

SEVENTH MEETING

Thursday, 22 January 2009, at 14:05

Chairman: Sir Liam DONALDSON
(United Kingdom of Great Britain and Northern Ireland)
later: Mr N.S. DE SILVA (Sri Lanka)

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

Monitoring of the achievement of the health-related Millennium Development Goals: Item 4.7 of the Agenda (Document EB124/10) (continued)

Mr VALLEJOS (Peru) said that a committee for the achievement of the Millennium Development Goals had been established by the Peruvian Congress. The committee had drafted laws aimed at strengthening government action and launched a campaign to raise public awareness of the Goals and the deadline of 2015. The national report on the Goals presented in 2008 had revealed high levels of poverty in Peru, a middle-income country. The Congress had included the Goals in the budget and stipulated minimum levels of funding for those activities.

Several United Nations agencies in Peru were promoting specific goals at the community level, including maternal and child health and controlling HIV/AIDS and other infectious diseases. National data indicated tangible achievements: a fall in the number of people living in poverty and extreme poverty in 2007. Furthermore, the most recent UNICEF report noted significant improvements in infant health, maternal mortality, prenatal care and deliveries assisted by skilled attendants. In 2007, his Government had initiated intersectoral efforts in order to improve social services and the quality of life in the 880 poorest districts in Peru.

Professor AZAD (alternate to Professor Haque, Bangladesh) said that his new Government was committed to achieving the health-related Millennium Development Goals. Bangladesh had significantly enhanced control of tuberculosis and malaria and had invested in the combat against HIV/AIDS and in improving child health and survival. For a while, it had appeared that a successful immunization campaign had eradicated poliomyelitis in Bangladesh; however, the disease had proved to be a global problem requiring regional and worldwide cooperation. Family planning was another area in which significant achievements had been made.

Of all the Millennium Development Goals, Goal 5, improving maternal health, was proving the most difficult. Maternal and newborn mortality remained high in Bangladesh, and only about 20% of pregnant women had access to skilled care during pregnancy and birth. Since many African and Asian countries, including Bangladesh, might fail to achieve Goal 5, urgent attention and investment were needed. Bangladesh would work actively in that area and called on WHO to provide timely support.

WHO must continue to elaborate policy and technical guides on health-system development; management of health-care delivery; and innovative health financing, all with primary health care as the driving force. Bangladesh would need guidance on how to finance the health needs of its population and on the best model to adopt. WHO should also play an important role in evidence-based monitoring of progress towards meeting the Goals.

Dr ADITAMA (alternate to Dr Supari, Indonesia) said that Indonesia's health programme to achieve the Millennium Development Goals had been on track but some elements had been slowed by the financial crisis. Half the population still had insufficient access to clean water and basic sanitation;

the number of deaths from HIV/AIDS was increasing, even though the national prevalence remained low. Indonesia also continued to grapple with neglected tropical diseases, such as leprosy and yaws.

More positively, a mosquito control programme aimed to make some parts of Indonesia malaria-free by 2020. A DOTS-Plus programme for multidrug-resistant cases of tuberculosis and a pilot project for the Practical Approach to Lung Health were due to be launched. Tuberculosis prevalence had decreased 42% nationally since 1990. Other approaches being strengthened were community participation, and partnership and intersectoral collaboration as part of primary health care.

Mr HOHMAN (alternate to Dr Wright, United States of America) welcomed the progress made towards achieving some of the targets of the Millennium Development Goals, such as those concerning immunization; prevention of HIV/AIDS; expanding access to safe drinking-water and sanitation; and improving treatments for malaria, tuberculosis, HIV/AIDS and other diseases. Nevertheless, not enough progress had been made in reducing the maternal mortality ratio. It was necessary to improve access to reproductive health services and ensure safer pregnancy. The United States would continue to support programmes addressing those issues. It also supported the expansion of primary health-care services focused on maternal and child health.

Dr DAHL-REGIS (Bahamas) said that, in the Caribbean region, joint efforts had operated successfully, for example in preventing transmission of disease from mother to child; almost all countries in the region had achieved notable success with childhood immunization programmes. However, more research was needed to identify the racial disparities in infant deaths in countries with different levels of development.

Nevertheless, the health conditions in one country in the Caribbean region remained of grave concern. The impact of recent hurricanes, severe food shortages, deteriorating environmental management, poor vector management, unsafe water supplies and poor sanitation all threatened the Caribbean basin. What happened on one island affected all countries in the region. A worrying increase in population movement had been observed. Many of the gains noted in the report might be reversed if such problems were left unaddressed. The world had provided much humanitarian assistance in order to help countries to achieve the Millennium Development Goals, but a new strategic approach was necessary. She therefore supported the suggestion of the member for the United Kingdom regarding the content of an appropriate resolution. However, she emphasized that maternal health should be dealt with separately.

Dr BUSS (Brazil) said that, as shown by the work of the Commission on Social Determinants of Health, all the Millennium Development Goals were in some way related to health. Brazil was making excellent progress in achieving the Goals, but expressed concern about data on progress in many developing countries. Not achieving the Goals would be a failure for the community of nations.

On the basis of conclusions arising from a conference on the Goals held in November 2008, he appealed to the Board to focus more on the neglected Goal 8 (develop a global partnership for development). The Board should identify the countries that were in the worst situation; WHO should make a special appeal to United Nations agencies and civil society institutions, at country level and worldwide, find the resources, and ensure that those developing countries would achieve Goal 8. The Board should issue a strong resolution addressed to the international community, especially at a time of financial crisis, and should intensify coordination on health and development.

Ms MATSAU (South Africa),¹ expressing dismay at the statistics in the report, said that in 15 years there had been no significant reduction in the maternal mortality ratio in the Member States of

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

the African Region. WHO had transferred resources from maternal health proper to strengthening health systems in general, which would contribute to better maternal health outcomes. Clearly, however, progress was too slow and a new approach was needed. She asked whether the Secretariat had observed any pattern in maternal mortality. If three or four common factors could be identified as responsible for a large proportion of maternal mortality, WHO could target them specifically in order to improve maternal health outcomes quickly.

Dr MUÑOZ (Chile)¹ said that many of the health-related Millennium Development Goals could only be achieved by strengthening health services and guaranteeing access for the most vulnerable population groups. Given the slow progress in respect of maternal and infant mortality, it was unrealistic to expect that strengthening health services alone, a slow process of training human resources, could have a major impact on achieving the Goals over the next five years. Every country must prioritize those measures that were most conducive to achievement of the Goals in its own particular context. In the experience of Latin America, building new hospitals would not reduce maternal mortality unless accompanied by effective systems to identify obstetric and gynaecological emergencies and ensure clean, safe delivery.

He shared the sentiments expressed by the member for Brazil. It was essential to diagnose accurately the particular problems experienced by each country and to prioritize effective action. His country would contribute to all efforts coordinated by WHO to share experiences and avoid the mistakes which others had made.

Ms TELLIER (United Nations Population Fund) said that progress towards Millennium Development Goal 5 (improve maternal mortality) was least despite major advances in reproductive health over the past century. It was agreed that factors such as family planning services, good access to emergency obstetric care and skilled care at delivery helped to reduce maternal mortality. Progress towards the targets in terms of the indicators for Goal 5 showed a tragic disparity both among and within countries. For example, a woman's lifetime risk of dying in childbirth ranged from 1:28 000 to 1:7 depending on the country where she lived. The indicators showing the greatest disparity were: adolescent pregnancies; inadequate family planning services; and neonatal mortality. Unequal access to reproductive health services was reflected geographically, culturally and economically. The rural and urban poor were similarly disadvantaged. She welcomed the new Millennium Development Goal target relating to universal access to reproductive health. Progress should be tracked by monitoring socioeconomic indicators, including income quintiles.

Goal 5 was closely related to Goals 3, 4 and 6. Progress in one area would determine progress in the others. Reproductive health was also fundamental to other topics before the Board, including primary-health care and health systems. A primary health-care system needed referrals for emergency obstetric care, reproductive health supplies, skilled staff at delivery and tracking of progress. That required wide-ranging partnerships.

UNFPA was a committed partner of WHO in promoting reproductive health in development and emergency situations. She emphasized strategic objectives 4, covering sexual and reproductive health, and 7, gender, of WHO's Medium-term strategic plan.

Ms ARENDT (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that the impact on health and poverty reduction of early and exclusive breastfeeding, supplemented at a later age by complementary foods, had been widely recognized. Initiation of breastfeeding immediately after birth reduced blood loss in the mother, and exclusive and continued breastfeeding was effective in child-spacing. However, data on breastfeeding were not yet

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included among the indicators for the Millennium Development Goals. She called on WHO to include breastfeeding data in its statistics and provide more financial and technical support to promote and protect breastfeeding and relevant training for health workers.

Ms LINNECAR (Consumers International), speaking at the invitation of the CHAIRMAN, regretted that the report made no mention of the impact of malnutrition on mortality among children under five, despite the concerns expressed in the *United Nations Millennium Development Goals Report 2008* and the series of articles on maternal and child undernutrition published in *The Lancet*. Undernourished infants and young children could suffer irreversible physical and cognitive damage affecting their future health, economic well-being and welfare.

Breastfeeding reinforced other proven interventions, especially immunization, since it conferred both active and passive immunity and strengthened the infant's developing immune system. Resolution WHA61.15 on the global immunization strategy had recognized the key role of breastfeeding. She called on WHO to include data on early and exclusive breastfeeding in the list of indicators for tracking progress on Goal 4. Resources must be made available to promote optimal breastfeeding practices and decrease undernutrition.

Ms GREENIDGE (International Federation of Pharmaceutical Manufacturers & Associations), speaking at the invitation of the CHAIRMAN, said that the pharmaceutical industry was still playing its part in implementing the Millennium Development Goals, especially Goals 4, 5, 6 and 8. In the current economic climate, all stakeholders must work together and expand partnerships. Her organization's members were major contributors in building capacity in developing countries and those with emerging economies. They had increased research and development projects on the 10 most significant tropical diseases from 32 in 2005 to 58 in 2008, and were working more frequently in specialized product development partnerships such as the Drugs for Neglected Diseases initiative. Her organization was interested in taking part in such collaborative activities as the African Network for Drugs and Diagnostics Innovation. It would launch new activities in 2009 and work towards the Millennium Development Goals in collaboration with other stakeholders.

Ms MAFUBELU (Assistant Director-General), replying to the representative of South Africa, said that there were indeed common factors contributing to maternal mortality in a small number of countries, which accounted for 97% of global mortality. Because of the lack of skilled birth attendants at delivery and the lack of access to emergency obstetric care, including emergency transport, referral systems and supplies of medicines such as oxytocin, countries were unable to respond more effectively to the four principal causes of death in childbirth – postpartum haemorrhage, obstructed labour, eclampsia/pre-eclampsia and sepsis. It was also essential to establish a comprehensive strategy for the prevention of mother-to-child transmission of HIV.

Dr EVANS (Assistant Director-General) agreed that there had been mixed progress in achieving the Millennium Development Goals. Many speakers had stressed the interdependence of the various Goals, for example nutrition as a factor in child survival and a determinant of overall health, as indicated by the Child Epidemiology Reference Group. Others had linked the Goals to other items on the Board's agenda, including health systems, social determinants of health, and climate and environmental change. Monitoring and evaluation had been emphasized: greater investment there would enable countries to better evaluate the reasons for their successes and their failures, and inform the strategic changes at country level needed for sustainable improvement.

Replying to the representative of South Africa, he said that the indicators used to track progress in the implementation of the Goals were defined by the United Nations Department of Economic and Social Affairs, and were not intended to be exhaustive. The Secretariat would certainly suggest breastfeeding rates as a possible indicator when the current indicators were revised; it would meanwhile include breastfeeding in its own publication, *World Health Statistics*.

The DIRECTOR-GENERAL drew attention to the 2009 High-level Segment of the United Nations Economic and Social Council that WHO would be attending at the invitation of the United Nations Department of Economic and Social Affairs. WHO was pleased to work with those partners to address the theme of the Council's Annual Ministerial Review, implementing the internationally agreed goals and commitments in regard to global health; the Millennium Development Goals would be an important part of that discussion.

WHO was working with the relevant partners and United Nations organizations to support national and regional consultations; the health sector could not achieve enough alone but, reaching out to the Economic and Social Council would actively demonstrate that all sectors were working together to promote health in all policies.

The Board took note of the report.

Mr de Silva took the Chair.

Climate change and health: Item 4.8 of the Agenda (Document EB124/11)

The CHAIRMAN drew attention to a draft resolution on climate change and health that had been proposed by the United Kingdom of Great Britain and Northern Ireland and which read:

The Executive Board,
Recalling resolution WHA61.19 on climate change and health;
Noting the proposed workplan on climate change and health,

1. URGES Member States to endorse the proposed workplan on climate change and health;
2. REQUESTS the Director-General:
 - (1) to implement the actions contained in the workplan on climate change and health;
 - (2) to report annually, beginning in 2010, through the Executive Board, to the Health Assembly on progress in implementing resolution WHA61.19 and the workplan.

Dr GOPEE (Mauritius), speaking on behalf of the Member States of the African Region, said that the effects of climate change and global warming in his Region had included floods caused by cyclones and torrential rains in the south-eastern part of Africa, prompting disease outbreaks and exacerbating the poor quality of sanitation infrastructure, and droughts in several countries in the Horn of Africa and the Sahel which had led to further malnutrition. Rapid response to the health-related impact of climate change was needed.

The Libreville Declaration, adopted in 2008 following a conference on health and environment, had recommended: joint action to establish a health and environment strategic alliance; updating of policies; accelerating the achievement of the Millennium Development Goals; and assessment of environmental risks to health.

Noting paragraph 22 of the workplan, he suggested that any assessment should consider the longer-term effects on health, in addition to the more visible, immediate impacts of events caused by climate change. Challenges included the weak coordination between sectors in policy formulation, implementation and evaluation, and the institutional obstacles to project implementation. Centrally coordinated mechanisms should be established in order to ensure multisectoral collaboration and effective responses.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union and its aligned countries, said that the proposed workplan would expand the work of WHO in adapting health systems to the impacts of climate change. Climate change was the urgent, defining challenge of

the present generation; it was already affecting people's health and a burden on health systems. Nevertheless, awareness of its consequences on health was widespread.

The Board needed to support and endorse the workplan since many health ministries looked to WHO for assistance in establishing adaptation and mitigation measures. He supported the workplan as it would stimulate cross-sectoral activity, identify knowledge gaps and facilitate research.

The United Nations system must further the collective commitment to tackling climate change. WHO should send a powerful message to the 15th Conference of the Parties to the United Nations Framework Convention on Climate Change, to be held in Copenhagen in December 2009, that urgent action was needed to tackle the causes and health consequences of climate change. He commended the work of the WHO Regional Office for Europe in that respect and urged the Director-General to sustain her leading role and remind the world that the poorest communities were those first affected by climate change.

Professor HARPER (alternate to Sir Liam Donaldson, United Kingdom of Great Britain and Northern Ireland) said that early progress had been made on the global health risk posed by climate change, and expressed gratitude to the Director-General for her commitment and to Member States for their relevant expertise.

Noting the workplan, he outlined the contents of the draft resolution and proposed a textual change: in paragraph 1, the words "URGES Member States to endorse" should be replaced by "ENDORSES" to make it clear, in the context of an Executive Board resolution, that the Board itself endorsed the workplan.

Dr REN Minghui (China) said that health systems faced a new task in tackling climate-related effects on health and stressed the need to adopt measures. The workplan reflected current needs and China supported its submission to the Health Assembly for consideration.

His Government was acting in accordance with the principle in the United Nations Framework Convention on Climate Change of common but differentiated responsibility. It had launched a national plan of action on environment and health for 2007–2015; conducted research into the effects of climate change on health; and strengthened capacity in environment and health management.

Health systems in Member States should be strengthened in order to deal with climate-related health risks; the Secretariat should help Member States to conduct research and gather relevant evidence. Further efforts should be made and training conducted in order to raise public awareness; and an international mechanism for sharing relevant data was also needed.

He supported the proposed draft resolution.

Ms TOELUPE (Samoa) said that, at the fifty-ninth session of the Regional Committee for the Western Pacific (Manila, 22–26 September 2008), the small island States of the South Pacific had appealed for help regarding climate change, as many were vulnerable to future displacement following loss of country, identity and culture.

The focus on climate and health in Samoa provided by the environment sector had exemplified good cross-sectoral partnership at national level. In conducting the actions proposed in the workplan, WHO should emphasize collaborative and complementary approaches since many vulnerable countries lacked the resources to deal with climate and health issues separately. Thus vertical programming should be avoided.

Samoa welcomed further initiatives regarding climate change based on: public health-care strategies; health promotion initiatives; disease prevention and control programmes; food security; and consideration of infrastructure. Such initiatives bolstered disaster and emergency preparedness. Small island States urgently needed greater research capacity in monitoring and evaluation of adaptation and mitigation plans. WHO should increase its activity in global forums on climate change and health in order to strengthen collaboration at all levels. She welcomed the report and her Government was ready to participate in regional initiatives on climate change and health.

Dr MOHAMED (Oman), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that particular attention had been given to climate change within the Region. The lack of rainfall and water shortages had caused problems for agriculture and affected health in many urban centres.

The Regional Office had organized seminars on the impact of climate change on health. The difficulties faced by health ministers in preparing plans and responding to climate change had been listed: the strengthening of health plans, rather than just preparing emergency and disaster programmes, had been emphasized. It had been recommended that countries should establish national committees in order to coordinate work on climate change.

Noting that the workplan emphasized strategic objective 8 of the Medium-term strategic plan 2008–2013, but also stressed the need to implement the other objectives, he urged Member States to collaborate further in order to implement the proposed workplan and study the impact of climate change. He supported the workplan and the need to expedite its implementation. The activities proposed should also be included in the Medium-term strategic plan 2008–2013; greater emphasis should be placed on the objective of collecting scientific data, as no specific reference had been made to assisting developing countries in that respect.

Dr LEE Hoon-sang (alternate to Professor Sohn Myong-sei, Republic of Korea), emphasizing surveillance systems, suggested that action 3.6 of the workplan should also encourage Member States to share surveillance information, especially on changes in vector density and distribution due to climate change. The Secretariat should provide guidance for developing systems of vector surveillance and information sharing in each Member State, so as to enhance their preparedness and response to any emergence of vector-borne diseases.

Ms ROCHE (New Zealand), welcoming the attention paid to adaptation and mitigation in the workplan, said that potential co-benefits to health should be included in cost-benefit analyses of mitigation initiatives. She suggested that WHO's work on climate change should cover the health sector's contribution to mitigation efforts. The Secretariat's global role in advocating action on health and climate change would be further underpinned by producing a sustainable behaviour model; developing and implementing a plan to reduce its own carbon footprint; and advising Member States on how to enable their national health ministries to do likewise.

Mr HOHMAN (alternate to Dr Wright, United States of America), observing that climate change was the significant challenge of the day, said that evidence of its impact on human health was persuasive and he encouraged Member States and the Secretariat to take appropriate action. The United States consequently supported many programmes that protected human health from risk factors sensitive to climate by improving local health institutions; strengthening disease surveillance through global systems; advancing climate science; and integrating climate considerations into sustainable development projects. The core functions of the Secretariat included providing Member States with valuable knowledge and technical support; monitoring global health situations; and articulating ethical and policy options based on evidence. Therefore, the workplan must emphasize the collection and dissemination of reliable data on which Member States could base their policy decisions and, with technical support from WHO, implement those decisions. The United States generally supported the workplan. The Secretariat should use the relevant assessments by the Intergovernmental Panel on Climate Change to guide implementation of the workplan. Referring to paragraph 29 of the document, he asked what kinds of support were planned in order to help health systems to reduce their own greenhouse gas emissions, and how that activity related to the four objectives.

Dr ADITAMA (alternate to Dr Supari, Indonesia) said that Indonesia was particularly vulnerable to the effects of climate change owing to its geography, the large populations living in coastal areas and cities, and its economic reliance on fossil fuels. He reaffirmed his Government's

commitment to the Bali Road Map adopted at the United Nations Climate Change Conference (Bali, Indonesia, 13–14 December 2007), which called for a cross-sectoral approach to dealing with climate change. Hence adaptation programmes sought to improve, inter alia, disease surveillance, drinking-water safety, response to emergencies, vector management, and environmental health protection. Indonesia supported the Secretariat in its efforts to implement the regional framework for action to protect human health from the effects of climate change and resolution WHA61.19. It would also assist the Secretariat in preparing a draft resolution for the Sixty-second World Health Assembly, in response to paragraph 11 of the Bali Declaration on Waste Management for Human Health and Livelihood.

Professor AZAD (alternate to Professor Haque, Bangladesh), recalling the devastating effects of the natural disasters suffered by Bangladesh and other countries in the South-East Asia Region in recent times, said that professionals and organizations in the most vulnerable countries would benefit greatly from implementing the workplan through awareness-raising and capacity-building. He therefore proposed that the following text should be added to paragraph 32: “Organizations, researchers and appropriate professionals from the countries which are most in danger of climate change will be included in most efforts and actions. Those countries will also be considered as good candidates for a research base, as climate change will hit them earliest.”

Dr SERPAS MONTOYA (alternate to Dr Larios López, El Salvador) drew attention to his Government’s plan of action to protect the population from the health effects of climate change through a range of adaptation policies on national surveillance, drinking-water supply, vector-borne disease control, food safety and security, and emergency preparedness and response. His Government prioritized coordinated action with other sectors and with the general public. He welcomed the report and expressed support for the proposed draft resolution.

Dr DAHL-REGIS (Bahamas), expressing her appreciation for the shared surveillance systems provided by the United States of America, which had helped save many lives during the recent catastrophic hurricanes in her region, proposed that the phrase “all countries, in particular low- and middle-income States and small island States” in paragraph 4 of document EB124/11 be inserted in paragraphs 26 (“The Secretariat will collaborate with all countries, in particular ...”) and 29 (“The Secretariat will work with all countries, in particular ...”).

Dr JAYANTHA (alternate to Mr de Silva, Sri Lanka) said that his country needed more technical support to develop advocacy and awareness-raising campaigns based on: information about the likely impacts of climate change on Sri Lanka and the wider region; education packages for women, the elderly and other vulnerable groups; and training for professionals in both the health sector and other fields. He expressed support for the workplan and implementation of the recommended actions.

Dr BUSS (Brazil) said that climate change was a matter of great importance to Brazil. Its impact on human and environmental health had been taken into account in a joint project with the other seven countries of the Amazon Cooperation Treaty Organization. His Government had taken measures to prevent any serious damage from the current construction of two hydroelectric energy plants in the vicinity of the Amazon forest, which was expected to attract some 70 000 people to the area over the coming 10 to 15 years. With respect to greenhouse gas emissions, some of the industrialized countries most responsible had yet to commit themselves to the Kyoto Protocol, and he urged the Board to call on them to do so. Expressing his support for the workplan, he recommended that education campaigns should advocate more practical means of disaster risk reduction such as changing lifestyles and controlling energy consumption.

Mr CALVETE OLIVA (Spain)¹ said that Spain had already begun to feel the health effects of climate change, as reflected in increasing morbidity and mortality. Its response included an adaptation plan to climate change and a project to establish a climate change and health observatory for analysing and evaluating those effects. It had participated in European and international high-level meetings aimed at identifying actions to tackle the threats and to protect public health; and in October 2008, it had hosted a WHO conference, attended by researchers, representatives of donor bodies and other United Nations organizations, which had culminated in a global research agenda on climate change and health. The health sector must coordinate strategies with the other stakeholders in climate change mitigation and adaptation. He expressed support for the workplan and his Government would contribute to the climate change and health agenda under objective 8 of the Medium-term strategic plan for 2008–2013.

Ms TOLSTOÏ (France)¹ said that scientists and the international community had generally recognized the impact of climate change and its adverse effects on health. Major health problems could be exacerbated through climate change, particularly in developing countries. France welcomed WHO's organization, in coordination with UNDP, of the First Inter-Ministerial Conference on Health and Environment in Africa (Libreville, 26–29 August 2008).

She emphasized coordinated action through objective 2 of the WHO workplan, aimed at partnerships with other United Nations organizations and sectors. Global and intersectoral policies on health, energy, urbanization and transport must be elaborated in order to anticipate and limit the effects on health of: drought, floods, and storms; malnutrition; migration; waterborne diseases and changes in the modes of transmission of vector-borne diseases. She emphasized advocacy and raising awareness of those effects, and research to confirm the linkages between climate change and health, which must also be elaborated in national policies. Cholera epidemics could be mitigated and even avoided through advance primary prevention, particularly sanitation measures. The health of populations would benefit and the cost of crisis response would be reduced. Action by all sectors that aimed to reduce environmental hazards could reduce morbidity, and benefit quality of life and greater well-being.

Ms JAQUEZ (Mexico)¹ said that the workplan would help the international community in mitigating the impact on health of one of the greatest challenges ever faced by humanity. The workplan was compatible with her Government's actions to mitigate the effects of climate change on the health of the population, particularly its most vulnerable sectors.

Mr CHAUDHRY (India)¹ welcomed the workplan for scaling up WHO's technical support to Member States in responding to the implications of climate change for health and health systems. Nonetheless, motivating behavioural change and building societal support for mitigation were best left to the United Nations Framework Convention on Climate Change. The greatest challenge to good health and equitable access to quality health care in developing countries was poverty. Malnourishment, anaemia and various diseases were caused by poverty and poverty was his Government's overarching priority.

The emphasis on bio-fuels had resulted in the conversion to fuel crops of huge land areas formerly used for food crops, thereby exacerbating the global food shortage, which adversely affected health, particularly in low-income countries. The workplan should emphasize that WHO, in undertaking mitigation measures and entering into partnerships with other United Nations organizations, and in sectors other than the health sector, must avoid any action that would reduce the global food supply or impede efforts to eradicate poverty in developing countries.

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

Ms ALARCÓN LOPEZ (Colombia),¹ having cited the summaries for policy-makers in the contributions of Working Groups II and III to the fourth assessment report of the Intergovernmental Panel on Climate Change,² said that adaptation, risk management and risk prevention policies, as well as public health measures, must be developed and promoted. Although the report of Working Group III referred to health benefits from reduced air pollution as a result of actions to reduce greenhouse gas emissions, she believed that mitigation should be linked to sustainable development efforts.

Economic and social development and poverty eradication were priorities for developing countries. The response to climate change called for all countries to cooperate on the basis of their common responsibilities, their respective capacities and their social and economic conditions. Improved awareness would help professionals in the health sector to provide leadership in supporting strategies for mitigation and adaptation.

Dr ALVIÁREZ (Bolivarian Republic of Venezuela)¹ supported the comments made by the member for Brazil, notably regarding prevention. His country had signed the Kyoto Protocol; it was recycling gas emissions from petroleum production; advocating the saving of energy; and establishing ecological villages using solar energy. Paragraph 8 of the report should have emphasized that the reduction of greenhouse gases was one of the actions that must be taken by WHO. He advocated global campaigns in order to change behaviours related to consumerism. Awareness-raising activities in communities, and in the educational system in general, were more important than adaptation to future disasters. Those activities should be specified in the report. An appeal should be made to the industrialized countries to sign the Kyoto Protocol in the interests of saving humanity.

Dr BABB-SCHAEFER (Barbados)¹ acknowledged that the report, which she welcomed, recognized the particular vulnerability of small island States to the effects of climate change. Barbados supported the proposed draft resolution, which would enable the Director-General to implement the actions contained in the workplan on climate change and health. She also endorsed the amendments proposed by the Bahamas.

Mr ROSALEN (Bolivia)¹ said that his President had emphasized problem of climate change in October 2008 through his proposed “10 commandments” to save the planet. Bolivia welcomed the report and the necessary work to define policies on the relationship between climate change and health and its consequences. The awareness-raising campaign to which the report referred should also be addressed to decision-makers in those industrialized countries that were causing harm to the planet.

Mr SAMRI (Morocco)¹ said that Morocco had been particularly hard hit by the impact of climate change on health. It was affected by desertification and water shortages. His Government was engaged in urgent mitigation efforts, but concerted global action was needed. WHO should establish partnerships with other specialized agencies such as UNEP and become more deeply involved in work at grass-roots level.

Dr HEYMANN (Assistant Director-General) thanked members of the Board for their guidance on additional ways that the Secretariat could support Member States and for the support that had permitted the development of the workplan before the Board and of the research agenda. Advocacy

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

² Parry ML et al. *Climate change 2007: inputs, adaptation and vulnerability. Continuation of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*: Cambridge, England, Cambridge University Press, 2007, and Metz B et al. *Climate change 2007: mitigation. Contribution of Working Group III to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*: Cambridge, England, Cambridge University Press, 2007.

had been well under way since World Health Day in 2008, when the Director-General had called attention to the need to protect health from climate change, and health remained a major part of climate change discussions. The partnerships created within the United Nations and with other sectors had enhanced WHO's advocacy efforts.

The research agenda, intended to increase evidence on which to base estimates and strategies to better protect health, had been reviewed at the Global Ministerial Forum on Research for Health, held in Bamako in 2008. WHO continued to work with countries to incorporate in health systems those activities, such as vector surveillance and control, that would strengthen Member States' ability to guard against climate-sensitive health effects. The WHO initiative to reduce its own carbon footprint was in the final stages of review and approval. The Secretariat would also help Member States as they developed their own plans to reduce carbon footprints within the health sector. He proposed that the final sentence of paragraph 29 of the report should be revised to read: "In addition, support will be provided to countries that wish to reduce their own carbon footprint from the health sector."

Mr SOLOMON (Office of the Legal Counsel), replying to the procedural question whether it was appropriate for the Board to endorse the workplan rather than merely note it, as the proposed amendment to the draft resolution would have it, confirmed that it was within the Board's power to do so. First, the governing resolution, resolution WHA61.19, provided for the workplan to be presented to the Board without reference to the Health Assembly. Second, and more importantly, the workplan primarily involved activities of the Secretariat rather than those carried out at the intergovernmental level. Therefore, for the Board to endorse the workplan was consistent with its executive functions and constitutional authority.

The DIRECTOR-GENERAL thanked the Board for its guidance. With regard to the need for better coordination and policy coherence within the United Nations, the Secretary-General himself placed great importance on the issues of climate change and the food crisis. Within the United Nations System Chief Executives Board for Coordination, which he chaired, he had made clear to all heads of agencies the need for better coordination within the United Nations family. While the lead roles on climate change and the food crisis were naturally being taken by UNEP and FAO, respectively, WHO also contributed to the work, particularly on monitoring the impact of acute and chronic malnutrition.

With regard to call by the member for Hungary for her to continue strong advocacy, she certainly would, especially because, as many speakers had noted, the relationship between climate change and health was still not generally well understood.

The member for New Zealand had asked what WHO had done so far to reduce its carbon footprint. She recalled that the late Dr Lee had begun the process of replacing all petrol-engine official cars with hybrid vehicles. Other measures included reducing the temperature in the headquarters building, and reducing print publications by increasing the online availability of documents. Although it was difficult to reduce the number of country visits, she would make an effort to ensure that they were strategically planned.

The resolution, as amended, was adopted.¹

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

Dr BIN SHAKAR (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, as a result of a series of national and international

¹ Resolution EB124.R5.

consultations, five main objectives had been set for WHO's role and responsibilities in health research. The consultations had been broad-based, with numerous researchers from countries in the Region. Emphasis had been placed on developing national strategies for health research, and on involving as many stakeholders as possible. With support from WHO and other partners, several countries in the Region, including his own, were finalizing national strategies for health research. The United Arab Emirates had established a research centre which worked closely with all the relevant ministries and institutions and was being increasingly consulted. A prize was offered for health research and a database was being compiled. Exchanging information on the results of research were widely recognized. Once national strategies were in place, countries should be able to strengthen their health infrastructure and offer better services to their people.

Mr HOHMAN (alternate to Dr Wright, United States of America) welcomed WHO's renewed commitment to research, since it built on the Organization's core function of "shaping the research agenda, and stimulating the generation, dissemination and application of valuable knowledge". He expressed support for the plan outlined in the draft strategy to strengthen the research culture across the Secretariat by bolstering existing mechanisms; enhancing the research competencies of relevant staff; and improving the coordination of affiliated research.

However, the expansion of research conducted by WHO itself could duplicate efforts and dilute resources, as the Secretariat simultaneously assisted Member States in expanding their own research capacities. Moreover, the Secretariat's strength lay in translating research findings into technical guidance for Member States rather than in conducting pure research itself.

He also questioned the strategy's portrayal of copyright and intellectual property issues in paragraph 63 of the annex to document EB124/12. Such mechanisms existed to assist researchers in gaining access to materials. For example, the United States National Institutes of Health ensured public access to the published results of its funded research by requiring scientists to submit final, peer-reviewed manuscripts to a central digital archive. He was also concerned that the draft resolution foresaw a role for Member States in implementing the strategy, which had been designed for the management and organization of research activities within WHO. Although he had several amendments to propose, the Board should adopt a draft resolution similar to the one just adopted under the previous agenda item. Such a resolution would, however, still have to be submitted to the Health Assembly since it had requested the proposed research strategy in resolution WHA60.15.

Dr REN Minghui (China) said that WHO should assume still more responsibility in improving health research, and the related capabilities of developing countries. Although his Government welcomed the report, it emphasized that WHO should improve the coordination of its research activities and promote the application of research findings. WHO might consider: establishing and supporting collaborating centres in developing countries; increased training for research managers; providing technical support for Member States and enhancing their capacities in the application of decision-making for health. A percentage of the budget could be earmarked for research activities in key development areas.

Dr MAIGA (alternate to Mr Touré, Mali), speaking on behalf of the Member States of the African Region, said that health research particularly concerned the African countries. There was a widening gap between new technologies and their application for the purpose of improving health. The Global Ministerial Forum on Research for Health (Bamako, November 2008), convened in response to resolution WHA60.15, had led to the Bamako Call to Action on the further development of health research. Consultations had led to finalizing the WHO strategy on health research.

The importance attached to health research in the African Region had been demonstrated by the Abuja Declaration of March 2006; the Accra Declaration on Health Research of June 2006; the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, of April 2008; and the Algiers Declaration on Health Research in the African Region, of June 2008. All those initiatives

were commitments to strengthen health research, information, management, and investment. Through enhanced knowledge and increased health equity, the African Region could accelerate progress towards meeting the Millennium Development Goals.

In the light of the Algiers Declaration and the Bamako Call to Action, the next challenge would be to mobilize funding, for example, by allocating 2% of national health budgets and at least 5% of official development assistance to research. Sustainable financing would safeguard progress, particularly at a time of financial crisis. Measures would be needed to ensure that research findings were communicated and applied.

In March 2009, Mali would have access to the WHO Evidence-Informed Policy Network. Further needs included capacity-building, creation of research networks, and establishment of centres of excellence.

She called on the Board to adopt the draft WHO strategy on research for health. Finally, a World Day of Research for Health was needed, as proposed in the Bamako Call to Action.

Professor AZAD (alternate to Professor Haque, Bangladesh) supported the draft strategy. He proposed the addition, in paragraph 49 of the annex, of the words “and encouraging multi-centre studies” after “global networks”. In subparagraph 51(f) the words “and multi-centre studies” should be inserted after “global networks”. Paragraphs 65 and 66 should have mentioned, as factors limiting access to research, insufficiencies and lack of standards in health informatics and related problems of affordability and language.

Dr STARODUBOV (Russian Federation) welcomed the draft WHO strategy on research for health. WHO was recognized throughout the world as the most authoritative organization in the field; an arbiter in matters relating to health research; important in disseminating research findings and developing an evidentiary basis for health protection. The Secretariat had a role in encouraging the governments of Member States to allocate appropriate funding to research. The adoption of the draft strategy would enhance research at country level, which in turn would encourage governments to adopt national strategies for health research.

He supported the draft resolution but proposed that an amendment should be made to subparagraph 4(6) concerning the strengthening of the role of the WHO collaborating centres for interaction with countries in the field of health research.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that research for health and the knowledge derived from it were global public goods. Acting on the best available knowledge would accelerate attainment of the health-related Millennium Development Goals, deliver safe, and equitable health systems, and improve health security for all peoples. He had been surprised at the thought of WHO conducting research, as mentioned by the member for the United States. However, Article 2(n) of the WHO's Constitution stated that the role of WHO was to promote and conduct research in the field of health. Perhaps that was an outmoded concept and “promote and support research” might be more appropriate.

The strategy should be coordinated with implementation of the Global strategy and plan of action on public health, innovation and intellectual property. He supported the Bamako Call to Action, which urged WHO to streamline the structure and governance of its research activities. The Director-General might wish to consider convening such discussions before the Health Assembly and also amending the resolution to call upon other parties concerned to participate in such discussions. He would submit proposed amendments to the draft resolution to the Secretariat.

Mr FISKER (Denmark) welcomed the vision and guiding principles of the draft strategy. There was an increasing need to develop evidence and research capacity. WHO was not primarily a research institution, but a normative organization providing guidelines and recommendations for health authorities around the world. It needed to keep abreast of developments in knowledge and research.

WHO must interact with the global research community and the private sector. Global health research was fragmented, which made it difficult for countries to create comprehensive approaches to research and ensure sufficient capacity. The Global Ministerial Forum in Bamako had called for better alignment and harmonization of research funding. Research priorities should be informed by current trends in the global burden of disease and by the determinants of health. Priority should be given to the implementation of research that enhanced health and health equity.

(For continuation of the discussion, see summary record of the eighth meeting, section 2.)

The meeting rose at 17:30.