

### **THIRD MEETING**

**Tuesday, 22 January 2008, at 09:10**

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

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

**Implementation of the International Health Regulations (2005):** Item 4.5 of the Agenda (Documents EB122/8, EB122/8 Add.1 and EB122/INF.DOC./2) (continued)

Dr AHMADZAI (Afghanistan), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that implementation of the International Health Regulations (2005) was the collective responsibility of all States Parties and their partners. Transparency could not be compromised nor overreaction justified. Meeting the requirements of the Regulations nevertheless required time, commitment and willingness to change. The areas of work that aimed to support Member States in his Region were global partnership, strengthening national capacity, preventing and responding to international public health emergencies, and legal issues and partnership. The Regional Office was providing support to Member States in formulating national plans of action to achieve those goals. Building capacity was required for epidemiological surveillance and response, public health laboratories and at designated points of entry. Provision of the necessary equipment, logistics and communication tools should be ensured, together with the fostering of global, regional and national partnerships. The Secretariat should work with countries in assessing existing capacities and in providing technical and financial support.

Dr CHEW Suok Kai (alternate to Dr Sadasivan, Singapore) commented that the Regulations reflected the interdependence of all countries of the world and their collective responsibility for global health security. Each Member State had obligations under the Regulations, and his country was ensuring that those obligations were met. He supported the draft resolution contained in the document under discussion.

Dr VOLJČ (Slovenia), speaking on behalf of the European Union, the countries of the European Free Trade Association, members of the European Economic Area, Iceland, Norway and Switzerland, the candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process, potential candidates Albania, Bosnia and Herzegovina and Montenegro, and also Armenia, Georgia, the Republic of Moldova and Ukraine, recalled resolution WHA60.28 on pandemic influenza preparedness. Implementation of the Regulations would allow establishment and strengthening of a shared surveillance, alert and response system. The Regulations implied mutual trust, transparency, political commitment, solidarity and international partnership.

The European Union had aligned European legislation on communicable diseases with the Regulations and established a committee in order to discuss actions for implementation with WHO, the European Commission and the European Centre for Disease Prevention and Control.

He recalled expected result 1.4 of strategic objective 1 of WHO's medium-term strategic plan (on provision of policy and technical support). He welcomed the provision by the Secretariat of documents on its web site and the organization of meetings that helped Member States to build their capacities and increase capacity to prevent and respond to health events. National focal points should ensure communication between national authorities and WHO, especially for notification of events.

That information should remain confidential; however, there was currently no secure system. He welcomed initiatives to improve secure protocols and operating procedures for confidential electronic communication, including between WHO headquarters and the regional offices. A protocol should be drawn up for all such secure communication. Member States, national focal points and WHO contact points should be trained in the use of the decision instrument presented in Annex 2 of the Regulations. The communication system should also apply to notifications, and other reports on the assessment of public health risks, in accordance with Articles 8 and 9 of the Regulations. He suggested a standard operating procedure for communication and coordination; States Parties should provide assessments at regional level, distinguishing between public health emergencies and other communications.

Countries needed more guidance from the Secretariat in assessing and designating ports and airports as points of entry. The information given by a Member State for implementation of health measures in ships and aircraft covered by Article 41 should be proportional to the objectives of the Regulations. The use of personal data, covered by Article 45, should be commensurate with the benefit to public health.

The European Union emphasized partnerships between Member States and international organizations in order to facilitate inspections and timely public health measures. He looked forward to a web site detailing points of entry and also WHO guidance on implementing Article 21 of the Regulations concerning ground crossings.

Mr HOHMAN (alternate to Dr Wright, United States of America) said that his Government had supported efforts to revise the International Health Regulations. They should be applied universally for the good of all people. The Secretariat should help Member States to develop the core capacities required for the implementation of the revised Regulations. Member States must meet their obligations under the Regulations by transparently sharing information about outbreaks of diseases that they were required to report, such as H5N1 avian influenza and other novel influenza strains, which posed serious global threats.

He looked forward to the analysis of the application of the Regulations to the management of health risks, referred to in paragraph 13 of document EB122/8. Turning to the draft resolution in the report, he preferred annual rather than two-yearly progress reports but simply requested the Secretariat to implement a mechanism by which it could provide more frequent progress reports on the implementation of the Regulations. His Government was willing to share with its international partners its own implementation experience, in the quest for global health security. He supported the draft resolution.

Professor SALANIPONI (Malawi), speaking on behalf of the Member States of the African Region, requested further information on the challenges related to the implementation of the International Health Regulations (2005), and on the actions taken.

In the African Region, the Regulations were being implemented within the context of the regional Integrated Disease Surveillance and Response strategy and, to date, 45 of the 46 Member States had designated national focal points. In May and June 2007, the Regional Office had organized briefings for focal points and control officers from 42 countries, was revising the technical guidelines to incorporate the Regulations and was providing technical assistance in developing and implementing national plans of action. The International Health Regulations (2005) Roster of Experts included several experts from the Region.

Mobilizing adequate resources to implement the Regulations was a major challenge to be met by 2012. He therefore proposed the addition to the draft resolution of a subparagraph 4(2) that would read “to provide support to Member States with the most vulnerable health systems in strengthening core capacity requirements for surveillance and response at airports, ports and ground crossings, paying special attention to the sub-Saharan Africa laboratory network”.

Mr GAUTO (alternate to Dr Dullak Peña, Paraguay) said that the entry into force of the International Health Regulations (2005) in June 2007, a major step in the global fight against disease, required a universally applicable legal instrument. Stressing the Director-General’s comment that the

global surveillance system must have no gaps or weak spots, he proposed replacing the words “timely and effective” with “timely, effective and universal” in paragraph 1 of the draft resolution.

The inability in parts of the world to respond to public health threats placed hundreds or thousands of lives at risk. WHO was attempting to bridge the gap through agreements with countries which, however, lacked legal competence in that area. How could those potential threats be identified and addressed? Could one country develop the necessary institutional capacity of another to comply with the Regulations, pursuant to their Article 13? While regretting that the draft resolution submitted by his country had been rejected without adequate discussion or amendment, he called on Board members to accept his amendment to the draft resolution under consideration.

Dr LARIOS LÓPEZ (alternate to Dr Maza Brizuela, El Salvador), endorsing the comments made by the members for the United States of America and Paraguay, urged that assistance was provided to territories not covered by the provisions of the International Health Regulations (2005). Areas or territories not listed as States Parties to the Regulations should join the global disease control system by designating or establishing focal points in universal application of the Regulations. His Government called on the Director-General and the Executive Board to facilitate communication and collaboration between such States, areas, territories and the Organization, including its Member States, so as to ensure the full and global implementation of the Regulations.

Dr MENESES GONZÁLEZ (alternate to Dr Hernández Ávila, Mexico) said that in 2006 Mexico had begun to apply the International Health Regulations (2005) with measures to prevent a potential influenza pandemic. Working groups and a focal point – the Intelligence Unit for Health Emergencies – had been set up, with measures to strengthen the entry into force of the Regulations in cooperation with PAHO. Studies would be conducted in order to enforce the annexes of the Regulations and further efforts would strengthen the national health system and epidemiological surveillance systems. Mexico was working with countries of the Region towards the effective implementation of the Regulations. He endorsed the draft resolution.

Dr CARVALHO (Sao Tomé and Príncipe), recalling that the Regulations provided the legal basis for the attainment of health for all, emphasized that many countries remained excluded from the network. He supported the amendments proposed by the member for Paraguay.

Mr DE SILVA (Sri Lanka), speaking on behalf of the Member States of the South-East Asia Region, supported the draft resolution and noted that the scope of the revised Regulations included biological and chemical threats and noncommunicable diseases. The Regulations had been formally implemented in the South-East Asia Region in 2007 and all countries had established focal points; field epidemiology training programmes had been introduced in India, Indonesia and Thailand, and would be extended to the other countries of the Region; core capacity building was under way in surveillance, alert and response operations and infection control; and the laboratory network was being strengthened at country level.

Further capacity building was required, notably at ports of entry and among primary health care workers; communication needed improving within WHO; it might be necessary to set up a separate fund at headquarters and in the regional offices; and stronger commitment was necessary for information exchange, sharing of biological samples and cross-border collaboration. Universal application of the Regulations should and could be achieved under the existing provisions without overstepping the Organization’s mandate.

Mr LI Baodong (China) commended progress in the implementation of the Regulations. China had established a coordination committee to implement the Regulations, involving the ministries of health and foreign affairs. It was reviewing existing laws and regulations; and had incorporated surveillance and capacity building in its public emergency response plan. Ports of entry and exit quarantine facilities had been developed; assessment and notification procedures of public health emergencies of international concern had improved; and on the issue of highly pathogenic avian

influenza and influenza pandemic control, China had strengthened its cooperation with other Contracting Parties and with WHO, through the provision of information and samples of virus strains. China would share its experience and strengthen cooperation, and would submit its first implementation report to the Sixty-first World Health Assembly, in accordance with resolution WHA58.3. More support and guidance would help developing countries to strengthen capacity building and improve communication with the Organization.

He supported the amendment proposed by the member for Sri Lanka. As the amendment proposed by the member for Paraguay failed to reflect fully the principles enshrined in Articles 2 and 3 of the Regulations, he proposed adding the words “reaffirm its commitments to implement fully the International Health Regulations (2005), in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3”.

Mr GAUTO (alternate to Dr Dullak Peña, Paraguay) considered the word “universal” to be clear and concise but was willing to examine the proposal just made upon its submission in writing.

Ms HUNT (Belize)<sup>1</sup> recalled that, at the 117th session of the Executive Board, she had asked the Director-General to explain how WHO proposed to deal with Taiwan since it was neither a Member nor an observer. Given the increasing possibility of a new pandemic, she repeated the question.

The health authorities of Taiwan had sent nearly 60 communications to WHO on health issues, but all had gone unanswered. Through direct communication with WHO, Taiwan aimed to promote better health practices for its people and to protect life and human dignity. The health authorities in Taiwan had thought that the universal application of the International Health Regulations would bring such benefits, but the situation had actually worsened.

Member States should encourage the Secretariat to facilitate communication and collaboration, not just for Taiwan but for all small States, islands and territories, in order to ensure full global implementation of the Regulations, leaving no gaps. Any policy restricting direct interaction between Taiwan and WHO should not be a reason to leave a gap in the global disease prevention network. Since China had no jurisdiction on that territory, how could it address health issues there? Governments should help the Secretariat to find a solution acceptable to all parties.

Mr ALCÁZAR (Brazil)<sup>1</sup> expressed concern about the wording in paragraph 5 of the report, on which there was not full consensus. No definition was given of “global public health security” and, in spite of the intentional link made in the report, the concept of security had not been mentioned in the International Health Regulations (2005). He asked what “the goal of international public health security” was, and indeed when it should be “fully met”. He asked the Board to clarify the definitions before the Health Assembly considered the matter.

Mr HOHMAN (alternate to Dr Wright, United States of America) said that the concept of global health security was very important and had been chosen as the focus of World Health Day 2007. The Health Assembly resolution on health security could be of use in clarifying the matter.

Mr LI Baodong (China) said that any suggestion of gaps in the implementation of the International Health Regulations (2005) in China was groundless. China closely cooperated with the Secretariat and was implementing all aspects of the Regulations. He had written to the Secretariat detailing the measures taken by China in that regard. The international community, including WHO and the United Nations, had already drawn conclusions on the issue of Taiwan and his Government had explained its position. A few countries were politicizing the issue and wasting time.

---

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

Mr GAUTO (alternate to Dr Dullak Peña, Paraguay) asked how China planned to implement the International Health Regulations (2005) in Taiwan, to improve the human resources of Taiwan and to make notifications, since it lacked jurisdiction there. The sovereignty of Taiwan over its own territory was recognized by some 25 countries. The authorities in Taiwan had informed him that there was no open channel of communication with China. That gap in the implementation of the Regulations would affect everybody in the event of an outbreak. The Executive Board would be responsible if there could not be effective and timely communication. The issue of combating disease and epidemics required a mechanism to cover the question of Taiwan.

Dr HEYMANN (Assistant Director-General) thanked Member States for their support of the International Health Regulations (2005). Universality was enshrined in them, which the Secretariat ensured through interaction with Member States. Implementation had begun on 15 June 2007 with a simulation exercise between the Director-General, Regional Directors and staff in the regions and countries. Since then, focal points had been appointed in most countries and regional focal points had regularly tested communications with national focal points. Implementation for avian influenza had begun one year earlier and all H5N1 activities were covered by the Regulations. On 15 June 2008 an international health security exercise was to be carried out by WHO, highlighting problems in implementing the Regulations.

The Secretariat would endeavour to define public health security in the draft resolution and the report to be submitted to the Health Assembly, and to include a reference to the resolution on health security. *The world health report 2007* gave a clear definition of public health security.<sup>1</sup>

Mr ALCÁZAR (Brazil)<sup>2</sup> said that, although *The world health report* contained a definition of global health security, it was not an agreed final definition. That should be made clear in the report.

Professor SHIRALIYEV (Azerbaijan) said that there were many other zones of conflict in the world with problems similar to those of Taiwan where WHO and other organizations could not carry out monitoring. The principles of the United Nations recognized the sovereignty and territorial integrity of States, but there was nothing to stop areas resolving their own health issues with neighbouring countries. WHO and other organizations should talk about the other areas of conflict, all of which should consider how to apply the International Health Regulations (2005).

Mr MIGUIL (Djibouti) agreed with the previous speaker that the International Health Regulations (2005) must be applied in accordance with international provisions. Universality should not be used to contravene the Constitution of WHO. The proposal by the member for China was sensible and he supported the unity of China. The Executive Board should not become a political body. The authorities in Taiwan did not seem willing to collaborate, and were using their health situation to divide the international community. The Executive Board was not the place for that nor was the Health Assembly.

The DIRECTOR-GENERAL said that she was mindful of the principle of universality and the need to leave no gaps in the system, in order to protect the world from the spread of diseases. She would diligently implement Articles 2 and 3 of the International Health Regulations (2005). However, the Secretariat was also bound by other Health Assembly policies, including the “one China” policy. Practical solutions could, she was confident, be found to enable WHO to carry out its mandate in every area of the world while respecting the sovereign rights of Member States. The Memorandum of Understanding concluded with China provided a firm foundation for action in the event of an outbreak

---

<sup>1</sup> *The world health report 2007: A safer future: global public health security in the 21st century*. Geneva, World Health Organization, 2007.

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

of dangerous diseases in Taiwan. WHO had a good record of responding to outbreaks as in the case of severe acute respiratory syndrome. The Secretariat would pursue the Organization's policies while seeking to improve the application of the Regulations.

The CHAIRMAN said that there had been three proposed amendments to the draft resolution. Since the member for Paraguay had requested that the amendments be submitted in writing, he suggested that the Board return to the item to consider the draft resolution when the texts were ready.

**It was so agreed.**

(For adoption of the resolution, see summary record of the fifth meeting.)

**Climate change and health:** Item 4.1 of the Agenda (Document EB122/4)

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) introduced a draft resolution on climate change and health proposed by Germany, the Netherlands, New Zealand and the United Kingdom of Great Britain and Northern Ireland. The following Member States had also indicated that they wished to be included as sponsors: Australia, Austria, Belgium, China, Denmark, France, Japan, Kenya, Liberia, Lithuania, Malawi, Mexico, Monaco, Peru, Portugal, Slovenia, Spain, Sri Lanka and Turkey. The draft resolution read as follows:

The Executive Board,  
Having considered the report on climate change and health,<sup>1</sup>

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Recalling resolution WHA51.29 on the protection of human health from threats related to climate change and stratospheric ozone depletion and acknowledging and welcoming the work carried out so far by WHO in pursuit of it;

Recognizing that, in the interim, the scientific evidence of the effect of the increase in atmospheric greenhouse gases, and of the potential consequences for human health, has considerably strengthened;

Noting with concern the recent findings of the Intergovernmental Panel on Climate Change that the effects of temperature increases are already being observed on some aspects of human health; that the net global effect of projected climate change on human health is expected to be negative, especially in developing countries; and that exposure to projected climate change is likely to affect the health status of millions of people, through increases in malnutrition, in death, disease and injury due to extreme weather events, in the burden of diarrhoeal disease, in the frequency of cardio-respiratory diseases, and through altered distribution of some infectious disease vectors;

Noting further that climate change could jeopardize achievement of the Millennium Development Goals, including the health-related Goals, and undermine the efforts of the Secretariat and Member States to improve global health security and reduce health inequalities globally;

Recognizing the importance of addressing in a timely fashion the health impacts resulting from the climate change which is already unavoidable due to past emissions of greenhouse gases, and the need to assist Member States in assessing the implications of

---

<sup>1</sup> Document EB122/4.

climate change for health and health systems in their country, in identifying appropriate strategies and measures for addressing these, in building capacity in the health sector to do so and in working with government and nongovernmental partners to raise awareness of the health impacts of climate change in their country and take action to address them;

Further recognizing that strengthening health systems to enable them to deal with both gradual changes and sudden shocks is a fundamental priority in terms of addressing the direct and indirect effects of climate change for health;

1. REQUESTS the Director-General:

- (1) to continue to draw to the attention of the public and policymakers the serious threat of climate change to global health security and to the achievement of the health-related Millennium Development Goals, and to work with United Nations Framework Convention on Climate Change secretariat, WMO, FAO, UNEP, UNDP and other appropriate organizations of the United Nations, in the context of United Nations reform initiatives, and with national and international agencies, to ensure that these health impacts and their resource implications are understood and can be taken into account in further developing national and international responses to climate change;
- (2) to engage actively in the UNFCCC Nairobi Work Programme on Impacts, Vulnerability and Adaptation to Climate Change, in order to ensure its relevance to the health sector, and to keep Member States informed about the work programme in order to facilitate their participation in it as appropriate and access to the benefits of its outputs;
- (3) to continue, in close cooperation with appropriate United Nations organizations, other agencies and funding bodies, and Member States, to develop capacity to assess the risks from climate change for human health and to implement effective response measures, by promoting further research and pilot projects in this area, including on:
  - the scale and nature of health vulnerability to climate change;
  - relevant health protection strategies and measures and their effectiveness including cost-effectiveness;
  - the health impacts of potential adaptation and mitigation measures in other sectors such as water resources, land use, and transport, in particular where these could have positive benefits for health protection;
  - decision-support and other tools for assessing vulnerability and health impacts and targeting measures appropriately;
  - assessment of the likely financial costs and other resources necessary for health protection from climate change;
- (4) to consult Member States on the preparation of an action plan for scaling up WHO's technical support to Member States for assessing and addressing the implications of climate change for health and health systems, including practical tools and methodologies and mechanisms for facilitating exchange of information and best practice and coordination between Member States, and to present a draft action plan to the 124th session of the Executive Board.

In her address, the Director-General had referred to the serious consequences of climate change linked to human health. Health leaders had a responsibility to improve the health and well-being of their populations and must therefore develop an understanding of those consequences for health and health systems, raise the awareness of ministries and health-care professionals, and promote sustainable action at all levels. The draft resolution was not prescriptive and might need refining. The Board's discussions led to a shared understanding of priorities, articulating how Member States proposed to work with the Secretariat to develop policy on climate change and health. Adoption of the draft resolution would lay the foundations for future action.

Dr JEAN LOUIS (Madagascar), speaking on behalf of the Member States of the African Region, cited WHO figures on the increase in morbidity and mortality attributable to climate change since 2000. Around 28% of those deaths were in Africa. If measures were not taken, emissions of greenhouse gases in developing countries could soon overtake those of developed countries. The incidence of malaria had risen sharply in some African countries as a consequence of rising temperatures. Climate change had already caused severe drought, leading to malnutrition and adverse environmental, entomological and parasitological effects. Tropical storms and rising sea levels were threatening the viability of some small island nations. The Kyoto Protocol to the United Nations Framework Convention on Climate Change, with its concrete recommendations, had been adopted after international and regional consultations. At a conference on health and the environment scheduled for March 2008 the relationship between climate change, health and the environment would be examined further.

Madagascar had formulated a policy for managing risks of natural disasters, developed emergency preparedness plans, and established regional stocks of medicines.

Challenges facing the African Region included the sharing of renewable energy sources, raising popular awareness about climate change, and finding measures that could contribute to mitigation and adaptation at the local level. Interdisciplinary studies were being conducted in Madagascar linking global warming to the resurgence of dengue and chikungunya fevers and the relation between rising sea temperatures and blooms of toxic algae that threatened the marine food chain.

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, in 2002, the Regional Committee for the Eastern Mediterranean had requested the Regional Director to continue to support Member States in developing national policies and capacity to deal with environmental hazards. WHO should gather scientific evidence on the impact of climate change on health – in particular water shortages, and should provide support for awareness raising and advocacy of appropriate policies. He underlined the need to implement the actions listed in the report. WHO should collaborate with the meteorology sector to promote the use of weather forecasting for health protection and capitalize on the momentum in favour of mitigating the effects of and adapting to climate change. International solidarity, including provision of resources, was essential. Climate change was a long-term threat and WHO should tackle health concerns as part of the global response. He was pleased to note the theme of World Health Day 2008.

Professor AYDIN (Turkey) said that, despite widespread discussion of climate change in the media and in scientific circles, there was insufficient awareness of the consequences for public health. WHO should lead in placing the issue on the public health agenda. Turkey was a sponsor of the draft resolution.

Mr TOURÉ (Mali) said that Mali had experienced many of the adverse effects of climate change, including altered distribution of diseases such as malaria and meningitis. Malaria was increasing in the north of the country. Mali's strategy for adaptation was to mitigate the effects of climate change on the health of the population, within a framework of sustainable development and poverty reduction. Mali had ratified the Kyoto Protocol in 2002. The countries of the Region were aware of the challenges and were working to find solutions. He supported the draft resolution.

Dr SUGIURA (alternate to Dr Shinozaki, Japan) supported placing health protection at the centre of the debate on climate change and setting up a framework for exchange of information on the impact of climate change on health. Member States should collect and analyse health data in conjunction with the scientific information provided by the Intergovernmental Panel on Climate Change. WHO's regional offices should review those data and report back to Member States. He requested clarification on which departments within the Secretariat were dealing with the health effects of climate change, and on WHO's collaboration with the Intergovernmental Panel. Japan wished to sponsor the draft resolution, but the terms used in the text should be aligned with those used



in the Secretariat's report; for example, the term "health protection" in the draft resolution should be replaced by "public health security". Further evidence of the health impacts of climate change and WHO's global leadership in that area were needed.

Dr MATHESON (alternate to Mr McKernan, New Zealand) stressed that health responses to climate change must be both specific to particular threats, and general, for example, through strengthened health systems. His Government's Ministry of Health and other departments would ensure that their activities were carbon neutral. At the fifty-eighth session of the Regional Committee for the Western Pacific (Jeju, Republic of Korea, 10-14 September 2007), many small island States in the Pacific had expressed their concern about the health effects of climate change and the threat it posed to their very existence. He welcomed WHO's action on climate change and health.

Mr ABDOO (alternate to Dr Wright, United States of America) said that the United States was tackling the effects of climate change through regulation, public-private partnerships, incentives and investment in new technologies. The Government's policy was based on science, encouraged research on technological development, invited global participation, and promoted growth and prosperity. The country had spent some US\$ 37 000 million in those areas since 2001. The Fourth Assessment Report of the Intergovernmental Panel on Climate Change provided up-to-date scientific information in conditional language that conveyed the evolution of climate science and characterized outcomes in terms of the levels of confidence. The Secretariat's report had stripped the qualifying language from some of the Panel's conclusions, as in paragraphs 5 and 7. There were no robust scientific data to support the view expressed in paragraph 7 that mitigating the effects of climate change could have direct health benefits. The report asserted that the beef industry was a major emitter of greenhouse gases and that, by eating foods lower in the food chain, consumers could reduce the risk of climate change and the incidence of noncommunicable diseases. Such conclusions did not appear anywhere in the peer-reviewed scientific literature and should not appear in the Secretariat's documents.

He proposed amendments to the resolution set out in the draft resolution, taking as a basis the language used in the Intergovernmental Panel's report. In the third preambular paragraph, the last phrase, beginning "and that exposure to projected climate change", should be deleted. It misrepresented the Panel's findings and went beyond scientific consensus. Chapter 8 of the Panel's report expressed only a medium level of confidence regarding the effect of climate change on the burden of diarrhoeal disease and the altered distribution of some disease vectors. It asserted a high level of confidence concerning increased cardiorespiratory morbidity and mortality associated with ground-level ozone or smog, but noted that few studies on ozone had been conducted in regions outside Europe and North America. Data from other regions were needed. In the fifth preambular paragraph, the words "which is already unavoidable due to past emissions of greenhouse gases" should be deleted since they too misrepresented the lack of scientific consensus in the Panel's report. In paragraph 1(3), the words "to continue, in close cooperation with" should be replaced by "to continue close cooperation with". WHO should collaborate with appropriate United Nations organizations rather than initiating separate activities in the area of climate change and health. In paragraph 1(4), the words "an action plan for scaling up" and the phrase "and to present a draft action plan to the 124th session of the Executive Board" should be deleted. While the United States supported WHO's work on the effects of climate change on health, an action plan for consideration by the governing bodies was not necessary. The Secretariat should prepare a workplan for their activities in protecting health from climate change.

Mr MIGUIL (Djibouti) said that climate change concerned all countries, and should be studied further. WHO should cooperate with specialist institutions. The report should refer to conventions on climate change, and to the recommendations of the United Nations Climate Change Conference (Bali, Indonesia, 3-14 December 2007). Djibouti wished to sponsor the draft resolution on climate change and health.

Dr KANDUN (alternate to Dr Supari, Indonesia) said that much information was available on how global warming affected the endemicity and epidemicity of tropical diseases, such as malaria and dengue fever, which were still prevalent in developing countries.

The rise in mean temperature of 1.824 °C recorded in Indonesia, the largest archipelago country in the world, between 1980 and 1999 had led to sea levels rising in some locations by 8 mm every year. If Indonesia failed to respond by reducing greenhouse gas emissions, the sea level was likely to rise by 60 cm by 2070. Moreover, some 53.3% of the 1429 disasters recorded between 2003 and 2005 had been hydrometrological disasters.

At their 25th meeting (Thimpu, 31 August 2007) health ministers of the South-East Asia Region had concluded that climate change posed a major threat to global public health in the Region, and had called on WHO to support the formulation of a regional strategy to combat the resulting adverse health impacts.

He supported the draft resolution. In developing an action plan the Secretariat might consider the draft regional framework for action elaborated at the Regional Workshop on Climate Change and Health (Bali, Indonesia, December 2007).

Mr DE SILVA (Sri Lanka), expressed the South-East Asia Region's support for the draft resolution. South-East Asia was most vulnerable to the impact of global warming and climate change. The health of hundreds of millions of people was at risk from extreme weather events such as heat waves, storms, floods, and projected rises in sea level. Bhutan, India and Nepal were at particular risk of flooding, landslides, rock avalanches and reduced water availability as a result of rapid glacier melt in the Himalayas.

Water and sanitation programmes in countries of the South-East Asia Region were contributing to the achievement of the Millennium Development Goals; the estimated number of deaths from diarrhoeal diseases in the South-East Asia Region had fallen from about 980 000 cases in 1999 to 504 000 in 2005. Such progress could be negated if the climate changed abruptly, since reduced availability of drinking-water, disturbed rainfall patterns and floods could lead to more frequent outbreaks of diarrhoeal diseases. Warmer temperatures would encourage vector-borne diseases, such as malaria and dengue fever.

The countries of the Region were disseminating information on the links between climate change and human health. A workshop on assessing vulnerability to climate change had been held in Kuala Lumpur in 2007; and Bangladesh, India, Indonesia and Nepal had each organized relevant national workshops in November 2007. WHO should provide technical support in order to identify the impact of climate change on health.

Referring to the position of the United States of America, he noted that policies should be developed on the basis of the evidence currently available. To wait until conclusive evidence was obtained would be to put human health at further risk.

Dr VOLJČ (Slovenia) said that the Member States of the European Union and Norway, a member of the European Economic Area, the candidate countries Croatia, Turkey 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 also Armenia, the Republic of Moldova and Ukraine, aligned themselves with his statement. He welcomed the discussion on climate change, which was arguably the most ominous challenge to public health in the 21st century. Climate change would continue to have an impact on the health of millions of people, and the public health community had to find solutions. It was important to invest in health systems and build capacity. He urged support for WHO's efforts to alleviate the health impacts of climate change, and supported the draft resolution.

Professor SALANIPONI (Malawi) said that climate change brought extreme weather patterns that affected the health of populations. In Africa, heat waves, storms, droughts and floods were increasing crop failure, leading to hunger, starvation and malnutrition. A higher incidence of vector-borne diseases had also been associated with the changing pattern.

Although Malawi had fertile agricultural soils, it was experiencing problems associated with climate change, including loss of soil fertility, soil erosion, deforestation, water depletion, pollution and loss of biodiversity. The unpredictable climate was detrimental to the lives of humans and animals. He supported the draft resolution.

Dr REN Minghui (alternate to Mr Li Baodong, China) said that climate change was an issue of international concern, the worsening global climate would cause diseases and threaten human health and social development, and achievement of the Millennium Development Goals. He supported the draft resolution and noted with satisfaction the theme of World Health Day 2008.

China suffered from the adverse effects of climate change, and had prioritized the issue. A steering group had been set up in response; legislation and regulations had been enacted with a view to a national plan; and the impact of climate change on human health topped China's research agenda.

The international community needed to take concerted action. Developing countries faced a lack of resources and weak infrastructure. The international community should formulate policies to assist them. The Secretariat should support Member States in carrying out assessments and applied research in developing countries in reducing the impact of climate change on health.

Mr FISKER (Denmark) said that climate change and health would be a focus of world attention in the years to come. Protecting human health should be at the centre of the climate debate, and he commended the report's focus on response to health threats caused by natural disasters, and on long-term prevention. It complemented the current process within the United Nations Framework Convention on Climate Change.

Denmark was a sponsor of the draft resolution and he supported retaining the reference therein to the observations of the Intergovernmental Panel on Climate Change, which reflected scientific consensus. He welcomed the proposal for an action plan for scaling up WHO's technical support for health and health systems relating to climate change. The action plan would be appropriate in the run-up to the Fifteenth United Nations Conference on Climate Change scheduled to be held in Copenhagen in December 2009.

Professor SOHN Myongsei (Republic of Korea) welcomed the dialogue on climate change and health. His country wished to sponsor the draft resolution, which reflected WHO's perspective on climate change, and set out the initial steps to be taken. The Republic of Korea was alarmed by the consequences of climate change in the Western Pacific Region, including public health consequences, such as those for the control of vector-borne diseases. The Regional Office for the Western Pacific and its Member States in the Region had identified specific regional issues and appropriate strategies. He thanked the Regional Director for developing a workplan that would set standards. The regional committees should strengthen their leadership in order to specify the concerns of each Region.

Professor PEREIRA MIGUEL (Portugal) welcomed the work of the Intergovernmental Panel on Climate Change, and called for action. Portugal had suffered a heat wave in 2003 that had increased morbidity and mortality. A heat wave contingency plan had been formulated, and health and surveillance mechanisms put in place. Subsequent heat waves had had fewer health impacts. Portugal was a sponsor of the draft resolution. He emphasized continued work by the Secretariat and Member States in order to assess the health risks of climate change and implement response.

Dr FORSTER (Namibia) said that there was evidence that weather patterns in Namibia had become more haphazard during the previous decade, leading to both prolonged spells of drought and floods. The frequency of disease outbreaks had also increased. Diseases such as malaria and meningococcal meningitis had re-emerged. A more proactive approach by all to climate change and health was needed. He supported the draft resolution.

Dr MENESES GONZÁLEZ (alternate to Dr Hernández Ávila, Mexico) noted that awareness of the impact of climate change on health was increasing. His Government had prioritized the issue, which had been included in the development plan for 2006–2012 and in the health sector programme for 2007–2012. Impact assessment, disease prevention and health promotion activities were all being undertaken, but research investment was required in order to identify risks and solutions. Mexico supported the draft resolution.

Dr DAHL-REGIS (Bahamas) requested that a reference to small island developing States should be inserted in the third preambular paragraph of the draft resolution, after the words “developing countries”. The member for the United States of America had made a valid point about data; however, as the member for Sri Lanka had pointed out, waiting for such data to be produced might cause delay in addressing public health risks. Mitigation measures should include technology transfer and the sharing of information by intersectoral experts and relate their findings specifically to health.

Dr GWENIGALE (Liberia) pointed out that the effects of climate change on health were already being felt in some countries, including his own. He endorsed the draft resolution and opposed any amendment that would weaken it. The Board should first vote on the resolution and amend it only if it was rejected.

Mr VALLEJOS (Peru) supported the draft resolution. The Secretariat’s report summarized the growing evidence that climate change posed a health risk. Skin cancer, which was linked to depletion of the ozone layer, should also be cited as a public health problem.

Peru was vulnerable to climate change and its impact on public health. It was grappling with the effects of deforestation, the El Niño phenomenon, brutal cold fronts from the Antarctic, drought and flooding. A ministry for the environment was being established with a view to consolidating government action. He requested WHO’s support in that endeavour.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that there was strong support for the draft resolution as currently worded. Some of the amendments proposed by the United States could nevertheless be incorporated without weakening the text, notably those to the fifth preambular paragraph and to paragraph 1(3). The current wording of the third preambular paragraph, however, was drawn from the “Summary for policy-makers” in the fourth report of the Intergovernmental Panel on Climate Change, and it did not in any way alter the sense of that document. Implementation of paragraph 1(4) needed coordinated action, and the sponsors could not accept the deletion of all reference to an action plan but would agree instead to request the preparation of a workplan. With those minor adjustments, the sponsors hoped that the draft resolution could be adopted by consensus.

Mr ABDOO (alternate to Dr Wright, United States of America) said that the amendments he had proposed were intended to align it more closely with the scientific consensus set out in the report of the Intergovernmental Panel. That report, not only in the summary for policy-makers but also in chapter 8, on human health, referred to the effects of climate change that could be likely with a high, medium or low level of confidence. Aligning the third preambular paragraph with scientific knowledge would ensure that the effects of climate change on health were neither understated nor overstated. The draft resolution would thus be strengthened and make it clear that the Secretariat was following scientific findings in recommendations for its own work and that of Member States. He sought agreement to his proposed amendments to the third preambular paragraph.

Dr DAHL-REGIS (Bahamas) renewed her appeal for a reference in the draft resolution to small island developing States, which had particular vulnerabilities distinct from general references to the problems of developing countries.

Dr GWENIGALE (Liberia) endorsed that proposal, which would strengthen the draft resolution, and re-emphasized that no amendments should weaken the text.

Ms PATTERSON (Australia)<sup>1</sup> said that WHO's expertise could be used to raise awareness and strengthen public health systems in order to cope with threats posed by climate change and contribute to research on protective health measures. However, WHO should not take on a role in developing mitigation strategies, as suggested in paragraph 7 of the report. Her country was concerned by some assertions, particularly the claim that eating foods grown locally would reduce greenhouse gas emissions. The calculation of agricultural emissions must take account of energy used at all points of the supply chain, not just related emissions to transport. Australia wished to sponsor the draft resolution.

Mr SCHOLTEN (Germany)<sup>1</sup> said that his Government was funding the WHO European Centre for Environment and Health, located in Bonn, and could provide additional funding in order to emphasize climate change and health.

Ms PRANGTIP KANCHANAHATTAKIJ (Thailand)<sup>1</sup> said that action and cooperation at all levels were vital to build resilience of vulnerable communities and should be seen as the joint responsibility of all States. Studies showed that the impact of climate change was greatest among populations that had the least capacity to prepare and adapt and that must be addressed.

She proposed amendments to the draft resolution. In the third preambular paragraph, the words "and vulnerable local communities which have the least capacity to prepare for and adapt to it" should be inserted after "especially in developing countries". In the fourth preambular paragraph, a footnote should clarify the meaning of "global health security", i.e. protection against public health risks and threats that did not respect borders. In the fifth preambular paragraph, after the words "greenhouse gases", the words "and further recognizing that solutions to the health impacts of climate change should be seen as a joint responsibility of all States" should be added. The word "comprehensive" should be inserted before "strategies and measures".

Mr BURCI (Legal Counsel) pointed out that the representative of Thailand was not a member of the Board, and under Rule 3 of the Rules of Procedure, proposals or amendments put forward by non-members must be seconded by at least one Board member.

Dr SINGAY (Bhutan) was pleased with WHO's proactive role in highlighting the adverse effects of climate change on health. Health ministries should coordinate with other sectors. He supported and seconded the amendments proposed by Thailand to the draft resolution.

Mr ALCÁZAR (Brazil)<sup>1</sup> said that WHO should take account of the global consensus that the warming of the climate system was unequivocal and caused by human activity, and would affect the most fundamental determinants of health. Action must be taken, using clear and universally understood terms and concepts. The use of the word "threat" in the report and in the draft resolution was inappropriate: it expressed an intention, whereas "risk" expressed a possibility. There was no agreed definition of "public health security" and the term should not be used. The first and fourth preambular paragraphs and paragraph 1 of the draft resolution should be modified accordingly.

Dr ANTEZANA ARANÍBAR (Bolivia)<sup>1</sup> observed that 2007 had brought heightened awareness of the existence of global warming, which was destroying the environment. Politicians and artists were also drawing attention to the issue. It was the actions of individuals and societies that would ultimately determine whether the environment remained healthy.

---

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

The draft resolution seemed to have garnered the support of all, but the amendments proposed should be translated into all official languages. It was unfortunate that the many developing countries, including his own, that had sponsored the draft resolution were not listed.

Mr ZIMYANIN (Russian Federation)<sup>1</sup> said that he shared the views expressed by the representative of Australia and the member for the United States. He, too, advocated precision with regard to scientific information. He supported the proposed amendments.

The CHAIRMAN suggested that interested members should meet to prepare a revised draft resolution for consideration by the Board at its next meeting, on the understanding, as stated by the member for Liberia, that the text should not be weakened by any changes.

**It was so agreed.**

**The meeting rose at 12:40.**

---

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