SECOND MEETING

Tuesday, 20 January 2009, at 10:10

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

An open meeting was held from 09:00 to 10:05 and resumed in public session at 10:10.

1. STAFFING MATTERS: Item 8 of the Agenda

Appointment of the Regional Director for South-East Asia: Item 8.1 of the Agenda (Document EB124/28)

Dr REN Minghui (China), Rapporteur, read out the following resolution adopted by the Board in open session:[1]

> The Executive Board,
> Considering the provisions of Article 52 of the Constitution of WHO;
> Considering the nomination made by the Regional Committee for South-East Asia at its Sixty-first session,
>
> 1. REAPPOINTS Dr Samlee Plianbangchang as Regional Director for South-East Asia as from 1 March 2009;
>
> 2. AUTHORIZES the Director-General to issue a contract to Dr Samlee Plianbangchang for a period of five years from 1 March 2009, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Samlee Plianbangchang on his reappointment and conveyed the Board's best wishes for his continued success in the South-East Asia Region.

Dr SAMLEE PLIANBANGCHANG (Regional Director for South-East Asia) said that he was honoured to be reappointed as Regional Director and grateful to all who had placed their trust in him. He pledged to meet their high expectations, and looked forward to continued guidance and support from Member States, the Director-General and colleagues.

Since 2004, he had emphasized reduced inequities in health for the people of South-East Asia; promoted sustainable development, self-reliance in health, and availability of basic health services for all, especially the most vulnerable; and prioritized health in public policy. Tackling the remaining obstacles to achieving those goals would necessitate still closer collaboration between the Secretariat and Member States, including: greater and more decentralized resources to more countries; delegating greater authority to WHO country representatives; and enhancing the capacity of the Regional Office and country offices through training of national staff.

Despite considerable progress, South-East Asia still bore a high burden of diseases. Natural disasters and the effects of climate change were compounding that problem as would the effects of the global financial crisis.

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[1] Resolution EB124.R1.

Through close collaboration with the Secretariat, Member States could overcome those challenges and meet the expectations of the people of South-East Asia, thereby confirming WHO's role as promoter of the world's health.

Dr JAYANTHA (Sri Lanka) and Professor HAQUE (Bangladesh) congratulated Dr Samlee Plianbangchang on his reappointment. They looked forward to working closely with him on health programmes in the Region.

The DIRECTOR-GENERAL congratulated Dr Samlee Plianbangchang on his reappointment and looked forward to their continued fruitful collaboration.

Appointment of the Regional Director for the Western Pacific: Item 8.2 of the Agenda (Document EB124/29)

Dr REN Minghui (China), Rapporteur, read out the following resolution adopted by the Board in open session:[1]

> The Executive Board,
> Considering the provisions of Article 52 of the Constitution of WHO;
> Considering the nomination made by the Regional Committee for the Western Pacific at its Fifty-ninth session,
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> 1. APPOINTS Dr Shin Young-soo as Regional Director for the Western Pacific as from 1 February 2009;
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> 2. AUTHORIZES the Director-General to issue a contract to Dr Shin Young-soo for a period of five years from 1 February 2009, subject to the provisions of the Staff Regulations and Staff Rules;
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> 3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Shin Young-soo as follows: "you will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant."

The CHAIRMAN congratulated Dr Shin Young-soo on his appointment as Regional Director for the Western Pacific and conveyed the Board's best wishes for his success.

At the invitation of the CHAIRMAN, Dr SHIN Young-soo took the oath of office contained in Staff Regulation 1.10.

Dr SHIN Young-soo (Regional Director-Elect for the Western Pacific) said that he was deeply honoured to be appointed as Regional Director. He summarized key challenges for the public health sector and the crucial role for WHO: the global financial crisis, climate change, re-emerging diseases and the global epidemic in noncommunicable diseases.

As the first Regional Director of the Western Pacific Region to be elected from outside the Organization, he would look at the Organization's working methods with fresh eyes, build on its

[1] Resolution EB124.R2.

strengths, and create space for flexible responses to both the new and the traditional challenges to public health.

He expressed sincere appreciation to his predecessors as Regional Director, and pledged to build on their excellent leadership and achievements.

He would continue to consult with Member States and national leaders in order to find solutions to public health problems through collaboration, trust and mutual respect.

He outlined four priority areas in the Region: response to public health emergencies and risks; progress towards the health-related Millennium Development Goals through strengthened health infrastructure and workforce development; addressing the social, economic and political determinants of health in order to promote access and equity; and strong leadership within WHO.

He expressed profound gratitude to the Member States and the Board and said he would strive to repay the trust shown in him.

Expression of appreciation to Dr Shigeru Omi

Dr REN Minghui (China), Rapporteur, read out the following resolution adopted by the Board during the open session:[1]

> The Executive Board,
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> Desiring, on the occasion of the retirement of Dr Shigeru Omi as Regional Director for the Western Pacific, to express its appreciation of his services to the World Health Organization;
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> Mindful of his lifelong devotion to the cause of international health, and recalling especially his 10 years of service as Regional Director for the Western Pacific;
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> 1. EXPRESSES its profound gratitude and appreciation to Dr Shigeru Omi for his invaluable contribution to the work of WHO;
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> 2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

The DIRECTOR-GENERAL joined others in expressing her deepest appreciation and admiration to Dr Omi, for his years of outstanding leadership, exemplified by his skilful work that ranged from the study of the molecular biology of the hepatitis B virus to managing the outbreaks of severe acute respiratory syndrome and influenza H5N1 virus infections.

Dr Omi had initially joined WHO as the responsible officer for the Expanded Programme on Immunization and had spearheaded the regional drive to eradicate poliomyelitis, a goal achieved under his leadership. As Regional Director, he had prioritized tuberculosis control and currently countries in the Western Pacific surpassed the global targets for tuberculosis control. Recently, the Western Pacific had become the only region in which all Member States had ratified the WHO Framework Convention on Tobacco Control. Dr Omi's recognized contribution to public health was deeply appreciated.

She congratulated Dr Shin on his appointment and looked forward to continued excellent relations with the Western Pacific Region.

[1] Resolution EB124.R3.

Ms TOELUPE (Samoa), Ms ROCHE (New Zealand), Dr REN Minghui (China), Professor CHEW SUOK KAI (Singapore), Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) and Mr ISOMATA (Japan)[1] paid warm tribute to the achievements of Dr Omi during his two terms as Regional Director for the Western Pacific, highlighting his outstanding contribution to the global eradication of poliomyelitis. They wished Dr Omi every success for the future and congratulated Dr Shin on his appointment.

Mr HERZOG (Rotary International), speaking at the invitation of the CHAIRMAN, said that Dr Omi had become a founding member of the Polio Eradication Advocacy Task Force in the Western Pacific Region in 1990 when close to 6000 cases of poliomyelitis had been reported and around 60 000 cases suspected each year. He had played a critical role in convincing officials in China of the need to conduct national immunization days, begun in 1994, reaching more than 80 million children – an encouragement to other countries.

The Western Pacific Region had remained free of poliomyelitis thanks largely to the acute flaccid paralysis surveillance system developed there, a model for other regions. There were fewer cases of poliomyelitis in the entire world than there had been in China alone when Dr Omi had launched his efforts.

In recognition, he had pleasure in presenting Dr Omi with Rotary's Polio Eradication Champion Award.

Dr Omi was presented with the Polio Eradication Champion Award.

Dr OMI (Regional Director for the Western Pacific) thanked Board members and the Director-General for their kind words. He had been humbled by the Polio Eradication Champion Award, which he had received on behalf of all those who were working for the global eradication of poliomyelitis.

In 1990, many had questioned the feasibility of eradicating poliomyelitis: scarce funds for vaccines; populations scattered in remote areas; and peace and order issues in some countries had complicated the task further. The last indigenous case of poliomyelitis in the Region had been reported on 19 March 1997; three years later, the Western Pacific Region had been certified poliomyelitis-free.

Other tangible progress had been made in the Region in areas including tuberculosis, tobacco control, and the fight against severe acute respiratory syndrome. He was confident of WHO's continued success: the Executive Board provided clear direction, and the Director-General, the Regional Directors and WHO staff worked very hard to fulfil their mandate.

The international community had invested much time, energy and resources in the eradication of poliomyelitis globally, and nearly all countries in the world were poliomyelitis-free. Eradicating poliomyelitis in the four countries in which it remained endemic would be difficult, but the battle against poliomyelitis was one that the world could not afford to lose. He urged the international community to make that final forceful effort to eradicate the poliovirus.

His thanks went to the Director-General for having developed a strong sense of unity within the Organization, to fellow Regional Directors and dedicated WHO staff for their support.

Finally, he congratulated Dr Shin on his appointment and wished him every success in the future.

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

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

HIV/AIDS and mental health: Item 4.3 of the Agenda (Document EB124/6)

Dr GIMÉNEZ CABALLERO (Paraguay) said that the issue of HIV, in particular its relation to mental disorders arising from drug use, was a challenge for Member States. Society's response had led to a management approach based on intersectoral participation and consensus, on both minor and major matters, and involving sectors of the government, civil society, cooperating bodies and persons living with HIV. Such a response led towards universal access to integrated care based on human rights and non-discrimination. Health institutions must play a predominant role as regulators and makers of public policies intended to generate effective, national response to HIV/AIDS and other sexually transmitted infections.

Networks had to be created for prevention and for integrated care, and within that integrated approach the mental health aspect had perhaps been neglected. Such networks must share a vision within a strategic and operational plan for each country, with clear functions and responsibilities for the sectors and actors involved, including their financial commitments. Management by results was essential.

Paraguay had seen recent progress, particularly in the prevention of mother-to-child transmission of HIV; access to antiretroviral therapy; in the provision of prevention measures; and assistance to priority populations. Monitoring and health systems must be strengthened in order to ensure that the resources invested served their purpose.

Dr JAKSONS (Latvia) said that the issue of mental health would become increasingly important in the context of the economic crisis, with a possible increase in unhealthy behaviours and the use of mood-altering drugs. In prisons in particular, use of drugs, unsafe behaviours and mental disorders could encourage HIV transmission. He emphasized preventive measures: the early treatment of mental disorder, harm reduction and HIV testing.

Dr AHMADZAI (Afghanistan), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that harm reduction needed to be incorporated into all comprehensive packages of care for substance and alcohol abuse. The efforts of stakeholders must be harmonized in order to produce coherent messages and efficient responses.

He stressed broader mental health issues, beyond those of substance abuse, particularly in relation to persons living with HIV. He urged the Secretariat to advise countries on coordination strategies and mechanisms in order to integrate approaches to those conditions.

As prevalence rates of HIV infection in mentally ill patients were unrecorded in many developing countries, WHO should help to generate disaggregated data from those countries that could show which mental illnesses were most likely to occur and the contributing factors. Such evidence could then inform policies and programmes, and thus enable prioritizing and targeting of mental health disorders.

Dr DOS RAMOS (Sao Tome and Principe), speaking on behalf of the Member States of the African Region, said that sub-Saharan Africa was home to 67% of all people living with HIV. Infection with HIV exposed individuals and their immediate circle to the risk of psychological distress and mental disorder, which might lead to poverty, alcoholism, drug addiction or domestic violence. Other outcomes were a lack of social support, stigmatization and discrimination.

Conversely, mental disorders, including those related to the use of harmful substances, were risk factors for HIV. The link between compliance with antiretroviral therapy and mental health factors had been demonstrated: failure to follow treatment reduced its effectiveness and could also lead to the development of drug-resistant strains of HIV, disease progression into AIDS, and death.

Consequently, care for persons infected with HIV and suffering from mental disorders must combine the efforts of patients, their families, their communities and the health-care providers.

Within Africa, links between countries promoted the sharing of experience and knowledge about HIV/AIDS, in particular partnerships that linked nongovernmental organizations and civil society to medical support for persons infected with HIV or affected by HIV/AIDS. During its fifty-sixth session, the WHO Regional Committee for Africa had adopted a strategy to intensify HIV prevention in Africa, with extension of screening and counselling services and promotion of policies and laws based on human rights, taking age and gender into account and covering exposure to risky behaviours.

The Region proposed to reduce stigmatization and discrimination towards infected persons to the minimum; to increase antiretroviral treatment; to invest in prevention among sexually active persons; to reduce homophobia and stigmatization of people living with HIV/AIDS and suffering mental disorders; to promote behavioural change in the context of the HIV/AIDS epidemic and mental disorders; to promote participation by the patient's circle, community and civil society; to incorporate management of HIV/AIDS in mental health service; to research into HIV and mental health, and related effects on children, particularly orphans; to examine the problems of sero-discordant couples, in whom depression and suicidal tendencies had been diagnosed; and to strengthen mental health systems.

Professor HAQUE (Bangladesh) said that his country had a low prevalence of HIV infection, which was nevertheless rising among injecting drug users. In Bangladesh, the mental health aspect could be integrated into the care of HIV-positive patients. Problems related to drugs were largely handled by psychiatrists or clinical psychologists, who could identify mental disorders or detect people with HIV/AIDS suffering from mental problems and abusive behaviours. The relationship between HIV/AIDS and mental disturbance should enable specialists in both areas to pursue approaches to integrated treatment.

He recommended assessment of mental health and substance-use disorders; review of national strategies for HIV/AIDS in order to incorporate mental health care therein; training for service providers, including counselors, on mental health and substance use, using modules developed by WHO; combined antiretroviral and mental health therapies; establishment of referral mechanisms; and research into the interaction between HIV and mental disorders that would include service delivery and management models.

Ms MELNIKOVA (alternate to Dr Starodubov, Russian Federation) highlighted the relevance of the issues of HIV/AIDS and mental health for the Russian Federation. Patients with a triple diagnosis of HIV/AIDS, drug dependency and psychological disorders presented a challenge in the provision of health, social and psychological assistance. The disease-based approach was not always conducive to patients' compliance with treatment. That problem could be solved by an approach to prevention and treatment that integrated patients with their somatic, psychological, social and family situation. Patients should be involved in drawing up individual treatment plans that responded to their needs, an approach already being implemented in her country. Given the importance of counselling in preventing HIV infection and high-risk behaviours, she supported WHO's comprehensive approach, one that brought together HIV/AIDS services, mental health-care providers, and social services.

Dr ABABII (Republic of Moldova) said that the financial crisis could result in increased mental health problems. The incidence of both HIV infection and mental health problems was already rising in some eastern European countries, including his country. He highlighted the situation in Transnistria, where the rate of new cases of HIV infection registered (63.8 per 100 000 population) was five times higher than elsewhere in the Republic of Moldova.

In his country, medical treatment for patients with mental health problems was moving from a centralized to a community-based approach. Psychiatric hospitals saw cases of comorbidity with HIV:

8% of patients with drug or alcohol problems were also HIV-positive, and levels would rise unless preventive measures were taken. Such patients were often less aware of the threats from HIV infection. Preventive measures needed a developed network of community mental health centres in which family doctors participated. The Secretariat's report had set appropriate priorities.

He highlighted the growing number of patients with HIV infection and tuberculosis, particularly multidrug-resistant strains of *Mycobacterium tuberculosis*. Also of concern were extensively drug-resistant strains, which were present in many countries and should be a priority for WHO.

Dr DAHL-REGIS (Bahamas) welcomed the attention paid to comorbidities among those affected by HIV/AIDS and to data on injecting drug users. She agreed with the members for Paraguay and the Republic of Moldova on the need for the integration of health services. In her region there were relatively few drug-using HIV patients; most cases of HIV infection were the result of alcoholism and other risk behaviour. A major difficulty for those infected with HIV and needing mental health services was stigmatization. Social and environmental factors could be managed more effectively if HIV/AIDS treatment, care and support were integrated into a public health setting and with more trained personnel. Unfortunately, many programmes were developed vertically, probably because of funding arrangements.

Dr REN Minghui (China) welcomed the detailed report, which illustrated the importance of the links between HIV/AIDS and mental health. China had responded to problems relating to mental disorders, such as the despair and anxiety experienced when patients discovered their HIV infection, by strengthening the counselling services provided in its treatment centres.

In regard to injecting drug users, China's efforts were based on treatment in the community: 643 clinics had been approved in 2008 and some 1.7 million patients treated. His Government planned to strengthen counselling for those with HIV/AIDS. It was promoting research on the subject and looked forward to support from WHO in that regard.

Dr BUSS (Brazil) welcomed the report. The Brazilian programme to combat HIV/AIDS had focused on vulnerable groups. His country had developed strategies based on harm reduction among drug users which had had some success in preventing HIV infection. WHO should make the prequalification process for medicines more flexible so that countries could obtain products of quality more cheaply. It was important for national regulatory agencies to be strengthened and involved in the prequalification process. Brazil would support the tabling of a resolution on the subject for submission to the Health Assembly.

Mr VALLEJOS (Peru) agreed with the report. HIV/AIDS had devastating effects, and in his country it increasingly affected women and young people. Peru had responded to problems arising from mother-to-child transmission of HIV through standard-setting, assistance, education and communication. It had also drawn up a multisectoral strategic plan 2007–2011 to combat HIV/AIDS; approved a national plan to combat vertical transmission and congenital syphilis; and introduced a sixth round project of the Global Fund to Fight AIDS, Tuberculosis and Malaria on national prevention and control of sexually transmitted infections and HIV/AIDS. It had implemented a complete HIV package for pregnant women, attaining a coverage of 69%; and free antiretroviral treatment had been guaranteed to 8644 patients in the country.

Ms TOELUPE (Samoa) agreed with the report's linking of HIV/AIDS and mental health, drug dependence and use of alcohol. Samoa was reforming its health system, which had also led to greater involvement by civil society in HIV/AIDS prevention, education and mental health. The proper integration of mental health and HIV/AIDS services would require the use of WHO modules at regional and national levels as well as existing strategic plans. The training of professionals in clinical, counselling and mental health-care skills needed to continue. A Mental Health Act had been passed in 2007

and a mental health policy had been defined in 2008. Samoa continued to build capacity among health professionals and care providers in order to implement policy on HIV/AIDS prevention and control. Further research and evidence were needed on the links with mental disorders.

Samoa's progress owed much to WHO and to its development partners. In recognizing the relevance of international frameworks, such as the Convention on the Elimination of Discrimination against Women, and the Convention on the Rights of the Child, she emphasized the challenge of harmonizing and integrating programmes.

Dr WRIGHT (United States of America) said that mental disorders could increase risky behaviour as well as hinder HIV prevention. Paragraph 3 of the report identified injecting drug users as a risk group but did not articulate the connection with mental disorders. The report needed greater clarity and concrete recommendations in, for example, its discussion of mental health disorders and substance use, both of which could hinder healthy behaviour but concerned different populations. Similarly, paragraph 5 referred to "alcohol use disorders" and "alcohol consumption", although they were separate issues calling for different responses. The United States recognized the importance of adherence and counselling about adherence to HIV treatment. It supported increased research on interactions between mental illnesses and compliance in low- and middle-income countries, where contacts with the medical infrastructure were weaker. The data cited in the report were not drawn consistently from developing countries, making recommendations difficult. Paragraph 8 highlighted the effects of HIV on the central nervous system. His Government was a leader in clinical research and recommended further technical discussion, especially in regard to children receiving or not receiving antiretroviral treatment.

Dr ALVIÁREZ (Bolivarian Republic of Venezuela)[1] fully agreed with the report. Venezuela considered that the connection between mental health and HIV/AIDS was a public health priority. It had a strategy of information, education and communication aimed at young people and pregnant women; a programme for the provision of condoms; compulsory HIV screening for all pregnant women, and prophylactic treatment for those who tested positive; biosafety resources for health personnel; a programme of free distribution of antiretroviral medicines; and emphasis on the human rights of persons living with HIV/AIDS.

A great many HIV/AIDS patients received medicines for mental illnesses. The provision of such medicines was a matter of urgency, and flexibilities should be allowed with respect to any patents on them.

Mr NOLAN (European Commission) expressed his appreciation of the report, which addressed hitherto neglected linkages between HIV/AIDS and mental health. Mental health problems increased vulnerability to HIV and complicated treatment and support. The problems were exacerbated by drug and alcohol use. The Commission welcomed the attention paid to the psychological burden imposed by HIV/AIDS and to the direct effects of the virus on the central nervous system. It supported the integration of mental health into HIV/AIDS programmes, especially as the expansion of antiretroviral treatment had led to cuts in comprehensive care and support services. It was vital to provide such services and to integrate effectively the links between HIV/AIDS and mental health.

Dr ALWAN (Assistant Director-General) thanked members for their excellent contributions, which the Secretariat would take into account in future work. He welcomed the importance accorded by the member for Paraguay to a multisectoral, human approach involving government agencies and civil society. Reliable surveillance was also important to the prevention advocated in the report.

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

Regarding the comments by the member for Afghanistan, harm reduction was integral to the recommended approach and supported by scientific evidence and a consensus within the United Nations system. On the subject of training for primary health care professionals, WHO had produced a series of training modules and materials for the integration of mental health into antiretroviral therapy programmes, as well as training materials to help HIV counsellors to recognize and treat common mental disorders and substance abuse. Further research was needed, especially in regard to service delivery, cost–effectiveness and evaluation of interventions for mental and substance-use disorders in the context of HIV/AIDS. The member for the Republic of Moldova had raised the important issue of comorbidity. There was much evidence of non-compliance with both tuberculosis treatment and antiretroviral treatment among patients who also had mental disorders. He thanked the member for the United States for his comments and said that the Secretariat intended to develop concrete strategies in several areas relating to HIV and mental health in the coming months.

Dr NAKATANI (Assistant Director-General) said that, thanks to countries, civil society and health partners, HIV treatment coverage was expanding, but some important areas, such as the linkages between HIV and mental health and HIV-tuberculosis comorbidity, deserved greater attention. A comprehensive and integrated approach was needed. WHO was committed to working on such an approach with colleagues in the field of mental health and with partners in the United Nations system.

The DIRECTOR-GENERAL highlighted the complexity of the challenge of HIV comorbidity for the health sector. Policy coherence and an integrated approach at national level, for example between health ministries and ministries responsible for prisons, were essential in providing effective health services for HIV patients. The Secretariat would encourage and support Member States in building models for communities in order to tackle the multidimensional problems associated with HIV/AIDS. The views expressed by the Board had already given the Secretariat sufficient guidance for it to pursue its work on the issue without necessarily preparing a draft resolution to submit to the Health Assembly, which would expend time and resources that could be used elsewhere. Nevertheless, if Member States would prefer that a draft resolution be prepared, the Secretariat would abide by their wishes.

The Board noted the report.

The meeting rose at 12:30.