

SUMMARY RECORDS

FIRST MEETING

Monday, 19 January 2009, at 14:10

Chairman: Mr N.S. DE SILVA (Sri Lanka)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB124/1 and EB124/1 (annotated))

The CHAIRMAN declared open the 124th session of the Executive Board and welcomed four new members: Professor Haque (Bangladesh), Dr Kamoto (Malawi), Mr Ould Siyam (Mauritania) and Dr Dos Ramos (Sao Tome and Principe). He said that the African Region had proposed that Mr Touré (Mali) be elected as Vice-Chairman, replacing Mr Ould Khilil (Mauritania), and the Western Pacific Region had proposed that Dr Ren Minghui (China) be elected as Rapporteur, replacing Mr Cunliffe (New Zealand). He would take it that, in the absence of any objection, the Board wished to approve those proposals.

It was so agreed.

The CHAIRMAN, turning to the provisional agenda, said that, further to the items that the officers of the Board had proposed to defer or exclude (as listed in document EB124/1 (annotated)), some other items might have to be deferred. He drew attention to document EB124/1 Add.1, containing a proposal by Tunisia to include, under Rule 10 of the Rules of Procedure of the Executive Board, a supplementary agenda item entitled "Discussion of the health situation in the Gaza Strip"; and to the request by several Board members to include an item on the election of the Director-General of the World Health Organization, which the officers of the Board had already proposed for the provisional agenda of the Sixty-second World Health Assembly. He understood, however, that several members of the Board wanted to discuss the latter item at the current session.

Mr STORELLA (alternate to Dr Wright, United States of America) could not support an additional item on the election of the Director-General because the process would involve electing a candidate on the basis of regional rotation, rather than on merit, and therefore would never achieve consensus.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) expressed agreement with the previous speaker.

Dr KAMOTO (Malawi) agreed that the proposed item on election should not be included in the Board's agenda provided that it was discussed at the Sixty-second World Health Assembly.

Dr KÖKÉNY (Hungary) agreed with the member for the United States of America on the issue of the election of the Director-General. He said that the agenda was too full to discuss traditional medicine as a separate item and suggested that it be considered under item 4.5, Primary health care, including health system strengthening.

The CHAIRMAN said that, in the light of the views expressed, consideration of the election of the Director-General should be deferred to the Sixty-second World Health Assembly.

It was so decided.

Dr REN Minghui (China), supported by Dr DJIBO (Niger) and referring to the WHO Congress on Traditional Medicine held in Beijing in November 2008, proposed that the Board consider the role of traditional medicine, either as a separate agenda item or under item 4.5 on primary health care. He nevertheless agreed with the member for Hungary that the latter option was preferable since there were already too many items on the agenda.

Mr CAMPOS (alternate to Dr Buss, Brazil) expressed concern that discussing traditional medicine under item 4.5 might detract from the matter of primary health care.

The CHAIRMAN said that, with cooperation, time would be found. In the absence of any further objection, he would assume that it was agreed to consider the subject of traditional medicine under item 4.5.

It was so agreed.

Dr REN Minghui (China) opposed the inclusion of the subjects of food safety and the International Food Safety Authorities Network under item 4.2, International Health Regulations (2005). Whereas the Network was a mechanism for providing technical services, food safety was sufficiently important to warrant separate consideration during the session.

In response to an enquiry from the CHAIRMAN and a request for clarification from the DIRECTOR-GENERAL, he said that, if members agreed that the agenda was too crowded, it would be better to discuss the International Health Regulations (2005) alone, without consideration of the International Food Safety Authorities Network. If the Board wanted to discuss food safety, there should be a separate agenda item. His proposal was to keep item 4.2, but without consideration of the Network.

It was so decided.

The CHAIRMAN took it that the Board wished to approve the proposed additions of a new agenda item on the health situation in the Gaza Strip and to adopt the agenda, as amended.

It was so decided.

Given the urgency of the health situation in the Gaza Strip, the CHAIRMAN, supported by Mr MIGUIL (Djibouti) who spoke on behalf of the Member States of the Eastern Mediterranean Region, proposed that the matter be taken up as one of the first items under agenda item 4 at the beginning of the following afternoon's meeting.

It was so agreed.

The CHAIRMAN, cautioning that evening meetings might be needed and time limits imposed on speakers in order to close the current session by 27 January 2009, informed the Board that, in compliance with Rule 7 of the Rules of Procedure of the Executive Board, items 7.1 and 7.2 on appointments of Regional Directors would be considered in an open meeting. In view of the importance of item 5.2 on the Medium-term strategic plan 2008–2013 and the Proposed programme

budget 2010–2011, he proposed that the debate should begin on Thursday morning regardless of progress on item 4.

It was so agreed.

2. ORGANIZATION OF WORK

The CHAIRMAN drew attention to the preliminary timetable contained in document EB124/DIV/2 and said that, in the absence of Mrs Gidlow, who was the Board member for Samoa and had been nominated to sit on the Dr LEE Jong-wook Memorial Prize Selection Panel, one of her alternates would sit on the Selection Panel on her behalf. He took it that that arrangement, and the schedule of meetings, were acceptable to the Board.

It was so agreed.

3. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the Agenda (Document EB124/2)

The DIRECTOR-GENERAL, after welcoming the newly appointed Executive Director of UNAIDS, Mr Sidibe, and the new Director of IARC, Dr Wild, presented her report, which highlighted, inter alia, health action in crises. Crises such as the cholera epidemics occurring in the Democratic Republic of the Congo and Zimbabwe emphasized the need to strengthen health systems. The current humanitarian crisis in the Gaza Strip created the conditions for disease. Epidemics, disasters and conflicts recalled the primary purpose of public health: to protect populations from harm, whether from the microbial world, human behaviour or the environment. The items before the Board addressed the basics of public health: prevention, protection and equity. They also underscored the importance of good governance in public health. She expressed hope that the health sector would continue to demonstrate what good governance could mean, especially in crises.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that, despite the global financial crisis, all countries should strengthen their health systems. Investments therein were fundamental to human welfare. Referring to the threat posed by infectious diseases, he said that the surveillance mechanism connecting national and international institutions should be enhanced through on-line services and the sharing of information. He welcomed the progress towards a Pandemic Influenza Preparedness Framework and the strengthening of the global influenza surveillance network. The Secretariat and national programmes that dealt with antimicrobial resistance were important elements in the fight against infectious diseases. The European Union supported WHO's immunization initiatives and was assisting developing countries through the Global Fund to Fight AIDS, Malaria and Tuberculosis, the GAVI Alliance and the African Malaria Network Trust.

Progress had been made, but, achieving the health-related Millennium Development Goals could not be achieved without reducing health inequities, especially in respect of HIV/AIDS, malaria and tuberculosis, and maternal mortality. He expressed concern about the slow progress towards Goal 5; that called for a stronger role for WHO. The related work of the Commission on Social Determinants of Health was invaluable.

He welcomed WHO's initiatives on preventing the adverse health effects of climate change. Health systems must be strengthened in order to deal with environmental risks. In health research, the draft WHO strategy should be more ambitious with respect to content and guidance. A proactive research agenda should be elaborated by 2010.

WHO's activities against counterfeiting of medical products, including the International Medical Products Anti-Counterfeit Taskforce, were of the utmost importance. He also emphasized the revision of the WHO Guiding Principles on Human Organ Transplantation.

On the Proposed programme budget 2010–2011 and the draft amended Medium-term strategic plan 2008–2013, he emphasized consolidated budget levels; increased implementation capacity; reducing the accumulated carry-over; and partnerships in the financing of WHO's activities.

He expressed grave concern about the health situation and the suffering of civilians in the Gaza Strip and urged the parties to respect international humanitarian law. Israel should grant immediate and secure passage of humanitarian aid, including food, urgent medical supplies and fuel. Safe evacuation of the injured and access of humanitarian aid workers must be allowed. The European Union fully supported all WHO activities aimed at improving the health conditions of the Palestinian people.

The health crisis in Zimbabwe threatened health security in southern Africa. The number of confirmed cases of cholera, and the death toll, continued to rise. The European Union commended the work of WHO and the rest of the United Nations system to alleviate the suffering of the Zimbabwean people.

Mr TOURÉ (Mali), speaking on behalf of the Member States of the African Region, recalled the Director-General's inaugural address, the emphasis she placed on improving the health status of the African people and her priorities, such as reduced maternal, neonatal and infant mortality. He thanked WHO warmly for that commitment while emphasizing the African Region's need for further efforts. Significant events in the African Region in 2008 had included: the adoption in April of the Ouagadougou Declaration on Primary Health Care and Health Systems on accelerating progress towards the Millennium Development Goals; in August, the Libreville Declaration on Health and Environment, to reduce environmental risks to public health; and in June, the Algiers Declaration on Health Research in the African Region, to strengthen health research, information systems and knowledge management. In November, the Bamako Call to Action had been adopted during the Global Ministerial Forum on Research for Health and would lead towards strategies for improved management of health research. African countries hoped that the Secretariat would approve and oversee the implementation of the Bamako Call to Action, and asked about plans in that respect.

The Director-General had described major challenges for the African Region, with rabies, cholera, meningitis, dengue fever and yellow fever, and with epidemics of Ebola virus haemorrhagic fever in the Democratic Republic of Congo. The risk of transmission of wild poliovirus continued in Nigeria, and the spread of virus to neighbouring countries threatened progress towards the eradication of poliomyelitis. Maternal and infant mortality, and a high prevalence of malaria, HIV/AIDS and tuberculosis, all challenged health systems.

Strengthened information systems were essential in order to measure progress reliably. The crises affecting human resources for health and the global financial situation could only be overcome by international solidarity. Violence and accidents would cause the deaths of a large number of children. If national health systems could respond more effectively, the health-related Millennium Development Goals in the African Region might still be attained by 2015.

Health ministers who had met in Ouagadougou in April 2008 had agreed on the widest participation in the strengthening of primary health care. The Declaration had also emphasized: financing of health-care; availability of low-cost medicines; and strengthened training and health systems. He called on development partners to join with the countries concerned in order to prioritize progress in those areas listed in the Declaration.

Professor HAQUE (Bangladesh) welcomed the enhanced transparency and accountability in the Secretariat's activities and reporting, in particular the progress indicators used to evaluate the achievements of the Medium-term strategic plan 2008–2013, and the Proposed programme budget 2010–2011. Carrying over funds from one biennium to another was understandable, and might ensure the continuity of programmes, but Member States should cooperate with the Secretariat in order that

funds could be more evenly absorbed and utilized. It was unfair to attribute sole responsibility for under-performance to the Secretariat.

Funds should be apportioned across the strategic objectives equitably, and funds under strategic objectives 1 and 2 should be rationalized by giving increased weight to strategic objective 4. Bangladesh expected to attain most of the health-related Millennium Development Goals; however, even with intensified neonatal and prenatal care, rates of maternal mortality were unlikely to be reduced without sustained support from WHO.

Funds could be earmarked under three segments in the Proposed programme budget 2010–2011: WHO programmes; partnerships and collaborative arrangements; and crisis response, notably in cases such as avian influenza and cholera epidemics, or chemical contamination of food.

Building sustainable capacity would help to mitigate the impact of crises; the Secretariat could increase access by developing countries to innovations and technologies. His country's research on cholera and cholera vaccines would benefit from WHO's technical assistance, and affordable vaccines would benefit all developing countries.

The Organization should enhance its programmes on climate change and natural disaster mitigation, and the ensuing health challenges. Solutions were needed to problems associated with human organ and tissue transplantation, and also to counterfeit medicines.

He expressed grave concern regarding the humanitarian situation in the Gaza Strip, notably the targeting of medical installations and health services and the denial of access to humanitarian and medical supplies. Within the context of rehabilitation and reconstruction, WHO would be called upon to address health needs. He therefore urged the Director-General and the international community to begin mobilizing the resources required.

Dr REN Minghui (China) drew attention to challenges affecting public health, including global warming, environmental degradation, emerging communicable diseases, food safety, noncommunicable diseases and the global financial crisis. WHO would play an increasingly important role in developing the partnerships necessary to meet those challenges, including those for health systems.

The year 2008 had been exceptional for China. It had coped with the earthquake in Sichuan, with problems arising from contaminated milk, and was currently reforming its health system. He thanked WHO and donors who had provided financial, technical and moral support.

Referring specifically to *The world health report 2008*¹ and the final report of the Commission for Social Determinants of Health,² he said that many countries would not be able to cope with public health emergencies without multifactoral cooperation, effective reporting and surveillance systems, sound health delivery, and monitoring mechanisms. In 2009, his Government, in strengthening its cooperation with WHO and partners, would be organizing a conference on countries with a high burden of drug-resistant tuberculosis. On 3 and 4 April 2009, an international symposium on disaster management would also be held jointly with WHO, a forum for strengthening international cooperation, exchanging information and enhancing national capacities.

Professor SOHN Myong-sei (Republic of Korea) congratulated WHO on its efforts, notably in confronting pandemic influenza; climate change and health; HIV/AIDS and mental health; and prevention of avoidable blindness and visual impairment. He welcomed the Organization's expanding role in setting norms and standards including its work with the international recruitment of health personnel; counterfeit medical products; human organ and tissue transplantation; the Codex Alimentarius; the International Statistical Classification of Diseases and Related Health Problems; and

¹ *The world health report 2008: Primary health care – now more than ever*. Geneva, World Health Organization.

² World Health Organization, Commission for Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva, World Health Organization, 2008.

the Model List of Essential Medicines. Through the International Health Regulations (2005) and the WHO Framework Convention on Tobacco Control, the Organization had also fulfilled its role as an international law-making body. Its guidelines must continue to address future legal conflicts and cross-cultural clashes. It must provide the necessary oversight in order to prevent, inter alia, the trafficking of human organs and transplant tourism.

In the light of the world's current financial problems, an increase in assessed contributions would be justified in order to accommodate volatile currency markets. Although it was important to respect budgetary discipline, more flexible funding through core voluntary contributions would be required in order to enhance WHO's efficiency and responsiveness.

(For resumption of the discussion, see section 5 below.)

4. ORGANIZATION OF WORK (resumed)

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that the European Community and the European Commission worked widely and closely with WHO. Under Rule 4 of the Board's Rules of Procedure, representatives of intergovernmental organizations were not automatically invited to participate in the work of subcommittees or other subdivisions of the Board, such as drafting groups and working groups. He requested that, as at previous sessions,¹ the European Commission should be invited to participate without vote in the meetings of subcommittees of the Board that addressed matters falling within the Community's competence, in particular agenda items 4.1 to 4.15.

The CHAIRMAN said that he took it that the Board wished to accede to the request.

It was so agreed.

5. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the Agenda (Document EB124/2) (resumed)

Mrs NYAGURA (Zimbabwe)² said that her country was currently grappling with a cholera outbreak which had claimed more than 2000 lives and affected more than 40 000 persons. Her Government was cooperating closely with WHO, the international community, international and nongovernmental organizations, while also seeking long-term solutions to the underlying causes. She thanked the Regional Office for Africa, whose swift response had led to the establishment of the Cholera Command and Control Centre in Zimbabwe, and the international community for the human and material resources that Zimbabwe continued to receive.

Dr DROPPERS (Office International des Epizooties, OIE) said that, in 2005 OIE and FAO had established a network of expertise on avian influenza in order to support early development of human pandemic vaccines. WHO, FAO and OIE also cooperated through the Global Early Warning and Response System for Major Animal Diseases, including Zoonoses. The earlier that zoonoses could be

¹ See, for example, document EB122/2008/REC/2, summary record of the first meeting, section 1.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

detected, the earlier action could be taken. He drew attention to the “One World, One Health” concept, developed by WHO and OIE, among others, and to WHO-OIE cooperation on antimicrobial resistance. A proposed amendment of the WHO-OIE agreement, adding a new Article 4.7, would remove the last legal obstacle to joint work on Codex Alimentarius food safety standards.

The Board noted the report.

6. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 3 of the Agenda (Document EB124/3)

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, summarized the findings of the report. She drew attention to recommendations on issues considered by the Committee but that were not on the Board’s agenda. Those included progress on WHO’s management reforms, including the Global Management System and staff security; the Programme budget 2008–2009; the report of the Office of Internal Oversight Services; implementation of the external and internal audit recommendations; the establishment of an oversight advisory committee, made up of independent experts; and the reports of the Joint Inspection Unit. She would report the Committee’s discussion of items on the Board’s agenda as those items were taken up.

Dr KAMOTO (Malawi), speaking on behalf of the Member States of the African Region, welcomed progress in the implementation of the Global Management System. She also welcomed the Secretariat’s declared intention to improve staff security, but expressed concern that, largely because of a lack of funds, WHO was only 60% compliant with the United Nations Minimum Operating Security Standards.

She was pleased that the insufficient budget allocation to strategic objectives 4, 7 and 9, which were crucial to attaining the Millennium Development Goals in the Region, would be reviewed and that the Proposed programme budget 2010–2011 would be adjusted accordingly before its submission to the Health Assembly. She commended the transparent budget and the appropriate checks and balances; the proposal to introduce an independent expert oversight advisory committee; the draft guidelines on partnerships, with the provision for the Board to consider any future WHO-hosted partnership. If endorsed, the Proposed programme budget 2010–2011 would clearly track partnership and collaborative arrangements. She called on WHO to support strong coordination between partnerships and national health systems, in line with the Paris Declaration on Aid Effectiveness.

7. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: Item 4.1 of the Agenda (Documents EB124/4 and EB124/4 Add.1)

The CHAIRMAN drew attention to the report on the resumed Intergovernmental Meeting on Pandemic Influenza Preparedness contained in document EB124/4 Add.1. The Intergovernmental Meeting intended to complete its mandate in a further resumed meeting in May 2009, in connection with the Sixty-second World Health Assembly.

Dr MOHAMED (Oman), speaking on behalf of the Member States in the Eastern Mediterranean Region, welcomed implementation of resolution WHA60.28; the Region would provide any necessary data. He called on the Director-General to assist in guaranteeing equitable and affordable access to the international vaccine stockpile. The Region favoured option 1 arrangements, analogous to those relating to WHO stockpiles of yellow fever and meningitis vaccines. He also called for increased WHO cooperation on the issue with FAO and other organizations at all levels.

The interface between animals and humans, and the health of wild animals and pets, were increasingly affecting health and the economy. The concept of “One World, One Health” was basic to combating H5N1 infection and to promoting preparedness for pandemic influenza.

The Intergovernmental Meeting required further work, in particular with regard to distribution of, and access to, vaccines. Reaching consensus was the only solution that would allow proper use of the stockpile by all. Poorer countries, or those countries that had already been affected by the H5N1 virus, should not be ignored; problems must be tackled in a spirit of partnership. Virus samples should be exchanged in a way that would circumvent risk. Equitable access to data and knowledge would be required if both influenza and other pandemics were to be avoided.

Dr KÖKÉNY (Hungary) said that he was speaking on behalf of the Member States of the European Union; 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, Serbia, as well as Ukraine and Armenia.

The European Union emphasized WHO’s global leadership in pandemic influenza preparedness, and supported the work of the Intergovernmental Meeting, including the planned informal consultations. It called upon all Member States to commit to sharing influenza viruses in accordance with the International Health Regulations (2005). The Intergovernmental Meeting in December 2008 had provided guidance for the Director-General and for Member States. Steady progress was essential in order to submit a solution for consideration by the Sixty-second World Health Assembly.

The current functions of the Global Influenza Surveillance Network and national influenza reference laboratories should be retained. The terms of reference of national influenza centres, WHO collaborating centres on influenza, WHO H5 reference laboratories, and regulatory laboratories should all be clearly defined. The European Union remained strongly committed to influenza pandemic preparedness; to a more equitable and efficient system of virus-sharing; and access to vaccines and other benefits.

Dr REN Minghui (China) commended the Secretariat’s improvement of the influenza virus traceability mechanism; increased accountability in tracking the H5N1 virus worldwide; and facilitation of the use of virus information. He welcomed the creation of the Advisory Mechanism to facilitate the sharing of viruses and benefits. The international stockpile of vaccines would promote trust and accelerate virus sharing. China would continue to monitor and share influenza viruses, consistent with international treaties and national legislation. He emphasized the public health and economic benefits of sharing viruses, and of accessible and affordable vaccines and antiviral medicines. He called on the Secretariat to actively build consensus within the Intergovernmental Meeting, which was progressing slowly, in order to reach agreement before the next Health Assembly.

Dr WRIGHT (United States of America) said that information about influenza viruses with pandemic potential must be rapidly and transparently shared. Timely access to epidemiological data and clinical specimens was crucial for global health security. The Global Influenza Surveillance Network had worked well for decades, and should only be changed with caution. He supported the Intergovernmental Meeting process aimed at reaching consensus on virus sharing, ideally by the next Health Assembly. In the meantime, he called upon all Member States to continue to share influenza viruses. Failure to do so, or to report human cases of H5N1 influenza, would threaten global health

security and run counter to the spirit of the International Health Regulations (2005). His country would cooperate with other Member States towards the next Intergovernmental Meeting. He called upon the Secretariat and the WHO Strategic Advisory Group of Experts on Immunization to work with the relevant organizations in order to estimate international capacity for vaccine manufacturing and to evaluate options for an international stockpile of vaccines.

Dr SUPARI (Indonesia) said that the Intergovernmental Meeting at its resumed session in December 2008 had agreed to the use of a Standard Material Transfer Agreement for the transfer of avian influenza viruses and other viruses with human pandemic potential; to integrate benefit sharing into that agreement; and to consider benefit sharing and virus sharing as equally important. Her Government would work towards agreement on the outstanding issues before the session resumed again in May 2009.

Dr DJIBO (Niger), speaking on behalf of the Member States of the African Region, said that eight African countries had reported cases of avian influenza as of December 2008. His own country had brought under control its two outbreaks in 2006 and strengthened laboratory capacity for diagnosis.

In July 2007, four African countries had participated in the meeting of the Interdisciplinary Working Group on Pandemic Influenza Preparedness (Singapore, 31 July to 4 August 2007). The African Region had adopted a tracking mechanism to monitor all exchanges of H5N1 viruses and other viruses with human pandemic potential.

Nigeria had represented the Region in the Intergovernmental Meeting in November 2007. Ghana and Senegal had taken part in the Technical Consultation on the Development of a WHO Influenza Virus Traceability Mechanism in September 2008. The Regional Office had collected data from Member States for use in determining the composition of influenza vaccines and to identify financing for vaccine procurement.

Challenges included access to resources for national action plans against human and animal influenza and building national capacity for detection, risk assessment, laboratory confirmation and containment of the virus. Further challenges included equitable access by all countries to antiviral drugs and to any future vaccine, and the transfer of vaccine manufacturing technology.

Professor HAQUE (Bangladesh) said that vulnerable countries and those already affected by avian influenza should be given priority access to vaccines and other benefits. One human case of infection with H5N1 influenza virus had been reported in his country in 2008. A national influenza centre had been established with a polymerized chain reaction laboratory for the detection of the H5N1 virus. According to WHO guidelines, Bangladesh was in a pandemic alert phase, perceived as a threat by the poultry industry in his country. It was not clear how long the Government should wait, in the economic interests of the country, before downgrading the state of alert.

Mrs MIKHAILOVA (alternate to Dr Starodubov, Russian Federation) commended the progress made by the Intergovernmental Meeting in December 2008. However, the benefit-sharing system and the establishment of an international stockpile of vaccines required further consultation. Her country had technology for the manufacture of influenza vaccines and might supply vaccines to neighbouring countries. For the present, the Russian Federation did not intend to stockpile vaccines, but would begin manufacturing them after identifying any pandemic strains that emerged in the future. As part of the country's preparedness activities, the State Research Centre of Virology and Biotechnology (VECTOR) would operate as a WHO Collaborating Centre. It would train specialists from the Commonwealth of Independent States; conduct external assessments of the work of virology laboratories; and investigate the emergence of influenza virus strains in the Russian Federation and neighbouring countries.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) noted that the conventional approach to an influenza pandemic was to isolate the virus responsible and produce a vaccine, which took at least several months. A future pandemic might be caused by a virus related to the H5N1 subtype, in which case vaccines derived from that subtype would have some protective effect. However, they might be caused by a completely different subtype, rendering any stocks of H5N1 vaccine useless. Cellular immunity was a promising field of vaccine research. That could lead to a broad-spectrum vaccine that could be administered in advance of a pandemic and would protect against a number of subtypes of the influenza virus. He sought the Secretariat's views on the potential of such pluripotent vaccines.

Dr GIMENÉZ CABALLERO (Paraguay) said that the report should have given information on international funding for pandemic influenza preparedness activities, with details of expenditure in the countries at greatest risk and with weaknesses in their monitoring, laboratory capacity and health services. The report should also have suggested strategies to address those weaknesses.

Dr KWON Jun-wook (alternate to Professor Sohn Myong-sei, Republic of Korea) said that, if an influenza virus with pandemic potential should emerge, a procedure for sharing the virus should be launched immediately. However, a fair and transparent mechanism for the use of the virus strain must be ensured. A strain of H1N1 influenza A virus that was resistant to oseltamivir had been reported in Europe, the Americas and his own country. He called upon WHO to provide guidance on the stockpiling of oseltamivir and on measures to deal with drug resistance.

Dr HEYMANN (Assistant Director-General) stated that the H5N1 virus still occasionally caused human influenza infections and the threat of a pandemic remained at level 3 on the WHO pandemic scale, meaning the virus could infect humans and, in a limited number of cases, could spread to other humans. The H7 and H9 avian influenza viruses could also infect humans and were considered to have pandemic potential. A broad-spectrum vaccine therefore remained the ideal as it could be used to mitigate or prevent a pandemic. Research groups were working on such a vaccine but no human clinical trials had yet been conducted.

WHO would continue its activities in both virus sharing and benefit sharing, which included: developing a transparent traceability mechanism; stockpiling vaccines for the H5N1 virus; transferring vaccine production capacity to industries in developing countries; enlarging the WHO collaborating centre; widening networks for national influenza centres; and working with the GAVI Alliance and other mechanisms in order to procure pandemic vaccines. WHO would also continue with risk analysis: examining the patterns of resistance of viruses to antiviral agents; and studying virus strains that would be most appropriate for inclusion in vaccines.

The CHAIRMAN took it that the Board wished to take note of the report on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.

The Board noted the report.

Implementation of the International Health Regulations (2005): Item 4.2 of the Agenda (Document EB124/5)

Dr WRIGHT (United States of America) expressed his country's support for the efforts to revise the International Health Regulations (2005); they were essential to surveillance, reporting, and response to global outbreaks of disease.

The Secretariat must help Member States to develop the capacities needed and to implement the Regulations. Member States should fulfil their obligations by transparently sharing information on outbreaks of diseases, such as the H5N1 avian influenza virus strain. Withholding such data would

contravene the spirit of the Regulations and could threaten global health security. His country would share its valuable experience in implementing the Regulations with its international partners.

Mr TOURÉ (Mali), speaking on behalf of the Member States of the African Region, said that they had applied the International Health Regulations (2005) within the context of the Region's strategy for integrated disease surveillance and response. All Member States had established national focal points with updated information; 35 Member States had trained personnel to access the WHO web pages on event management for international public health security and 42 countries had reported to the Sixty-first World Health Assembly. In 2007, the Regional Office had organized information sessions for national focal points and staff responsible for disease prevention in the country offices. National plans for implementing the Regulations had included: advocacy; mobilization of resources and evaluation of national surveillance systems; laboratory networks; and building capacity in order to deal with international public health events.

WHO country representatives had trained online on the International Health Regulations (2005) which had been incorporated into the technical guidelines. The Regional Office had also organized workshops and assisted countries in their evaluation of those capacities. Implementation of the Regulations would require resources, strengthened capacity, government commitment and intersectoral collaboration.

Dr REN Minghui (China) said that China had reported on implementation of the International Health Regulations (2005) in 2008. It had invested in the infrastructure, training and coordination between sectors; informed the Organization of public health emergencies; and collaborated with neighbouring Member States in the implementation of the Regulations.

He looked forward to the continued functioning of WHO networks such as the Global Outbreak Alert and Response Network; analysis by WHO of the public health emergencies that were of global concern; the establishment of a database with guidelines and training manuals based on case analysis.

WHO should take into account the levels of resources and capacity in each country when developing indicators in respect of surveillance and response, as set out in Annex 1 to the Regulations. Contracting Parties should be surveyed by WHO and plans thus adapted to local conditions.

Mrs PAKSINA (alternate to Dr Starodubov, Russian Federation) said that implementing the Regulations was a priority in her country where the Consumer and Health Protection Agency was the national coordinator. National legislation had been harmonized, providing a basis for training officials; laboratory services, together with sanitary and quarantine control points, had all been strengthened.

However, Member States were obliged to report to WHO on extreme health situations that had an international impact and such reporting could give rise to issues of confidentiality. A regular review of information was needed by WHO on instances of real or potential international impact on health, such as outbreaks of communicable diseases.

She emphasized exchange of information between the Secretariat and Member States concerning sanitary and health risks resulting from radioactive materials and waste, and on biological and chemical substances. The Secretariat should standardize both the certification of international transportation of such substances and the checks on how such certification was issued. The Russian Federation was ready to participate in preparing such a document.

International standards and research laboratories were needed in all Member States. The training of national officials should be prioritized in accordance with a universal WHO programme.

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that all countries within the Region had been implementing the Regulations, establishing focal points and border crossings, within the timeframe set.

The Region called on WHO to provide the technical support needed by Member States to assess their implementation of the Regulations. Guidelines were needed in order to assess staff training, and understanding of the Regulations.

Approval of the Regulations had led to a rise in the number of crises reported; WHO should support the establishment of further collaborating centres and certified laboratories.

Training was expensive and exceeded the capacities of Member States. The Secretariat was urged to develop finance mechanisms that would support the implementation of the Regulations, improve traceability and early detection of outbreaks.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, emphasized the role of WHO in promoting partnerships between Member States and relevant partners. The WHO Lyon Office for National Epidemic Preparedness and Response was furthering that important work. Resources had been mobilized within the European Union in order to implement the Regulations and those challenges had been discussed.

The European Union was committed to the Regulations, a cornerstone for global health security, and to support for WHO activities which furthered their implementation.

Dr HEYMANN (Assistant Director-General) said that relevant activities would continue within WHO in order to implement the Regulations and broaden the coverage, to include infectious diseases, and coverage of chemical and nuclear disasters. Such activities would emphasize reporting, risk assessment and risk management. The Secretariat would continue to support Member States in strengthening and assessing their capacities; identify partners and resources; provide training and technical guidance.

The Board noted the report.

The meeting rose at 17:40.