regional offices.

Dr GWENIGALE (Liberia), speaking on behalf of the Member States of the African Region, welcomed the report's emphasis on issues affecting Africa and requested a regular review of the implementation of the agenda in that connection. He commended WHO's success in coordinating effective immunization against measles in Africa, which had resulted in a 91% decline in the number of deaths – from 396 000 to less than 36 000 – from the disease in the Region between 2002 and 2006, thereby meeting the 2010 target to reduce deaths from measles by 90% four years early. The importance of targeted public health interventions in the most affected regions had thereby been demonstrated, and should be replicated in the case of other diseases that disproportionately affected developing countries. He urged greater cooperation between nongovernmental organizations, the private sector and Member States in order to eradicate measles in Africa by 2010, and the need for WHO to participate in United Nations reform to ensure effectiveness of programmes in individual countries. The Organization should remain the lead agency on health issues. All agencies working in health should align their cooperation strategies with national health plans in order to strengthen national health systems.

Dr VOLJČ (Slovenia), speaking on behalf of the European Union, Norway, the candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process, and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, and Ukraine, Armenia and the Republic of Moldova, acknowledged the Organization's achievements in 2007, and the smooth adoption of the Programme budget 2008–2009 and the Medium-term strategic plan 2008–2013 by the Sixtieth World Health Assembly. He particularly welcomed strategic objective 5 in the medium-term plan; the formal entry into force of the International Health Regulations (2005); the positive outcome of the second session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, in particular the adoption of the guidelines on protection from exposure to tobacco smoke;<sup>1</sup> and the decision to set up an intergovernmental negotiating body to negotiate a protocol on illicit trade in tobacco products.<sup>2</sup>

The European Union had participated in the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. The significant achievements made must be translated into political commitments and beneficial change. He emphasized the global strategy and plan of action for all countries. Regarding the Intergovernmental Meeting on Pandemic Influenza Preparedness, a new transparent and effective system should be set up for the sharing of viruses and of derived benefits, in order to prevent future pandemics of avian influenza, and strengthen global health security. Immediate measures were called for, before the next Intergovernmental Meeting, for a fast and adequate response in the case of a pandemic outbreak of avian influenza. More stringent negotiation methods were also required at such meetings.

He supported the resolution proposed by the United Kingdom and others on climate change and health. WHO needed to look ahead in order to assess and manage the associated risks to public health, particularly for countries least able to adapt. He also welcomed WHO's choice of "protecting health from climate change" as the theme for World Health Day 2008. Progress towards achieving the Millennium Development Goals remained a high priority for the European Union. The slow progress towards the Goals, particularly on maternal, newborn and child health, HIV/AIDS, and sexual and reproductive health, was a concern. Monitoring the implementation of the Goals should be discussed by the Board. The European Union would support WHO in that monitoring, in coordination with other United Nations agencies and in the spirit of United Nations reform. Using existing mechanisms would avoid significant budget implications.

Initiatives such as the International Health Partnership reflected the need for greater coordination between countries, donors and the international health agencies. WHO would show leadership and commitment to United Nations reform through the success of existing pilot initiatives.

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<sup>1</sup> Decision FCTC/COP2(7).

<sup>2</sup> Decision FCTC/COP2(12).

He supported integrated primary health care as a way to strengthen health systems and welcomed the intention of the Regional Office for Europe to hold a ministerial conference on health systems in June 2008. Equal access to health care and equal opportunities to lead a healthy lifestyle should be key elements to improving health systems. The primary health sector should be used for tackling serious threats.

The international community should take more account of regional experience with regard to the migration of health workers through coordinated efforts by WHO with other international organizations. National legislation should also give greater consideration to the health of migrants. Access to treatment and preventive health care for migrants and their families were essential human rights, and promoted their integration and the well-being of the whole population.

Resolution WHA60.23 had given higher priority to the prevention and control of noncommunicable diseases, which were important in both developing and developed countries. A tight focus was needed on the main risk factors, including the harmful use of alcohol, and their severe impact on societies and economies. WHO should develop a global, evidence-based strategy.

Female genital mutilation continued to hamper the rights of women, girls and infants to the highest attainable standard of health. He commended WHO's work on the matter and supported the cooperation between WHO, UNICEF and UNFPA while looking forward to the revised joint statement. He also urged further action, especially research and evidence-based advocacy.

He welcomed the report on WHO publications and its potential for additional efficiency and savings. Balance was nevertheless needed for specific cases. Evidence presented must be indisputable, but WHO would sometimes have to challenge policies that were detrimental to health.

Welcoming the report on partnerships, he asked what criteria would govern the prioritization of prospective partnerships. It was important to avoid duplication of work on international health issues. WHO should maintain its focus on areas where it had a natural part to play and could exercise its leading role undisputed. Only united endeavours could make the world a healthier place.

Mr CORDOVA VILLALOBOS (alternate to Dr Hernández Ávila, Mexico) said that Mexico would continue the implementation of International Health Regulations (2005) and preparation for the possibility of pandemic influenza. Coordinated action from all sectors of society was needed. Demographic and epidemiological changes had forced Mexico to refocus public health policies; health care was a priority and would become a State policy with increased funding. Mexico was establishing a unified health system, balancing preventive and curative medicine and focusing on anticipating potential harm. Mexico had adopted the WHO guidelines in developing a national plan for preparedness and response to pandemic influenza.

His Government had promoted a pharmaceutical policy governing the supply, rational use and availability of medicines. It encouraged the commercialization of generic medicines, which broadened access to low-cost medicines of proven quality.

Given the urgency of raising a new generation of Mexicans with a better standard of health, all children born in Mexico since December 2006 without social security coverage were being registered for a new generation medical insurance scheme that provided full coverage, including for their families, and free health care. More than 800 000 children and their families had joined the scheme in the past year. Progress had also been made in promoting the Alliance for a Healthy Mexico.

Thanks to progress in the health-care system, federal emergency and disaster units had been able to apply effective sanitation measures in the flood-stricken states of Tabasco and Chiapas. He thanked WHO and all supporting countries.

He invited all Member States to attend two global events planned to be held in Mexico in 2008: the World Conference on Injury Prevention and Safety Promotion, to be held in Mérida in March, and the International AIDS Conference in Mexico City in August.

Dr AL-HASNAWI (Iraq) thanked the Director-General for her remarks about the Iraqi family health survey, which had been conducted in difficult circumstances and completed through the support of WHO and the European Union. The Ministry of Health would use the data obtained, in particular those on death resulting from violence, as the evidence base to develop and reform the health system.

Mr LI Baodong (China) remarked that the Director-General's report provided a comprehensive analysis of health challenges and the countermeasures needed. WHO had made significant progress in respect of avian and pandemic influenza and the implementation of the International Health Regulations (2005). Human health was threatened by a deteriorating environment, emergence of infectious diseases and increasing public health emergencies. Public health had become a global socioeconomic and security issue, and the international community was increasingly looking to WHO, as the global leader in health matters, to develop measures to combat disease and improve the quality of human life. Governments prioritized the prevention and control of H5N1 avian influenza and pandemic influenza, which demanded close international cooperation, including full implementation of the Regulations. Technical support from WHO for that purpose was needed, especially for developing countries.

China had prioritized pandemic influenza preparedness and implementation of the Regulations. It had improved the legal framework and emergency response, identified focal points, established intersectoral coordination and enhanced capacity. It had also conducted risk assessments and was increasing finance to emergency response and the public health system. China was exchanging information with other Member States for dealing jointly with public health emergencies. WHO should strengthen collaboration with Member States and relevant organizations and play a leading role in global public health and in the attainment of the Millennium Development Goals.

Dr ABDESSELEM (Tunisia) said that the deteriorating health situation in the occupied territories was of grave concern. In the Gaza Strip, many health facilities had ceased functioning and the recent loss of the electricity supply had led to the closure of operating theatres. He called on WHO to help resolve the situation and requested the Director-General to report on the matter to the Sixty-first World Health Assembly.

Professor SOHN Myongsei (Republic of Korea) observed that sustainability was a key theme underpinning the Director-General's address. WHO's 60 years of experience should provide perspectives for future work. In 1980, WHO had declared the eradication of smallpox. Focus on the diseases and public health problems that threatened global health must be sustained until similar successes had been achieved. Great progress had been made towards eradicating dracunculiasis and other diseases and there was encouraging news in the fight against HIV/AIDS, tuberculosis and malaria. However, the momentum of prevention and control activities must be maintained until complete success had been assured.

In addressing the health effects of climate change, sustainability would again be essential. The selection of "Protecting health from climate change" as the theme for World Health Day 2008, would help to raise awareness. WHO should lead in promoting research and building capacity in order to assess the health impacts of climate change, which threatened the attainment of the Millennium Development Goals. Member States would require technical support in order to implement the mitigation measures needed. Budgetary allocations to such support should therefore be reviewed.

Dr DAHL-REGIS (Bahamas) welcomed the success of the global immunization strategy, which had been due to coordination at all levels, political will and the establishment of partnerships. Experience thus gathered should be applied to attaining the Millennium Development Goals. She saluted WHO's focus on Africa and looked forward to its work in her own region, especially in similar areas such as Hispaniola.

Professor SALANIPONI (Malawi) expressed appreciation for comments in respect of strengthening of health systems. WHO must continue to support that area and pay attention to the negative impact of migration of health personnel. He looked forward to WHO's continued support to Africa.

Dr SINGAY (Bhutan), speaking on behalf of the Board members from the South-East Asia Region, welcomed the strengthening of health systems, the revival of primary health care and the

initiative on protecting health from climate change, including the selected topic for World Health Day 2008. The Region's Member States emphasized the social determinants of health, emergency preparedness and essential medicines, and acknowledged the support received from WHO.

Dr SUPARI (Indonesia) welcomed progress made on pandemic influenza preparedness and looked forward to the establishment of a more transparent and equitable mechanism for the sharing of viruses and benefits. A comprehensive review should be undertaken before addressing climate change and its health impacts. There was considerable information on the effects of global warming on the endemicity and epidemicity of tropical diseases such as malaria and dengue, which were prevalent in developing countries. Interventions in the area of climate change should bring about a reduction of those debilitating diseases. She welcomed the Director-General's focus on health concerns in Iraq and in Africa.

Dr AHMADZAI (Afghanistan), referring to the comments of the member for Tunisia concerning health conditions in the Gaza Strip, observed that malfunctioning of hospitals and lack of medical facilities in countries with conflicts put civilian lives at risk. His country was still suffering the effects of a long war and was not in a position to absorb a massive influx of repatriated refugees. He requested that that issue be addressed at the Sixty-first World Health Assembly.

Dr OUSMAN (alternate to Mr Miguil, Djibouti) commended the focus on the health problems of developing countries, in particular those in Africa. Health was a priority in Djibouti, which had for example hosted a regional workshop concerning health in the countries of the Horn of Africa in November 2006.

He endorsed the comments made by the member for Tunisia. WHO should take urgent action to assist those in the Gaza Strip and other populations affected by conflicts.

Dr ANTEZANA ARANÍBAR (Bolivia)<sup>1</sup> observed that the discussions had revealed a conflict between the objective of controlling various diseases that caused high mortality and health budgets that were not growing at a sufficient rate to achieve that goal. Health was not the exclusive responsibility of the health ministry or of WHO but a multisectoral issue, and many of its social determinants fell outside the purview of the health sector. Improving the health situation therefore required commitment by government as a whole.

The growth of chronic diseases as life expectancy increased should be taken into account for work in the medium and long term. Migration was another growing problem; improving the living and health conditions in developing countries could have a positive impact on migratory flows. The support offered by WHO should go beyond rhetoric, documents and resolutions, and be clear, immediate and lasting.

Dr ANGOT (Office International des Epizooties) said that his organization was collaborating closely with WHO on the basis of an agreement signed in 2003 on various subjects, including zoonoses, avian influenza and antimicrobial resistance. In the area of avian influenza, together with FAO it had established a network of expertise.

In response to the need to step up surveillance of animal diseases, his organization had assessed veterinary services in its 172 member countries and territories in order to identify weaknesses and improve sanitary standards with regard to animal health. A meeting on zoonoses control would be held in February 2008 at the Athens office of the WHO Mediterranean Zoonoses Control Programme. Climate change was linked to the emergence of diseases, three quarters of which were of animal origin.

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



The DIRECTOR-GENERAL said that she had listened attentively and thanked all members and representatives for their comments, recommendations and suggestions. The Secretariat would ensure that the Organization continued to address the topics of importance to members.

**The meeting rose at 12:30.**