

SUMMARY RECORDS

FIRST MEETING

Monday, 18 January 2010, at 09:40

Chairman: Dr S. ZARAMBA (Uganda)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional Agenda (Documents EB126/1, EB126/1 (annotated), and EB126/1 Add.1 and Add.2)

The CHAIRMAN declared open the 126th session of the Executive Board and welcomed participants, especially the new Board members, Ms Sujatha Rao (India), Dr Sedyaningsih (Indonesia), Dr Kabuluzi (Malawi), Dr Ould Horma (Mauritania) and Dr Al Darmaki (United Arab Emirates).

- 2. EXPRESSION OF SYMPATHY AND SOLIDARITY WITH THE PEOPLE OF HAITI SUFFERING AS A RESULT OF THE EARTHQUAKE, AND TRIBUTE TO DR QAMAR ADEN ALI**

The CHAIRMAN said that 2010 had brought with it serious challenges, in particular the recent earthquake in Haiti. The country would require considerable support in order to recover from the current tragic situation, and thanks were due to all those Member States and organizations that had already provided assistance. It was hoped that the Haitian Ambassador to the United Nations Office in Geneva would address the Board later in the session.

It was also his sad duty to inform the Board that Dr Qamar Aden Ali, Minister of Health of Somalia, had been killed in a terrorist attack in December 2009. The incident, in which a number of other people had also been killed or injured, had occurred during a ceremony to celebrate the graduation of medical students from Banadir University and was a tragic blow, especially to Somalia's medical fraternity.

The Board stood in silence for one minute.

- 3. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional Agenda (Documents EB126/1, EB126/1 (annotated), and EB126/1 Add.1 and Add.2) (resumed)

Election of Vice-Chairmen

The CHAIRMAN said that Dr Supari, the Board member designated by Indonesia, who had been elected as Vice-Chairman at the Board's 125th session, had been replaced by Dr Sedyaningsih. Member States in the South-East Asia Region had consulted and proposed that Dr Sedyaningsih should be elected Vice-Chairman.

It was so agreed.

Adoption of the agenda

The CHAIRMAN invited the Board to consider the provisional agenda, which had been drawn up in August 2009 after consultation with Officers of the Board and with Member States, in compliance with Rule 8 of the Rules of Procedure of the Executive Board. It had been recommended that the Board should defer the four additional proposals received from Member States to the 127th session in May 2010. Details of the consultation and recommendations were set out in document EB126/1 (annotated). As there was no proposed amendment to the Financial Regulations or Financial Rules, he suggested that item 6.2 should be deleted.

It was so agreed.

Dr SEDYANINGSIH (Indonesia) proposed that consideration of item 4.1, Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits, should be postponed until Wednesday, 20 January, so as to allow members more time for consultation and preparation.

The CHAIRMAN suggested that the timetable for discussions should be considered once the content of the agenda had been decided.

It was so agreed.

Dr GIMÉNEZ (Paraguay) said that the Board's January session remained important in the consideration of items for the Health Assembly in May. However, the current procedure excluded the possibility of reacting to the urgency of the recent earthquake in Haiti. A specific item should be included on the agenda in order to allow members to express their sympathy and solidarity with the people of Haiti, to review action and the leading roles being taken by WHO and PAHO in that health response, and to consider the mobilization of additional resources to ensure support in the short, medium and longer term.

The CHAIRMAN indicated that the Board would have the opportunity to speak on that subject immediately after the address of the Haitian Ambassador.

He drew attention to the proposals for inclusion of additional agenda items received after the deadline of 31 August 2009. Document EB126/1 Add.1 contained a proposal from the United Kingdom of Great Britain and Northern Ireland to discuss the treatment and prevention of pneumonia. Document EB126/1 Add.2 set out a proposal from Brazil for the inclusion of a supplementary agenda item on leprosy (Hansen disease). He invited comments on the proposal made by the United Kingdom.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) explained that the inclusion of an agenda item on the prevention and treatment of pneumonia was being proposed because of its immediate relevance to Millennium Development Goal 4, which targeted the reduction by two thirds, between 1990 and 2015, of the under-five mortality rate. Pneumonia accounted for the deaths of some 1.8 million children annually, and it would not be possible to attain Goal 4 unless action was taken to prevent and treat that illness. Inclusion of the item would avoid any further delay in such a vital area. The proposed item and draft resolution could be discussed informally to minimize formal discussion during the session. The United Kingdom supported due procedure in establishing the agenda and it was the first time it had requested the inclusion of a supplementary item at such a late stage.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, supported the proposal.

Professor HAQUE (Bangladesh) expressed support for the proposal and for the further development of pneumonia prevention and treatment programmes.

Dr MOHAMED (Oman) added his support to the proposal, emphasizing that the target date for achievement of the relevant Millennium Development Goal was drawing closer.

The CHAIRMAN said that, in the absence of any objection, he took it that the Board wished to include in the agenda the supplementary item set out in document EB126/1 Add.1.

It was so agreed.

The CHAIRMAN invited comments on the proposal made by Brazil to include in the agenda a supplementary item on leprosy (Hansen disease) (document EB126/1 Add.2).

Dr BUSS (Brazil) said that at the Global Meeting of Leprosy Control Managers on Leprosy Control Strategy held at the Regional Office for South-East Asia, New Delhi, in April 2009, 44 WHO programme managers had agreed on a global leprosy strategy for 2011–2015, which focused on reducing the number of leprosy cases. Brazil's proposal for a supplementary agenda item – the first it had ever made after the deadline referred to in Rules 8 and 10 of the Board's Rules of Procedure – was intended to enable the Board to review the global strategy and its implications for the Secretariat and to include the strategy in national leprosy control programmes.

Dr GIMÉNEZ (Paraguay) supported the proposal; leprosy was a disease of global importance. Further, he reiterated his call for inclusion of an agenda item on the response to the situation in Haiti.

Mr ROGERS (alternate to Dr Muñoz, Chile) supported the proposals to include agenda items on leprosy and the situation in Haiti.

Mr VALLEJOS (Peru) and Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, supported the proposal for the inclusion of an agenda item on leprosy.

Dr OMI (Japan) pointed out that, although leprosy was deserving of special attention, the Board's time was limited and the agenda was already full. He proposed that the Board should not add an item on leprosy to the agenda for the current session but request the Secretariat to collect and collate the available information and prepare a working document for discussion by the Board at its 127th session in May 2010.

The CHAIRMAN, noting that the Officers of the Board had extensively discussed the draft agenda in August 2009, appealed to the Board to reduce the number of agenda items as far as possible so as to ensure completion of business by the end of the session. He enquired whether the member for Brazil wished to reconsider his position.

Dr BUSS (Brazil) said that he failed to understand why the member for Japan opposed his proposal, given that a Japanese national, Mr Sasakawa, had championed efforts to eliminate leprosy. Leprosy was a matter of great importance for Latin America, Africa and Asia: new data and new issues had arisen from the New Delhi meeting. The Board's session could be extended by one or two hours, perhaps in a night meeting, to accommodate the item.

The CHAIRMAN observed that no background documentation was available on leprosy.

Dr OMI (Japan) conceded that the member for Brazil had raised a legitimate question. He was sure, however, precisely because Mr Sasakawa, as WHO Goodwill Ambassador for Leprosy Elimination, and the Nippon Foundation were so firmly committed to the elimination of leprosy, that they would wish to see sufficient time allocated to the evaluation, analysis and discussion of the issues involved.

The CHAIRMAN asked whether the Board wished to defer discussion of the proposed agenda item to its 127th session, which was only four months away.

Dr OMI (Japan) said that he would have no objection to including the item on the agenda of the Health Assembly in May, assuming the Secretariat could complete the preparatory work in the very short time available.

Dr BUSS (Brazil) said that the item should be discussed by the Board at its current session in order to prepare the Secretariat in detail for a future session. There had been no resolution on leprosy since 2001. The Board should find the one or two hours required for a subject of such cardinal importance for developing countries.

The DIRECTOR-GENERAL said that, if she had understood correctly, the member for Brazil was pressing for a discussion on leprosy in order to enable the Board to provide guidance on the content of a paper that the Secretariat would prepare for consideration by the Board at its 127th session in May. If that were the case, an informal lunchtime or evening meeting could be organized which any members of the Board able to provide such guidance could attend.

Dr BUSS (Brazil) expressed appreciation for the Director-General's proposal, but pointed out that it was not he but the member for Japan who had referred to demands on the Secretariat. He argued the necessity, in the absence of any resolution on the matter since 2001, for the Board to reconsider leprosy and highlighted the global strategy agreed at the recent meeting in New Delhi. He accepted that there was no document before the Board but nor was there one for pneumonia. Leprosy was an issue pertinent to developing countries. His proposal had been supported by the members for Chile, Peru and Paraguay, as well as Hungary on behalf of the European Union. He appealed to the member for Japan to understand those concerns and the need for a discussion at the current session.

The CHAIRMAN warmly welcomed the proposal by the Director-General for an informal meeting. He observed that leprosy could not be compared with pneumonia; discussion of the latter disease would contribute to several other items of the agenda, including monitoring of the achievement of the health-related Millennium Development Goals.

Dr GIMÉNEZ (Paraguay) pointed out that the proposal by the member for Brazil did not rule out further discussion of leprosy in the future as suggested by the member for Japan. He urged inclusion of the item on the current agenda.

The CHAIRMAN asked whether Board members wished to proceed in accordance with the proposal by the Director-General or with the proposal by the member for Brazil, or whether they preferred to vote on the matter.

Dr MOHAMED (Oman) suggested a review of the 2001 resolution on the subject in order to determine whether the epidemiological situation had changed significantly since then; he thought that unlikely.

The CHAIRMAN said that he took it that members wished to add the proposed supplementary item to the agenda. He suggested that the way in which the agenda was organized at subsequent Board sessions should be given serious consideration in view of the problems experienced in that area by the officers of the Board prior to the current session.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) pledged to keep his interventions short and to refrain from intervening purely to add to the comments of previous speakers, except on matters of exceptional importance.

The CHAIRMAN welcomed the pledge. He asked whether the member for Japan could accept the addition of an agenda item on leprosy.

Dr OMI (Japan) indicated his assent.

The CHAIRMAN drew attention to the proposal by Paraguay to add an item to the agenda on the Haiti earthquake. He suggested that the occasion of the delivery of a statement to the Board by the Ambassador of Haiti would be an appropriate time to hold a discussion and asked whether that procedure would be acceptable to Paraguay.

Dr GIMÉNEZ (Paraguay), agreed, but said that the Haiti earthquake should be included as an agenda item in its own right on account of its global significance. On the basis of the relevant report, the Ambassador's statement and no doubt a report by the Director-General, the Board would thus be able to demonstrate its support for further actions and mobilization of resources.

The CHAIRMAN, summing up, said that three items had been added to the agenda: item 4.19, Treatment and prevention of pneumonia; item 4.20, Leprosy (Hansen disease); and 4.21, Health consequences of the earthquake in Haiti.

He took it that the Board wished to adopt the agenda, as amended.

It was so decided.

The agenda, as amended, was adopted.¹

4. ORGANIZATION OF WORK

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that, as agreed in the exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Commission attended sessions of the Board as an observer. However, under Rule 4 of the Board's Rules of Procedure, observers were not automatically invited to participate in the work of subcommittees or other subdivisions of the Board, such as drafting groups and working groups. He requested that, at the 126th session of the Board, as at previous sessions, the European Commission should be invited to participate without vote in the meetings of the Board and its committees, subcommittees or other subdivisions that addressed matters falling within the European Union's competence, in particular agenda items 4, 5, 7, 9 and 10.

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

It was so agreed.

The CHAIRMAN noted that items 8.1, "Appointment of the Regional Director for Africa" and 8.2, "Appointment of the Regional Director for Europe" would be discussed at 09:00 the following morning in an open meeting, attended by members of the Board, their alternates and advisers, Member States not represented on the Board, Associate Members and the Secretariat only. No official record would be prepared for the open meeting.

¹ See page ix.

5. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the Agenda (document EB126/2)

The DIRECTOR-GENERAL expressed her sadness at the death of Board member Dr Qamar Aden Ali, the Minister of Health of Somalia, in a suicide bombing. The incident had caused not only the loss of human life, but a loss of trained health personnel from a medical school supported by WHO. She also conveyed her condolences to the people of Haiti following the devastating earthquake which had struck a country already struggling to overcome serious public health problems.

With only five years to go before the deadline for achievement of the Millennium Development Goals, progress was seen to be uneven at the international level, and Africa continued to be a focus of particular concern. However, overall trends in world health were looking more positive. Aid for health development had begun to produce results. Fortunately, the global influenza pandemic had been more moderate in its impact than many had feared. Governments had shared both information and biological material rapidly and generously; public health officials had had difficult decisions to make with very little reliable information and had therefore erred on the side of caution. That was commendable, as a moderate pandemic with ample supplies of vaccine was preferable by far to the opposite scenario. The pandemic had demonstrated the value of the revised International Health Regulations (2005), which had helped to keep social and economic disruption to a minimum and provided a system of checks and balances to oversee international action.

Although in some respects the pandemic had followed a predictable course, there had also been surprises, such as public reluctance to take vaccines. The revolution in information and communication technology and the breadth of information available had undoubtedly changed public attitudes towards official medical advice and would continue to present new challenges. The pandemic had so far proved less severe than expected, but its full extent would not be known until some time after it ended. The fact that its development had been closely monitored would provide a wealth of new knowledge. She was confident that WHO's actions would withstand the inevitable scrutiny to which they would be subjected.

Despite the diversity of health problems around the world, the principal obstacles to addressing them were remarkably similar in many situations: precarious funding, chronic shortages of health-care workers, lack of laboratory capacity and widespread unsafe practices. Countries lacked critical support from regulatory and enforcement bodies. Public health services were beset by shortages, while the private sector was prohibitively expensive for many. Reports from Member States indicated that more must be done to improve the health of populations, even though progress had been made towards achieving the Millennium Development Goals. However, building capacity took time.

Recent informal consultations between the Secretariat and outside experts had examined future funding options for WHO, taking into consideration its strengths and unique role, particularly with regard to international and transnational issues, as well as areas that could be tackled by other bodies. A report would be published in due course. Views on the subject were many and varied, and reaching agreement would not be straightforward, particularly given the economic and public health considerations and competing interests involved, but she expressed the conviction that the Board was the appropriate forum to discuss the issue and move forward. The Secretariat would give its full support.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, expressed condolences to the people of Haiti.

The Board faced a challenge in addressing, in just one week, all the prominent issues with a direct impact on public health and welfare on its agenda. He expressed appreciation for the efforts and competent global leadership of WHO throughout influenza pandemic and welcomed the planned independent evaluation of the Organization's handling of the situation. He encouraged further cooperation with other stakeholders in work on those sections of the Global Influenza Preparedness Framework that had yet to be agreed.

With regard to implementation of the International Health Regulations (2005) communication between National IHR Focal Points and WHO IHR Contact Points had served effectively for information exchange and dissemination. The legal framework of the Regulations had adequately

guided the response to the pandemic (H1N1) 2009, and the IHR Emergency Committee was an important tool for the Director-General. He emphasized continued alliances with other international and intergovernmental bodies, especially those active in the transport sector.

He expressed support for WHO's leadership in monitoring the achievement of the Millennium Development Goals, particularly its involvement in the review meeting to be held in New York in September 2010. The Regional Office for Europe and the Member States of the European Region had been working towards strengthened national health systems, universal access to primary health care and financial provisions for social protection.

With regard to the international recruitment of health personnel, he emphasized the need to improve objective data gathering and processing, and the monitoring systems necessary in formulating policies. The role of the Secretariat was crucial in supporting Member States and providing a solid, voluntary code of practice, bearing in mind that the European Union comprised both source and destination countries. Formulating policies on sustainable health-care workforces would be a challenge for all Member States in the coming decades.

The European Union continued to support global food safety initiatives promoted by WHO. Such activities should cover the entire food chain and WHO should cooperate proactively with the Codex Alimentarius Commission. Stressing the importance of nutrition in combating noncommunicable diseases, he underlined the leading role of WHO in monitoring, preventing, controlling and researching noncommunicable diseases and in taking account of social determinants of health, which were of increasing relevance for developing countries. The 7th Global Conference on Health Promotion, held in Nairobi, Kenya, in October 2009, had issued a strong "Call to Action", the key recommendations of which should be implemented by WHO. He welcomed the Secretariat's report on strategies to reduce the harmful use of alcohol, contained in document EB126/13, which would help to reduce the burden of noncommunicable diseases while respecting the different contexts and traditions of Member States.

With regard to the availability, safety and quality of blood products, it was important for WHO to support the strengthening of national regulatory authorities and national control laboratories for the manufacture of plasma and blood-derived products, in accordance with international regulatory standards. He expressed support for the Secretariat's proposals with regard to international chemicals management, which were consistent with guidelines followed by the European Union. He encouraged WHO to continue highlighting the consequences of climate change for public health.

He reaffirmed the European Union's commitment to enhancing WHO's global health leadership and the strengthening of its governance and central financial management. He thus looked forward to participating in work on the Proposed programme budget 2012–2013 and to the establishment and activities of the Independent Expert Oversight Advisory Committee, a useful and efficient tool to enhance the Organization's accountability. Acknowledging WHO's contribution to United Nations reform, he encouraged the Director-General's leadership within the United Nations family in improving efficiency and effectiveness.

Dr DODDS (Canada), expressing sympathy to the people of Haiti, emphasized working together in the face of such emergencies, and the role of WHO, as a premier public health organization, in guiding that work.

The Board's agenda included several key items related to the response to the pandemic (H1N1) 2009, including the capacity of national governments and health agencies to extend surveillance, immunization and treatment regimens. While the pandemic continued, countries must remain alert for signs of human illness. In addition, the international community had a collective responsibility to improve the suboptimal distribution of vaccines.

In response to the report by the Secretariat on food safety, contained in document EB126/11, Canada had submitted a draft resolution to the Board, encouraging Member States to engage fully in international activities to assess, manage and communicate risks globally.

The work of the Board should embody the actions highlighted in the report contained in document EB126/26 on the method of work of the governing bodies. The Board had a clear obligation to discuss complex health and technical matters comprehensively. Nevertheless, she expressed the

concern that the continual addition of new items to the Board's agenda would lead to insufficient attention to those items and the deferring of others to subsequent sessions of the Board or Health Assembly. The Board should focus on supporting the Secretariat and Member States in achieving results, particularly with regard to the Millennium Development Goals, and she encouraged dialogue within the Board to resolve the problem.

Dr MOHAMED (Oman) welcomed the achievements of WHO, as outlined in the report. Echoing the need for the Organization to be prepared for future events, he expressed appreciation to the Director-General and Regional Directors for their response to the pandemic (H1N1) 2009, and support to the international community. The Director-General had referred to several issues of great importance; he singled out capacity building as needing ongoing attention by the Board and the Organization as a whole, in order to achieve the Millennium Development Goals, and, *inter alia*, to respond to the problem of emigration of health-care workers from developing countries.

Professor HAQUE (Bangladesh) said that the international community must stand by the survivors of the earthquake in Haiti. Bangladesh had contributed a skilled medical team to the international relief effort and could provide medical, nursing and technical staff in the context of any further support mobilized by WHO.

He welcomed the Director-General's forthcoming visit to Bangladesh and the visit of a high-level technical team to discuss support for influenza vaccine manufacturing. Bangladesh intended to develop a modern drug-testing laboratory and a strong combined food and drug authority. He requested Board members to give consideration to an item on cholera, a pressing public health challenge in many developing countries and which might be included in the draft provisional agenda for the Board's 127th session.

The CHAIRMAN thanked the member for Bangladesh for agreeing to defer the item on cholera to the next session.

Professor SOHN Myongsei (Republic of Korea) said that Member States must show solidarity with the people of Haiti in dealing with that country's current crisis, and subsequently continue efforts to improve public health care in Haiti. He hoped that his Government's donation of US\$ 10 million in aid would trigger additional assistance from other Member States.

He commended the Organization's rapid and timely leadership in recognizing and monitoring the pandemic (H1N1) 2009, issuing appropriate guidelines in line with the International Health Regulations (2005) and coordinating national, regional and global efforts and thus mitigating the pandemic's social impact, while avoiding unjustified interference with international trade and travel. However, in the near future Member States should evaluate the pandemic, as the international community could not be complacent, but must continue to prepare for another potential pandemic.

Dr KENYA-MUGISHA (alternate to Dr Zaramba, Uganda), speaking on behalf of the Member States of the African Region, said that the countries of Africa were deeply touched by the devastating earthquake that had caused untold suffering to the people of Haiti. He commended the quick response of the international community and encouraged continued support, in both the relief and rebuilding phases. With 2015 approaching, Haiti would require enhanced health systems if it was to fulfil its commitments to the Millennium Development Goals.

He congratulated the Director-General on having convened an informal consultative meeting on the future of financing for WHO. There was a need for WHO to define its core business more precisely and better align the priorities with the financing available. He also thanked the Director-General for her steadfastness with regard to the International Health Regulations (2005) and WHO's effective public health response to the pandemic (H1N1) 2009, avoiding unnecessary interference with international traffic and trade. He urged the Director-General to inform all Member States of the lessons learnt about implementation of the Regulations. Their core capacity requirements for

surveillance and response were still inadequate in the African Region and the Director-General was requested to mobilize increased funding to meet those minimum standards.

The financing for the response to the pandemic suggested the need to establish a trust fund for future epidemics. Additionally, considering the challenges in management of partnerships in health, the African Region proposed that the Board should adopt a decision, for consideration by the Health Assembly, on the establishment of a forum where health partners could update Member States on their priorities and activities so as to enhance synergies between the Member States and the Secretariat.

With regard to the slow pace of implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, he suggested that the Director-General should convene a high-level consultation with the Directors-General of WTO and WIPO to develop jointly a framework to accelerate implementation of agreed activities that fell within the mandates of the three organizations, with progress reported to the Executive Board at its 128th session.

The poliomyelitis situation in Africa was still a concern despite the recent progress achieved and more support would be needed in order to interrupt poliovirus transmission in Africa.

Ms TOELUPE (Samoa) said that her country shared Haiti's pain, having itself been devastated by a tsunami in September 2009. She thanked WHO and the donor community for their support in the tsunami relief effort, and she commended all WHO staff, particularly those at the Regional Office for the Western Pacific, for their work in small island countries.

Professor SKVORTSOVA (alternate to Dr Starodubov, Russian Federation) expressed her country's solidarity with Haiti for its enormous loss of life in the earthquake. Russia had responded immediately with active assistance.

Noting the results from Director-General's comprehensive report, she observed that the global health-care sector, although clearly affected by the global economic crisis, should usefully pool experience and draw lessons from the crisis. The Russian Federation had maintained levels of financial provision for public health care and put into practice all of its health-care plans. Rates of mortality resulting from all major diseases had been significantly cut, including infant and maternal mortality, the birth rate had increased and the overall life expectancy extended. Thus, for the first time in several decades, the Russian Federation had been able to halt population loss.

With regard to the pandemic influenza A (H1N1) 2009 virus and largely thanks to the regular flow of information from WHO and to the introduction of the International Health Regulations (2005), Member States had been able to take the necessary anti-epidemic measures. The Russian Federation had developed four types of vaccine and had authorized them for use. Mass immunization was under way, with about 5 million people already vaccinated and a target of around 30 million vaccinations by March 2010. In 2009 the Russian Federation had transferred production technology to Thailand, and was negotiating the supply of vaccines to the members of the Commonwealth of Independent States and other interested countries.

The Russian Federation supported the Director-General in her efforts to optimize WHO's operations and to improve funding mechanisms, appreciated the timely nature of the consultation process and commended the results achieved. That process should be expanded, with participation by all interested Member States and WHO partnerships.

In the context of the Director-General's visit to Moscow in the summer of 2009, a Memorandum of Understanding had been signed between the Ministry for Health Care and Social Development of the Russian Federation and WHO, and the Russian Federation would be providing donor support to their shared programme priorities.

The First Global Ministerial Conference on Road Safety, held in Moscow in November 2009, had generated a consensus on the need to take urgent measures to prevent road traffic injuries. She expressed thanks to WHO for its major contribution to the preparation and conduct of the conference and looked forward to its continued cooperation in that work. The Russian Federation also supported the efforts of WHO in promoting the adoption of a United Nations resolution to combat noncommunicable diseases, which were the main cause of death in her country. The Russian Federation planned to host a major international conference on that issue in 2011.

Mr HOUSSIN (France) expressed his country's solidarity with the people of Haiti who had sustained grievous losses in the earthquake, and with the United Nations personnel who had paid a heavy price for their relief efforts. More than 500 French personnel were already in Haiti to provide practical assistance, and the university hospital in Fort de France, in Martinique, was fully committed to caring for the injured.

WHO, the European Union and various countries had been working for some years to enhance pandemic preparedness, and the international community's response to the pandemic (H1N1) 2009 had undoubtedly benefited. Since the spring of 2009, international cooperation had enhanced the use of the instruments available to countries to deal with the pandemic. The International Health Regulations (2005) had been a key factor in slowing the spread of the disease, as well as measures that encouraged hygiene, social distancing and early immunization. The pandemic had also shown that improvements were needed in: facilitating the supply of vaccines to the widest possible number of people; coordinating public information relating to the pandemic; and increasing the public's confidence in both the health authorities; and in the safety of health products, including vaccines.

Thus, he asked the Board to devote particular attention to the implementation of the International Health Regulations (2005); achievement of the health-related Millennium Development Goals; the draft global code of practice on the international recruitment of health personnel; and the prevention and control of noncommunicable diseases. He also intended to raise some issues in the area of multilingualism, under agenda item 10, in particular the importance of access to information in all working languages.

He commended the Director-General's initiative to improve the Organization's governance and funding arrangements, and would support reforms aimed at enhancing the focus, efficiency and credibility of the WHO of the twenty-first century.

Dr AL DARMAKI (United Arab Emirates) thanked all the organizations involved in the arrangements for United Arab Emirates Health Foundation awards.

He expressed his country's condolences to the people of Haiti in the wake of the earthquake and hoped that international coordination would enable Haitians quickly to overcome the disaster.

Information sharing was essential among all Member States and regions with regard to the pandemic influenza A (H1N1) 2009 virus, and notably also regarding the availability of safe vaccines. He emphasized communication and the role of the media in relation to pandemics and the importance of learning from past pandemics in order to prepare for such situations in the future.

Dr OMI (Japan) expressed his Government's sympathy to the people of Haiti for the damage caused by the earthquake.

Welcoming the Director-General's report, he recognized the difficult task that she and her team had undertaken in raising the pandemic alert to Phase 6. Currently, the definition of phases was based solely on the spread of the disease. He suggested that, in the future, account could also be taken of other factors such as mortality and hospitalization rates.

On the issue of funding for WHO core programmes, there had been extensive discussion on how to deal with the fact that most funding was currently allocated to specific diseases, with 20% coming from assessed contributions and 80% from extrabudgetary sources. It was the responsibility of WHO's governing bodies, particularly the Executive Board, to resolve that problem, and the donor community should establish a mechanism that allowed sufficient funds to be allocated to programmes.

Much work had been done by WHO, in conjunction with Rotary International and other stakeholders, on the issue of poliomyelitis. Although four countries still reported cases of the disease, it was time to reap the fruits of the efforts, energy, finance and resources that had been invested in eradicating poliomyelitis.

Dr DAHL-REGIS (Bahamas) thanked the Director-General for articulating clearly in her report the role of WHO in the global governance of public health, evident in its response to the disaster in Haiti. The Government of the Bahamas felt much sympathy for Haiti as 30% of its own population were Haitians; there had been many health problems on the island before the earthquake and many

more were anticipated in its aftermath. She commended the Regional Office for the Americas and PAHO for their swift response to the disaster.

Regarding innovative sources of funding, she emphasized building on previous successes in areas such as measles vaccination, which showed that there were many pathways to achieving targets under the Millennium Development Goals, particularly funding for Goal 4 and WHO's strategic objective 4. The Board should devise approaches to enhance financing of WHO and thus enable the Organization to fulfil its role.

Dr REN Minghui (China)¹ said that health systems in all countries, particularly developing countries, had been severely challenged by the worldwide financial crisis and the outbreak of the pandemic (H1N1) 2009. Yet the international community had coordinated a rapid response to contain the spread of the pandemic influenza A (H1N1) 2009 virus and safeguard health. The capacity of the global health system to respond to public health emergencies had also increased and China expressed thanks to WHO for its leadership in technical assistance.

His Government expressed condolences to the people of Haiti and had already sent relief workers and promised funds and resources to aid reconstruction. With international support, it was hoped that Haiti would overcome the effects of the earthquake. The swift action taken by PAHO showed the importance of an effective response to such public health emergencies.

Ms ARRINGTON AVIÑA (Mexico)¹ added her country's voice in expressing sympathy for the people of Haiti and said that, given its own experience of earthquakes and knowledge of the importance of aid from the international community, Mexico had sent physicians, rescue teams, medical supplies and other assistance to Haiti.

She thanked both the Director-General and the Special Adviser to the Director-General on Pandemic Influenza for their efforts to deal with the pandemic (H1N1) 2009.

Dr SEDYANINGSIH (Indonesia) expressed condolences to the people of Haiti and said that, as a disaster-prone country, Indonesia shared their grief and extended its support at that time. She sincerely thanked the Director-General for the assistance provided to Indonesia in the aftermath of its earthquake the previous year.

After welcoming the Director-General's report and her work, she noted that more was needed: to address the issue of pandemics; to find the ways and means to monitor progress towards the Millennium Development Goals and ensuring that targets were reached; and to raise public awareness and participation in addressing health issues.

The DIRECTOR-GENERAL, responding to comments, explained that Dr Mirta Roses Períago, Director of PAHO and Regional Director of the WHO Regional Office for the Americas, could not attend the current session of the Board as she had had to stay in Washington in order to coordinate work in support of Haiti. She was represented by other colleagues from the Regional Office.

All five WHO regional offices, along with headquarters, pledged a cross-regional response to the disaster in Haiti. The situation on the ground was very difficult; minimum survival was an issue even for aid workers, and many people still had nothing to eat or drink and no washing facilities. The energy and commitment of those countries that were helping was evident but the challenge was coordination. WHO was working with relief organizations and the Haitian Government to respond to the urgent health needs.

She commended the Government of Indonesia for its efforts following the tsunami that it had experienced. The country had an excellent disaster response unit and could usefully share its experiences with other countries in terms of disaster preparedness and response.

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

Many Member States had requested a review by WHO of the pandemic (H1N1) 2009 and the lessons that had been learnt. She stressed that she would listen to Member States' advice and, during later discussions, would propose a process for conducting such a review in a timely manner.

The Board noted the report.

The meeting rose at 13:00.