

FOURTH MEETING

Tuesday, 19 January 2010, at 14:40

Chairman: Dr S. Zaramba (Uganda)

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

Health consequences of the earthquake in Haiti: Item 4.19 of the Agenda

Mr PIERRE (Haiti)¹ said that his country's geographical location had always made it vulnerable to natural disasters. In 2008, a series of hurricanes had killed more than 800 people. The earthquake which had struck on 12 January 2010 had caused between 150 000 and 200 000 deaths. According to United Nations information, a total of three million people had been affected, of whom 300 000 were still homeless. There had been no telephone links with the outside world for several days. The presidential palace, public buildings and the offices of the United Nations Stabilization Mission in Haiti had collapsed, with the loss of dozens of lives.

The earthquake had struck just as Haiti had begun to show positive signs of growth: the security situation had eased and employment had been on the rise. The health situation, a major concern of the Haitian population even before the earthquake, was desperate. Hospitals were bursting at the seams with casualties, but lacked staff and supplies. More field hospitals were urgently needed. The potential problems included malnutrition in children and adults and epidemics of infectious disease. Supplies of clean drinking-water and access to essential medicines must be restored. Aid was urgently required not only in Port-au-Prince, but in nearby settlements.

The Government was doing its best under the circumstances. Many senior figures had been killed, others had been injured or bereaved, and it would take time to bring the response up to full strength. The Government had declared a state of emergency and a period of national mourning for one month. He thanked the international community for the assistance it had provided so quickly.

The CHAIRMAN, speaking on behalf of the Board as a whole, thanked the representative of Haiti for his moving statement and presented his deepest sympathy for the very many lives that had been lost.

Dr LAROCHE (Assistant Director-General) said that the earthquake had posed particular problems because many of the people meant to provide assistance after a natural disaster were themselves victims. Indeed, some WHO staff were still unaccounted for. United Nations headquarters had launched a flash appeal for disaster relief funding, asking for US\$ 34.3 million for the health sector, of which US\$ 10 million would be managed by WHO. The WHO response covered three areas: restoration of WHO facilities, emergency response and the key area of coordination. The United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator had designated five global clusters for immediate action: health (with WHO as lead agency); shelter; water, sanitation and hygiene; food; and logistics. Six more areas might be designated later.

The WHO response was being coordinated by the Regional Office for the Americas. A field office had been set up on the border between the Dominican Republic and Haiti, while the main decision-makers were based in Port-au-Prince. The Regional Office issued daily situation reports, and the WHO web site carried information for WHO staff and cluster partners, donors and other

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

nongovernmental organizations. Public health risks and specific priority interventions had been outlined in a document¹ that was intended to promote coordination between WHO and other agencies and within the Organization itself. Specific country profiles had been produced, for instance on making pregnancy safer. Two health coordination meetings had been held at global level, and meetings of the 70–100 partners in the Inter-Agency Standing Committee Health Cluster took place daily in Port-au-Prince.

The international response had been extraordinary: governments, nongovernmental organizations, the private sector and private individuals from some 64 countries had responded to the global flash appeal. Of the target of US\$ 575 million, US\$ 107 million had already been raised, along with 25% of the US\$ 33.4 million requested for health relief work. Thanks to pledges from Italy, Spain and the United States of America, the target for WHO's operations should be met in full.

Relief workers faced a chaotic and distressing situation. The immediate priority had been to rescue as many survivors as possible and to provide surgical and post-operative care, but the problems of clean water and sanitation, management of dead bodies, and supply logistics would soon become more pressing. Coordination between all parties – WHO, the United Nations, bilateral agencies, nongovernmental organizations, military personnel and the private sector – was essential. The United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator had requested that the highest possible calibre of staff should be deployed in Haiti in order to ensure the best possible coordination of relief efforts.

The international community must consider the aftermath of the relief operations, which it had failed to do after the floods in Haiti in 2007, and ensure that support continued to be provided. Planning of the relief operations must include an exit strategy.

Dr ROSES PERÍAGO (Regional Director for the Americas), speaking by video link from the Regional Office in Washington, DC, said that the devastating natural disaster in Haiti had compounded an already challenging health situation. WHO's role as lead agency of the United Nations Global Health Cluster would require massive resources. WHO staff had been working round the clock at the global, regional and country levels using all available resources; they had been overwhelmed by support from Member States and colleagues, who had offered supplies, expertise and funds. The Regional Office was working closely with the Organization of American States and the regional directors of the various United Nations agencies.

Giving an overview of WHO's current operations in Haiti, she said that no staff casualties had been reported so far. The damaged WHO office building was undergoing a safety assessment: at present, WHO staff were operating from a medical supplies warehouse near the airport at Port-au-Prince and the field office at Jimaní in the neighbouring Dominican Republic. The PAHO office in the Dominican Republic was supporting the Ministry of Health in strengthening its border health services; and other Caribbean countries, including Jamaica, Puerto Rico, Martinique and the United States of America, had taken in evacuated patients. There had been a massive internal displacement of people away from Port-au-Prince to surrounding areas and to neighbouring countries including the Dominican Republic.

Communication and transport remained extremely difficult; and food, water and fuel were scarce. The streets were blocked with rubble and dead bodies, and survivors who were living in the open, all of which made it difficult to identify clear spaces where field hospitals and temporary shelters might be erected.

The Regional Office had sent an extra 20 experts in logistics and communications in order to support the coordination of WHO's response in areas such as the management of mass casualties and dead bodies. Support had been mobilized at all levels of the Organization – countries, regional offices and headquarters. Medicines and supplies from existing WHO stocks that would treat 165 000 people for one month, and provide trauma care for a further 1000 people, were being flown in. Logistical

¹ Document WHO/HSE/GAR/DCE/2010.1.

support from the country offices in Haiti and the Dominican Republic would be required to facilitate their transport, storage and distribution.

Assessment teams coordinated by staff from the Regional Office and headquarters were visiting hospitals and health-care facilities in order to determine where essential health-care services were still available and what was needed to restore those that were not. At least eight hospitals and health-care facilities had been destroyed or damaged in and around Port-au-Prince, and hospitals that were still operating had been quickly overwhelmed by large numbers of survivors needing care, particularly for trauma injuries. Between 150 and 200 babies were delivered each day. Facilities were operating with the help of nongovernmental organizations, with sometimes two or more working in the same facility, which created some tensions. Patients were being treated for injuries and other health problems at various health-care centres in the Dominican Republic along the Haitian border, while some injured patients were being evacuated from Haiti. Epidemiological reports had indicated no increase in reportable diseases to date, either within Haiti or along the border with the Dominican Republic. She recalled that Haiti and the Region were free of poliomyelitis and cholera and almost free of measles.

The Regional Office was leading the Global Health Cluster, and four daily meetings were already taking place in difficult physical conditions. She was aware of some complaints about functioning, but the situation was complex, with more than 21 partner agencies and more than 80 people participating in crowded meetings. The Regional Office was also participating in the daily cluster coordination meeting, and in the Humanitarian Forum under the leadership of the United Nations Resident Coordinator.

The PAHO Humanitarian Supply Management System had been established in Jimaní in the Dominican Republic to coordinate the arrival of humanitarian supplies. A satellite hub had been set up in Port-au-Prince airport to collate information on donations arriving and another would soon open in Santo Domingo airport, which was currently handling most of the cargo. The Global Health Cluster planned to use that information to determine gaps in supply and distribution priorities; it had assessed at least six hospitals and 15 more had been visually assessed using closed-circuit satellite imagery. In some cases the results were positive, with buildings already being reoccupied. A sub-group of the Global Health Cluster was coordinating the arrival and deployment of the multiple field hospitals and military hospitals which had been sent from Member States from many regions. The Minister of Health was leading the emergency health plan. Medical teams sent from all over the world were also on the ground. Blood and medical supplies had been received the previous day.

The emergency operations centre was coordinating the flow of information; preparing press briefings; organizing the deployment of experts to the field; updating an old database of health facilities in Haiti and compiling new entries; gathering field reports from the Global Health Cluster on damage to health facilities and assessing the operational status by means of satellite imagery. Those activities were coordinated with the Global Health Cluster and United Nations organizations. A first summit had taken place on the previous day in Santo Domingo, called by the President of the Dominican Republic and attended by the Vice-President of Spain as President of the European Union, the Prime Ministers of the Bahamas, Barbados and Dominica representing the Member States of the Caribbean Community and the Secretary-General of the Organization of American States. A preliminary donors' meeting on reconstruction would take place on 25 January 2010 in Montreal, Canada, and a world summit for Haiti was being planned, to be held in Madrid, possibly on 17–18 May 2010, which would be critical for Haiti's future. A mission of the Organization of American States was due to travel to Haiti on the following day. She would travel to the Dominican Republic two days later, and then into Haiti.

The team had accomplished much in the first six days of the response, and a large number of people had been rescued alive. However, much remained to be done and many people had been killed, including colleagues in the United Nations, civilians and military personnel. It was essential to work together as one WHO and one United Nations for the benefit of the people of Haiti, the poorest Member State in the Region, and to look towards building a robust and sustainable health system for future generations of Haitians.

The CHAIRMAN thanked the Regional Director for the update and wished the Regional Office every success in its struggle to alleviate the suffering of the people of Haiti.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) said that in Haiti 70% of the population lived on less than the equivalent of two United States dollars a day. The unprecedented magnitude of the disaster and the resulting humanitarian situation far surpassed Haiti's capacities. The disaster posed a serious setback to United Nations development endeavours in the country and solidarity in assisting Haitians was essential.

Brazil had played a prominent role in the United Nations Stabilization Mission in Haiti since 2004, alongside other Latin American countries. More than 1000 Brazilian troops were currently in Haiti working to develop the country's future. She paid tribute to the 18 soldiers and other Brazilian nationals killed in the earthquake, which sadly included the deputy chief of the Brazilian mission. The Brazilian President had pledged US\$ 15 million in humanitarian assistance, of which US\$ 5 million would be transferred to the United Nations Office for the Coordination of Humanitarian Affairs in emergency response. Brazilian airforce planes had brought in food, water, and medication; a team of 50 specialists in disaster relief; and a portable field hospital, for rapid installation and with facilities for surgery. An improvised health-care facility had been established within the Brazilian army unit.

Haiti urgently needed doctors and health professionals, facilities and supplies, however, and it was the duty of the international community to assist in that care. A massive and coordinated operation was required under the aegis of the United Nations: together, the resources could be mobilized for the long-term recovery and reconstruction of Haiti.

Dr GIMÉNEZ (Paraguay) said that, within the framework of the United Nations Stabilization Mission in Haiti and the Southern Common Market, Paraguay had provided aid and operational assistance by sending doctors, health professionals specializing in trauma cases, medicines and equipment, as well as rescue workers and disaster experts.

The humanitarian situation was critical and the health system had collapsed. Sustained coordination was key to emergency health assistance, and all aid efforts should be channelled according to priorities identified by WHO. A working group should be established to plan medium-term measures for the reconstruction of Haiti's health system and a report on the situation should be presented at the next Health Assembly or session of the Board.

Dr ALI (alternate to Professor Haque, Bangladesh), commending the coordinated action, said that, as a country that was also prone to natural disasters and the resulting human misery, Bangladesh was committed to providing resources through WHO to assist with humanitarian efforts and reconstruction in Haiti. It had already sent a military and civilian medical team; however, frustrating logistical challenges remained, preventing the aid from reaching all the areas where it was most needed.

Dr DJIBO (Niger), speaking on behalf of the Member States of the African Region, recalled the ancestral and cultural links that united the African continent with Haiti. He welcomed the international solidarity shown and encouraged WHO to continue its efforts to alleviate the suffering of the Haitian people. Africa would bring all the humanitarian aid that it could to the reconstruction process. The international community should strengthen the system for coordinating international aid for natural disasters to ensure that aid reached those who needed it as quickly as possible.

Dr DODDS (Canada), noting the close ties between Canada and Haiti and the large Haitian diaspora in Canada, said that there had been an outpouring of support from the Canadian people. Her Government's assistance included matching donations by Canadian citizens, establishing a relief fund and sending medical supplies and disaster response teams. In addition, Canada would host a summit of foreign ministers on 25 January 2010 in Montreal to consider long-term plans for reconstruction. She acknowledged the demonstration of solidarity among the countries of the Americas; their timely and generous response; and the crucial role of WHO in leading and coordinating the emergency response. She pledged Canada's continuing support.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union and its Member States, said that in order to alleviate the suffering of the Haitian people the first priority had been to dispatch search and rescue teams. A timely, coordinated response was essential. The European Union welcomed the leadership shown by WHO, and supported the Haitian Ministry of Health in its emergency response and coordination.

The European Union and its Member States would provide additional assistance on the basis of the ongoing needs assessment and in response to the request from the United Nations. He announced that, following a meeting of its Foreign Affairs Council the previous day, the European Union had adopted a set of conclusions providing €122 million for urgent humanitarian assistance, €100 million for early non-humanitarian assistance, and a further €200 million as part of a longer-term response. The European Union welcomed the suggestion to launch a coordinated post-disaster needs assessment in collaboration with the United Nations and the World Bank, and stressed that reconstruction efforts must be based on national priorities, taking into account the principles of disaster risk reduction, and respecting the principles of aid effectiveness.

Dr SEDYANINGSIH (Indonesia) said that her Government had sent an early assessment team to Haiti under the coordination of the United Nations. It had also sent 85 health and medical personnel; a response unit specialized in natural disasters; and humanitarian assistance including field hospitals, tents, ambulances, systems for water purification, medicines and food.

Indonesia had long experience of natural disasters: rapid response and appropriate disaster management were essential in order to save lives, sustain morale and hasten rehabilitation. However, most developing countries lacked the capacity to provide swift and timely relief to victims as well as rehabilitation and recovery programmes; the present disaster had shown room for improvement in international cooperation on disaster management. Therefore, she called upon the international community to support developing countries in elaborating disaster preparedness plans. She welcomed the efforts led by the United Nations to coordinating the response to previous emergency humanitarian situations and stressed that continued international assistance to Haiti should enable the citizens of that country to rebuild their future.

Dr OMI (Japan) said that his country had joined the international relief efforts, and would provide about US\$ 5 million in emergency grant aid as well as emergency relief goods amounting to ¥ 30 million. A team of 24 Japanese experts, including medical personnel, had already arrived in Haiti.

Dr MUÑOZ (Chile) urged international donors to take into account Haiti's urgent needs: the recovery of survivors; treatment of victims; disease prevention; and ensuring food security for the surviving population. Aid should be coordinated through one body; he supported the establishment of a coordination centre in Haiti, and welcomed the leadership shown by WHO in tackling the most urgent health consequences. Chile would continue to provide assistance to Haiti and joined the calls for international solidarity.

Mr NEBENZIA (alternate to Dr Starodubov, Russian Federation) commended the international community's response to the tragic earthquake in Haiti. His country's contribution to the rescue operations had included a team of 175 persons; aircraft carriers and heavy aircraft; a transport plane with onboard helicopters; a search and rescue team with dog handlers and psychologists; and a field hospital with 50 beds and the capacity to treat 100 outpatients.

In many cases, patients could not be released following treatment, because they had nowhere else to go, and as a result, hospitals were unable to accept new patients. He asked what efforts were being made to prevent such bottlenecks from occurring and to ensure that more patients received hospital treatment.

Dr ALBRAIKY (alternate to Dr Al Darmaki, United Arab Emirates) welcomed the aid and rescue efforts being provided by WHO, and stressed that his Government was ready to play an active part in the international efforts to mitigate the impact of the disaster.

Dr BABB-SCHAEFER (Barbados),¹ speaking on behalf of the member countries of the Caribbean Community, commended WHO's efforts to coordinate health matters on the ground in Haiti. The Caribbean Community, deeply shocked at the loss of life caused in one of its member countries, intended to set up a field hospital in Haiti, and would continue to provide medical and support personnel, and medical and emergency supplies.

Mr ADAM (Israel)¹ said that a 280-strong team from Israel, which included medical personnel and search and rescue personnel with dog handlers, had already arrived in Port-au-Prince and was working with local authorities and organizations of the United Nations system. Within 48 hours of the earthquake, a field hospital had been set up, with a staff of 40 doctors, the capacity to treat some 500 patients a day and advanced facilities such as a children's ward, intensive care unit, operating rooms and a pharmacy. To date, the hospital had provided treatment to 267 patients, more than half of whom were under 16 years of age.

Mr HOHMAN (United States of America)¹ expressed gratitude to the people of Haiti who, in the midst of tragedy, had joined the rescue and relief efforts, and he thanked WHO staff for their tireless efforts to undertake health sector assessments and restore basic health services to the country. As part of the immediate assistance efforts, his President had pledged US\$ 100 million for relief, humanitarian and logistical activities. That included specialized teams for disaster assistance, search and rescue, and medical assistance. The United States appreciated the generosity of Member States and nongovernmental organizations in supporting the relief efforts. He stressed that close coordination with the Haitian Government, the United Nations and donors was critical to the success of the rescue and relief operations. The United States would support the reconstruction and sustainable recovery of Haiti.

Ms DUPUY (Uruguay)¹ said that her country was considering how best to channel the aid that would be provided in addition to a contingent of 1162 Uruguayans sent to Haiti to take part in security operations following the arrival of humanitarian assistance from other countries. In addition, a medical unit with 200 beds had been set up in the south of the country; rescue workers and search dogs had arrived; and two water-purification units would be sent to Haiti as soon as port logistics permitted. Her country had been requested to provide material for the fingerprinting of cadavers, and would be able to provide electricity generators upon request. Uruguay was also preparing to send orthopaedic surgeons to assist in medical procedures.

Mr FILLON (Monaco)¹ said that emergency financial aid and medical personnel had been sent to Haiti through the Monaco Red Cross, and that voluntary contributions not already allocated for 2010 would be directed to the relief effort through the United Nations or the International Red Cross and Red Crescent Movement. His Government was also committed to supporting reconstruction in the public health and education sectors, collaborating with nongovernmental organizations, including the Monaco Red Cross, and Haitian local authorities. Any new structures should be resistant to earthquakes and cyclones, in order to ensure sustainable recovery.

Mr PUJOLS (Dominican Republic)¹ said that, following the earthquake, his country had provided immediate emergency assistance, working directly with the Haitian authorities and civil society. The President of the Dominican Republic had travelled to Port-au-Prince to meet with the Haitian President and there had been a constant stream of public and private assistance since that time. Thousands of victims had been treated in his country's hospitals; food, medicines, communications equipment and electricity generators had been sent to Haiti. International humanitarian aid had also been airlifted via the Dominican Republic in order to ensure that it reached those most in need. He

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

called on the international community to work in lasting partnership and solidarity with the Government and people of Haiti.

Mr REYES RODRIGUEZ (Cuba)¹ said that his country had been providing aid to Haiti through an integrated health programme since 1998. About 400 Cuban health workers had been present in Haiti when the earthquake had struck and had been able to offer immediate medical assistance to the Haitian people. A further 60 experienced medical personnel had arrived and already 1987 patients had been treated and 111 surgical operations performed, in five medical posts in Port-au-Prince.

Cuba had trained 917 Haitian health professionals over a period of years and 541 Haitian students were currently studying medicine in Cuba. He reaffirmed his country's commitment to work in the saving of lives with all countries, including the United States, and welcomed the coordination of the relief effort by the United Nations, in particular by WHO. Every country had a right to receive such aid.

Mr SAMRI (Morocco)¹ said that his country had sent medical and pharmaceutical supplies to the value of US\$ 1 million, in addition to aid sent by the Moroccan Red Crescent. He encouraged Member States to remain committed to supporting Haiti in its future reconstruction efforts. He welcomed the leadership of WHO in coordinating the humanitarian effort, in particular in the health sector.

Dr ABDESSELEM (Tunisia), speaking on behalf of the Member States of the Eastern Mediterranean Region, informed the Board that Mr Hédi Annabi, Special Representative of the Secretary-General for Haiti and Head of Mission, a Tunisian, had died in the earthquake. The Region's countries had contributed to the humanitarian effort, but he emphasized the need to further strengthen the role of WHO in coordinating the provision of emergency aid in the event of future disasters.

Mr LORENZO (Mexico)¹ said that his country had joined the search and rescue effort in Haiti, as well as providing emergency aid to the population. His Government had sent two ships and six aeroplanes; and 202 specialists in medical services, search and rescue, and damage control. It had also dispatched medicines, vaccines, drinking water, food, shelters and gasoline, in addition to providing vehicles, electricity generators, satellite telephones, water purification plants, portable computers, and medical and security equipment. Furthermore, a financial contribution had already been announced by the President.

Ms PATTERSON (Australia)¹ said that her Government had announced an assistance package for Haiti: Aus\$ 10 million would be provided for immediate humanitarian needs and Aus\$ 5 million for longer-term rehabilitation and reconstruction. Her country would coordinate its support with the international community and with its partners in the Caribbean. Australia would be ready to consider further assistance as required.

Dr SIRIWAT TIPTARADOL (Thailand)¹ said that his Government had approved an initial donation for humanitarian assistance in solidarity with Haiti. Coordination of Thailand's assistance to Haiti had begun, and he thanked the Mexican Government for acting on behalf of Thailand to procure and deliver supplies in that country. Thailand was ready to provide food and medical teams to Haiti, and would be receiving donations from the public through the Thai Red Cross Society.

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

Dr KESKİNKILIÇ (Turkey),¹ recalling that his country had suffered from a serious earthquake 10 years previously, said that it would join the international community in providing its experience and resources and to the Haitian people.

Dr REN Minghui (China)¹ said that his country had dispatched rescue personnel to Haiti, established medical care centres, carried out disinfection activities and helped to organize local volunteers. China had acquired recent experience in search and rescue following an earthquake in the Province of Sichuan in 2008 and was preparing to send a second rescue team to Haiti. Supplies and emergency materials, to the value of US\$ 5 million, had already reached Haiti. The Chinese Red Cross had sent a further US\$ 1 million, and more resources would be forthcoming.

Dr BARARUNYERETSE (Organisation internationale de la Francophonie), speaking at the invitation of the CHAIRMAN and expressing his Organization's solidarity with the Haitian people, recalled that Haiti had already suffered a series of natural disasters in 2008. His Organization's Secretary General, President Abdou Diouf of Senegal, had made an urgent appeal requesting francophone states to provide emergency assistance to the people of Haiti. His organization would continue to provide humanitarian aid through French-speaking organizations.

Mr TRONC (MSF International), speaking at the invitation of the CHAIRMAN, said that his organization had responded to the major crisis in Haiti with 165 international staff and 700 local staff working in its 11 hospitals in and around Port-au-Prince; it had already treated more than 3000 patients and carried out more than 400 operations. It had thus far received in excess of €33 million in donations that would be used to support that situation. However, the persistent disorganization at Port-au-Prince airport was a cause of major concern: in the previous 72 hours, authorization to land had been denied to two cargo planes carrying medical equipment and medicines for his organization and to four other planes carrying its personnel, whereas three planes carrying high-profile public figures had been permitted to land at short notice. Such delays in the delivery of medical supplies and personnel threatened the functioning of his organization's health structures in Haiti, and he asked what priorities had been set by the United Nations agencies and coordination bodies. It was vital for all entities that claimed a coordinating role in the disaster relief efforts, including WHO, to demonstrate effective leadership and thus ensure the prompt mobilization of medical equipment and teams for the immediate benefit of the Haitian people affected by the earthquake.

Mr DOWNHAM (International College of Surgeons), speaking at the invitation of the CHAIRMAN and referring to the surgical needs resulting from the earthquake, said that well-functioning health facilities for first referral could have greatly contributed to the provision of life-saving surgical procedures in Haiti. In such situations, emergency surgical teams dispatched to the country could immediately use any existing functional infrastructure. The Haitian health system was not alone in its need for improvement, and disaster preparedness began with access to basic health care. WHO's guidelines and standards for surgical infrastructure, procedures and equipment should be applied not only for training in general but also to ensure disaster preparedness.

Dr LAROCHE (Assistant Director-General), responding to the question from the member for the Russian Federation, said that the lack of a post-operative care structure was a recognized problem that had been discussed at a cluster coordination meeting in Haiti. Work was in progress, including by nongovernmental organizations, to remedy that situation. The representative of MSF International had also raised a valid point concerning the need for closer coordination between those in charge of logistics and the Global Health Cluster. Although a certain level of disorganization was initially to be

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

expected in such a chaotic situation, the need to prioritize should be addressed to ensure a more effective, predictable and accountable response.

Dr ROSES PERÍAGO (Regional Director for the Americas) expressed appreciation for all the support received from an ever-widening variety of quarters. Concerning the problem of post-operative care facilities, efforts were being made to locate spaces in which to erect tents for the purpose of providing such care, as well as to control infection and promote early rehabilitation for amputees in particular. The level of health preparedness and mitigation in the current crisis was all the more regrettable in the light of predictions made some years earlier that a major earthquake was due to strike Haiti. Member States should therefore do their utmost in future to take forward action to mitigate the suffering and destruction caused by such events.

The DIRECTOR-GENERAL, responding to comments, acknowledged the recognition of WHO's efforts. WHO staff members present on the ground had shared the difficulties faced by Haitians in the days following the earthquake, struggling to survive in the open without adequate food, water or sanitation. Their work had been further impeded by badly damaged infrastructure and lack of transport but they were nonetheless fully committed to doing their best.

She shared the concerns regarding coordination problems: WHO would follow up to find out why they had occurred and would work to improve both logistics at the airport and the delivery of medical supplies. Nevertheless, she also appreciated that high-profile public figures had a role to play in such crises by raising morale, obtaining first-hand information and rallying support from development partners. The outpouring of international support was indeed commendable, but it was important to learn lessons from previous disasters and to avoid "aid tourism" by ensuring that assistance did not seep away once the immediate crisis was over. The United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator would always lead the humanitarian work and WHO would do its utmost to fulfil its lead role in the Health Cluster, coordinating and working closely with its partners and with the authorities in Haiti. Efforts would also be made to ensure that the WHO team was enlarged in order to allow periodic respite for its members. She expressed gratitude for the useful input received and for the invaluable work of Dr Roses Períago and her team on the ground. Updates on the situation would be provided regularly on the WHO web site and through other mechanisms.

Mr ST-VIL (Haiti), speaking on behalf of the Haitian Ambassador to the United Nations in Geneva and other International Organizations in Switzerland, thanked participants for their expressions of solidarity with the Haitian people as they confronted the worst disaster in their history. The situation was extremely difficult and there was an urgent need for medical equipment, field hospitals, water-purification systems, and food. In the longer term, reconstruction and other activities would pose another challenge. He believed, however, that Haiti could count on the international solidarity expressed, including that of the Director-General in her opening address, to assist in its recovery from the disaster.

Public health, innovation and intellectual property: global strategy and plan of action: Item 4.3 of the Agenda (Documents EB126/6 and EB126/6 Add.1) (continued from the third meeting, section 2)

The CHAIRMAN asked the member for Hungary to report on the outcome of informal discussions on whether the Board should adopt a decision requesting the Director-General to convene informal consultations on the report of the Expert Working Group on Research and Development Financing.

Dr KÖKÉNY (Hungary), setting out the position of the Member States of the European Union, supported the earlier comments by the member for the Bahamas. He stressed careful examination of the full report, once it had been translated from English into the other official languages, before engaging in a wider process. The European Union could agree to a one-day consultation on the report,

if necessary, but it must have clear objectives and terms of reference determined by the Secretariat; and must take place within the context of the Health Assembly, which was the proper forum for discussing implementation of the global strategy and plan of action.

Ms SUJATHA RAO (India) welcomed the support for her request for a meeting. Everybody should have the chance to study the report and the Director-General's comments needed to be made available. Hence, the meeting should not take place on the eve of the Health Assembly but in April, providing Board members with time to return to their countries, brief their Governments and prepare for the Health Assembly.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) endorsed the proposal by the European Union and the comments by the member for India.

Dr OMI (Japan) said that consultation, whether formal or informal, was always important. One of the strengths of WHO was that Member States had come together to resolve many difficult issues over the years through a frank exchange of views. Yet views on the item at hand remained divergent, despite the succession of 10 formal and more than 50 informal meetings in which Japan had taken part since 2003. In some cases the divergence had even increased. The Director-General had pointed to the need to find some middle ground, a theme echoed in the report on influenza preparedness.¹ Member States and the Secretariat had worked hard to find some middle ground. Their failure to do so thus far was due not necessarily to a lack of consultations but to insufficient determination on all sides. Japan was willing to take part in another set of informal consultations, but he urged Member States to seek ways of being a little more flexible in advance. Otherwise the result might be another recommendation to hold further consultations.

The CHAIRMAN agreed about the need to find the middle ground.

Ms ROCHE (New Zealand) acknowledged the important points made by the member for Japan, but recalled that not all Member States had the means to send representatives back to Geneva for one day between the current session of the Board and the next Health Assembly. Alternatively, the consultation could take place via the web or in conjunction with another scheduled meeting. Either way, such consultations must remain the exception and not become normal practice.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, supported the proposal to hold the consultations during, although not necessarily as part of, the proceedings of the Health Assembly. However, they should last no longer than one day and should focus strictly on the full report of the Expert Working Group and not on its implementation.

Ms ARTHUR (alternate to Mr Houssin, France) expressed support for comments made, including those by the member for Japan. Analysis of the full report of the Working Group was needed before decisions on further consultations could be taken. That seemed the wisest option at present, especially since it related to improving governance. Furthermore, given the current debate on governance at WHO and in the international health arena, it seemed premature to include an item on patent pools in the agenda for the next Health Assembly before UNITAID had completed its deliberations on the subject.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) recalled that the Board was trying to comply with the decision by the Health Assembly in resolution WHA61.21 to request the Director-General to submit the report of the Working Group to the Sixty-third World Health Assembly, through

¹ Document EB126/4.

the Executive Board. The Board might not be in a position to approve the report at present, but it should be given the opportunity to do so once it had been issued. She was glad that the member for Japan was not against consultations, as those were the only way to achieve middle ground between incompatible positions.

Regarding the comment by the member for New Zealand on long-distance travel to Geneva, a member of the national mission could represent the country instead. In the meantime, she was in favour of holding an additional consultation before the April meeting proposed by the member for India. Either way, the aim would be not to negotiate but to exchange views on the report, which already existed in English, in order to make it possible for the Director-General to present it to the Health Assembly, and for members to be well-prepared. The various proposals put forward were not mutually exclusive.

Ms SUJATHA RAO (India) supported the previous speaker's comment that the full report should be presented to the Health Assembly through the Executive Board. However, it was unfair to expect the Board to continue working on, and to approve, an executive summary which did not provide sufficient information to do justice to the full report. She could not see why it had even been included in the agenda of the current session. It was essential to hold a one-day consultation to reflect on the report before Government ministers were asked to comment on it.

The DIRECTOR-GENERAL asked whether the member for Brazil was proposing that two consultations should be held before the Health Assembly. Meanwhile, the member for India had perhaps come up with a solution. Resolution WHA61.21 stated that the final report to the Health Assembly should be submitted by the Director-General through the Executive Board, but since the Board was already assembled it could decide that the report should be submitted straight to the Health Assembly. She sought the views of the Legal Counsel on that point. There appeared to be general acceptance of the proposal to hold consultations; it was simply a matter of agreeing when they would be held.

Dr MOHAMED (Oman) said that, since the Health Assembly had requested the Director-General to submit the report through the Board, he doubted that the Board could decide to bypass the process. The Board could decide either to hold a meeting one or two days before the Health Assembly or to hold a web-based meeting, as proposed by the member for New Zealand. In any event, it might be wise to delay the whole process for another year because the matter needed more thorough examination.

Dr DAHL-REGIS (Bahamas) acknowledged the importance of bringing the matter to a close. Past deliberations – on avian influenza, for instance – had shown, however, that it was equally important to take the time to do things properly. Missions should engage in dialogue, but that must be based on an analysis of the full report in all six official languages. If that analysis produced further clarification and moved everybody toward the middle ground, it could advance the process. But the burden on both Member States and the Secretariat, which was being asked to take on an ever-increasing workload in a short period of time, called for sensitivity to the time constraints and respect for the competing priorities within the Organization.

Dr OMI (Japan) said that, for practical reasons, the meeting should take place as part of the Health Assembly. Members were more or less aware of others' positions on the subject, which were deeply entrenched, and individual members or delegations could not reverse those positions and join a consensus unless there was agreement within their governments. It would be more important for members to spend time discussing the matter with their governments in order to come up with a flexible approach which they could take to a future meeting.

Dr DODDS (Canada) said that all agreed on the need to see the full report in all WHO's official languages and to see an analysis of the report. They also agreed, that if consultations were held, the

report could be submitted through the Board to the Health Assembly in May 2010. Canada supported that view on condition that scheduling and travel problems were resolved. It would be up to individual States to decide whether to be represented by their missions or to send delegations to the consultations.

The DIRECTOR-GENERAL said that members agreed on the importance of holding consultations, but she would need to receive clear instructions on their timing in order to plan the Secretariat's support. To assist the Board in its deliberations, she drew attention to some factual information: the Health Assembly was scheduled for 17 to 22 May 2010; in the meantime, the report could be made available in all official languages by late February 2010, when it would be transmitted to countries and uploaded on the WHO web site. If the consultations were held during the weekend preceding the Health Assembly, they might disrupt the many regional meetings that were usually scheduled at that time.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) proposed, in the interests of reaching consensus, that, in April 2010, open-ended, information consultations be held with the participation of national missions or delegations from capitals. The day before the Health Assembly, a formal meeting of the Board could be held for the purpose of discussing the subject and transmitting the report to the Health Assembly.

Mr BURCI (Legal Counsel) said that any action taken by the Board should be seen in the light of its primary functions under the Constitution, which were to prepare for and advise the Health Assembly. In the past, in similar situations, the Board had complied with the Health Assembly's requests for action on a given subject in several ways. Taking the Board's practice into account, one option would be to request the Director-General to convene consultations, either open-ended or among members of the Board; those discussions would either enable the Director-General to hear the views of Member States in order to prepare a substantive report for the Health Assembly, or would allow Member States to hold an exchange of views, thus permitting a more informed discussion at the Health Assembly. The purpose of the consultations would determine the timing.

It would not be necessary to hold a Board meeting before the Health Assembly: based on available precedents and the flexibility available to the Board, it could ask the Director-General to convene consultations that would provide feedback for the Director-General or that would serve as an exchange of views preparatory to the Health Assembly.

Dr KÖKÉNY (Hungary), supported by Dr OMI (Japan), said that the European Union was not in favour of consultations being held in April 2010; they should be held nearer to the time of the Health Assembly.

Dr DODDS (Canada) said that the request from the Health Assembly in 2009 had been for the Board to comment on a report by an expert committee, not to approve it, something that would be inappropriate. It was not for the Board to modify a report by an independent body; the credibility of expert committees must be maintained. On the other hand, the Board needed to see the full report and the Secretariat's analysis thereof and it needed to hold consultations on the implications of the report. She repeated her proposal for informal consultations and suggested that they be held in the week starting 20 or 27 April 2010, which would allow ample time for full consideration of the report before the Health Assembly. She was not in favour of holding another session of the Board immediately before the Health Assembly.

Ms SUJATHA RAO (India) supported that proposal.

In response to a query by the DIRECTOR-GENERAL, Dr DAHL-REGIS (Bahamas) said that holding consultations would put small countries like her own at a disadvantage, but she would not oppose a consensus in favour of such a course of action.

Dr MOHAMED (Oman) suggested that the consultations should be held on the Thursday or Friday in the week preceding the Health Assembly as the proposal to hold them in April 2010 would obviously cause problems for developing countries and small nations.

The DIRECTOR-GENERAL pointed out that there was a meeting of the Programme, Budget and Administration Committee on the Friday of that week.

The CHAIRMAN suggested that the consultations be held on the Thursday preceding the opening of the Health Assembly in May.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union and its Member States, endorsed that proposal.

Dr MUÑOZ (Chile) expressed support for the holding of consultations and suggested that the Secretariat should hold an Internet consultation to enable countries that could not attend to make their views known.

The DIRECTOR-GENERAL said that there was a consensus on the way forward: the full report would be circulated in late February 2010, and a web-based consultation would be held, followed by consultations with Member States the day before the meeting of the Programme, Budget and Administration Committee in May 2010.

It was so agreed.

The meeting rose at 17:43.