

ELEVENTH MEETING

Monday, 26 January 2009, at 09:10

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

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

Primary health care, including health system strengthening: Item 4.5 of the Agenda (Document EB124/8) (continued from the fifth meeting)

The CHAIRMAN invited the Board to consider the following draft resolution on primary health care, including health system strengthening, prepared by an informal drafting group and sponsored by Afghanistan, Argentina, Australia, Bangladesh, Canada, Chile, China, Egypt, El Salvador, India, Indonesia, Iran (Islamic Republic of), Japan, Kazakhstan, Malawi, Mali, Mauritania, Mauritius, Monaco, Morocco, New Zealand, Niger, Oman, Paraguay, Peru, Republic of Korea, Republic of Moldova, Russian Federation, Samoa, Singapore, Switzerland, Thailand, Tunisia, Turkey, Uganda, United Arab Emirates, Uruguay, Venezuela (Bolivarian Republic of) and Zimbabwe:

The Executive Board,

Having considered the report on primary health care, including health system strengthening,¹

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

The Sixty-second World Health Assembly,

Welcoming the efforts of the Director-General and recognizing the central role that WHO plays in promoting primary health care globally;

Having considered the report on primary health care, including health system strengthening;

Recalling the Declaration of Alma-Ata (1978), the Ottawa Charter for Health Promotion (1986), the United Nations Millennium Declaration (2000) and subsequent relevant resolutions of WHO's regional committees and Health Assemblies;²

Recalling also the discussions at the series of summits and global, regional and national conferences that have reaffirmed the commitment of Member States to primary health care and strengthening health systems;³

¹ Document EB124/8.

² Resolutions WHA54.13, WHA56.6, WHA57.19, WHA58.17, WHA58.33, WHA60.22, WHA60.24, WHA60.27, WHA61.17 and WHA61.18.

³ Including summits on health system strengthening, such as the G8 Hokkaido Toyako Summit (2008), International Conference on Global Action for Health System Strengthening (Tokyo, 2008), International Conference dedicated to the 30th Anniversary of the Alma-Ata Declaration of WHO/UNICEF on primary health care (Almaty, 2008), Latin American Social Summit (2006) and G15 Summit (2004); WHO regional meetings on primary health care, such as those at Buenos Aires (2007), Beijing (2007), Bangkok (2008), Tallinn (2008), Ouagadougou (2008), Jakarta (2008) and Doha (2008); and conferences on health promotion, such as Ottawa (1986), Adelaide (1988), Sundsvall (1991), Jakarta (1997), Mexico City (2000), Bangkok (2005) and the MERCOSUR Task Force on Health (since 1995).

Noting the growing consensus in the global health community that vertical approaches, such as disease-specific programmes, and integrated health systems approaches are mutually reinforcing and contribute to achieving the health-related Millennium Development Goals;

Recognizing the need to draw on the experiences, both positive and negative, of primary health care in the years since the Declaration of Alma-Ata and the Millennium Declaration;

Welcoming *The world health report 2008*,¹ published on the thirtieth anniversary of the international conference of Alma-Ata, that identifies four broad policy directions for reducing health inequalities and improving health for all: tackling health inequalities through universal coverage, putting people at the centre of care, integrating health into broader public policy, and providing inclusive leadership for health and also welcoming the Commission on Social Determinants of Health's final report;²

Reaffirming the need to build sustainable national health systems, strengthen national capacities, and fully honour financing commitments made by national governments and their development partners, as appropriate, in order to better fill the resource gaps in the health sector;

Reaffirming also the need to take concrete, effective and timely action, in implementing all agreed commitments on aid effectiveness and to increase the predictability of aid, while respecting recipient countries' control and ownership of their health system strengthening, more so given the potential effects on health and health systems of the current international financial and food crises and of climate change;

Strongly reaffirming the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action and community participation as the basis for strengthening health systems;

1. URGES Member States:

- (1) to ensure political commitment at all levels to the values and principles of the Declaration of Alma-Ata, keep the issue of strengthening health systems based on the primary health care approach high on the international political agenda, and take advantage, as appropriate, of health-related partnerships and initiatives relating to this issue, particularly to support achievement of the Millennium Development Goals;
- (2) to accelerate action towards universal access to primary health care by developing comprehensive health services and by developing national equitable and sustainable financing mechanisms, mindful of the need to ensure social protection and protect health budgets in the context of the current international financial crisis;
- (3) to put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services, including health promotion, disease prevention, curative care and end-of-life services, that are integrated and coordinated according to need;

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

² Commission on 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.

- (4) to promote active participation by all people, in the processes of developing policy and improving health and health care, in order to support the renewal of primary health care;
- (5) to train adequate numbers of health workers, able to work in a multidisciplinary context, in order to respond effectively to people's health needs;
- (6) to ensure that vertical programmes, including disease-specific programmes, are developed and implemented in the context of integrated primary health care;
- (7) to improve access to appropriate medicines, health products and technologies, all of which are required to support primary health care;
- (8) to develop and strengthen health information and surveillance systems relating to primary health care in order to facilitate evidence-based policies and programmes and their evaluation;
- (9) to strengthen health ministries, enabling them to provide inclusive, transparent and accountable leadership of the health sector and to facilitate multisectoral action as part of primary health care;

2. REQUESTS the Director-General:

- (1) to ensure that WHO reflects the values and principles of the Declaration of Alma-Ata in its work and that the overall organizational efforts across all levels contribute to the renewal of primary health care;
- (2) to strengthen the Secretariat's capacities to support Member States in their efforts to deliver on the four broad policy directions for renewal of primary health care identified in *The world health report 2008*;
- (3) to collate and analyse past and current experiences of Member States in implementing primary health care and facilitate the exchange of experience, evidence and information on good practice;
- (4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;
- (5) to report to the Sixty-third World Health Assembly, and subsequently every two years to the World Health Assembly, through the Executive Board, on progress regarding this resolution, including reporting on the effectiveness of WHO in its support to countries in the implementation of primary health care.

Professor SOHN Myong-sei (Republic of Korea), supported by Dr MOHAMED (Oman), thanked the members of the informal drafting group for their work and the Secretariat for its expert advice. The new draft combined the main elements of two earlier draft resolutions with new input from other delegations.

Dr DAHL-REGIS (Bahamas), while commending the work accomplished on the new draft text, expressed concern at carrying out the monitoring and evaluation activities within the time set out in the draft resolution; perhaps e-health technology would assist the completion of the allotted tasks. Bahamas wished to be included as a sponsor of the draft resolution.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) and Dr KÖKÉNY (Hungary), speaking as the member for Hungary, asked for their countries to be included as sponsors of the draft resolution.

Mr BLOOMFIELD (alternate to Ms Roche, New Zealand) commended the members for Japan and the Republic of Korea for their leadership in the work on the new draft.

Dr ETIENNE (Assistant Director-General), replying to the member for the Bahamas, said that the Secretariat would carry out monitoring and evaluation by means of country focus activities, health system performance assessments and monitoring at the global level. The monitoring and evaluation system included an e-health component consisting of a web-based application of country profiles.

The draft resolution was adopted.¹

The CHAIRMAN invited the Board to consider the following draft resolution on traditional medicine, based on an earlier draft and sponsored by China, Djibouti, Malawi, Mexico, New Zealand, Republic of Korea, Republic of Moldova, Samoa, Singapore, South Africa, Sri Lanka and Thailand:

The Executive Board,

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

The Sixty-second World Health Assembly,

Having considered the report on Primary health care, including health system strengthening;²

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA54.11, ~~and WHA56.31~~ **and WHA61.21**;

Recalling the ~~International Conference on Primary Health Care at~~ **Declaration of Alma-Ata 30 years ago and noting which stated, inter alia**, that “**The people have the right and duty to participate individually and collectively in the planning and implementation of their health care**”, **and “Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community”**”; ~~which may include access to traditional medicine~~

Noting that the term “traditional medicine” covers a wide variety of therapies and practices, which may vary greatly from country to country and from region to region, ~~and that traditional medicine may also be referred to as alternative or complementary medicine~~;

Recognizing traditional medicine as one of the resources of primary health-care services ~~to increase availability and affordability and to~~ **that could** contribute to improved health outcomes, including those ~~mentioned~~ in the Millennium Development Goals;

Recognizing that Member States have different domestic legislation, approaches, regulatory responsibilities and delivery models **related to primary health care**;

Noting the progress ~~of that~~ many governments ~~to date in integrating~~ **have made to include** traditional medicine into their national health systems;

Noting that progress in the field of traditional medicine has been ~~obtained in~~ **achieved by** a number of Member States through implementation of the WHO ~~t~~**Traditional m**edicine sStrategy 2002–2005;³

¹ Resolution EB124.R8.

² Document EB124/8.

³ Document WHO/EDM/TRM/2002.1.

Expressing the need for action and cooperation by the international community, governments, and health professionals and workers, to ensure proper use of traditional medicine as an important component contributing to the health of all people, in accordance with national capacity, priorities and relevant legislation;

Noting that the WHO Congress on Traditional Medicine took place from 7 to 9 November 2008, in Beijing, **China**, and ~~that~~ **adopted** the Beijing Declaration on Traditional Medicine ~~was adopted by the Congress on 8 November 2008;~~

Noting that African Traditional Medicine Day is commemorated annually on 31 August; in order to raise awareness and the profile of traditional medicine in ~~that the~~ African region, as well as to promote its integration into national health systems,

1. **URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:**

- (1) to **consider** ~~adopting~~ and ~~implementing~~ the Beijing Declaration on Traditional Medicine in accordance with national capacities, priorities, relevant legislation and circumstances;
- (2) to respect, preserve, ~~promote~~ and widely communicate, **as appropriate**, the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, **and on evidence of safety, efficacy and quality**;
- (3) ~~to recognize the government's responsibility for the health of their people, and to formulate national policies, regulations and standards, as part of comprehensive national health systems, to ensure~~ **promote** appropriate, safe and effective use of traditional medicine;
- (4) ~~to take action to integrate~~ **consider, where appropriate, including** traditional medicine into their national health systems based on national capacities, priorities, relevant legislation and circumstances, **and on evidence of safety, efficacy and quality**;
- (5) to **further** develop ~~further~~ traditional medicine based on research and innovation ~~in line with the~~ **giving due consideration to the specific actions related to traditional medicine in the implementation of the** Global strategy and plan of action on public health, innovation and intellectual property ~~adopted in resolution WHA61.21~~ **governments, international organizations and other stakeholders should collaborate in implementing the global strategy and plan of action**;
- (6) to **consider, where appropriate**, establishing systems for the qualification, accreditation or licensing of traditional medicine practitioners and to assist traditional medicine practitioners to upgrade their knowledge and skills ~~based on national requirements~~ **in collaboration with relevant health providers**;
- (7) to **consider** strengthening communication between conventional and traditional medicine providers and, **where appropriate**, ~~to establishing~~ appropriate training programmes for health professionals, medical students and relevant researchers;
- (8) ~~to commemorate Traditional Medicine Day on days as individual Member States may decide, in order to provide education and understanding of traditional medicine as one of the resources of primary health care services to cooperate with each other to share knowledge and practices of traditional medicine and exchange training programmes on traditional medicine, consistent with national legislation and relevant international obligations,~~

2. REQUESTS the Director-General:
- (1) to support Member States, **as appropriate and upon request**, in implementing the Beijing Declaration on Traditional Medicine;
 - (2) to update **the WHO's traditional medicine strategy on traditional medicine 2002–2005**, based on countries' progress and current new challenges in the field of traditional medicine;
 - (3) to **give due consideration to the specific actions related to traditional medicine in the implementation of the Global strategy and plan of action on public health, innovation and intellectual property, particularly through starting the agreed parts of the plan of action related to traditional medicine without prejudice to the existing mandates**;
 - (4) to continue providing policy guidance to countries on how to integrate traditional medicine into health systems, ~~step by step~~, especially to promote, **where appropriate**, the use of traditional/**indigenous** medicine for primary health care, **in line with evidence of safety, efficacy and quality**;
 - (5) to continue providing technical guidance ~~in order~~ to support countries to ensure the safety, efficacy and quality of traditional medicine;
 - (6) to strengthen cooperation with WHO collaborating centres, research institutions and nongovernmental organizations ~~in order~~ to share evidence-based information and to ~~organize various~~ **support** training programmes for national ~~capacity building~~ **capacity building** in the field of traditional medicine;
 - (7) ~~to provide support to the traditional medicine programme to implement above mentioned requests.~~

Dr REN Minghui (China) thanked all delegations, particularly that of the European Commission, for their contribution to the negotiations on the draft resolution.

The draft resolution was adopted.¹

WHO's role and responsibilities in health research: Item 4.9 of the Agenda (Document EB124/12) (continued from the tenth meeting)

The CHAIRMAN invited the Board to consider the following draft resolution on WHO's role and responsibilities in health research, based on an earlier draft and incorporating amendments proposed by Indonesia, Netherlands, New Zealand, Russian Federation, United Kingdom of Great Britain and Northern Ireland and United States of America:

The Executive Board,
Having considered the draft of the WHO strategy on research for health,²

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

The Sixty-second World Health Assembly,
Recalling resolution WHA58.34 on the Ministerial Summit on Health Research and resolution WHA60.15 on WHO's role and responsibilities in health research;

¹ Resolution EB124.R9.

² Document EB124/12.

Recognizing the contribution of research to the development of solutions to health problems and the advancement of health worldwide;

Aware that, in a rapidly changing world facing significant environmental, demographic, social and economic challenges, research will be increasingly essential for clarifying the nature and scope of health problems, and for identifying effective life-saving interventions and strategies;

Realizing the increasingly multidisciplinary and intersectoral nature of research for health improvement;

Affirming the roles and responsibilities of WHO, as a the [New Zealand] leading global health organization, in health research;[Indonesia]

Recognizing the need to strengthen the capacity of public sectors in health research; [Indonesia]

Acknowledging that research activities in the private and public sectors can be mutually supportive and complementary in improving health globally;

Conscious of the need to strengthen the conduct, management and coordination of WHO's activities in health research;

Cognizant of the need to better communicate WHO's research activities and results, especially to its Member States and partners;

Noting Welcoming [USA] the references to research for health in resolution WHA61.21 on the Global strategy and plan of action on public health, innovation and intellectual property and relevant conclusions and recommendations of the WHO Commission on Social Determinants for Health;

Taking into account the outcomes of the Global Ministerial Forum on Research for Health (Bamako, 17–19 November 2008),

1. ENDORSES the WHO strategy on research for health **annexed hereto [USA]**;
2. URGES Member States:
 - (1) to recognize the importance of research for improving health and health equity and to adopt and implement policies for research for health that are aligned with national health plans, that include the participation of all relevant sectors, public and private, that align external support around mutual priorities, and that strengthen key national institutions;
 - (2) **to consider drawing on the strategy on research for health according to their own national circumstances and contexts, and as part of their overall policies on health and health research; [Indonesia]**
or
~~(2) to support the implementation of the research for health strategy according to their own national circumstances and contexts, and as part of their overall policies on health and health research; [USA]~~
 - (32) to strengthen national health research systems by improving leadership and management of research for health, by focusing on national needs, by establishing effective institutional mechanisms for research, by using evidence in health policy development, and by harmonizing and coordinating national and external support (including that of WHO);
 - (43) to establish, as necessary **and appropriate, [USA]** governance mechanisms for research for health, to ensure rigorous application of good research norms and standards, **including protections for human subjects involved in research, [USA]** and to promote an open dialogue between policy-makers and researchers on national health needs, capacities and constraints;

- (54) to improve the collection of reliable health information and data and to maximize, **where appropriate, [USA]** their free and unrestricted availability in the public domain;
- (65) to promote intersectoral collaboration and high-quality research in order to produce the evidence necessary for ensuring that policies adopted in all sectors contribute to improving health and health equity;
- (76) to initiate or strengthen intercountry collaboration with the aim of obtaining efficiencies of scale in research through the sharing of experiences, best practices and resources, the pooling of training and procurement mechanisms, and the use of common, standardized evaluation methods for research;
- (87) to consider, where appropriate, establishment of regional collaborating mechanisms, such as centres of excellence, in order to facilitate access by Member States to the necessary research and expertise to meet health challenges;
3. ~~INVITES CALLS UPON~~ **[USA] Member States, [Indonesia]** the health research community, international organizations, supporters of research, the private sector, civil society and other concerned stakeholders:
- (1) to provide support to the Secretariat ~~and Member States~~ **[USA]** in implementing the research for health strategy and in monitoring and evaluating its effectiveness;
- (2) to collaborate with the Secretariat ~~and Member States~~ **[USA]**, within the framework of the strategy, in identifying ~~global~~ **[USA]** priorities for research for health, ~~in agreeing norms and standards relating to research for health, [USA] in developing guidelines relating to research for health [Indonesia]~~ and in the collection of health information and data;
- (3) to assist the Secretariat and WHO's research partners in mobilizing enhanced resources for the identified global priorities for research for health;
- (4) to pay particular attention to the research needs of low-income countries, notably in areas such as technology transfer, research workforce, and infrastructure development **and other determinants of health [Indonesia]** particularly where this will contribute to the achievement of the Millennium Development Goals, health equity and better health for all **and to collaborate with WHO the Secretariat and Member States and the Secretariat [USA] to better align, and [USA] coordinate and harmonize the global health research architecture and its governance through the rationalization of existing organizations global health research partnerships [USA], to improve coherence and impact, and to increase efficiencies and equity; [UK]**
- (5) to support, where appropriate, technical cooperation among developing countries in research for health;
4. REQUESTS the Director-General:
- (1) **to provide leadership in identifying global priorities for research for health; [Netherlands seconded by UK]**
- (12) to implement the strategy within the Organization at all levels and with partners, **and in coordination with the references to research for health in [USA] the Global strategy and plan of action on public health, innovation and intellectual property [UK];**
- (23) to improve the quality of research within the Organization ~~and strengthen WHO's leadership in research for health; [Netherlands seconded by UK]~~
- (34) to provide adequate core resources in proposed programme budgets for the implementation of the research for health strategy;

(45) to ensure that the highest norms and standards of good research are upheld within WHO, including technical, ethical and methodological aspects and the translation into practice, use and dissemination of results **and to review and streamline align [UK] the architecture and governance of the Organization's research activities and partnerships; [UK]**

~~(5) to provide support to Member States, upon request and as resources permit, in implementing the strategy in order to strengthen national health research systems and intersectoral collaboration; [USA]~~

or

(5) to provide support to Member States, upon request and as resources permit, in taking relevant actions to strengthen national health research systems and intersectoral collaborations; [Indonesia]

~~(6) to align better the work of WHO collaborating centres involved in research with the goals of the research for health strategy; to strengthen the role of WHO collaborating centres as a well-established, effective mechanism for cooperation between the Organization and countries in the field of research for health; [Russian Federation]~~

(7) to report to the Sixty-fifth World Health Assembly on the implementation of this resolution, through the Executive Board, in 2012.

Mr HOHMAN (alternate to Dr Wright, United States of America) said that he had two further editorial changes to propose and asked for more details on the proposed amendments to paragraph 63 of the draft WHO strategy on research for health (document EB124/12).

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that he supported the amendments that had been proposed by member for the United Kingdom of Great Britain and Northern Ireland and representative of the Netherlands.

Dr LUKITO (alternate to Dr Supari, Indonesia) said that his delegation's proposed amendment to subparagraph 2(2) was intended to resolve the ambiguity of the original draft. Paragraph 3 should be addressed to Member States as well as the health research community, international organizations and other bodies listed, and the reference to Member States should accordingly be retained both in the heading and in subparagraph 2.

His delegation had proposed a reference to developing guidelines relating to research for health in subparagraph 3(2). If WHO had not yet developed any such guidelines then a new subparagraph requesting the Director-General to do so should be added in paragraph 4.

Dr MAIGA (alternate to Mr Touré, Mali) said that obtaining financing for health research was an acute problem for the countries of Africa. She proposed that a subparagraph should be added to paragraph 4 calling upon the Director-General to promote the provision of increased financing for health research, particularly for developing countries.

Dr EVANS (Assistant Director-General) said that it was proposed to amend paragraph 63 of the draft WHO strategy on research for health to read: "[access] ... to data, tools, materials and literature, which may arise due to restrictions placed on their use ...".

Replying to the member for Indonesia, he said that, in the section of the draft strategy entitled "Standards goal", it was stipulated that the Secretariat should develop norms and standards for best practice in the management of research (paragraph 59(b)). The point was therefore covered by subparagraph 4(2) of the draft resolution.

Replying to the member for Mali, he said that, as indicated in the section of the draft strategy entitled “Priorities goal”, WHO played the role of an advocate for financial support for research for health. It would not, however, necessarily mobilize funding itself.

The DIRECTOR-GENERAL said that the Secretariat’s advocacy role in supporting research for health was mentioned at several points in the draft strategy. She could probably play no greater role than that in the mobilization of funding for research for health and it might, therefore, be inappropriate to mention the issue explicitly in the draft resolution.

The CHAIRMAN suggested that the agenda item should be suspended for a short time, to allow the Secretariat to search for precedents in the wording of earlier resolutions that might reflect the concerns of the member for Mali.

It was so agreed.

(For adoption of the resolution, see summary record of the twelfth meeting, section 2.)

International recruitment of health personnel: draft global code of practice: Item 4.10 of the Agenda (Documents EB124/13, EB124/13 Add.1 and EB124/INF.DOC./2) (continued from the eighth meeting, section 2)

Dr ETIENNE (Assistant Director-General) recalled that informal discussions had been held to consider a consultative process on the draft WHO code of practice on the international recruitment of health personnel. Participation, timing, methodology and cost–effectiveness had been considered in those discussions. Reaching consensus on the code of practice would necessitate further consultation and effective Member State participation. Member States had identified that the process should be driven by Member States and open-ended, with the widest inclusion of stakeholders, particularly source countries. Global consultations should build on those held at national and regional levels. It was unlikely that an effective and broad-based process could be completed before the Sixty-second World Health Assembly. One approach would be to hold consultations at all levels, leading to consideration of a revised draft code by the Executive Board at its 126th session in January 2010, with the possible submission of that revised draft to the Sixty-third World Health Assembly.

The Board still needed to consider how to advance the process; two options had been proposed: the first would mean that the item remained under the remit of the Executive Board; it would not be placed on the provisional agenda of the Sixty-second World Health Assembly but would be noted as part of the report of the Executive Board on its 124th session. The Director-General would request the Regional Directors to place the item on the provisional agendas of the regional committee sessions to be held later in 2009, and would subsequently report to the Executive Board at its 126th session. The second option would be to place the item on the provisional agenda for the Sixty-second World Health Assembly in order to allow broader debate within the ongoing consultation process. The report could be noted by the Executive Board at its 124th session and the Director-General would prepare a report to present to the Sixty-second World Health Assembly.

Mr HOHMAN (alternate to Dr Wright, United States of America) expressed a preference for the first option as a way forward given the different views on the issue. The regional discussions and revised code of practice that had been proposed would avoid the need for further exhaustive discussion of the matter at the Sixty-second World Health Assembly.

Dr KÖKÉNY (Hungary) said that, in order to achieve a balanced code, appropriate emphasis should be placed on the sustainability of health systems.

He preferred the first option, agreeing with the reasoning put forward by the member for the United States. It would be helpful if the Director-General could emphasize the issue in her report and call for further action from the Member States and regional committees.

Dr ZARAMBA (Uganda) stated that the African Region agreed with the preference for the first option as it would allow for wide stakeholder consultation. The Director-General's report should provide a clear explanation of the process so that all Member States were aware of the need to finalize it in 2010.

Professor ALI (alternate to Professor Haque, Bangladesh) expressed his preference for the first option and agreed with the argument put forward by the member for the United States.

Dr DAHL-REGIS (Bahamas) said that she preferred the first option. Regarding stakeholder consultation, she requested that the report should reflect the need to engage source countries in the process.

Ms ROCHE (New Zealand) also supported the first option. In order to achieve the widest possible participation, she requested the Secretariat to ensure that the Sixty-second World Health Assembly would provide full Member State participation by holding informal meetings on the topic.

Dr VIROJ TANGCHAROENSATHIEN (Thailand)¹ supported the first option and urged the Director-General to maximize participation of stakeholders in the consultative process. He asked which version of the revised text would be used for the national and regional committee discussions.

Dr MOHAMED (Oman) expressed a preference for the first option. Further time would be needed for Member States to consult and produce a suitable text. He agreed with the member for New Zealand that the Sixty-second World Health Assembly would provide the opportunity to hold consultation meetings on the draft code of practice.

The document should provide examples of agreements or memoranda of understanding between Member States. The experiences of other countries would be useful in formulating a solution with regard to compensation.

Mr SAMRI (Morocco)¹ questioned whether a third option could be considered whereby the item would be included on the provisional agenda of the Sixty-second World Health Assembly and, depending on the outcome of those discussions, consideration could be given to the next steps to be taken, including the possibility of regional consultation.

Ms ROCHE (New Zealand) requested clarification on the process that was needed to ensure that the item was added to the provisional agendas of the regional committees on a formal basis.

The DIRECTOR-GENERAL, noting the broad consensus in favour of the first option, proposed to find a way forward that would respond to the suggestions and comments made. The Secretariat would prepare a document to be used in both national consultations and the technical briefing that could be held in parallel to the Sixty-second World Health Assembly. Based on the outcome of those discussions, the Secretariat would prepare a report to send to all Regional Directors. The item could be formally placed on the provisional agenda for regional committee meetings and the outcome of all discussions at that stage would be reported back to the Secretariat, with a view to capturing as many

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

regional and national views as possible; she would then prepare a report for submission to the Executive Board at its 126th session and the Sixty-third World Health Assembly in 2010.

Responding to the query from the member from Thailand on the text that would be used in national consultations, she proposed that the paper prepared by the Secretariat would broadly capture all the views and concerns put forward and discussed at the technical briefing and would then be used as a basis for the regional consultations.

The CHAIRMAN noted that broad consensus had been reached on the issue. He took it that the Board agreed with the Director-General's proposal and wished to take note of the report.

The Board noted the report.

2. FINANCIAL MATTERS: Item 6 of the Agenda

Scale of assessments 2010–2011: Item 6.1 of the Agenda (Document EB124/21)

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, noted that no change had been proposed to the current scale of assessments. In December 2009, the United Nations was expected to adopt a new scale for the period 2010–2012 and the Sixty-third World Health Assembly would be invited to use that scale to calculate the WHO scale for the second year of the biennium (2011). The Committee recommended that the Executive Board should recommend that the Sixty-second World Health Assembly adopt the proposed scale of assessments.

The CHAIRMAN, observing that no comments had been made, took it that the Board wished to invite the Health Assembly to consider adopting the proposed scale of assessments.

It was so agreed.

The Board took note of the report.

Amendments to the Financial Regulations and Financial Rules: Item 6.2 of the Agenda (EB124/22)

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had noted that the changes proposed to the Financial Regulations and Financial Rules were primarily a result of the implementation of the International Public Sector Accounting Standards. Discussion had made it clear that interest earned on assessed contributions would continue to be credited to that account and so continue to be available to Member States under Regulation 5.1. Questions had been raised about the term "surplus" and the reference in the Financial Rules to the possibility of a separate budget for capital expenditure. The Secretariat had proposed a few amendments to the Financial Regulations, which the Committee had reviewed. It recommended that the Board adopt the resolution contained in paragraph 5 of document EB124/22, with the amended Annex 1.

The resolution, together with the amended Financial Regulations, was adopted.¹

3. MANAGEMENT MATTERS: Item 7 of the Agenda

Partnerships: Item 7.1 of the Agenda (EB124/23)

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had expressed satisfaction with the report on partnerships and the annexed draft policy guidelines. The Committee had noted WHO's long tradition of collaborating with multiple stakeholders and sectors and the complexity of the issues surrounding its work in the existing collaborations. Those issues included how to decide on and manage involvement in partnerships; problems relating to formal partnerships hosted by WHO but governed separately; and the application of WHO's accountability and managerial frameworks to all its partnerships and collaborative arrangements. Committee members had welcomed the new approaches to partnerships and collaborative arrangements in the Proposed programme budget 2010–2011.

The Committee had noted with appreciation that the draft guidelines referred to consultations with the Board on consideration by the Secretariat of the hosting of partnerships and asked whether they applied to formal as opposed to informal partnerships. Although formal partnerships linking Member States, the private sector, academia and civil society were appreciated for their contributions to global health, it was unclear how the Secretariat and the governing bodies could influence them and ensure coherence. The Secretariat needed to support strong coordination between partnerships both at country level and within the Organization.

The Committee recommended that the Board should consider endorsing the guidelines and give consideration to other future action based on the suggestions made during the Committee's discussion.

Mrs CHRISTENSEN (alternate to Mr Fisker, Denmark) welcomed the draft policy guidelines on global health partnerships. The organization of global health was changing, with consequences for the structure of WHO's budget, in which voluntary contributions and partnerships were playing a growing role. Although partnerships created new opportunities, she was concerned that the system might become so complex that Member States lost oversight and influence, which would jeopardize governance and accountability. Maintaining the ability of Member States to steer the work of the Organization through its governing bodies was of the utmost importance.

She welcomed the new guidelines and notably the provision that the Board would be consulted on proposals for WHO to host formal partnerships, although she would have preferred that proposals be submitted to the Board for approval. She welcomed the notion that the goals of partnerships should be consistent with the strategic objectives approved by Member States. Both the risks and the benefits of partnerships should be considered and periodically evaluated. Her Government would follow the issue closely with a view to maintaining the influence of Member States and accountability of the Secretariat towards the governing bodies.

Dr MOHAMED (Oman) said that partnerships between the public and private sectors, and greater involvement of nongovernmental organizations, would be desirable. He would submit written comments for the wording of the guidelines to the Secretariat.

¹ Resolution EB124.R10.

Mr HOHMAN (alternate to Dr Wright, United States of America), aligning himself with the comments by the member for Denmark, said that it was unclear exactly what the Board was expected to do with respect to the draft policy guidelines. On the one hand, it was useful for them to be reviewed by a governing body but, on the other, they were not yet final. If the Board endorsed them forthwith, they could no longer be changed. On the other hand, the Board should in some manner express its approval of the guidelines. He asked whether they needed to be submitted to the Health Assembly.

Dr DOS RAMOS (Sao Tome and Principe), speaking on behalf of the Member States of the African Region, said that the growing complexity of aid and increased partnerships in the health sector had fragmented development assistance to countries, and so reduced its efficacy. The need to adhere to the principles in the Paris Declaration on Aid Effectiveness was gaining international recognition. United Nations agencies, the World Bank and the African Development Bank had set up a cooperation framework to harmonize action at country level. Different types of partnership arrangements had been studied and meetings with development partners held. The Regional Office for Africa had established several new institutions for technical support, quality assurance and oversight of the assistance provided in the health sector to governments by United Nations country teams. In view of the restructuring of the African Union, a new framework agreement had been negotiated which would strengthen cooperation with the African Union and the regional economic communities.

The many challenges ahead included: harmonizing aid, since fragmentation resulted in high transaction costs and excessive demands on the governments of recipient countries; inducing donors to refocus health programmes on national priorities; and setting up coordinating mechanisms for the follow-up and evaluation of activities.

Dr JAKSONS (Latvia) said that the report represented progress, and Part 1 of the draft policy guidelines contained well-defined terminology. Part 2 lacked clarity, notably on the distinction between partnerships and collaborative arrangements. That part should be revised by the Secretariat.

Dr LHOTSKA (Consumers International), speaking at the invitation of the CHAIRMAN, said that the draft policy guidelines identified global health partnerships as a means of achieving public health goals, not as an end in themselves. Nevertheless, mechanisms and structures should be better defined, ensure transparency and accountability, and stipulate that the Secretariat would provide Member States and the general public with a registry of all partnerships in which WHO was involved. They should define conflicts of interest, elaborate safeguards, and explain the mechanisms that would make WHO staff better able to make such assessments. WHO's guidelines on interaction with commercial enterprises should be updated to reflect recent experience, and the ethical framework mentioned should be further developed. The draft policy guidelines should explicitly note that representatives of the private sector engaged in partnerships must not be involved in policy-making. The guidelines should also include a provision on periodic review and updating of the policy.

Dr PRADHAN (Assistant Director-General) reaffirmed that several initiatives aimed at strengthening WHO's role and clarifying partnerships were under way, including some in the regional offices. Board members had made valuable comments on the need to show more clearly which of the arrangements identified were formal partnerships as opposed to collaborative arrangements, and how the necessary oversight of them could be exercised by WHO's governing bodies. She undertook to make the necessary revisions to both the report and the draft policy guidelines. She recalled that the valuable partnerships and collaborative arrangements in place greatly furthered much of the Organization's work, both globally and in regions and countries.

Mr BURCI (Legal Counsel), responding to the question by the member for the United States on the nature of guidelines, said that the Secretariat proposed guidelines either for the use of outside

parties or stakeholders or for its own internal use. Such guidelines were not always submitted to the governing bodies for approval since they were mandated by those very governing bodies. In other cases, however, guidelines were submitted to the governing bodies because they comprised a policy component. Such, in his opinion, was the case with the draft policy guidelines on WHO's involvement in global health partnerships. Admittedly, however, that document was something of a hybrid: Part 1 raised policy and strategic issues, whereas Part 2 responded to the constitutional and governance issues that partnerships hosted by WHO raised for the Organization. In view of the governance and policy implications of partnerships, the Board might wish to submit the draft policy guidelines to the Health Assembly for further consideration and approval. They could be further revised and improved on the basis of the current discussion before submission to the Health Assembly.

The CHAIRMAN said that he took it that the Board wished to recommend that the guidelines be submitted to the Sixty-second World Health Assembly for review and endorsement.

It was so agreed.

Multilingualism: implementation of action plan: Item 7.2 of the Agenda (Document EB124/24)

Dr GOPEE (Mauritius), speaking on behalf of the Member States of the African Region, recalled resolution EB122.R9 on implementation of the action plan on multilingualism, the aim of which was to ensure that linguistic diversity was respected throughout the Organization and that publications and other services were made available in WHO's working languages. The Organization might therefore wish to consider making WHO publications and documents available in Portuguese, which was a working language of the African Region.

In paragraphs 6 to 8 of the report, the numbers of web pages already published and to be published during the 2012–2013 biennium in English were not listed. In the African Region, simultaneous interpretation, as well as documents, was provided in English, French and Portuguese at official meetings held by the Member States. Those documents were also published on the Intranet in order to facilitate regional access. The library continued to constitute a digital archive for all the documents and to record data submitted by anglophone, francophone and lusophone African countries and from the Forum for African Medical Editors in the database of the African Index Medicus in all three languages. He called on the Secretariat to ensure that all technical documents were in future made available in the official languages as promptly as possible.

Dr XING Jun (alternate to Dr Ren Minghui, China) commended the improved quality of the Chinese web pages and the progress made in implementing the action plan since the adoption of resolution WHA61.12. Following informal consultations between the Chinese delegation and the Secretariat, it had been decided to establish a WHO consultative committee to decide on translation priorities for WHO publications. Involving outside publishers and partners might secure funding for the translation of WHO publications, but a better option would be continued support from the regular budget.

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that achieving a balance between languages in the translation of documents would allow countries to participate more widely in consultations and decision-making. The needs of countries should be met on the basis of defined priorities. He urged the Secretariat to make more information available on the WHO web site in the official languages. He commended the efforts made to provide a better service for the Arab countries. However, additional funding would allow more official documents to be translated, which would benefit health workers and also improve the performance of health systems. Unfortunately, some major WHO documents were still not being made available in all the official languages. For example, *The world health report 2008* had not been

translated into Arabic, Chinese or Spanish. With regard to the resources required for implementing the action plan between 2008 and 2013, he asked whether the total amount of US\$ 19 926 925 shown in the document had already been allocated and whether current multilingualism costs would be deducted from the amount.

Dr STARODUBOV (Russian Federation) said that the translation of documents into all official languages increased participation by countries. In 2008, his Government's health and social welfare ministries had decided to establish an expert committee to set priorities for the translation of WHO documents into Russian. The figures set for the translation of web site pages into Russian was acceptable. However, the Russian language pages should cover all WHO's priority areas of work. It was of the utmost importance that translations should be of the highest quality since members of the medical profession in the Russian-speaking countries relied on them heavily. In the near future, it would be necessary to compile a WHO glossary for health and medical products with the assistance and participation of experts from countries speaking the relevant languages. He supported the action plan as a lead to enhanced coordination between WHO and national health ministries.

Ms ARENDT (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, welcomed the report. A master list of planned translations for the 2008–2009 biennium would help in planning and coordination of programme. Recent documents on breastfeeding should be translated and made available to non-English speaking countries. Translation of policies and information on capacity-building tools would facilitate national implementation of that essential child-survival strategy. The revised course for training health-care professionals involved in maternity care could significantly assist hospitals in fulfilling the accreditation requirements for becoming UNICEF/WHO baby-friendly hospitals. Translation of the revised assessment tools for the Baby Friendly Hospital Initiative, and the evidence on the long-term effects of breastfeeding were both urgently needed as guidance for policy-makers.

Dr EVANS (Assistant Director-General), replying to the comments of the member for Mauritius, drew attention to the efforts being made to accelerate production of documents in Portuguese through the ePORTUGUESe initiative. With regard to his second question, web pages in English numbered about 10 000.

Replying to the member for the United Arab Emirates, he pointed out that *The world health report 2008* was now available in all official languages, both electronically and in hard copy. The budget stated in document EB124/24 was specifically for the activities described therein.

He informed the member for the Russian Federation that a WHO health and product glossary was included in the plan.

The Board took note of the report.

Reports of committees of the Executive Board: Item 7.3 of the Agenda

- **Standing Committee on Nongovernmental Organizations** (Document EB124/25)

Dr MOHAMED (Oman), speaking on behalf of the Chairman of the Standing Committee on Nongovernmental Organizations, said that the Committee had expressed its appreciation of the work of the applicant organizations and those whose activities had been reviewed. Section IV of the report contained the Committee's recommendations, set out as a draft resolution and a draft decision.

Mr LOGAR (alternate to Dr Voljč, Slovenia), conveying apologies from Dr Voljč for his unavoidable absence, thanked his fellow Committee members, Dr Dos Ramos (Sao Tome and

Principe), Dr Mohamed (Oman), Dr Ren (China) and Dr Vallejos (Peru), and the Secretariat for their assistance.

The CHAIRMAN said that he took it that the Board wished to adopt the draft resolution and draft decision contained in document EB124/25.

The resolution and the decision were adopted.¹

• **Foundations and awards** (Document EB124/26)

Léon Bernard Foundation Prize

Decision: The Executive Board, having considered the report of the Léon Bernard Foundation Committee, decided not to award the Léon Bernard Foundation Prize in 2009.

Dr A.T. Shousha Foundation Prize

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2009 to Dr Huda Zurayk (Lebanon) for her significant contribution to public health in the Eastern Mediterranean Region. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.²

Jacques Parisot Foundation Fellowship

Decision: The Executive Board, having considered the report of the Jacques Parisot Selection Panel, awarded the Sixteenth Jacques Parisot Foundation Fellowship to Ms Livesy Abokyi Naaffoe (Ghana) for her proposal to undertake a population-based study of the health-seeking behaviour of persons suffering from persistent cough in the Kintampo North and South Districts of Ghana. The laureate will receive a medal and US\$ 5000.³

Ihsan Dogramaci Family Health Foundation Prize

Decision: The Executive Board, having considered the report of the Ihsan Dogramaci Family Health Foundation Selection Panel, decided not to award the Ihsan Dogramaci Family Health Foundation Prize in 2009.

In addition, **the Board took note of the Panel's decision to revise Article 4 of the Statutes** of the Ihsan Dogramaci Family Health Foundation.

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2009 to Dr Amal Abdurrahman Al Jowder

¹ Resolution EB124.R11 and decision EB124(1).

² Decision EB124(2).

³ Decision EB124(7).

(Bahrain) for her outstanding innovative work in health development. The laureate will receive US\$ 30 000.¹

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2009 jointly to the Integrated Perinatal Care Project, KK Women's and Children's Hospital (Singapore) and the Georgian Respiratory Association (Georgia) for their outstanding contribution to health development. The laureates will each receive US\$ 20 000.²

State of Kuwait Prize for Research in Health Promotion

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in Health Promotion for 2009 jointly to Dr Shaikha Salim Al Arrayed (Bahrain) and the National Centre for Workplace Health Promotion (Poland) for their outstanding contribution to research in health promotion. The laureates will each receive US\$ 20 000.³

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr Lee Jong-wook Memorial Prize for Public Health for the first time to the Infectious Diseases, AIDS and Clinical Immunology Research Center (Georgia) for its outstanding contribution to research into and prevention, treatment and control of HIV/AIDS and research into and control of communicable diseases. The laureate will receive US\$ 85 000.⁴

Provisional agenda of the Sixty-second World Health Assembly and date and place of the 125th session of the Executive Board: Item 7.4 of the Agenda (Documents EB124/27, EB124/27 Add.1 and EB124/27 Add.2)

Dr YOUNES (Governing Bodies) said that, as the Board had already agreed to postpone the subitem on the "International recruitment of health personnel: draft global code of practice" until the Sixty-third World Health Assembly in order to allow further consultation, subitem 12.9 would therefore be deleted from the provisional agenda and the subsequent subitems renumbered accordingly. The subitem entitled "Chagas disease: control and elimination" would thus become subitem 12.12. The item entitled "Capacity-building to constructively engage the private sector in providing essential health-care services" had been inadvertently omitted from the provisional agenda for the Sixty-second World Health Assembly and would be included as new subitem 12.13. The member for Slovenia had proposed (document EB124/27 Add.1) the inclusion of an item entitled "Strategic Approach to International Chemicals Management" and China had proposed (document EB124/27 Add.2) the inclusion of an item entitled "Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis"; if the Board agreed, both items

¹ Decision EB124(3).

² Decision EB124(4).

³ Decision EB124(5).

⁴ Decision EB124(6).

would be placed on the provisional agenda as subitems 12.14 and 12.15. The current subitem 12.14, entitled "Progress reports on technical and health matters", would become subitem 12.16. All the subitems mentioned would be included in the work programme of Committee A.

Dr BIN SHAKAR (United Arab Emirates), supported by Dr GARBOUJ (alternate to Dr Abdesselem, Tunisia) and Mr LOGAR (alternate to Dr Voljč, Slovenia), said that the Board had expressed an intention during the current session to include a separate item on food safety in the provisional agenda. He therefore called for it to be added.

Professor AZAD (alternate to Professor Haque, Bangladesh), supporting the proposal to include food safety in the provisional agenda of the forthcoming Health Assembly, said that the important issue of food security should also be included.

Dr REN Minghui (China), supported by Professor AZAD (alternate to Professor Haque, Bangladesh), Dr ADITAMA (alternate to Dr Supari, Indonesia), Dr GOPEE (Mauritius) and Dr BIN SHAKAR (United Arab Emirates), said that multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis posed a serious threat to public health, in particular in developing countries. In 2007, seven million people had died of those diseases. The number of cases was steadily increasing, with only a small number of cases diagnosed and treated. Multidrug-resistant tuberculosis had for the first time emerged in more than 50 countries, while in the African Region the combination of tuberculosis and HIV/AIDS posed a grave threat to health and economic development. He drew the Board's attention to a number of global initiatives and meetings aimed at finding responses to the issue and, in that context, recommended that the Sixty-second World Health Assembly should consider the item.

Mr LOGAR (alternate to Dr Voljč, Slovenia) said that the Fifty-ninth World Health Assembly had already discussed the Strategic Approach to International Chemicals Management. Further discussion to assess the current situation and identify new challenges and goals for WHO in the field would be timely. He invited the Secretariat to prepare a progress report on the implementation of resolution WHA59.15.

The second session of the International Conference on Chemicals Management, the governing body for the Strategic Approach to International Chemicals Management, was due to meet in Geneva in May 2009, immediately before the Sixty-second session of the World Health Assembly. The Health Assembly could look at the public health aspects of the issue; that might lead to a possible resolution on further collaboration between WHO and the Strategic Approach to International Chemicals Management.

He expressed concern about the health consequences of obsolete pesticides and other dangerous chemicals. The health sector was faced with responsibilities resulting from increased production and use of dangerous chemicals, along with chemical waste stocks in developing countries and countries with economies in transition. The worldwide production and use of chemicals was increasing, and global stocks of obsolete pesticides were estimated to amount to at least 350 000 tons, of which two thirds were thought to be in central and eastern Europe and the countries of the former Union of Soviet Socialist Republics. If the Board agreed to the inclusion of the agenda item, Slovenia would be prepared to draft a resolution on obsolete pesticides and other dangerous chemicals, and provide elements for further action.

Professor AZAD (alternate to Professor Haque, Bangladesh), Dr KÖKÉNY (Hungary), Dr JAKSONS (Latvia), Dr GOPEE (Mauritius), Ms MORENO (alternate to Dr Giménez Caballero, Paraguay), Dr GARBOUJ (alternate to Dr Abdesselem, Tunisia), Professor AYDIN (Turkey) and Dr BIN SHAKAR (United Arab Emirates) expressed support for the proposal by the member for Slovenia.

Mr CAMPOS (alternate to Dr Buss, Brazil), supported by Dr AHMADZAI (Afghanistan), proposed the inclusion of an agenda item on viral hepatitis. For instance, some 2000 million people were infected with hepatitis B virus alone, with a mortality rate due to acute and chronic disease of 600 000 every year. He proposed that the Secretariat should prepare a report on the subject. His Government would submit a draft resolution proposing that a world day for viral hepatitis be established.

Mr HOHMAN (alternate to Dr Wright, United States of America), observing that it was far more efficient to deal with agenda items for the Health Assembly beforehand in the Executive Board, encouraged delegations proposing new items to circulate draft resolutions well ahead of the next Health Assembly in order to give other Member States time to consider them in advance.

Dr ABABII (Republic of Moldova), emphasizing the need to tackle the combination of tuberculosis and other diseases, expressed support for the additional agenda item proposed by the member for China. The positions of the members for Hungary and Slovenia should be taken into account.

Dr MOHAMED (Oman), referring to the additional agenda item proposed by the member for Bangladesh, asked whether a distinction could be drawn between food safety and food security, and whether both came within the purview of WHO.

Professor AZAD (alternate to Professor Haque, Bangladesh) said that not to include food security in the item would be a major omission.

Dr ZARAMBA (Uganda) requested clarification of the ways in which items were added to the provisional agenda of the Health Assembly.

The DIRECTOR-GENERAL said that, although it was the prerogative of Member States to propose items for the provisional agenda of the Health Assembly, the latter had recommended that technical items, especially those with draft resolutions, should be discussed first by the Executive Board. Experience had shown that otherwise the deliberations tended to be long, complex and often indecisive, but it was for the Board to decide whether to transmit an item direct to the Health Assembly.

Dr DAHL-REGIS (Bahamas) said that Member States should decide whether they were prepared to accept an extended session of the Health Assembly.

Dr YOUNES (Governing Bodies) confirmed, at the CHAIRMAN's request, that additional items had been proposed for the provisional agenda of the Sixty-second World Health Assembly on capacity-building to constructively engage the private sector in providing essential health-care services; the Strategic Approach to International Chemicals Management; the prevention and control of multidrug-resistant and extensively drug-resistant tuberculosis; food safety and food security; and viral hepatitis.

Dr ZARAMBA (Uganda) suggested that, in view of the comments by the Director-General and given the importance of the subject matter, the proposed items should be considered by the Executive Board before being added to the provisional agenda of the Health Assembly.

Mr LOGAR (alternate to Dr Voljč, Slovenia), while supporting the previous speaker's suggestion, reminded the Board that the Fifty-ninth World Health Assembly had already discussed the

Strategic Approach to International Chemicals Management, and said that Slovenia's proposal was intended merely to ensure that the discussions continued at the Sixty-second World Health Assembly.

Dr YOUNES (Governing Bodies) confirmed that the subject had indeed been on the agenda of the Fifty-ninth World Health Assembly, in response to a request from the first International Conference on Chemicals Management for support for WHO's involvement in implementing the Strategic Approach to International Chemicals Management. However, in the resulting resolution the Health Assembly noted the Strategic Approach but did not require the Secretariat to report back to the Health Assembly.

Dr MOHAMED (Oman), noting that the second International Conference on Chemicals Management was meeting a week before the Sixty-second World Health Assembly, said that it would be a good opportunity to present Member States with its findings rather than wait another eight months until the next session of the Executive Board. He endorsed the comments by the member for the United States that delegations with draft resolutions on additional agenda items should circulate them for Member States to examine in advance, but said that not adding any items would amount to a lost opportunity to consider such important matters as hepatitis B without delay.

The CHAIRMAN asked the Board whether it wished to add all five items to the provisional agenda of the next Health Assembly or to choose an order of priority.

Dr REN Minghui (China), acknowledging the importance of the proposed additional items, said that if they were added to the provisional agenda of the Sixty-second World Health Assembly it would be hard, given how time-consuming the process was, to achieve a consensus without prior consultation and discussion by the Executive Board.

Mr HOHMAN (alternate to Dr Wright, United States of America) requested clarification of the item on food safety and food security since he doubted whether there were legitimate grounds for WHO to deal with food security.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) noted that it would be an unusual procedure for the Executive Board to pass agenda items on to the Health Assembly without discussing them first. He suggested that, in future, Member States with important topics that they wished to see discussed at a subsequent Health Assembly should submit them to the Board's agenda-setting process. Had they done so in the case of the five items in question, the Board might have been able to consider them at the present session without departing from its normal practice.

The DIRECTOR-GENERAL asked whether the member for Bangladesh would be willing to confine the proposed item to food safety since the topic of food security raised questions about the lead agency and the mandate of WHO. FAO and even the World Bank had invested more resources, capacity and core competencies in supporting developing countries in the context of rural development. Responding to the observation that food safety and food security were interrelated and that compromised food security could disrupt food safety by driving people to seek cheaper, unhygienic foods, she said that such concerns could be covered under an item entitled "food safety"; experience had shown that the term "security" meant different things to different Member States.

Dr DAHL-REGIS (Bahamas) expressed concern that adding the five proposed items, valuable as they were, to the provisional agenda of the Sixty-second World Health Assembly might make it hard for Member States, at a meeting of more than 190 delegations, to exercise due diligence regarding the items on which they had worked so hard to secure a resolution.

The DIRECTOR-GENERAL said that that was precisely the point. Since she did not believe that the addition of the five proposed items to the provisional agenda of the Sixty-second World Health Assembly was intended to bypass the governance of the Executive Board, she proposed that in the long term Member States should follow the advice of the member for the United Kingdom and seek to have important items placed on the agenda of the Board in advance, which would enable it to exercise its due diligence and governing role.

On the more immediate matter of the five additional items, an agreement had already been reached with regard to the item on engaging the private sector. For the Strategic Approach to International Chemicals Management she reaffirmed that resolution WHA59.15 did not include a requirement for reporting to the Health Assembly but she agreed that discussions could usefully continue at the Health Assembly in May, especially in view of the fact that the second International Conference on Chemicals Management would meet the preceding week. As to the other three topics – food safety, viral hepatitis, and multidrug-resistant and extensively drug-resistant tuberculosis – the member for China, supported by the member for the United States, had suggested that technical documents should be prepared without a draft resolution. When a draft resolution was required, it should be submitted to the Secretariat to be sent out to Member States far enough in advance for national consultations to take place, especially on such subjects as food safety, which could go well beyond the health sector. Should that approach be acceptable, the Secretariat could assist in preparing the technical documents and the Board could lay down a timetable for Member States to discuss them ahead of the Health Assembly.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) reiterated his view that it would take the Health Assembly much longer to discuss subjects not previously considered by the Executive Board. In view of the potentially extended deliberations, he suggested that any items put forward should, regardless of their format, be clearly identified in a separate part of the agenda as matters not having been previously considered by the Executive Board.

Ms ROCHE (New Zealand) said that she supported the suggestion by the previous speaker.

The meeting rose at 12:30.