PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

WHO headquarters, Geneva
Thursday, 30 May 2013, scheduled at 09:30

Chairman: Professor Jane HALTON (Australia)

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THIRD MEETING

Wednesday, 30 May 2013, at 09:35

Chairman: Professor J. HALTON (Australia)

1. WHO REFORM: Item 5 of the Agenda (Documents EB133/3 and EB133/16) (continued)

WHO governance reform (document EB133/16) (continued)

Mr PIPPO (Argentina), clarifying his intervention at the previous meeting, said that he supported the proposal made by the member for Brazil that a list identifying conflicts of interest should be compiled. He had proposed the establishment of an ethics committee, to ensure an appropriate mechanism for making decisions about the inclusion or exclusion of non-State actors.

Professor NICKNAM (Islamic Republic of Iran), endorsing the four overarching principles governing engagement with non-State actors, agreed that conflict of interest should be managed or preferably avoided in advance, as prevention was better than cure. A harmonized and comprehensive approach to engagement with non-State actors was necessary. Separate operational procedures should be established for nongovernmental organizations and private commercial entities. However, the decision taken in that regard by the Executive Board at its 132nd session had not been reflected adequately in the Secretariat’s report. He supported construction of a compliance and reporting system that would enable the WHO governing bodies and Member States to play an oversight role within the framework of engagement. The scope of the two consultations to be organized pursuant to decision EB132(11) should not be limited to the content listed in paragraph 65 of document EB133/16.

Regarding the draft decision, he said that, although he could support the overarching principles governing engagement with non-State actors, he considered that the approaches for engagement could be improved, and should be endorsed at a later stage.

Dr BOKLAND (Suriname) supported the proposal made during the previous meeting to include, in the overarching principles, a commitment of non-State actors to public health goals. He also welcomed the proposal to establish an ethics committee to manage conflict of interest. Noting that the tobacco industry was already excluded from a relationship with WHO, he requested clarification of the challenge outlined in paragraph 15 of the report.

Ms GIROD (United Kingdom of Great Britain and Northern Ireland)\(^1\) said that WHO should continue to work with all non-State actors that contributed to and influenced global health, and welcomed the proposed overarching principles and typology of interactions. The planned framework for engagement should be transparent, clear, streamlined across the Organization’s three levels, user-friendly and applicable to all. Furthermore, while being robust, the framework should be appropriate for its function and should not overburden the Secretariat. Together with the overarching principles, it should ensure that it sufficiently guided the Secretariat’s engagement with non-State actors, without being prescriptive or hindering WHO’s operation. Any framework should provide WHO with flexibility, and enable response to different or changing situations. The financing dialogue would increase transparency and visibility for all global health actors, and would provide information

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
on the financial support provided by non-State actors to specific programmes and areas of work. She looked forward to further discussions on managing corporate risk.

Dr BEJTJA (Albania) said that the overarching principles and framework of engagement would not just safeguard WHO’s reputation, but would also maximize engagement with non-State actors to improve global health. The typology of interactions should include associated risk, and provide a link to the corporate risk register referred to in document EB133/10. Financial interaction often increased the risk of conflict of interest; as such, he requested further information on how policy- and priority-setting would remain separate from resource mobilization. He supported the draft decision.

Ms LANTERI (Monaco) welcomed the Secretariat’s pragmatic approach and agreed that governance should remain in the hands of Member States. However, it was necessary for WHO to work with non-State actors, and she recalled that the PIP Framework had been a result of such engagement. The implementation of the global action plan for noncommunicable diseases and the related global coordination mechanism were other examples of essential non-State interactions. She supported the approach set out in the draft decision. The Secretariat’s ongoing work should be harmonized with that outlined in document EB133/10, in particular regarding institutional risk and conflict of interest, in order to safeguard the reputation of WHO. The risk management strategies contained in that document should be considered before any new committee was contemplated.

Ms GOONERATNE (Sri Lanka) recalled that a decision had been taken at the Sixty-fifth World Health Assembly to develop separate policies on engagement with nongovernmental organizations and with private commercial entities. She asked whether reports on the work of the Secretariat in that regard would be presented during the current session of the Board.

Mr ANDRÉS EMANUELE (Ecuador) supported the proposal by the member for Argentina to establish an ethics committee to manage conflict of interest. The draft decision should contain a clear definition of governing bodies’ oversight. The overarching principles should include the principle contained in subparagraph (9)(c)(iv) of decision WHA65(9) that any non-State actor engagement should have clear benefits and should add value. He agreed with the members for Brazil and Argentina that non-State actors should be differentiated and categorized. Given the importance of transparency and accountability in the new framework, the third overarching principle should contain a requirement for non-State actors to update information periodically, following the procedures for managing and avoiding conflict of interest. WHO should make public information on the reform process and the nature of its relationships with non-State actors. It was therefore essential to review the current status of non-State actor engagement, determining the types of engagement in accordance with the proposed typology of interactions.

Dr RANJAN (India) welcomed the pragmatic approach taken in the document, which would be a good basis for future work. However, he emphasized the need to develop separate policies for engagement with nongovernmental organizations and private commercial entities. Member States should retain their authority, and ensure transparency and accountability when engaging with non-State actors. It would be important to have more information on the funding of such actors, and he requested a detailed proposal for the comprehensive institutional conflict of interest mechanism referred to in paragraph 29 of document EB133/16.

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
Ms CHEDEVILLE-MURRAY (France) recommended a broader, more inclusive understanding of non-State actors in order to promote wider engagement, as the current definition referred only to those that had “the power to influence and cause change”. The overarching principles required that non-State actors made public all information regarding their objectives, funding sources, and relationship with WHO – that would ensure transparency. The fourth overarching principle should therefore be applied to institutional risk, including conflicts of interest. It would be important to seek a harmonized approach to engagement, including the typology of risks contained in the institutional risk management register referred to in document EB133/10. That would allow the generation of opportunities and management of risks, promoting public health goals and protecting the credibility and independence of WHO.

Dr LHOTSKA (Consumers International), speaking at the invitation of the CHAIRMAN, welcomed the understanding of the need to prevent commercial influence on WHO policies, norms and standards. A comprehensive system to identify and manage conflicts of interest was essential. However, the proposed approach was based on a typology of interactions, rather than one of actors, and did not respond to the request of Member States reflected in paragraph 4 of document EB133/16 to define separate procedures for nongovernmental organizations and private commercial entities. Moreover, it mixed various types of engagement by WHO. An effective system of safeguards would require clear distinction between types of non-State actors, those acting in the public interest and those influenced by market logic; and provide different procedures for each. Any policy for nongovernmental organizations should include only those civil-society organizations that were non-State, non-profit, and voluntary, not representing or depending on commercial interest. The overarching principles remained incomplete, and should be in line with the 2009 revised Guidelines on Cooperation between the United Nations and the Business Sector.

Mr STEWART (Corporate Accountability International), speaking at the invitation of the CHAIRMAN, recalled the Director-General’s warning that powerful profit-driven multinational corporations posed serious threats to health. Article 5.3 of the WHO Framework Convention on Tobacco Control set a precedent for safeguarding health against corporate conflicts of interest that could be applied to all engagement of WHO with profit-driven commercial interests. The implementation of that Article ensured transparency, prevented the inappropriate use of faulty scientific information, exposed industry interference and accelerated implementation of the Convention’s measures.

Welcoming the Board’s development of a framework for engagement with non-State actors, he urged Member States to follow the precedent of the WHO Framework Convention. It was important to clearly distinguish between actors serving the public interest and profit-driven commercial interests. Rules of engagement with the tobacco, food, beverage and alcohol industries should address institutional-level conflicts of interest, and protect public health from any interference. WHO should not collaborate with, have contractual relations with or accept funding from any such actor in any form. Transparency of all interactions with non-State actors was paramount and must be ensured. Finally, Member States should retain their policy-setting role, and prohibit voluntary self-regulation of industry. Health recommendations could only be implemented effectively through clear and enforceable statutory regulation.

Mr OTTIGLIO (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that WHO’s policy on engagement with non-State actors should emphasize the importance of accountability, as that was the key to assessing the tangible

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
contributions of those actors to the Organization’s objectives. He supported establishing a platform containing information on all non-State actors in relationship with WHO should be publicly available; including their objectives, membership, funding sources and declaration of interests. The current collaboration plans should also be made publicly available. That would deepen trust and could create new opportunities for partnerships. Full disclosure should be made through a declaration of interest, creating a solid basis for future collaborations, and ensuring that all parties were aware of defined interests when considering global health policies. When differentiating between actors, WHO should not discriminate and should seek to reflect the value contributed to global health by each of the non-State actors in an equitable manner, whatever their category. Collaborative approaches had become integral to the work of non-State actors; and there had been an improvement in communication and collaboration, as indicated by past successes relating to the Millennium Development Goals and noncommunicable diseases. To avoid isolation and fragmentation, a robust, transparent and fair policy would facilitate dialogue with stakeholders, and facilitate the timely attainment of shared global health goals.

Ms WANJAU (International Federation of Medical Students Associations), speaking at the invitation of the CHAIRMAN, recalled that meaningful youth participation had become increasingly vital to effective global health governance, as had been noted in resolution WHA64.28 on youth and health risks, which promoted the participation and empowerment of young people and youth organizations. She urged Member States to create a formal space for youth engagement; ensure the presence and active participation of youth delegates at future Health Assemblies; and undertake a consultative process with young people at local and national levels. WHO should continue to clarify its policies on managing conflict of interest, as a case-by-case approach was insufficient and could undermine the Organization’s integrity. She supported the full disclosure and management of financial and commercial interests, which required a clear policy, procedures and criteria for involvement of nongovernmental organizations with conflicts of interest. WHO should remain a forum for discussion of controversial and sensitive health topics, while respecting the diversity of views and cultural differences. WHO, post-reform, should be an organization that engaged with youth organizations, and was safeguarded from conflicts of interest.

Dr LEGGE (Medicus Mundi International, International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, said that the Secretariat’s report contained a useful analysis of the challenges faced by WHO in engagement with non-State actors. The proposed typology of action should be replaced by one of risk, including the identification, assessment and management of four types of risk. Priority-setting should not be compromised by the donors’ selective funding of favoured programmes. Partisan policy perspectives should not be adopted owing to inappropriate influences on decision-making. Institutions and corporations, the purposes of which ran counter to WHO’s mandate, should not be legitimized. Programmes should not be rendered ineffective because of a reluctance to work in partnership with civil-society organizations, where such partnerships could contribute effectively to health development.

The management of those risks required different procedures and tools, but was governed by the common principles of intelligence, integrity and accountability. It was not important to define primary and secondary interests, as all non-State actors had different motivations, as did Member States. However, it was important that WHO and its Member States enter into relationships with non-State actors with a realistic understanding of those purposes.

Accountability required transparency, as well as effective mechanisms; and managerial accountability alone was insufficient. Whistle-blowers, including civil-society organizations, should draw public attention to potential failures in integrity.

Accredited participation of nongovernmental organizations in governing body meetings should be fixed-term with periodic renewal, rather than restricted to particular meetings; and should require the provision of sufficient information on its purposes. Such information should be publicly available.

He urged the Board to consider a typology of risks rather than of interactions.
Dr LOPEZ ACUÑA (Adviser to the Director-General), responding to the comments made by the representatives of Zimbabwe and Sri Lanka, recalled that the discussion on engagement with non-State actors had been evolving for two years, and various approaches had been proposed. Earlier discussions had initially led to requests to develop two policies for engagement, but a decision had been taken by the Board at its 132nd session that the Secretariat should start by developing overarching principles for consideration at the current session, with a view to the subsequent preparation of operational procedures governing engagement with different actors, namely nongovernmental organizations and private commercial entities. Clarifying the difference between vested interest and commercial interest, he explained that vested interest had a wider scope, which included commercial interest as well as risk to the Organization’s reputation. The need to address and avoid vested interest was implicit in the document under discussion. It was important to identify and to categorize risk, including corporate risk, to manage engagement, and to avoid conflict of interest.

The DIRECTOR-GENERAL recalled the multilateral nature of WHO, which would be maintained, and emphasized that decision-making authority must remain with Member States. There was clearly a need to request specific contributions from non-State actors, and many such actors wished to work with WHO. However, WHO must be selective; Member States and the Secretariat must determine the contribution of those actors to public health and a robust conflict of interest policy was needed in order to deal with vested interest. The Organization’s conflict of interest policy had already been reviewed by the Office of the Legal Counsel, and had been strengthened. The policy on disclosure of information was also to be expanded. As noted by the representative of Medicus Mundi International, accountability required transparency in information and intelligence. Transparency was extremely important, and she would encourage full disclosure of WHO activities, including all the money received through the financing dialogue, for which a new portal was being developed to show all income, expenditure and financing sources.

She had taken note of comments concerning the use of different typologies of interaction, actors, and risk in the future work on non-State actor engagement. However, it was an extremely complex area of work. Development of a comprehensive list of all non-State actors would require intelligence obtained through due diligence, or disclosed by Member States, including whistleblowers. That outcome was linked to the development, under managerial reform, of a risk register that brought together reputational, operational and political risks. Noting the proposal made by the member from Argentina to set up an ethics committee, she recalled that the Board had already requested the creation of a division for ethics and risk management within the Office of the Director-General. It was important to avoid duplication of work.

She welcomed the support expressed for the overarching principles, and the additional suggestions made, and took it that the Board was requesting the Secretariat to develop the policy framework for engagement with two categories of non-State actors. She noted that, although some elements would apply to both categories and across the three levels of the Organization, there would be some differences in operational procedures.

Regarding the request to hold a mixed meeting with all actors, including Member States, academics, civil society, commercial interests and others, she said that she would seek to identify an appropriate date on which to hold a one-day informal meeting.

The CHAIRMAN recalled that comments had also been made regarding the application of the overarching principles at all levels of the Organization and the role of WHO in advocacy.

In light of the discussions, she suggested that the draft decision should be amended by adding the words “in principle” after “endorsed”, in paragraph (1), and the words “particularly in relation to transparency, risk and conflict of interest,” after “deliberations of the Executive Board” in paragraph (2).
Ms TAKAENZANA (Zimbabwe) urged the members of the Board to note, rather than endorse, the outlined approach referred to in paragraph (1) of the draft decision, particularly given the richness of the Executive Board’s discussion. The approach could be endorsed once the operational procedures had been developed. She reiterated her earlier question, which had not been answered, about the way in which profit and non-profit philanthropic organizations would be covered under the framework.

Mr KLEIMAN (Brazil), supporting the suggestion, proposed that the words “endorsed in principle” should be replaced by “noted” in paragraph (1), especially given that paragraph (2) contained a reference to continuing work, which he understood would include the typology of non-State actors.

Mr PIPPO (Argentina) supported that proposal. As a number of speakers, including himself had pointed out, the principle, set out in subparagraph (9)(c)(iv) of decision WHA65(9), that any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective should be reflected in the overarching principles.

The CHAIRMAN pointed out that paragraph (2) already requested the Director-General to take into account the deliberations of the Board, which would include that principle.

The DIRECTOR-GENERAL confirmed that the principle would be taken into account.

Ms PENEVEYRE (Switzerland) said that the overarching principles had not themselves been called into question. On the understanding that the work would continue, she would therefore prefer the word “endorsed” to be replaced by “welcomed” in paragraph (1) to emphasize that the principles were acceptable.

Mr PIPPO (Argentina) said that his earlier proposal to include a reference to decision WHA65(9) could be left implicit, as had been clarified by the Director-General, as long as the draft decision read “noted”. He could only support the proposal made by the member for Switzerland if that reference were included, and therefore recommended using “noted”.

The DIRECTOR-GENERAL said that the content of the Board’s discussion and therefore paragraph (2) of the draft decision was more important than the differences between “noted”, “welcomed” and “endorsed”. The Board had provided her with principles to guide and enrich the Secretariat’s work in preparing the framework of engagement with non-State actors, which would be submitted to the Board for its approval in 2014.

Ms PENEVEYRE (Switzerland) accepted the proposal to amend paragraph (1) by replacing “endorsed in principle” with “noted”.

The CHAIRMAN took it that the Board wished to adopt the draft decision as amended by Brazil in paragraph (1) and by herself in paragraph (2).

**It was so decided.**

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
2 Decision EB133(2).
2. MANAGEMENT AND FINANCIAL MATTERS: Item 7 of the Agenda

Committees of the Executive Board: filling of vacancies: Item 7.2 of the Agenda
(Documents EB133/9 and EB133/9 Add.1)

• Programme, Budget and Administration Committee

The CHAIRMAN said that the Programme, Budget and Administration Committee was composed of 14 members: two from each region, selected from among Board members, plus the Chairman and a Vice-Chairman of the Executive Board, ex officio.

In the absence of any objection, she took it that the Board wished to approve the proposals contained in paragraph 2 of document EB133/9 Add.1.

It was so decided.\(^1\)

• Standing Committee on Nongovernmental Organizations

The CHAIRMAN said that there were three vacancies to be filled on the Standing Committee on Nongovernmental Organizations.

In the absence of any objection, she took it that the Board wished to approve the proposals contained in paragraph 3 of document EB133/9 Add.1.

It was so decided.\(^2\)

• Foundation committees

The CHAIRMAN said that there were two vacancies to be filled on the foundation committees.

In the absence of any objection, she took it that the Board wished to approve the proposals contained in the section on foundation committees in paragraph 3 of document EB133/9 Add.1.

It was so decided.\(^3\)

• Appointment of representatives of the Executive Board to the Sixty-seventh World Health Assembly

The CHAIRMAN proposed that the Executive Board be represented by the Chairman and the first three Vice-Chairmen. If any of them were not able to attend the Health Assembly, the other Vice-Chairman and/or the Rapporteur could be asked to represent the Board.

In the absence of any objection, she took it that the Board wished to approve that proposal.

\(^1\) Decision EB133(3).

\(^2\) Decision EB133(4).

\(^3\) Decisions EB133(5) and EB133(6).
It was so decided.¹

3. TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda

Comprehensive and coordinated efforts for the management of autism spectrum disorders:
Item 6.1 of the Agenda (Document EB133/4)

The CHAIRMAN invited the Board to consider the draft resolution on comprehensive and coordinated efforts for the management of autism spectrum disorders proposed by Afghanistan, Bahrain, Bangladesh, Belarus, Bhutan, Botswana, Canada, Chad, Chile, China, Congo, Costa Rica, Cuba, Democratic People’s Republic of Korea, Ecuador, Egypt, Ethiopia, Georgia, Germany, India, Indonesia, Iran (Islamic Republic of), Jordan, Lebanon, Madagascar, Maldives, Mauritania, Mexico, Monaco, Mongolia, Morocco, Myanmar, Nepal, Oman, Pakistan, Peru, Qatar, Republic of Korea, Romania, Senegal, Slovakia, Somalia, South Africa, Sri Lanka, Thailand, Timor-Leste, Turkey, Turkmenistan, Ukraine and Uzbekistan, which read:

The Executive Board,
Having considered the report on the comprehensive and coordinated efforts for the management of autism spectrum disorders,²

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,


PP2 Further recalling, as appropriate, resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level and resolution WHA66.9 on disability; WHO-SEA Regional Committee Resolution SEA/RC65/R7 on comprehensive and coordinated efforts for the management of Autism Spectrum Disorders (ASDs) and developmental disabilities; WHO-EU Regional Committee Resolution EUR/RC61/R5 on WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families; WHO-EMR Regional Committee Resolution EM/RC57/R.3 on maternal, child and adolescent mental health: challenges and strategic directions 2010–2015 which all emphasize on a strong response to the needs of persons with developmental disorders including Autism Spectrum Disorders (ASDs) and other developmental disorders;

¹ Decision EB133(7).
² Document EB133/4.
PP3 Reiterating commitments to safeguard citizens from discrimination and social exclusion on the grounds of disability irrespective of the underlying impairment whether physical, mental, intellectual or sensory according to the Convention on the Rights of Persons with Disabilities, and promoting all persons’ basic necessities of life, education, medical health care and social security; and attention to vulnerable persons;

PP4 Noting that globally, an increasing number of children are being diagnosed with autism spectrum disorders and other developmental disorders and that it is likely that still more remain unidentified or incorrectly identified in society and in health facilities;

PP5 Understanding that autism spectrum disorders are life-long developmental disorders and are marked by the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interest; manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual;

PP6 Further noting that persons with autism spectrum disorders continue to face barriers in their participation as equal members of the society, and reaffirming that discrimination against any person on the basis of disability is inconsistent with human dignity;

PP7 Deeply concerned about the rising number of identified individuals with autism spectrum disorders and other developmental disorders and that individuals with autism spectrum disorders and their families face major challenges including social stigma, isolation and discrimination, and children and families in need, especially in low resource contexts, often have poor access to appropriate supports and services;

PP8 Acknowledging the comprehensive mental health action plan 2013–2020 and, as appropriate, the policy measures that are recommended in resolution WHA66.9 on disability which can be particularly instrumental for developing countries in the scaling up of care for autism spectrum disorders and other developmental disorders;

PP9 Recognizing the need to create strong health systems that support all persons with disabilities, mental health and developmental disorders, without discrimination;

1. **URGES** Member States:

   (1) to give appropriate recognition of special needs of the individuals affected by the autism spectrum disorders and other developmental disorders in policies and programmes related to early childhood and adolescent development, as part of comprehensive approach to address child and adolescent mental health and developmental disorders;

   (2) to develop or update and implement relevant policies, legislation, and multisectoral plans as appropriate, in line with resolution WHA65.4, supported by adequate human, financial and technical resources to address issues related to autism spectrum disorders and other developmental disorders; as part of comprehensive approach to support all persons living with mental health issues or disabilities;

   (3) to support public awareness raising and stigma removal campaigns consistent with the Convention on the Rights of Persons with Disabilities;

   (4) to increase capacity of health and social care systems, as appropriate, to provide services for individuals and families with autism spectrum disorders and other developmental disorders;

   (5) to mainstream monitoring and promotion of child and adolescent development into primary health care services to ensure timely detection and management of autism spectrum disorders and other developmental disorders according to the national circumstances;
(6) to systematically shift the focus of care away from long stay health facilities towards community based non-residential services;
(7) to strengthen different levels of infrastructure for comprehensive management, as appropriate including care, education, support, intervention, services and rehabilitation, of autism spectrum disorders and other developmental disorders;
(8) to promote sharing of best practices and knowledge about autism spectrum disorders and other developmental disorders;
(9) to promote sharing of technology to assist developing countries in the diagnosis and treatments of autism spectrum disorders and other developmental disorders;
(10) to provide social and psychological support and care to families affected by autism spectrum disorders and to include persons with autism spectrum disorders and developmental disorders and their families within disability benefit schemes where available and as appropriate;
(11) recognize the contribution of adults living with autism spectrum disorders in the workforce, and continue to support workforce participation in partnership with private sector;
(12) to identify and address disparities in access to services for persons with autism spectrum disorders and other developmental disorders;
(13) to improve health information and surveillance systems to capture data on autism spectrum disorders and other developmental disorders and conduct national level needs assessment as part of the process;
(14) to promote context specific research on the public health and service delivery aspects of autism spectrum disorders and other developmental disorders; and to promote and strengthen international research collaborations to identify causes and treatments;

2. **REQUESTS** the Director-General:
(1) to collaborate with Member States and partner agencies to provide support and strengthen national capacities to address autism spectrum disorders and other developmental disorders as a part of a well-balanced and system strengthening approach to address mental health and disability, in line with existing related action plans and initiatives;
(2) to engage with autism-related networks, and other regional initiatives, as appropriate; and to support networking with other international stakeholders for autism spectrum disorders and other developmental disorders;
(3) to work with Member States to facilitate resource mobilization to address autism spectrum disorders and other developmental disorders in different Regions particularly in resource poor countries; in line with the approved Programme Budget;
(4) to implement the comprehensive mental health action plan 2013–2020 and resolution WHA66.9 on disability to scale up care for individuals with autism spectrum disorders and other developmental disorders, as applicable and as an integrated component of the scale-up of care for all mental health needs;
(5) to monitor the global situation of autism spectrum disorders and other developmental disorders and evaluate progress of different initiatives and programmes in collaboration with international partners as part of existing monitoring efforts embedded in related action plans and initiatives;
(6) to report on progress with regard to autism spectrum disorders, in a manner that is synchronized within the reporting cycle on the global mental health action plan and submits a progress report to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assembly.
Mr AL-RUMAIHI (Qatar), introducing the draft resolution on behalf of its 50 sponsors, said that it reflected the wide range of development disorders concerned; highlighted the needs of the individuals, families and communities affected; and stressed the importance of coordinated responses at the national level.

Dr KAMWI (Namibia), speaking on behalf of the Member States of the African Region, welcomed the Secretariat's report. Autism spectrum disorders had received inadequate attention in the public health arena owing largely to a lack of information, and WHO regional offices should be encouraged to gather relevant data at the regional and national levels. Member States, for their part, should integrate responses to autism spectrum disorders into national mental health strategies. The comprehensive mental health action plan 2013–2020 adopted by the Sixty-sixth World Health Assembly and the framework of priorities set out in paragraph 12 of document EB133/4 would be highly useful in that regard. A particular emphasis should be placed on service improvements; awareness-raising, through initiatives such as the United Nations World Autism Awareness Day; collaboration with parents’ groups and other civil-society stakeholders; and engaging research institutions in expanding the knowledge base. Speaking in his capacity as the member for Namibia, he supported the draft resolution.

Dr USHIO (Japan) said that autism spectrum disorders had until recently received insufficient attention from the global health community. Such disorders should not be dealt with in isolation but within a comprehensive legislative package consistent with a wide range of social sector policies, bearing in mind the importance of policy coherence and system efficiency in resource-limited settings. Developmental disorders were included in the scope of the comprehensive mental health action plan 2013–2020 adopted by the Sixty-sixth World Health Assembly, and WHO and its global partners should provide further policy guidance and support within the framework of that plan. He supported the draft resolution.

Dr AMMAR (Lebanon) said that autism spectrum disorders were increasingly identified as a cause of disability and represented a significant social and economic burden on families and societies. Early detection was essential as, in view of the advances in psychological intervention techniques, it could help to improve the prospects of those affected. Education of mothers and suitable training for family physicians, paediatricians and social and health workers were therefore of prime importance.

Professor NICKNAM (Islamic Republic of Iran) requested the Secretariat to provide technical support to Member States for strengthening surveillance systems, formulating realistic plans for tackling disabilities associated with autism spectrum disorders, and for ensuring that the health consequences of affected populations were addressed by maternal and child health services. Awareness-raising was essential and high priority should be given to in-service training for health workers, intersectoral collaboration and legislation to support families bearing the social and economic burden. He supported the draft resolution.

Dr MEMISH (Saudi Arabia) agreed that autism spectrum disorders were a major problem and that the data available on the burden of those disorders were inadequate. The Secretariat had much to offer Member States in terms of guidance to assist in developing strategies to tackle them. He supported the draft resolution.

Mr JEON Man-bok (Republic of Korea) said that, although great progress had been made on the human rights and quality of life of people with disabilities, much remained to be done for those with developmental disorders, including autism spectrum disorders. The Republic of Korea was paying increasing attention to developmental disabilities and was preparing to introduce new legislation to strengthen support for the individuals affected and their families. It would work to reinforce
international cooperation as an extension to the United Nations Convention on the Rights of Persons with Disabilities and through the implementation, inter alia, of the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific.

Mrs BAMIDELE (Nigeria) said that the Secretariat’s report would assist her country in addressing society’s lack of awareness about autism spectrum disorders, as well as the shortage of qualified health workers and facilities, and the absence of legislation to protect the rights of the people affected, and to support them. The Government had designated responsible officers and a clear budget line for autism spectrum disorders at the ministries of health, women’s affairs, and social services, and was preparing to develop a national policy in partnership with WHO and local nongovernmental organizations. She urged WHO to increase its support for research and development, and training, and supported the draft resolution.

Dr MOHAMED (Maldives) said that the risk of autism spectrum disorders leading to lifelong psychosocial disabilities could be averted through early detection and appropriate interventions, which could improve the affected persons’ quality of life and contribution to society. However, many countries lacked the necessary data and diagnostic capacities. Autism spectrum disorders should be given appropriate priority in national health agendas, with a concerted effort to raise awareness and build the capacity of health systems and communities to diagnose and manage such disorders. His country’s newly enacted disability law provided support to families and to the nongovernmental organizations caring for affected children. But capacity remained limited, and work had only just begun in the capital. Plans to extend such services to remote communities in the islands were a challenge.

He supported the draft resolution, which would pave the way towards stronger commitments, capacity-building, technology-sharing and collaborative networks.

Dr BEJTJA (Albania) said that autism spectrum disorders should be tackled with specific measures tailored to the scale of the problem and to the costs to the individual and to society. Such disorders were incurable but early detection and treatment could enable those affected to lead independent lives in their communities. Relevant programmes should be based on the key principles set out in the report, and the regional autism networks cited in paragraph 19 should be strengthened. Autism spectrum disorders fell within the scope of the comprehensive mental health action plan 2013–2020 but they should be dealt with separately. He supported the draft resolution.

Dr CESARIK (Croatia) recognized the need for a multisectoral, integrated approach and the importance of raising awareness in order to improve the health, education and social care needs of people with autism spectrum disorders and their families. Affirming that innovative approaches were required to improve the health services provided to people with autism spectrum disorders, he further noted the need to enhance early detection and diagnosis, and to focus on early interventions. National policies, strategies and legislation should seek to develop and improve activities aimed at enabling children with developmental disorders to live independently, and at enhancing both their own quality of life and that of their families. He supported the draft resolution.

Dr BOKLAND (Suriname) said that the comprehensive mental health action plan 2013–2020 adopted at the Sixty-sixth World Health Assembly called for numerous actions to be undertaken by Member States with a view to scaling up their mental health care services. Autism spectrum disorders and other developmental disorders with childhood and adolescent onset were included in the action plan. In implementing the plan, his country would initially focus more on suicide prevention and the decentralization of mental health services, which covered those disorders.
Dr VALVERDE (Panama) placed particular emphasis on the need to create strong health systems and to increase support for all persons with disabilities and mental and developmental disorders without discrimination. Her country was in the process of conducting an autism survey and had recently introduced a new law establishing a centre for patients with autism spectrum disorders. She supported the draft resolution and requested that Panama be added to the list of sponsors.

Mr SIDIKOV (Uzbekistan) expressed full support for the draft resolution.

Dr MOSTAFA (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft resolution and called for the increasing problem of autism spectrum disorders to be considered as a priority in the field of childhood development.

Mr PIPPO (Argentina) thanked the Secretariat for its efforts to raise awareness of autism spectrum disorders. Member States should guide and encourage community-based actions through integrated and intersectoral health policies, taking into account the determinants of health. The families of people with autism spectrum disorders could be further supported through: the promotion and strengthening of detection programmes; the facilitation of access to adequate and appropriate health services; the strengthening of childhood programmes; and the development of policies to address the social and economic support required by low-income households. In addition, the development of awareness-raising activities and the implementation of programmes to enhance the capacity of health professionals would improve the situation of persons with autism spectrum disorders. He endorsed the draft resolution, but, referring to the resolution contained therein, requested clarification of the scope of the term “other developmental disorders” and proposed that the ninth preambular paragraph should be amended by replacing the words “create strong” with the word “strengthen”.

Dr RANJAN (India)\(^1\) said that autism spectrum disorders were widespread, common to all countries, and imposed a significant emotional and economic burden on families. Caring for children affected by those disorders was especially demanding in contexts where access to services and support was inadequate. India endorsed the draft resolution, which was in line with the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disorders and the charter of the South Asian Autism Network.

Mr ANDREEV (Belarus)\(^1\) stressed the importance of a coordinated global approach, including evaluation and technical support, to autism spectrum disorders. He was concerned about the lack of attention paid to such disorders, which had an impact on the health systems of every Member State. The draft resolution set out an appropriate road map for tackling developmental disabilities at a global, regional and national level and he encouraged its adoption.

Dr HAQUE (Bangladesh),\(^1\) welcoming the overwhelming support for the draft resolution, recalled that signatories to the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disorders had pledged to cooperate in giving priority to the needs of people with neurodevelopmental disabilities. Political will must be translated into sustainable strategies, multidisciplinary planning and evidence-based actions through national health systems. The South Asia Autism Network had been established to pool the region’s resources in that regard.

Misinformation on neurodevelopmental disabilities and child mental health disorders was still rife, even among health-care professionals, and the lack of data, especially in Asia and Africa,

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
prevented communities from formulating and implementing evidence-based public health policies. Moreover, insufficient expertise prevented countries from developing appropriate programmes. It was essential to take action, and he therefore appealed to members to adopt the draft resolution.

Dr BAYE LUKONG (Cameroon), supporting the draft resolution, said that her country was updating its national policy on mental health, including autism spectrum disorders, and undertaking awareness-raising activities. However, it required support from WHO for that work.

Ms STRESINA (Romania) said that many people with autism spectrum disorders continued to experience stigmatization owing to a lack of awareness and limited access to the relevant health and social care. More research was needed to understand the causes of those disorders, which in turn would identify appropriate means of improving the lives of those affected by them. Governments should more closely align their responses in order to ensure an effective multisectoral, life-course approach.

Progress had been made in Romania by scaling up screening and early detection programmes; increasing the capacity of health professionals in interventions for autism spectrum disorders; promoting the use of cognitive behavioural therapy; implementing projects to improve the social and professional integration of people with autism spectrum disorders; and developing awareness-raising activities.

As one of its sponsors, Romania fully endorsed the draft resolution, especially its recognition of the need for an integrated, intersectoral approach and the importance of raising awareness.

Mrs TINOCO (Costa Rica) endorsed the draft resolution on comprehensive and coordinated efforts for the management of autism spectrum disorders, stressing that it was an issue that must be tackled in an integrated manner.

Dr WIDIYARTI (Indonesia) endorsed the draft resolution. Increasing numbers of children were being diagnosed as having autism spectrum and other developmental disorders; the international community must recognize and address the special needs of the individuals affected by autism spectrum disorders and other developmental disorders. Efforts to ensure timely detection and management must take into account the specific circumstances of each Member State.

Dr DAULAIRE (United States of America) said that he appreciated the report’s recognition that support for people with autism spectrum disorders or other developmental disorders should be provided through an integrated, comprehensive approach without distinction or discrimination, underlining his country’s commitment to supporting such an approach. However, the report’s focus on autism spectrum disorders must not result in the neglect of other child mental health disorders or other developmental disorders. A crucial issue not addressed in the report or the draft resolution was the widespread yet scientifically disproven belief that autism was associated with childhood vaccination. As the leading global public health agency, it was the responsibility of WHO clearly to dispute harmful and invalid allegations, particularly when they contributed to harmful health practices. He would like to have seen a sentence in paragraph 5 of the report explicitly countering the alleged relationship between autism and vaccination.

Professor PE THET KHIN (Myanmar) said that it was important not to refer to autism spectrum disorders as “neglected” childhood disorders, as no doctor neglected the suffering of any patient, regardless of whether a particular disorder had been given priority in national or global health agendas.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
More comprehensive care for children with autism spectrum disorders was needed but should also encompass all other childhood developmental and social disorders.

Ms WISEMAN (Canada), noting that Canada was a sponsor of the draft resolution, said that autism spectrum disorders affected people from all walks of life as well as their families and caregivers and, while there was no known cure, early intervention was important, as many of the symptoms of the condition were treatable. The earlier the children were diagnosed, the better their long-term development would be.

Canada had undertaken various activities to tackle autism spectrum disorders, including funding research and developing a national surveillance system, with a view to establishing evidence-based policies to support those living with those disorders.

Mr SAMAR (Algeria) said that his country wished to sponsor the draft resolution.

Dr PITAKPOL BOONYAMALIK (Thailand) expressed support for the comments made by the representatives of Bangladesh and India. Although autism spectrum disorders were included under the comprehensive mental health action plan 2013–2020, a specific action plan with a separate set of indicators was nevertheless required in view of the complex nature of those disorders. His country was a sponsor of the draft resolution and stood ready to participate in the work ahead.

Dr ETALEB (Libya) supported the draft resolution, as incidence of autism spectrum disorders was increasing in many countries and managing those disorders placed a heavy burden on families and Member States. He emphasized the need for education, raising awareness of the importance of early diagnosis, training to improve skills among health professionals regarding the provision of mental health services, and support for epidemiological research.

The proposals related to mental health in the Twelfth General Programme of Work should improve the provision of care to all patients with autism spectrum disorders and other developmental disorders.

Ms KOCHLEF (Tunisia) said that Tunisia wished to be added as a sponsor of the draft resolution.

Dr LI Mingzhu (China), expressing support for the draft resolution and welcoming the work of WHO on autism spectrum disorders, said that aspects such as education and rehabilitation of children with those disorders was a long-term process that often placed a heavy burden on families and wider society. China attached great importance to those activities and had thus stepped up its efforts in recent years through pilot projects and capacity-building for rehabilitation and education at the provincial level.

WHO should enhance its awareness-raising activities and research on the etiology of autism spectrum disorders.

Mr RAZAFINDRAZAKA (Madagascar) underscored the need for a comprehensive policy on autism spectrum disorders and the long-term care that respected the human rights of those affected, promoted their empowerment and eased the financial burden on their families.

Mr VALADAS DA SILVA (Portugal) endorsed the draft resolution and said that Portugal wished to join the list of sponsors.

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Dr ELABASSI (Sudan)\(^1\) said that Sudan also wished to be added as a sponsor of the draft resolution. It was important to ensure that the treatment of autism spectrum disorders was integrated into broader mental health care and primary health care policies and to ensure a holistic approach to prevention, treatment and follow up.

Ms CHERQAOUI (Morocco)\(^1\) supported the draft resolution and underscored the need for capacity-building with regard to addressing autism spectrum disorders.

Dr CHESTNOV (Assistant Director-General), responding to the representative of the United States of America, said that the Organization had not yet looked in detail at the scientific evidence in relation to the alleged relationship between autism and vaccination but, even though no reference had been made to it in the report, WHO would certainly take it into account in its work in the area of autism spectrum disorders.

He said that from his personal experience of having a grandchild with autism, he well understood all the issues that had been raised, including the need for early detection, the financial burden that was placed on families and uncertainty over the future development of those with such disorders. He too welcomed the lead that WHO was taking in addressing the management of autism spectrum disorders.

The DIRECTOR-GENERAL, responding to a question from the member for Argentina, said that developmental problems included attention deficit, hyperactivity and language problems. Noting that WHO was promoting early child development within another of its clusters, she emphasized the importance of early diagnosis in providing the best prospects for children with autism spectrum disorders.

The CHAIRMAN invited the Board to consider the draft resolution. Referring to the resolution contained therein, she recalled that Argentina had already proposed amending the ninth preambular paragraph by replacing the words “create strong” with the word “strengthen”.

Mr AL-RUMAIHI (Qatar) proposed that the words “in line with the programme budget” should be inserted at the end of subparagraph 1(3).

Ms BENNETT (Australia) said that she did not understand why consideration of the programme budget needed to be requested of Member States.

The CHAIRMAN asked the member for Qatar if he would agree to withdraw the proposed amendment on the basis that subparagraph 2(3) already requested the Director-General to take the programme budget into account.

Mr AL-RUMAIHI (Qatar) said that that was acceptable.

Ms PENEVEYRE (Switzerland), highlighting the need to establish a well-defined, coherent link between the activities to manage autism spectrum disorders and the activities of the comprehensive mental health action plan 2013–2020, including in terms of reporting, noted with appreciation that reference to the action plan had been made in the draft resolution. She asked the Secretariat to clarify the financial implications of the draft resolution and confirm whether the required funding would be covered by the portion of the approved programme budget allocated to mental health.

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
Dr CHESTNOV (Assistant Director-General) confirmed that autism spectrum disorders had been incorporated into the comprehensive mental health action plan 2013–2020 and said that the draft resolution was a way to afford it the appropriate priority.

Dr CUYPERS (Belgium), recognizing the importance of autism spectrum disorders, noted that the recently adopted comprehensive mental health action plan 2013–2020 provided the appropriate global, integrated framework within which to address them. He too requested clarification of the financial implications of the draft resolution, including the required staffing levels, as well as an analysis of the potential risks to full implementation of the action plan if resources were diverted to one specific area. Adoption of the draft resolution might not be the appropriate course of action if the necessary resources were not available in the approved programme budget.

The DIRECTOR-GENERAL, responding to the members for Switzerland and Belgium, said that 23% of the Programme budget 2014–2015 would come from assessed contributions, but the rest would depend on the outcome of the financing dialogue with Member States and partners and on how much of the funding gap could be filled. She reiterated her promise to do what she could with the resources available to ensure that key programmes were not left unfunded; it was hoped that the comprehensive mental health action plan 2013–2020, which would include autism spectrum disorders, would be fully funded but, if that was not the case, she would report back to the governing bodies and seek guidance on how to proceed.

Dr DAULAIRE (United States of America)\(^1\) referring to the resolution contained in the draft resolution, requested the Board to consider inserting a new paragraph after the fourth preambular paragraph to read, “highlighting that there is no valid scientific evidence that childhood vaccination leads to autism spectrum disorders”.

Ms BENNETT (Australia) proposed that the wording suggested by the representative of the United States of America should be included in the draft resolution; everything possible should be done to dispel the belief that such a link between vaccination and autism spectrum disorders existed and to promote immunization coverage for vaccine-preventable diseases.

The CHAIRMAN, speaking in her personal capacity, said that many in her country and others still continued to quote a particular scientific article – which had been wholly discredited – as evidence of a link between childhood vaccination and autism spectrum disorders. Drawing attention to that in the draft resolution would help countries to counter such pernicious arguments, which unnecessarily scared those who were already hesitant about vaccination.

Dr VALVERDE (Panama) said that it could be difficult to promote vaccination in some cultures and drew attention to his country’s own experience of opposition to vaccinations when they had been introduced among some indigenous populations. It was essential to inform the public about the benefits of vaccinations in order to counter misinformation and dispel concerns.

Dr MOSTAFA (Egypt) requested clarification from the representative of the United States of America on what scientific evidence he had that vaccinations categorically did not lead to autism spectrum disorders.

He proposed that subparagraph 1(3) should be amended to include the words “research and” after “to support”, as there was a need to improve the etiological information available on such disorders.

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
Ms DÁVILA CHÁVEZ (Mexico) expressed support for the amendment suggested by the United States of America and proposed by Australia. Mexico enjoyed good vaccination coverage, which was the first and most important step in ensuring the protection of children’s health.

Dr MOHAMED (Maldives) said that in subparagraph 1(5) the word “monitoring” should be placed after “promotion of child and adolescent development” so as to put greater emphasis on the need for promotion.

Mr AL-RUMAIHI (Qatar) said that it was important to ensure full vaccination coverage for communicable diseases such as measles and rubella, which were close to eradication in many countries but for which vaccination coverage still needed to go beyond 90%. Many studies had disproven the alleged link between vaccinations and autism, but that allegation had still led to a reduction in coverage in many countries. He supported the amendment suggested by the representative of the United States of America, given the continued need to dispel the rumours of such a link.

Dr BEJTJA (Albania) also supported the amendment suggested by the representative of the United States of America and the need to discredit the association between vaccination and autism spectrum disorders.

Ms TAKAENZANA (Zimbabwe) requested clarification on what research had been conducted on the link or absence of a link between vaccinations and autism spectrum disorders.

Ms STRESINA (Romania) suggested some minor editorial amendments.

The CHAIRMAN confirmed that the Secretariat would take note of those suggestions when preparing the final text. She drew attention to the proposed amendments to the resolution contained in the draft resolution which were: to insert a new paragraph after the fourth preambular paragraph to read “highlighting that there is no valid scientific evidence that childhood vaccination leads to autism spectrum disorders”; to amend the ninth preambular paragraph by replacing the words “create strong” with the word “strengthen”; to amend subparagraph 1(3) by inserting the words “research and” after “support”; and to amend the first part of subparagraph 1(5) to read “to mainstream into primary health care services the promotion and monitoring of child and adolescent development …”.

Ms KOCHLEF (Tunisia) said that the amendment to the ninth preambular paragraph proposed by the member for Argentina did not account for the fact that, in some countries, the establishment of health systems, rather than their strengthening, might be necessary. She therefore proposed that it would be preferable to replace the words “to create” with “to create or strengthen”.

The CHAIRMAN invited the Secretariat to respond to the request for clarification concerning the alleged link between vaccinations and autism spectrum disorders.

Dr KIENY (Assistant Director-General) said that the Global Advisory Committee on Vaccine Safety, in collaboration with numerous national committees, had looked at the alleged evidence of a link between vaccinations and autism spectrum disorders many times and had never found any evidence that such a link existed. She confirmed that the scientific data would be reanalysed any time a new allegation of a link was made to ensure that discussions were always based on the latest scientific evidence available.

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Dr MOSTAFA (Egypt) pointed out that until the etiology of autism spectrum disorders was better understood, no potential factor, including that of vaccinations, could be excluded.

In reply, the CHAIRMAN said that the wording of the amendment proposed by the representative of the United States of America had been carefully chosen. Speaking in her personal capacity, she stressed the need to ensure that there was no suggestion that WHO had questioned the scientific evidence currently available, which would only serve to increase fear among people and to have a negative impact on vaccination coverage.

Dr MOSTAFA (Egypt) said that it was a case of no scientific evidence to date, rather than simply no scientific evidence.

The DIRECTOR-GENERAL stressed that the report linking vaccinations with autism had been based on invalid science and had been disproven. If the Secretariat and Member States did not take a strong stand in refuting the claim of a link, parents would continue to believe the false evidence and would stop their children from being vaccinated. The subject should have been included in the Secretariat report and the draft resolution.

She confirmed that there were mechanisms in place to revise and reissue guidelines if any new scientific findings were published in the future.

Dr MOSTAFA (Egypt) agreed that, from the social perspective, it was essential to encourage people to vaccinate their children. However, from the scientific perspective, it was not possible to include such a reference unless it was understood that it could be revised in future based on up-to-date scientific information.

The DIRECTOR-GENERAL assured the member for Egypt that the relevant guidelines would be revised accordingly if any new scientific evidence on the matter became available.

Mr ROMERO PUENTES (Cuba) said that the amendment to the ninth preambular paragraph suggested by the representative of Tunisia deserved consideration and proposed that in place of “create strong”, the text should be amended to read “create or strengthen, as appropriate”.

Professor PE THET KHIN (Myanmar) expressed support for the amendment suggested by the representative of the United States of America. As a paediatrician he had long been aware of the alleged link between vaccinations and autism spectrum disorders. He said that scientific work was never truly complete as observational, analytical or other research would always continue; new evidence might come to light in future, but that was not a reason to neglect current scientific findings. If new evidence did emerge, it would be right to revise guidelines and actions accordingly at that time.

The resolution, as amended, was adopted.¹

The meeting rose at 12:35.

¹ Resolution EB133.R1.