

## **TWELFTH MEETING**

**Monday, 26 January 2009, at 14:00**

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

### **1. MANAGEMENT MATTERS:** Item 7 of the Agenda (continued)

**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) (continued)

Dr REN Minghui (China) agreed with the suggestion by the Director-General that the proposed item on Strategic Approach to International Chemicals Management should be dealt with as a progress report. He would support inclusion of an item on “food safety” but not on food security, since the discussion should focus on the public health aspects rather than the broader concept. He suggested that the four items – on capacity building to constructively engage the private sector in providing essential health-care services, the prevention and control of multidrug-resistant and extensively drug-resistant tuberculosis, food safety, and viral hepatitis – should all be placed on the provisional agenda of the Health Assembly.

Mr CAMPOS (alternate to Dr Buss, Brazil) said that it would be preferable to rely on the experience of the Director-General in selecting which of those items should be included and which ones still needed more prior discussion.

Ms ROCHE (New Zealand) suggested that the Board consider the proposed items one by one.

Dr DAHL-REGIS (Bahamas) asked for clarification of the process that would be followed; it appeared that the Director-General would provide an update on the Strategic Approach to International Chemicals Management. Any proposed items that contained a draft resolution would have to be circulated to Member States in sufficient time if those were to be accepted on the provisional agenda. That could lead to lengthy and inconclusive discussions.

Mr BOŠTJAN (alternate to Dr Voljč, Slovenia) welcomed the suggestion by the Director-General and was ready to accept it; he also pointed out that Slovenia’s proposal, which had been submitted in advance of the current Board session, had received wide support. The Board should take note of those factors when taking its decision. Any proposed draft resolution by Slovenia would be submitted at least one month before the Health Assembly.

Dr REN Minghui (China) asked whether Board members had a mandate to propose new items for inclusion on the provisional agenda of the Health Assembly. As he understood it, discussion on a draft resolution would be deferred to a subsequent meeting if it did not obtain consensus.

Mr BURCI (Legal Counsel) said that Rule 5 of the Rules of Procedure of the World Health Assembly stated that the Executive Board “shall” include in the provisional agenda “any item proposed by a Member or by an Associate Member”. In practice, that Rule led to the automatic inclusion of any request from a Member State (whether or not that Member designated a member of the Executive Board) that was received in writing by the Director-General.

Board members sometimes proposed a new item when the Board discussed the provisional agenda of the Health Assembly. In practice, however, such items were always treated as proposals to the Board made during the discussion of an item. The Board had final authority to approve whether to include such items in the provisional agenda of the Health Assembly.

Dr MOHAMED (Oman) supported the suggestion by member for New Zealand that the items should be discussed one by one.

Dr YOUNES (Governing Bodies) said that a decision regarding the item on capacity building had already been taken. The second one was the item on Strategic Approach to International Chemicals Management.

The DIRECTOR-GENERAL said that she had received a letter from the Government of Slovenia well before the present session of the Board and had been able to issue an Addendum to document EB124/27. The correct procedure had therefore been respected.

Mr HOHMAN (alternate to Dr Wright, United States of America) thanked the Legal Counsel for his explanation. Nobody questioned the prerogative of Member States to propose items for the Health Assembly. He favoured the suggestion by the member for the United Kingdom that a special category be established in the provisional agenda of the Health Assembly for items that had not been considered by the Executive Board. He did not support placing them among the progress reports, as those reports did not usually include draft resolutions. It would be preferable if all four items were placed under a separate heading.

The DIRECTOR-GENERAL commended that suggestion, adding that she had noted that Slovenia wished to include a draft resolution. It would not be good practice to include it among the progress reports. The Board might prefer to include it as an independent item on the provisional agenda of the Sixty-second World Health Assembly.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) suggested that all the proposed items should be included in a separate section of that provisional agenda, labelled "Matters not having had prior consideration by the Executive Board".

Dr REN Minghui (China) considered that the Board had a mandate to decide the provisional agenda of the Health Assembly but he did not understand why there should be a special category. Did it mean that there should be no discussion of those items in the Board?

Mr BURCI (Legal Counsel) said that he had sought to explain a procedural matter. The requests by the members for Slovenia and China had been received by the Director-General in writing before the Board considered the provisional agenda of the Sixty-second World Health Assembly; therefore, in accordance with the Rules of Procedure of the World Health Assembly, they would automatically be included in the provisional agenda, even if the Board had not examined the substantive aspects of the proposals.

Dr KÖKÉNY (Hungary), supported by Mr CHOCANO BURGA (alternate to Mr Vallejos, Peru), said that all four items were important. However, a separate category would not be required if a footnote were included in the provisional agenda to the effect that the items had not been discussed by the Board.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that he had suggested that the items be separately identified so that experts, nongovernmental organizations

and others attending the Health Assembly would know that prior consideration had not been given to them.

The CHAIRMAN suggested that all the proposed items should be included in the provisional agenda. It could be decided afterwards whether to incorporate a footnote.

Dr ZARAMBA (Uganda) said that it was not right to include subjects that had not been discussed by the Board, except in the case of an emergency. The issues concerned could be discussed at a later date.

The CHAIRMAN said that it was clear, after the explanation given by the Legal Counsel, that an item, even one not discussed beforehand by the Board, could be included in the provisional agenda of the Health Assembly. As the debate was not advancing and there appeared to be no consensus as to how such items should be included, the most practical solution would be to include all five items in the provisional agenda of the Sixty-second World Health Assembly. He took it that the Board wished to adopt the draft decision contained in paragraph 3 of document EB124/27.

**The decision was adopted.<sup>1</sup>**

#### **Representation of the Executive Board at the Sixty-second World Health Assembly**

The CHAIRMAN said that since the Board had elected two new officers it would be appropriate to revise the decision taken in May 2008 regarding representation of the Board at the Sixty-second World Health Assembly. He therefore asked the Legal Counsel to read out the proposed draft decision.

Mr BURCI (Legal Counsel) read out the text of the draft decision:

“Further to decision EB123(5) of 26 May 2008, and in accordance with paragraph 1 of resolution EB59.R7, the Executive Board decided to appoint its Chairman, Mr N.S. de Silva (Sri Lanka), ex officio, and three of the Vice-Chairmen, Sir Liam Donaldson (United Kingdom of Great Britain and Northern Ireland), Mr C. Vallejos (Peru) and Mr O.I. Touré (Mali), to represent the Board at the Sixty-second World Health Assembly. It was understood that, if any of those members were not available for the Health Assembly, the other Vice-Chairman, Dr H. Abdesselem (Tunisia) and the Rapporteur, Dr Ren Minghui (China) could be asked to represent the Board.”

**The decision was adopted.<sup>2</sup>**

#### **Date and place of the 125th session of the Executive Board (continued)**

The CHAIRMAN proposed that the 125th session of the Executive Board be held immediately after the Sixty-second World Health Assembly, from 28 to 30 May 2009.

**It was so decided.<sup>3</sup>**

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<sup>1</sup> Decision EB124(9).

<sup>2</sup> Decision EB124(8).

<sup>3</sup> Decision EB124(10).

The CHAIRMAN said that the provisional agenda for the 125th session of the Board would be drawn up by the Director-General and circulated to Member States and Associate Members within four weeks of the closure of the present session.

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

**WHO's role and responsibilities in health research:** Item 4.9 of the Agenda (Documents EB124/12, EB124/12 Add.1, EB124/12 Add.2) (continued from the eleventh meeting, section 1)

The CHAIRMAN recalled the revised draft resolution on the draft of the WHO strategy on research for health, which the Board had considered in its previous meeting. He understood that the working group had achieved consensus, and invited the Secretariat to present the outcome of its work.

Dr KEAN (Executive Director, Office of the Director-General) said that, after discussion, the working group had proposed three amendments to the text. The sixth preambular paragraph should read: "Recognizing the need to strengthen the capacity of the public sectors in health research". In paragraph 2, the member for Mali had proposed the addition of a new subparagraph: "to continue to pursue financing of research for health as articulated in resolution WHA58.34". In the third line of paragraph 3(4) the words "and other determinants of health" should be replaced by the words "and the determinants of health". In paragraph 4 there was a mistake in the numbering of the subparagraphs: subparagraph 4(5), beginning "to provide support to Member States", should be numbered 4(6) and the next two subparagraphs renumbered accordingly.

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

**Human organ and tissue transplantation:** Item 4.12 of the Agenda (Document EB124/15) (continued from the tenth meeting)

Dr KEAN (Executive Director, Office of the Director-General) read out proposed amendments to the draft resolution on human organ and tissue transplantation which had been introduced at the ninth meeting of the Board. In paragraph 1, "welcomes" should replace "endorses" and the word "updated" should be deleted. Footnote 1, referring to paragraph 2, should read: "and regional economic integration organizations where appropriate." Paragraph 2(1) should be amended to read: "to implement the Guiding Principles in the formulation and enforcement of their own policies, laws and legislation regarding human cell, tissue and organ donation and transplantation where appropriate;". In paragraph 2(2), the words "created by" should be replaced with "as a result of". In paragraph 2(3), "health authorities" should be changed to "relevant authorities" and the words "in accordance with national capacities and legislation" should be added at the end. Paragraph 2(4) should be amended to read: "to promote equitable access to transplantation services in accordance with national capacities, which provide the foundation for public support of voluntary donation;". At the end of paragraph 2(5), the words "by collaborating to harmonize global practices" should be altered to "by promoting international best practices". The first section of paragraph 2(6) should be amended to read "to strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination"; the rest of the paragraph would remain unchanged. The words "to recognize and implement" at the beginning of paragraph 2(8) should be altered to "to encourage the implementation

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<sup>1</sup> Resolution EB124.R12.

of". Paragraph 3(2) should be amended to read: "to support Member States and nongovernmental organizations to ban trafficking in material of human origin and transplant tourism;". The word "human" should be inserted before "cells, tissues or organs" in paragraph 3(5). Lastly, the words "and other partners" should be deleted from paragraph 3(7).

The CHAIRMAN took it that the Board agreed to adopt the draft resolution with the above amendments.

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

**3. STAFFING MATTERS:** Item 8 of the Agenda (continued)

**Human resources: annual report (including employment and participation of women in the work of WHO):** Item 8.3 of the Agenda (Documents EB124/30 and EB124/30 Add.1)

The CHAIRMAN introduced the report contained in document EB124/30, and the staffing profile contained in document EB124/30 Add.1, and drew attention to the comments of the Programme, Budget and Administration Committee (paragraphs 43 and 44 of document EB124/3).

Dr KAMOTO (Malawi) asked whether the professional staff based at WHO headquarters were required to travel extensively to the regions; if that were the case, then the distribution of professional officers should give greater weight to where strategic action was taking place.

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, said that the distribution of staff had been discussed by the Committee even though the staffing profile and geographical representation data set out in EB124/30 Add.1 had not been available to the Committee at that time. She asked whether the distribution of WHO field staff was aligned with the priorities of the Organization, notably in regard to achieving the Millennium Development Goals, particularly the indicator on maternal mortality. She asked how countries assessed the performance of technical work carried out by WHO at country level.

Mr AITKEN (Assistant Director-General), responding to the questions raised, explained that, in addition to the fact that some professional staff, such as auditors and translators, were stationed at headquarters but served the entire Organization, the distribution of professional staff was based on managers' judgement, exercised in line with the results-based management approach to ensure an appropriate balance between delivery at country level and the performance of the Organization overall. Regional officers received regular feedback from country officials on WHO's performance.

The DIRECTOR-GENERAL explained that there were historical reasons for the current distribution of professional staff, connected in part with the relatively limited degree of staff mobility and the availability of the requisite finances. WHO did encourage staff mobility as a matter of principle. Of greater importance, however, was the need to have clarity on the division of responsibility between the three levels of the Organization. It should also be emphasized that WHO was not an implementing agency but a technical one, providing normative standards and guidelines, much of which was still done in headquarters. Nevertheless, regional offices could take on

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<sup>1</sup> Resolution EB124.R13.

responsibility for such work; for instance, the South-East Asia Regional Office was leading WHO's global leprosy programme.

She intended to conduct a careful review of the work being done by the Organization in order to match the best skill sets to the regions: for example, a great deal of experience on Chagas disease existed in the Region of the Americas and PAHO. If the Organization was to change itself into an implementing agency, then responsibilities would have to be allocated differently. Currently, staff from operational clusters, such as the Health Security Environment and the Health Action in Crises clusters, were deployed in situations of disease outbreak, conflict or natural disasters, while other departments invested more time in developing standards and guidelines. The success of the Organization would depend on the Secretariat's ability to support Member States. WHO had neither the mandate nor the resources to replace governments, but it would continue to provide technical support to help countries to build capacity in the health sector. WHO needed to be more forward-looking, and she would hold discussions with her assistant directors-general and regional directors to ensure that WHO was responding to the wishes and priorities of its Member States, including scaling up to achieve the Millennium Development Goals, action on the social determinants of health and strengthening health systems through primary health care.

Dr DAHL-REGIS (Bahamas), speaking in her capacity as Chairman of the Programme, Budget and Administration Committee, emphasized the urgency of acting to reduce maternal mortality rates and the need to find time to discuss and take action on the issue.

The DIRECTOR-GENERAL agreed that strengthening of country and regional capacity would be essential in order to reduce maternal mortality. She was already making staffing adjustments to ensure that the necessary skill sets were in place in various offices to tackle that and other problems. Millennium Development Goal 5 (Improve maternal health) had the highest priority, as it was the one towards which the least progress had been made.

She wished to raise another staffing issue: WHO's Financial Rule 112.2 required her to appoint a technically qualified head of the unit responsible for internal oversight after consultation with the Executive Board. She was also required to consult the Executive Board before any termination of the incumbent of that office. The current holder of the post of Director, Office of Internal Oversight Services, Mr Kenneth Langford, would be retiring in October 2009. She paid tribute to Mr Langford who had served WHO for many years with professionalism and integrity. She wanted a fair and transparent process for the recruitment of his successor. Following current review of the job profile, the vacancy would be widely advertised and made known to the largest possible pool of suitable candidates with particular efforts to attract candidates from developing countries. She urged Member States also to make the position known to national oversight services and professional bodies. She suggested that a director of internal audit from another United Nations organization should be invited to join the selection panel. She sought the Board's views on the proposed recruitment process and assured members that they would be kept informed of progress.

Mr HOHMAN (alternate to Dr Wright, United States of America) added his tribute to Mr Langford and supported the recruitment procedure outlined by the Director-General.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland), echoing the comments of the member for the United States, said that it was important to find somebody with the right qualities, and an expert in the same field from another United Nations organization would be of great help.

Mr CAMPOS (alternate to Dr Buss, Brazil), Dr AHMADZAI (Afghanistan), Dr REN Minghui (China), and Dr MOHAMED (Oman) also supported the proposed recruitment procedure.

The CHAIRMAN took it that the Board wished to note the report and endorse the Director-General's proposals for the recruitment procedure for the post of Director, Office of Internal Oversight Services.

**It was so agreed.**

**Report of the International Civil Service Commission:** Item 8.4 of the Agenda (Documents EB124/3 and EB124/31)

The CHAIRMAN drew attention to the report contained in document EB124/31 and to the report of the Programme, Budget and Administration Committee (document EB124/3), which had discussed the Report of the International Civil Service Commission at its ninth meeting.

**The Board took note of the report.**

**Amendments to the Staff Rules and Staff Regulations:** Item 8.5 of the Agenda (Documents EB124/3, EB124/34 and EB124/34 Add.1)

The CHAIRMAN drew attention to three draft resolutions contained in paragraph 20 of document EB124/34, together with their financial and administrative implications.

Dr DAHL-REGIS (Bahamas), speaking as Chairman of the Programme, Budget and Administration Committee, said that, in relation to draft resolution 1, the Committee had queried the amendment to Staff Rule 550.3, which proposed that staff members in the category of national professional officer should become eligible to receive the language allowance. The Secretariat had indicated that, in consulting with the International Civil Service Commission, it would promote its view that there should be a common United Nations system approach to the payment of the incentive to that category. The Committee had therefore recommended that, pending a decision on the matter by the United Nations General Assembly, draft resolution 1 should be amended by deleting the words "language incentive" and that the Board should adopt resolution 1 as amended. Accordingly, the existing text of Staff Rule 550.3 should be retained. The Committee had also recommended that the Board should adopt draft resolutions 2 and 3 concerning amendments to the Staff Regulations and remuneration of staff in ungraded posts and the Director-General.

**Resolution 1,<sup>1</sup> as amended, and resolutions 2<sup>2</sup> and 3,<sup>3</sup> as set out in paragraph 20 of document EB124/34, were adopted.**

**Statement by the representative of the WHO staff associations:** Item 8.6 of the Agenda (Document EB124/INF.DOC./1)

Dr VAN MAAREN (representative of the WHO Staff Associations) delivered the statement, highlighting in particular the staff associations' concerns about the problems experienced since the introduction of the Global Management System at headquarters and in the Western Pacific Region.

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<sup>1</sup> Resolution EB124.R14.

<sup>2</sup> Resolution EB124.R15.

<sup>3</sup> Resolution EB124.R16.

Mr HOHMAN (alternate to Dr Wright, United States of America) expressed sincere appreciation for the work done by WHO staff at the international, regional and national levels. The United States and a number of other Member States shared the concern expressed by the representative of the WHO staff associations about the difficulties that had arisen since the introduction of the Global Management System. The staff associations should be made aware of the robust discussion about those problems by the Programme, Budget and Administration Committee, which had also expressed concerns.

The DIRECTOR-GENERAL said that she would convey to the WHO staff associations the appreciation expressed by the member for the United States of America of their valuable contribution to the work of the Organization. The expressions of concern about the Global Management System were justified. Nevertheless, it was clear that Member States appreciated the potential value of the System in improving the transparency of WHO's work and providing better detail in reporting on inputs, activities and outcomes. Efforts would be made in other WHO offices to prepare better for the transition to the Global Management System, for example by improving the quality of data for entry into the system. The system would not be introduced in those offices until it was operating smoothly.

In reply to a question from Ms TOELUPE (Samoa) on the current gender imbalance, she said that efforts were continuing to improve the gender and geographical balances as requested by the governing bodies. However, selection of the best candidate for the job remained the overriding concern in the recruitment of staff. Therefore, recruitment procedures included wide advertising to reach the highest possible number of candidates. If candidates were equally qualified, then preference in the selection process would generally be given to women and candidates from underrepresented developing countries.

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

#### **4. MATTERS FOR INFORMATION: Item 9 of the Agenda**

**Reports of expert committees and study groups:** Item 9.1 of the Agenda (Documents EB124/32 and EB124/32 Add.1)

The CHAIRMAN, drawing attention to the reports, informed the Board that the full report of the fourth meeting of the WHO Study Group on Tobacco Product Regulation would be published as No. 951 in the WHO Technical Report Series and was currently in press.

Dr REN Minghui (China) urged the WHO Study Group to gather further evidence to determine whether smokeless tobacco could be used as an aid to smoking cessation or as a method for harm reduction. Smokeless tobacco should be included within the scope of the WHO Framework Convention on Tobacco Control in order to facilitate management and regulation. With regard to the recommendation in paragraph 12 of the report, he disagreed that toxicant concentrations should be compared using units per milligram of nicotine in cigarette smoke and suggested that they should be compared using units per milligram of tar instead. With regard to the recommendation in paragraph 17 of the report, he pointed out that the fifth meeting of the working group on Articles 9 and 10 of the WHO Framework Convention on Tobacco Control had recommended that both the International Organization for Standardization regimen and the Canadian "intense" regimen should be used for testing. The relevant point was to specify which regimen had been used.



Mr PUSKA (Finland)<sup>1</sup> echoed the comments made by the member for China regarding the need for further evidence on smokeless tobacco. He observed that, in Finland, smoking rates had fallen. In all European Union countries except one, the sale of smokeless tobacco was prohibited; he could see no justification for the sale of a harmful, addictive product with damaging consequences for young people. He urged great caution in any consideration of whether to recommend smokeless tobacco as an aid to smoking cessation or as a method for harm reduction. Alternative evidence-based pharmacological and psychosocial methods for cessation and prevention should be actively supported as part of the tobacco control measures outlined in the WHO Framework Convention on Tobacco Control.

Mr RAJALA (European Commission) said that he shared the concerns of the previous speakers, which should be transmitted to the Study Group on Tobacco Product Regulation and considered by the Secretariat in its future actions. The independent Scientific Committee of the European Commission had found that smokeless tobacco was addictive and could directly cause adverse health effects, including various forms of cancer. The Committee had concluded that it was not possible to extrapolate the trends in smoking and oral tobacco use if smokeless tobacco products were made available in a country where they were currently unavailable. The Study Group would need to produce conclusive evidence that, firstly, smokeless tobacco could be used safely as an aid to smoking cessation and, secondly, that it could be safely introduced into markets where it was currently unavailable.

Dr BETTCHER (Tobacco Free Initiative) assured the previous speakers that their comments would be transmitted to the Study Group. He emphasized that the Organization did not and would not endorse or promote smokeless tobacco products as a smoking cessation aid or as a form of harm reduction. The Study Group had stated in its report that the evidence in that regard was inconclusive. Indeed, the link between smokeless tobacco and numerous forms of cancer had been proven and, therefore, it would be entirely inappropriate for WHO to endorse its use. He noted that the work of the Study Group had been conveyed to the Conference of the Parties to the WHO Framework Convention on Tobacco Control and he explained that the use of both the International Organization for Standardization regimen and the Canadian “intense” regimen had been recommended in order to allow a range of testing for cigarettes, from a low to a high threshold.

The CHAIRMAN thanked the experts who had taken part in the Study Group and asked the Secretariat to follow up on its recommendations.

**The Board noted the report.**

**Progress reports:** Item 9.2 of the Agenda (Documents EB124/33, EB124/33 Add.1 and EB124/33 Add.2)

**A. Poliomyelitis: mechanism for management of potential risks to eradication (resolution WHA61.1)**

Dr MOHAMED (Oman) urged poliomyelitis-endemic countries to consider eradication as a national priority and to overcome operational issues so that all children could be vaccinated. Countries where poliovirus had been reintroduced should react rapidly to prevent further international spread. Strategies to eradicate poliomyelitis were working, and transmission of indigenous wild poliovirus had been interrupted in most areas of the world. The Eastern Mediterranean Region, however, had suffered

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

some setbacks in 2008, particularly in Pakistan, a country which had previously been poliomyelitis-free, and in Afghanistan and the Sudan. The number of poliomyelitis cases had risen considerably, reaching almost epidemic levels in some parts of Afghanistan. The security situation in some of those areas made it difficult to carry out vaccination programmes. Still, the Region hoped to eradicate poliomyelitis by 2010.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that his Government was concerned that the current strategies were insufficient to achieve the eradication of poliomyelitis, exemplified by new outbreaks, notably in Africa. Despite numerous campaigns, more than 60% of children remained under-immunized in the high-risk northern part of Nigeria and that prolonged the risk of international spread. He called on the Secretariat and Member States to ensure that high-level political engagement was translated into more effective operations to reach every child. Strengthening routine immunization programmes in addition to conducting specific vaccination campaigns was critical. Governance was key in securing political will and commitment from the four endemic countries, and in optimizing the effectiveness of the Global Polio Eradication Initiative.

The evaluation of the intensified eradication effort must be frank, and clearly establish why children were not being vaccinated in some areas and determine action to correct those failures. Funding prospects remained good: his Government had recently made available significant further funding for eradication of poliomyelitis, as had key partners. Other Member States must also make contributions, and endemic countries must seize the opportunity to rid themselves of poliomyelitis. He suggested that those countries should be invited to report to the forthcoming Health Assembly on the review findings and on actions being taken.

Dr OULD JIDDOU (Mauritania), speaking on behalf of the Member States of the African Region, said that eradication in Africa could be compromised by the re-emergence of wild poliovirus type 1 in Nigeria. Vaccination coverage had been raised but 20% of the children targeted remained unvaccinated, in particular in the high-risk northern part of the country. Low herd immunity owing to suboptimal immunization coverage had allowed the virus to spread to several countries that had been poliomyelitis-free. Nigeria remained the only country where poliomyelitis was endemic in the Region, but confirmed cases of wild poliovirus had been recorded in eight other African countries as of August 2008. There were increasing concerns in Africa regarding the long-term risks of reintroduction of the poliovirus and re-emergence of poliomyelitis, as a result of the continued use of oral poliovirus vaccine once the disease had been eradicated. The views of the countries of the African Region must be taken into account in planning for post-eradication risk management.

Dr JAYANTHA (alternate to Mr de Silva, Sri Lanka) thanked the Director-General for making eradication of poliomyelitis the Organization's top operational priority, as should the regional offices so that all of the remaining countries where poliomyelitis was endemic and poliovirus had been reintroduced could benefit fully from WHO's support. In view of the ongoing risk of the importation of the poliovirus into areas free of the disease, he suggested that the Secretariat should prepare a report for the Health Assembly on additional measures that Member States could take to protect themselves from reinfection.

Dr SADRIZADEH (Islamic Republic of Iran)<sup>1</sup> regretted that, despite the remarkable achievements of the Global Polio Eradication Initiative, the disease remained endemic in four countries, with outbreaks continuing in 10 others. The international community would continue to provide support to the affected countries, but those countries, particularly the four in which

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

poliomyelitis was endemic, must mobilize resources to eliminate wild poliovirus from their territories. Should they fail to do so, three decades of achievements would be lost and the global consequences would be disastrous.

Dr BARNARD-JONES (Rotary International), speaking at the invitation of the CHAIRMAN, recalled that two independent bodies, the Advisory Committee on Polio Eradication and the Strategic Advisory Group of Experts for immunization, had recently reaffirmed the technical feasibility of eradicating poliomyelitis. Rotary International was increasing its own financial support for the eradication of the disease and was seeking to raise further funding. However, money alone was not the answer. The remaining countries affected by poliomyelitis must be genuinely committed to reaching and vaccinating more children. Political commitment must address urgently the remaining operational challenges, and to bring under control outbreaks in countries previously free of poliomyelitis before greater spread of the disease.

He was grateful to the Director-General for having made eradication of poliomyelitis a personal priority. The reviews of country campaigns concerning poliomyelitis should lead to refinements in eradication operations. The international community must not let slip the opportunity to improve the world through eradication of poliomyelitis. Rotary International would support all eradication efforts and looked forward to the day of victory.

Dr GEZAIY (Regional Director for the Eastern Mediterranean Region) said that he had recently returned from Afghanistan and Pakistan. Despite the strong political commitment to eradicating poliomyelitis that existed, the security situation could seriously hinder the work. Since international staff were not allowed into security-compromised areas, nationals and local tribes people worked without proper supervision. The commitment of those engaged in conflicts was also required in order to end hostilities and enable effective work. Agreements had been brokered to cease hostilities and to permit the immunization of children.

No case of poliomyelitis had been reported in Afghanistan during the previous month. The disease could be eradicated from Afghanistan during 2009. Attempts had been made to extend vaccination coverage to those living close to the security-compromised areas as a prevention strategy in the event of importation of the virus from high-risk areas. That strategy had been successful in Somalia. National immunization days in Sudan were being increased following the importation of the virus into the south of the country from Chad and Ethiopia.

Recalling the support from Member States, Rotary International and the Bill & Melinda Gates Foundation, he said that the prospects for eradicating the disease were good.

Dr HEYMANN (Assistant Director-General) thanked the Board for its guidance and support, and Rotary International, the Bill & Melinda Gates Foundation, and the Governments of the United Kingdom and Germany for their announcement of additional support for poliomyelitis eradication. He also recalled Dr Omi's inspiring comments made earlier in the session. The Secretariat innovated in order to ensure that the best possible tools and evidence-based strategies were available to Member States. A full research agenda guided the best use of inactivated poliovirus vaccine.

The Director-General had, at the outset, called together the stakeholders in poliomyelitis eradication and laid down milestones. An external review of those two years was being finalized for publication in February 2009 in order to recommend solutions for removing any remaining obstacles to the eradication of poliomyelitis. It would represent a fresh, forward-looking appraisal of the poliomyelitis eradication efforts, and necessary steps would be included in the next strategic plan.

The DIRECTOR-GENERAL observed that the high political commitment to poliomyelitis eradication within the leadership of the four endemic countries needed to reach local levels. Mobilizing local leaders, particularly women, was essential to ensuring that every child was vaccinated. WHO was extremely grateful for the support from Rotary International and the other

donors mentioned earlier. Since the high-level consultation in early 2007, poliomyelitis eradication was a topic regularly reviewed by herself and the Regional Directors. Streamlined administration now enabled human and financial resources to be deployed where needed within 24 to 48 hours. She welcomed the request that she report to the Sixty-second World Health Assembly on progress and, in particular, on the evidence that would be gathered from the external review. WHO was committed to reporting honestly on what did and did not work, for the sake of collective and expeditious solutions.

**B. Smallpox eradication: destruction of variola stocks (resolution WHA60.1)**

Dr KAMOTO (Malawi), speaking on behalf of the Member States of the African Region, recalled that resolution WHA60.1 had requested the Director-General to review the membership of the WHO Advisory Committee on Variola Virus Research and the representation of advisers and observers at meetings of the Committee. The aim was to ensure balanced geographical representation and the independence of the members of the Committee from any conflict of interest. She requested an update on that representation.

She also recalled that the Secretariat had given an update at the Sixty-first World Health Assembly<sup>1</sup> on the legal status of the variola virus stocks held at the two repositories, as mandated by resolution WHA60.1. That report had noted that information was insufficiently clear. The Secretariat had concluded that there appeared to be uncertainties regarding ownership of the stocks in question. She therefore asked the Secretariat for further recommendations on how to address that challenge.

She supported the Advisory Committee's proposal to review all current research proposals. That would enable Member States to reach conclusions on the use of live variola virus and make decisions on the timing of destruction of the virus stocks. The Region had already incorporated the smallpox case definition and basic information into the revised guidelines for integrated disease surveillance and response. That accorded with the provisions of the International Health Regulations (2005) which required Member States to notify smallpox cases to WHO immediately. The African Region remained firmly committed to deciding on a date for destruction of the remaining stocks of variola virus as mandated by the Health Assembly.

Dr HEYMANN (Assistant Director-General) replied that the Secretariat had approached new experts with a view to their joining the Advisory Committee, whose membership would change in 2010.

**C. Malaria, including proposal for establishment of World Malaria Day (resolution WHA60.18)**

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, reported that at its fifty-fifth session the Regional Committee had approved a resolution urging a step-by-step procedure for combating malaria. That included investment in training experts to combat malaria and greater support for subregional networks, notably in combating drug-resistant vectors. The funding difficulties referred to in the progress report were a matter of concern. Improved artemisinin-based treatment was needed, as were treatment organized at community level and rapid detection of cases in countries endemic for malaria. The United Arab Emirates had been declared malaria-free but his Government continued to work hard in order to maintain that status, particularly since malaria was a disease that migrated easily.

Dr DOS RAMOS (Sao Tome and Principe), speaking on behalf of the Member States of the African Region, emphasized the strengthening of health systems and intensification of community-based interventions. Review of programmes, timely implementation of appropriate measures, and

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<sup>1</sup> Document A61/6.

rigorous tracking and evaluation of performance all required further efforts. Transborder initiatives involving several countries of the Region had helped to reduce malaria transmission in the target regions, thereby showing that coordinated support, increased funding and multi-country initiatives were crucial to success. Those outcomes should be documented and disseminated.

Nevertheless, most countries of the Region were still far from achieving universal coverage. In Sao Tome and Principe, malaria had been, until 2003, the leading cause of medical treatment, admission to hospital, and child deaths. Determination by the Government, technical support from WHO, and the efforts of multiple partners had led to a substantial drop in the number of cases with no more than three deaths in 2007. Areas to pursue included integration, multisectoral action and community participation, strategic and technical support for tracking, evaluation and consolidation of programmes.

Professor ALI (alternate to Professor Haque, Bangladesh) said that the Member States of the South-East Asia Region supported the observance of World Malaria Day. They had been working in collaboration with the Global Malaria Programme and the Roll Back Malaria Partnership in developing the *World malaria report 2008* and the Global Malaria Action Plan, successfully launched in September 2008. The Regional Office was working on supporting Member States in scaling up key interventions for malaria control in line with the Revised Malaria Control Strategy for the South-East Asia Region for 2006–2010.

Dr SERPAS MONTROYA (alternate to Dr Larios López, El Salvador) said that his country's malaria control programme had successfully reduced cases of malaria from more than 80 000 a year in the 1980s to fewer than 50 in 2007 and 2008. The present morbidity rate of 1 per 100 000 was one of the lowest in the world. Regarding the monitoring of progress, the fight against malaria must continue in those countries where it was a health priority. Likewise, achievements to date must also be preserved.

Dr NAKATANI (Assistant Director-General) confirmed that he had taken note of the concerns expressed and would follow up appropriately. Malaria was no longer the "poor relation" among major diseases as more resources were being received to combat it.

**D. Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (resolution WHA59.12)**

**The Board noted the report.**

**E. Prevention and control of sexually transmitted infections (resolution WHA59.19)**

Dr DOS RAMOS (Sao Tome and Principe), speaking on behalf of the Member States of the African Region, noted that sexually transmitted infections were a major cause of sickness and death in Africa. Their prevalence could be reduced through prevention, care, and access to health services. The Regional Committee for Africa had, at its fifty-sixth session, requested the Regional Office to draw up a framework for implementing WHO's Global strategy for the prevention and control of sexually transmitted infections, which should take account of the Region's specific characteristics and strategy for acceleration of HIV prevention. That framework had been drawn up and would be submitted for adoption in 2009. It emphasized promotion of healthy sexual behaviour to prevent sexually transmitted infections; improved management of such infections; strengthening of surveillance; and greater commitment of political leaders to preventing and combating sexually transmitted infections.

Areas in which to pursue efforts included: education and information for adolescents on responsible behaviour in the area of sexual health; creation of an environment conducive to lowered

vulnerability and better access to care; relevant programmes and clinical services, without stigmatization; improvement of service and care delivery in treatment of sexually transmitted infections; and provision of timely and reliable information on the scale and distribution of sexually transmitted infections in the general population, in vulnerable groups and in high-risk populations.

Ms MAFUBELU (Assistant Director-General) said that the Secretariat had taken note of action being taken in the African Region and would continue to provide the necessary support for implementation of the resolution.

#### **F. Strengthening of health information systems (resolution WHA60.27)**

Professor ALI (alternate to Professor Haque, Bangladesh) said that countries assisted by the Health Metrics Network had significantly improved their health information systems. Financial support from the Health Metrics Network had enabled his country to assess its own system. The Global Fund to Fight AIDS, Tuberculosis and Malaria had also provided support to countries for improving health information in cooperation with the Network. Nevertheless, the opportunity for cooperation had not been fully taken in some countries, including Bangladesh.

Countries such as his own required support to develop their health information plans, to build the information and communications networks that would be required in every hospital ward and community health office. The need to collect and build evidence and reliable data; to measure progress towards the Millennium Development Goals; and to analyse the health workforce. Yet no matter how keen they were to build information systems and analyse the data they provided, many developing countries confronted their scarce resources, often devoted to providing food and emergency medicines for their populations. WHO and the Health Metrics Network must continue to provide support to countries in implementing health information systems, with both financial and technical assistance to enable them to meet their goals.

Dr MAIGA (alternate to Mr Touré, Mali), speaking on behalf of the Member States of the African Region, emphasized reliable health information systems and accurate statistics at country level as the basis of recommendations and decision making. Progress had been made through the Health Metrics Network, and 13 countries in the African Region had undertaken evaluation of their resources and services at district level, focusing on areas such as fighting HIV/AIDS and tuberculosis.

Nevertheless, countries still faced significant challenges in strengthening health systems, to meet the objectives of eradication, elimination and epidemiological surveillance: building professional capacity; developing information and data gathering; implementation of coding systems in national and regional hospitals; and establishing links between strengthening information systems, policies and vertical programmes.

Decision-making and planning were facilitated by the availability of reliable data which in turn required greater resources and capacity at national level. The International Health Partnership Compact and WHO and other partners should launch an appeal to strengthen health systems, which were an essential prerequisite for developing countries in achieving the Millennium Development Goals.

Dr DAHL-REGIS (Bahamas) expressed strong support for the previous speaker's comments. "One-country" health information systems were desirable. She asked how the Secretariat planned to provide support to countries in establishing them and what the role of e-health should be in building health information systems.

Dr EVANS (Assistant Director-General) said that the importance of country health information systems had been identified mainly thanks to the work of the Health Metrics Network. Advocacy by the Network had succeeded in mobilizing more than US\$ 40 million in direct funding from Round 8 of

the Global Fund to Fight AIDS, Tuberculosis and Malaria to support proposals by countries to strengthen their health information systems. The global community was moving support towards the building of “one-country” health information systems. WHO was working with the Health Metrics Network and other partners in Member States in order to address both the supply side and the demand side in respect to strengthening health information systems.

With regard to e-health and information systems, WHO had been working on a health informatics strategy during the previous year, examining how information communications technology could benefit health information systems in two key areas: clinical and facility-based information systems and population-based surveillance. Work was ongoing in both areas, with particular attention being given to interoperability of systems.

**G. Working towards universal coverage of maternal, newborn and child health interventions (resolution WHA58.31)**

Dr MOHAMED (Oman), speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the difficulties facing the Region, in particular political instability, shortages of financial and human resources and inadequate legislation. Each year, 55 000 mothers died in childbirth, and the annual figure for deaths of newborns was even higher. WHO had urged the global community to focus on Millennium Development Goals 4 and 5 with a view to improving maternal and child health worldwide. The Goals must be accorded sufficient attention and priority or they would not be met by 2015. More funding was needed for maternal, newborn and child health programmes. He urged WHO and other specialized agencies to improve understanding of countries' needs and to coordinate their programmes in order to provide more effective assistance.

Dr GOPEE (Mauritius), speaking on behalf of the Member States of the African Region, pointed out that maternal mortality in sub-Saharan Africa had fallen by only 0.1% between 1990 and 2005, much less than the minimum annual reduction of 5.5% required to meet Millennium Development Goal 5. Increasing the coverage of essential interventions had progressed very slowly and the proportion of births assisted by skilled attendants remained low in many countries. Africa accounted for over half of the world's under-five mortality: 4.6 million children under five died every year. Only five countries in the Region were on track to achieve Millennium Development Goal 4 by 2015.

In many countries, vital clinical care for children still lagged behind. He contrasted the gains made in vaccination coverage, vitamin A supplementation and malaria prevention with the lack of progress in treating children with pneumonia, malaria or diarrhoea. Additional investment for maternal, newborn and child health interventions would be needed if Millennium Development Goals 4 and 5 were to be achieved in the Region. Nevertheless, efforts had produced positive results. He outlined a range of measures taken by African countries, including the implementation of national action plans, training of staff, support for local capacity-building and expanding newborn care.

Mauritius provided health care free of user cost and allocated around 2% of its gross domestic product to health. It had established comprehensive antenatal and postnatal services for pregnant women, and provided universal immunization coverage against tetanus. All deliveries took place in public hospitals or private clinics and were attended by skilled staff; specialist care was always available. His Government was committed to reducing the infant mortality rate to less than 10 per 1000. The maternal mortality ratio had stood at 0.37 per 1000 live births in 2007.

Increasing coverage remained the biggest challenge facing many countries in the African Region, given the weak health systems, insufficient funding and poor community participation in maternal, newborn and child health care.

Ms MAFUBELU (Assistant Director-General) said that she had noted the concerns about the lack of progress towards Millennium Development Goal 5, particularly as reflected in unacceptably high levels of maternal mortality. The Secretariat would continue to increase its support to Member

States to enable them to expand the numbers and distribution of skilled birth attendants; widen access to emergency obstetric care; increase medical supplies; and expand services, including referral services. Those measures would help Member States to deal effectively with the four main lethal threats to women in pregnancy and childbirth. To achieve that aim, additional investment in maternal, newborn and child health would be needed. She expressed appreciation for the experience shared by the member for Mauritius, particularly with regard to reducing user costs for health care. The Secretariat would continue to work with Member States and with other international organizations, in particular UNICEF, UNFPA and the World Bank.

#### **H. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)**

Dr ZARAMBA (Uganda), speaking on behalf of the Member States of the African Region, said that there was still significant misunderstanding of gender issues at community level, with persistent sociocultural barriers in many countries in the Region. The focus on women and girls was important, but men and boys must not be overlooked. A multisectoral approach was needed in order to mobilize partners. WHO's collaboration at global and regional levels must be translated into greater action at country level.

Ms MAFUBELU (Assistant Director-General) said that the Secretariat was working to ensure the involvement of men and boys in efforts to improve gender balance.

#### **I. Rational use of medicines (resolution WHA60.16)**

Dr ZARAMBA (Uganda), speaking on behalf of the Member States of the African Region, emphasized the need for a multisectoral approach in order to mobilize partners. The countries in the Region were at different stages in their implementation of rational use strategies, but clearly many needed support. Dissemination of information and raised public awareness about the rational use of medicines was also needed.

Mr LANDOETA (Bolivarian Republic of Venezuela)<sup>1</sup> said that the progress report should have contained more details on community participation and its relationship to primary health care, and on the link between rational use of medicines and the advertising and promotion of medicines. The existence and activities of specialized therapeutic committees should also have been mentioned. His country's programmes included training of multipliers to relay information to the community at large, producing training manuals supplementary materials in accessible languages, and multi-media campaigns. Health authorities, professionals and the community were all involved in efforts to promote rational use of medicines.

Dr ETIENNE (Assistant Director-General) said that the Secretariat was taking a multistakeholder approach in the area of essential medicines, notably in reorienting programmes to reflect the renewed emphasis on primary health care. The community education programmes introduced in the Bolivarian Republic of Venezuela were noteworthy in that regard. When resolution WHA60.16 had been adopted, it had been estimated that about US\$ 50 million would be required over a period of five years in order to implement the resolution in full. Implementation had been constrained up to then by the inability to mobilize sufficient resources.

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



**J. Better medicines for children (resolution WHA60.20)**

Dr DJIBO (Niger), speaking on behalf of the Member States of the African Region, said that each year 10 million children died of illnesses for which effective treatments already existed. Often they died because of inadequate clinical services, lack of medicines or of paediatric formulations, and the cost of medicines. The treatment of neglected tropical diseases was affected by an absence of paediatric formulations. A survey undertaken in 14 African countries in 2007 had indicated a lack of training at all levels in regard to: the inclusion of medicines for children in the list of essential medicines; availability of those medicines; and insufficient guidance on standard treatments.

Many countries in the Region continued to experience shortages of paediatric medicines and lacked the resources to put into effect strategies to promote their rational use.

Dr ETIENNE (Assistant Director-General) said that the Secretariat's activities to implement resolution WHA60.20 were well funded and were achieving significant results. She expressed appreciation to Member States for their support and urged them to continue their collaboration.

**K. Health technologies (resolution WHA60.29)**

Dr KAMOTO (Malawi), speaking on behalf of the Member States of the African Region, commended WHO's leadership on the issue. Health technology was a pillar of health service delivery, but it remained a weak point of national health systems in Africa. The high cost of equipment and devices, and the lack of policies and guidelines on procurement and donation of health technology, left most countries in the Region with poor-quality and outdated technologies. Frequently, abandoned equipment occupied needed space in health facilities. Guidelines and training on preventive and corrective maintenance were also in short supply.

Six countries in the Region were currently implementing policies for health technology management. The guidance on health technologies currently being elaborated by WHO and other partners was eagerly awaited. She called on the Director-General to continue encouraging Member States to draw up national plans for the assessment, procurement and management of such technologies. The Region would appreciate both technical and financial assistance.

Dr DAHL-REGIS (Bahamas) said that countries in the Caribbean had a system in place that had proved useful in the selection of health technologies and that might be adopted in other regions.

Dr ETIENNE (Assistant Director-General) said that WHO's health technologies programme was being strengthened significantly. Guidance on donation was already available and guidelines for procurement were being prepared. Updated policies and tools should become available during the second half of 2009 and would include a glossary of health technologies and medical devices. The Secretariat was working with other organizations in the United Nations system to harmonize the use of medical devices related to activities to achieve the Millennium Development Goals and primary health care, and was also working with regional partners and Member States.

**The Board took note of the reports.**

**5. CLOSURE OF THE SESSION**

Dr ZARAMBA (Uganda) observed that, as the Board's session had progressed, time constraints on speakers had increased, and a full sharing of experiences in respect of the later agenda items had not always been possible. He recalled his earlier statements opposing expansion of the Health Assembly's provisional agenda.

Mr VIEGAS (alternate to Dr Buss, Brazil) announced that his Government proposed to host a global conference in July 2010 on social determinants of health, in pursuance of the request to the Director-General in paragraph 4(10) of resolution EB124.R6. By that date, two thirds of the time frame for achievement of the Millennium Development Goals would have elapsed. For that reason, he proposed that both matters should be discussed at the conference.

The DIRECTOR-GENERAL said that discussions at the present session had been exceptionally frank and informative, giving her a better understanding of what the Board expected of the Secretariat and how, by working together, the Organization's goals might be accomplished. The session had seen the appointment of a new Regional Director for the Western Pacific, Dr Shin Young-soo, and the reappointment of Dr Samlee Plianbangchang as Regional Director for South-East Asia. It had also expressed appreciation to Dr Shigeru Omi on his retirement as Regional Director for the Western Pacific. Dr Omi had urged WHO to finish the task of eradicating poliomyelitis, reminding all parties concerned that there were no excuses for not doing so. The disease had been eradicated in the Western Pacific Region despite serious security problems, fragile political commitment and uncertain funding. Freedom from such a crippling and disabling disease would be a lasting gift to the world. The remaining obstacles were operational rather than technical and could be managed together.

Members of the Board had clearly articulated their full commitment to the attainment of the Millennium Development Goals and their deep concern at the lack of progress on some specific goals and in certain geographical areas, notably Africa. They had also displayed a strong commitment to primary health care, showing how it could further the objectives of equity, social justice and universal access while also increasing efficiency. The report of the Commission on Social Determinants of Health had been welcomed as a policy tool for tackling the root causes of inequities in health. Member States had announced plans to give effect to the Commission's recommendations; one example was the Brazilian Government's offer to host a global conference in 2010. Concerns about the health impact of the financial crisis had influenced the Board's discussions. As requested, WHO would continue the work begun in the previous week at the high-level consultation on the financial economic crisis and global health. The Government of Norway would host a regional consultation on the subject and she thought it likely that other regions would follow suit.

The lack of progress in reducing maternal mortality was a major concern and one that she shared. The answers lay in strengthening health systems in order to increase the numbers of skilled birth attendants and improve emergency obstetric care, but that was a slow process. She had heeded members' requests for prompt information on what needed to be done and how to do it.

The high level of the Board's technical discussions had signalled its confidence that the work of WHO mattered and that the agreements reached would have an impact at a practical as well as a policy level. She pledged to tackle the hard work that would be required with a renewed sense of duty and satisfaction.

After the customary exchange of courtesies, the CHAIRMAN declared the 124th session closed.

**The meeting rose at 18:50.**

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