



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

133RD SESSION

GENEVA, 29 and 30 MAY 2013

**RESOLUTIONS AND DECISIONS
ANNEXES**

**SUMMARY RECORDS
LIST OF PARTICIPANTS**

**GENEVA
2013**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children's Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 133rd session of the Executive Board was held at WHO headquarters, Geneva, on 29 and 30 May 2013.¹

The Sixty-sixth World Health Assembly elected 12 Member States to be entitled to designate a person to serve on the Executive Board² in place of those whose term of office had expired,³ giving the following new composition of the Board:

Designating country	Unexpired term of office⁴	Designating country	Unexpired term of office⁴
Albania	3 years	Malaysia	2 years
Andorra	3 years	Maldives.....	2 years
Argentina.....	3 years	Mexico	1 year
Australia	2 years	Myanmar	1 year
Azerbaijan	2 years	Namibia.....	3 years
Belgium.....	2 years	Nigeria.....	1 year
Brazil.....	3 years	Panama.....	2 years
Cameroon	1 year	Papua New Guinea	1 year
Chad	2 years	Qatar	1 year
Croatia.....	2 years	Republic of Korea.....	3 years
Cuba.....	2 years	Saudi Arabia.....	3 years
Democratic People's Republic of Korea.....	3 years	Senegal.....	1 year
Egypt	3 years	Sierra Leone	1 year
Iran (Islamic Republic of) ...	2 years	South Africa	3 years
Japan	3 years	Suriname	3 years
Lebanon.....	2 years	Switzerland.....	1 year
Lithuania	2 years	Uzbekistan.....	1 year

Details regarding members designated by the above Member States can be found in the list of members and other participants.⁵

¹ Decision EB132(18).

² Decision WHA66(7).

³ The retiring members had been designated by Armenia, Barbados, China, Ecuador, Mongolia, Morocco, Mozambique, Norway, Seychelles, Timor-Leste, United States of America, and Yemen (see decision WHA63(7)).

⁴ At the time of the closure of the Sixty-sixth World Health Assembly.

⁵ See page 93.

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¹ As adopted by the Board at its second meeting.

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LIST OF DOCUMENTS

EB133/1 Rev.1	Agenda ¹
EB133/1 (annotated)	Provisional agenda
EB133/1 Add.1 and EB133/1 Add.2	Proposal for a supplementary agenda item
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¹ See page ix.

² See decision EB133(1).

³ See Annex 1.

EB133/12 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ¹
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EB133/14	Reports on meetings of expert committees and study groups
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Information document

EB133/INF./1	Statement by the representative of the WHO staff associations
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Diverse documents

EB133/DIV./1	List of members and other participants
EB133/DIV./2	Decisions and list of resolutions
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¹ See Annex 2.

COMMITTEES¹

1. Programme, Budget and Administration Committee²

Mr Tomás Augusto Pippo Briant (Argentina), Dr Dirk Cuypers (Belgium), Dr Martina Baye Lukong (Cameroon), Mr Kim Chang Min (Democratic People's Republic of Korea), Dr Mohamed Mostafa Hamed (Egypt), Dr Shigeru Omi (Japan), Dr Vilius Jonas Grabauskas (Lithuania), Dr Ahmed Jamsheed Mohamed (Maldives), and Mr Liow Tiong Lai (Malaysia), Mr Rodrigo Reina (Mexico), Mr Abdulla Al-Qahtani (Qatar), Professor Awa Marie Coll Seck (Senegal), Professor Jane Halton, Chairman of the Board, member ex officio, and Ms Precious Matsoso, Vice-Chairman of the Board, member ex officio.

Eighteenth meeting, 16–17 May 2013:³ Dr J. Thabet Nasher (Yemen, Chairman), Dr Dirk Cuypers (Belgium, Vice-Chairman), Dr Martina Baye Lukong (Cameroon), Dr Ren Minghui (China), Dr L.H. Sulaiman (Malaysia, alternate to Mr Liow Tiong Lai), Mrs Geela Ali (Maldives, alternate to Dr Ahmed Jamsheed Mohamed), Mr Rodrigo Reina (Mexico), Dr M. De Assunção Saíde (Mozambique), Mr A.A. Al Abdulla (Qatar, alternate to Mr Abdulla Al-Qahtani), Ms Muriel Peneveyre (Switzerland, alternate to Mr Pascal Strupler), Dr M. Sarmiento P. da Costa (Timor-Leste), Ms Ann Blackwood (United States of America, alternate to Dr Nils Daulaire), and Dr Joy St. John (Barbados, member ex officio).

2. Standing Committee on Nongovernmental Organizations⁴

Dr Walid Ammar (Lebanon), Mr Liow Tiong Lai (Malaysia), Dr Pe Thet Khin (Myanmar), Dr Richard Nchabi Kamwi (Namibia), and Dr Zelibeth Valverde (Panama).

3. Sasakawa Health Prize Selection Panel⁵

Chairman and Vice-Chairmen of the Executive Board, members ex officio, and Mr Jeon Man-bok (Republic of Korea).

4. United Arab Emirates Health Foundation Selection Panel⁶

Chairman and Vice-Chairmen of the Executive Board, members ex officio, and Dr Ziad Ahmed Memish (Saudi Arabia).

¹ Showing current membership as of 30 May 2013, and listing the names of those committee members who attended meetings since the previous session of the Executive Board.

² Decision EB133(3).

³ See document EBPBAC18/DIV./1.

⁴ Decision EB133(4).

⁵ Decision EB133(5).

⁶ Decision EB133(6).

PART I

RESOLUTIONS AND DECISIONS

ANNEXES

RESOLUTIONS

EB133.R1 Comprehensive and coordinated efforts for the management of autism spectrum disorders

The Executive Board,

Having considered the report on the comprehensive and coordinated efforts for the management of autism spectrum disorders,¹

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

The Sixty-seventh World Health Assembly,

Recalling the Universal Declaration of Human Rights; the Convention on the Rights of the Child; the Convention on the Rights of Persons with Disabilities; United Nations General Assembly resolution 62/139 declaring 2 April as World Autism Awareness Day; and United Nations General Assembly resolution 67/82 on addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders and associated disabilities;

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; resolution SEA/RC65/R8 adopted by the Regional Committee for South-East Asia on comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; resolution EUR/RC61/R5 adopted by the Regional Committee for Europe on the WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families; resolution EM/RC57/R.3 adopted by the Regional Committee for the Eastern Mediterranean on maternal, child and adolescent mental health: challenges and strategic directions 2010–2015, all of which emphasize a strong response to the needs of persons with developmental disorders including autism spectrum disorders and other developmental disorders;

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, health care and social security, as well as ensuring attention to vulnerable persons;

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 persons remain unidentified or incorrectly identified in society and in health facilities;

¹ Document EB133/4.

Highlighting that there is no valid scientific evidence that childhood vaccination leads to autism spectrum disorders;

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

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

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

Acknowledging the comprehensive mental health action plan 2013–2020¹ 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;

Recognizing the need to create or strengthen, as appropriate, health systems that support all persons with disabilities, mental health and developmental disorders, without discrimination,

1. URGES Member States:

- (1) to give appropriate recognition to the special needs of the individuals affected by autism spectrum disorders and other developmental disorders in policies and programmes related to early childhood and adolescent development, as part of a 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 sufficient human, financial and technical resources to address issues related to autism spectrum disorders and other developmental disorders, as part of a comprehensive approach to supporting all persons living with mental health issues or disabilities;
- (3) to support research and public awareness-raising and stigma-removal campaigns consistent with the Convention on the Rights of Persons with Disabilities;
- (4) to increase the 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 into primary health care services the promotion and monitoring of child and adolescent development in order to ensure timely detection and management of

¹ See document WHA66/2013/REC/1, Annex 3.

autism spectrum disorders and other developmental disorders according to national circumstances;

(6) to shift systematically 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 of autism spectrum disorders and other developmental disorders, as appropriate, including care, education, support, intervention, services and rehabilitation;

(8) to promote sharing of best practices and knowledge about autism spectrum disorders and other developmental disorders;

(9) to promote sharing of technology to support developing countries in the diagnosis and treatment 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 in disability benefit schemes, where available and as appropriate;

(11) to recognize the contribution of adults living with autism spectrum disorders in the workforce, continuing to support workforce participation in partnership with the 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 that capture data on autism spectrum disorders and other developmental disorders, conducting 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; strengthening international research collaboration to identify causes and treatments;

2. REQUESTS the Director-General:

(1) to collaborate with Member States and partner agencies in order to provide support, and to strengthen national capacities to address autism spectrum disorders and other developmental disorders, as part of a well-balanced approach that strengthens systems addressing mental health and disability and is in line with existing, related action plans and initiatives;

(2) to engage with autism-related networks, and other regional initiatives, as appropriate, supporting networking with other international stakeholders for autism spectrum disorders and other developmental disorders;

(3) to work with Member States, facilitating resource mobilization in different regions and particularly in resource-poor countries, in line with the approved programme budget, which addresses autism spectrum disorders and other developmental disorders;

(4) to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020, as well as resolution WHA66.9 on disability, in order 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, evaluating the progress made in different initiatives and programmes in collaboration with international partners as part of the existing monitoring efforts embedded in related action plans and initiatives;

(6) to report on progress made with regard to autism spectrum disorders, in a manner that is synchronized with the reporting cycle on the comprehensive mental health action plan 2013–2020, to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assemblies.

(Third meeting, 30 May 2013)

EB133.R2 World psoriasis day¹

The Executive Board,

Having considered the report on psoriasis,²

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

The Sixty-seventh World Health Assembly,

Recalling all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of noncommunicable diseases, and underlining the importance for Member States to continue addressing key risk factors for noncommunicable diseases through the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;³

Recognizing the urgent need to pursue multilateral efforts to promote and improve human health, providing access to treatment and health care education;

Recognizing also that psoriasis is a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure;

Recognizing further that in addition to the pain, itching and bleeding caused by psoriasis, many affected individuals around the world experience social and work-related stigma and discrimination;

Underscoring that those with psoriasis are at an elevated risk for a number of co-morbid conditions, namely, cardiovascular diseases, diabetes, obesity, Crohn disease, heart attack, ulcerative colitis, metabolic syndrome, stroke and liver disease;

¹ See Annex 2 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

² Document EB133/5, emphasizing especially paragraphs 21, 22 and 23.

³ See document WHA66/2013/REC/1, Annex 4.

Underscoring also that up to 42% of those with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling at the joints and can lead to permanent disfigurement and disability;

Underscoring that too many people in the world suffer needlessly from psoriasis due to incorrect or delayed diagnosis, inadequate treatment options and insufficient access to care;

Recognizing the advocacy efforts of stakeholders, in particular through activities held every year on 29 October in many countries, to raise awareness regarding the disease of psoriasis, including awareness of the stigmatization suffered by those with psoriasis;

Welcoming the consideration of psoriasis issues by the Executive Board at its 133rd session,

1. ENCOURAGES Member States to engage further in advocacy efforts to raise awareness regarding the disease of psoriasis, fighting stigmatization suffered by those with psoriasis, in particular through activities held every year on 29 October in Member States;
2. REQUESTS the Director-General:
 - (1) to draw attention to the public health impact of psoriasis, publishing a global report on psoriasis, including the global incidence and prevalence, emphasizing the need for further research on psoriasis, and identifying successful approaches for integrating the management of psoriasis into existing services for noncommunicable diseases, for stakeholders, in particular policy-makers, by the end of 2015;
 - (2) to include information about psoriasis diagnosis, treatment and care on the WHO web site, aiming to raise public awareness of psoriasis and its shared risk factors, and to provide an opportunity for education and greater understanding of psoriasis.

(Fourth meeting, 30 May 2013)

EB133.R3 Confirmation of amendments to the Staff Rules¹

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,²

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 July 2013 concerning the effective date of amendments to the Staff Rules, unused annual leave and retirement.

(Fourth meeting, 30 May 2013)

¹ See Annex 1, and Annex 2 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

² Document EB133/12.

DECISIONS

EB133(1) Deletion of agenda item

The Executive Board decided:

- (1) to delete item 6.3 from its provisional agenda;¹
- (2) to request the Director-General to hold informal consultations with Member States from all regions with a view to reaching consensus on the title and content of that item;
- (3) to include an item in the draft provisional agenda of the Executive Board at its 134th session, with no title and a footnote referring to the present decision, on the understanding that the final title and content of the item will reflect the outcome of the informal consultations by the Director-General.

(Second meeting, 29 May 2013)

EB133(2) WHO governance reform

The Executive Board, having considered the report on engagement with non-State actors,²

- (1) noted the outlined approach to engagement with non-State actors, in particular the overarching principles of engagement and the typology of interactions;
- (2) requested the Director-General to advance the work proposed, taking into account the deliberations of the Executive Board at its 133rd session, particularly in relation to transparency, risk and conflict of interest, towards the development of a more detailed framework of engagement with non-State actors for consideration by the Board at its 134th session in January 2014.

(Third meeting, 30 May 2013)

EB133(3) Membership of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board appointed as members of the Programme, Budget and Administration Committee Professor Awa Marie Coll Seck (Senegal), Mr Tomás Augusto Pippo Briant (Argentina), Mr Kim Chang Min (Democratic People's Republic of Korea), Dr Vilius Jonas Grabauskas (Lithuania), Dr Mohamed Mostafa Hamed (Egypt), Mr Abdulla Al-Qahtani (Qatar) and Dr Shigeru Omi (Japan) for a two-year period or until expiry of their membership on the Board, whichever came first, in addition to Dr Martina Baye Lukong (Cameroon), Mr Rodrigo Reina (Mexico), Dr Ahmed

¹ See document EB133/1 Rev.1.

² See document EB133/16, section 1.

Jamsheed Mohamed (Maldives), Dr Dirk Cuypers (Belgium), and Mr Liow Tiong Lai (Malaysia), who were already members of the Committee. Professor Jane Halton, Chairman of the Board, and Ms Precious Matsoso, Vice-Chairman of the Board, were appointed members ex officio. It was understood that, if any of the Committee members were unable to attend, except the two ex-officio members, his or her successor, or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Committee.

(Third meeting, 30 May 2013)

EB133(4) Membership of the Executive Board's Standing Committee on Nongovernmental Organizations

The Executive Board appointed Dr Richard Nchabi Kamwi (Namibia), Dr Zelibeth Valverde (Panama) and Dr Walid Ammar (Lebanon) as members of its Standing Committee on Nongovernmental Organizations for the duration of their terms of office on the Executive Board. It was understood that, if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the government concerned would participate in the work of the Committee, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization.

(Third meeting, 30 May 2013)

EB133(5) Membership of the Sasakawa Health Prize Selection Panel

The Executive Board, in accordance with the Statutes of the Sasakawa Health Prize, appointed Mr Jeon Man-bok (Republic of Korea) as a member of the Sasakawa Health Prize Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, member ex officio. It was understood that if Mr Jeon Man-bok was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Selection Panel.

(Third meeting, 30 May 2013)

EB133(6) Membership of the United Arab Emirates Health Foundation Selection Panel

The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation appointed Dr Ziad Ahmed Memish (Saudi Arabia) as a member of the United Arab Emirates Health Foundation Selection Panel for the duration of his term of office on the Executive Board, in addition to the Chairman of the Board, member ex officio. It was understood that if Dr Memish was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board of the World Health Organization, would participate in the work of the Selection Panel.

(Third meeting, 30 May 2013)

EB133(7) Appointment of representatives of the Executive Board at the Sixty-seventh World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Professor Jane Halton (Australia), and its first three Vice-Chairmen, Professor Ogtay Shiraliyev (Azerbaijan), Professor Mohammad Hossein Nicknam (Islamic Republic of Iran), and Dr Pe Thet Khin (Myanmar) to represent the Executive Board at the Sixty-seventh World Health Assembly. It was understood that if any of those members were not available for the Health Assembly, the other Vice-Chairman, Ms Precious Matsoso (South Africa), and the Rapporteur, Dr Zelibeth Valverde (Panama), could be asked to represent the Board.

(Third meeting, 30 May 2013)

EB133(8) Membership of the Independent Expert Oversight Advisory Committee

The Executive Board noted the report contained in document EB133/11 on membership of the Independent Expert Oversight Advisory Committee and appointed Mr Mukesh Arya (India), Mr Bob Samels (Canada) and Mr Steve Tinton (United Kingdom of Great Britain and Northern Ireland) as members of the committee for a four-year term of office, in accordance with resolution EB125.R1, starting as of the closure of the 134th session of the Executive Board.

(Fourth meeting, 30 May 2013)

EB133(9) Date, place and duration of the 134th session of the Executive Board and the nineteenth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that its 134th session should be convened on Monday, 20 January 2014, at WHO headquarters, Geneva, and should close no later than Saturday, 25 January 2014. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its nineteenth meeting on Thursday and Friday, 16 and 17 January 2014, at WHO headquarters.

(Fourth meeting, 30 May 2013)

EB133(10) Date, place and duration of the Sixty-seventh World Health Assembly and the twentieth meeting of the Programme, Budget and Administration Committee of the Executive Board

The Executive Board decided that the Sixty-seventh World Health Assembly should be held at the Palais des Nations, Geneva, opening on Monday, 19 May 2014, and that it should close no later than Saturday, 24 May 2014. The Board further decided that the Programme, Budget and Administration Committee of the Executive Board should hold its twentieth meeting on Thursday and Friday, 15 and 16 May 2014, at WHO headquarters, Geneva.

(Fourth meeting, 30 May 2013)

ANNEXES

ANNEX 1

CONFIRMATION OF AMENDMENTS TO THE STAFF RULES¹

[EB133/12 – 14 May 2013]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. The amendments described in section I of this document stem from decisions taken by the United Nations General Assembly at its sixty-seventh session, on the basis of recommendations made by the International Civil Service Commission in its annual report for 2012.³
3. The amendments described in section II of this document are made in the light of experience and in the interest of good human resources management.
4. The amendments to the Staff Rules do not involve additional costs under the regular budget.
5. The amended Staff Rules are set out in the [Attachments to this text].⁴

I. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS TAKEN BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS SIXTY-SEVENTH SESSION ON THE BASIS OF RECOMMENDATIONS OF THE INTERNATIONAL CIVIL SERVICE COMMISSION

Effective date

6. In January 2013 the Executive Board at its 132nd session adopted resolution EB132.R10, in which the Board confirmed a number of amendments to the Staff Rules that had been made by the Director-General. These included changes concerning (i) the effective date of amendments to the Staff Rules and (ii) the remuneration of staff in the professional and higher categories including the revised rates of staff assessment in conjunction with gross base salaries, subject to the adoption of a resolution by the United Nations General Assembly on the recommendations of the International Civil Service Commission in its report for 2012.
7. Meeting at its resumed session, after the 132nd session of the Executive Board had closed, the United Nations General Assembly adopted resolution 67/257, in which the General Assembly, inter alia, approved, with effect from the school year in progress on 1 January 2013, the recommendations contained in paragraph 44 of the report of the Commission, and annex III thereto, concerning the revised levels of education grant. However, the General Assembly did not act on the recommendation of the Commission to adjust the base/floor salary scale. The scale therefore remains at the levels put into effect as from 1 January 2012.

¹ See resolution EB133.R3.

² *Basic documents*, 47th ed., Geneva: World Health Organization; 2009.

³ Official Records of the General Assembly, Sixty-seventh session, Supplement No. 30 (A/67/30) and Corrigendum (A/67/30/Corr.1).

⁴ Available in English and French only.

8. As a consequence of the view taken by the General Assembly, changes have been made to Staff Rule 040, which makes reference to the Appendices containing details of both the salary scale and the education grant entitlements. Staff Rule 040 has also been amended to indicate that the effective date of these Staff Rules, with the exception of Appendices 1 and 2, is 1 July 2013.

Retirement

9. The United Nations General Assembly, in resolution 67/257, endorsed the decision of the International Civil Service Commission, as contained in paragraph 85 of its 2012 report, to support the recommendation of the United Nations Joint Staff Pension Board to raise the mandatory age of separation to age 65 years for new staff of member organizations of the United Nations Joint Staff Pension Fund, effective no later than 1 January 2014. Staff Rule 1020.1 has been amended accordingly.

10. The amendment to Staff Rule 1020.1 also authorizes the Director-General to extend the retirement age of staff who will retire at the age of 65 to age 68 if it is in the interests of the Organization to do so.

II. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF EXPERIENCE AND IN THE INTEREST OF GOOD HUMAN RESOURCES MANAGEMENT

Annual leave

11. Staff Rule 630.8 has been amended to reduce the amount of unused annual leave for which a staff member is entitled to be paid on leaving the service of the Organization. The amount will be progressively reduced from 60 days to 30 days.

12. The amendment is intended to ensure that staff members take sufficient annual leave to maintain a proper work-life balance. The amendment will also reduce the Organization's costs when staff members leave.

13. In order to allow staff members sufficient time to reduce any accumulated unused annual leave, the amendment will be phased in gradually over 30 months as follows.

- Staff members leaving the service of the Organization in 2013 will be entitled to payment for up to 60 days of unused annual leave.
- Staff members leaving the service of the Organization in 2014 will be entitled to payment for up to 50 days of unused annual leave.
- Staff members leaving the service of the Organization in 2015 will be entitled to payment for up to 40 days of unused annual leave.
- Staff members leaving the service of the Organization in 2016 or later will be entitled to payment for up to 30 days of unused annual leave.

ACTION BY THE EXECUTIVE BOARD

14. [This paragraph contained one draft resolution, which was adopted at the fourth meeting as EB133.R3.]

Attachment 1

**Text of the amended Staff Rules considered necessary in the light of decisions taken by
the United Nations General Assembly at its sixty-seventh session on the basis of
recommendations of the International Civil Service Commission**

040. EFFECTIVE DATE

These Staff Rules are effective as from 1 July 2013 and supersede all Staff Rules in force before that date, with the exception of Appendices 1 and 2. Appendix 1, which took effect on 1 January 2012, remains in effect. Appendix 2 is effective as from 1 January 2013. All subsequent modifications shall become effective as from the date shown thereon.

.....

Attachment 2

**Text of the amended Staff Rules considered necessary in the light of experience
and in the interest of good human resources management¹**

630. ANNUAL LEAVE

...

630.8 A staff member who, on leaving the service of the Organization, has not exhausted the annual leave to which he is entitled shall be paid in respect of each day of unused annual leave up to a maximum of 30 days (see Rule 380.2.2).² A staff member who has taken advanced annual leave beyond that subsequently accrued shall either have the equivalent amount debited to his terminal payments or at the option of the Organization make a cash refund. In case of death of a staff member, payment in lieu of accrued annual leave shall be made to his or her nominated beneficiary or beneficiaries under Rule 495.2 but no deduction shall be made in respect of advanced annual leave.

1020 RETIREMENT

1020.1 Staff members shall retire on the last day of the month in which they reach retirement age.

1020.1.1 Staff members who became participants in the United Nations Joint Staff Pension Fund before 1 January 1990 shall retire on the last day of the month in which they reach the age of 60.

1020.1.2 Staff members who became participants in the United Nations Joint Staff Pension Fund from 1 January 1990 to 31 December 2013 inclusive shall retire on the last day of the month in which they reach the age of 62.

1020.1.3 Staff members who became participants in the United Nations Joint Staff Pension Fund on or after 1 January 2014 shall retire on the last day of the month in which they reach the age of 65.

1020.1.4 In exceptional circumstances the Director-General may, in the interests of the Organization, extend a staff member's appointment beyond retirement age, provided that such extensions shall not be granted for more than one year at a time. For those who would normally retire pursuant to Staff Rules 1020.1.1 or 1020.1.2, extensions shall not be granted beyond the staff member's sixty-fifth birthday. For those who would normally retire pursuant to Staff Rule 1020.1.3, extensions shall not be granted beyond the staff member's sixty-eighth birthday.

[No further changes]

¹ See resolution EB133.R3, Annex 2.

² Transition period: staff members leaving the service of the Organization in 2013 are entitled to payment for up to 60 days of unused annual leave. Staff members leaving the service of the Organization in 2014 are entitled to payment for up to 50 days of unused annual leave. Staff members leaving the service of the Organization in 2015 are entitled to payment for up to 40 days of unused annual leave. Thereafter, the Staff Rule, as amended, shall apply.

ANNEX 2

FINANCIAL AND ADMINISTRATIVE IMPLICATIONS FOR THE SECRETARIAT OF RESOLUTIONS ADOPTED BY THE EXECUTIVE BOARD

1. Resolution EB133.R1 Comprehensive and coordinated efforts for the management of autism spectrum disorders	
2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)	
Category: 2. Noncommunicable diseases	
Programme area: Mental health and substance abuse	Outcome: 2.2 Outputs: 2.2.1 and 2.2.2
Programme area: Disabilities and rehabilitation	Outcome: 2.4 Output: 2.4.1
How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?	
The resolution requests the Director-General, inter alia, to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020 and resolution WHA66.9 on disability. Implementation of this resolution will therefore drive work to support increased access to services: (i) for mental health; and (ii) for people with disabilities.	
Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)	
Yes.	
However, the scope of activities currently budgeted for is limited; implementation of the resolution would involve additional activities whose cost must be added to the approved Programme budget 2014–2015.	
3. Estimated cost and staffing implications in relation to the Programme budget	
(a) Total cost	
Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).	
(i) Six and a half years (covering the period July 2014 – December 2020)	
(ii) Total: US\$ 37 million (staff: US\$ 13 million; activities: US\$ 24 million)	
(b) Cost for the biennium 2014–2015	
Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).	
Total: US\$ 2.8 million (staff: US\$ 0.4 million; activities: US\$ 2.4 million)	
Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.	
Headquarters, 25%; regional offices, 21%; and country offices, 54%.	
Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)	
No.	

If “no”, indicate how much is not included.

US\$ 1.8 million will need to be added to the approved Programme budget 2014–2015.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

WHO collaborating centres and a network of experts and civil society stakeholders will be utilized for taking forward the activities with only a small increase in WHO staff.

During the biennium 2014–2015

At headquarters: one international expert in public health and developmental disorders (100% full-time equivalent) at grade P.4 and one secretary (50% full-time equivalent) at grade G.5.

During the biennium 2016–2017

At headquarters: two international experts in public health and developmental disorders (100% full-time equivalent) and one secretary (50% full-time equivalent) at grade G.5.

In the regional offices: six international experts in public health and developmental disorders with a knowledge of the needs in their respective regions (50% full-time equivalent)

At the country office level: of the 60% of the budget that is available for implementation of the resolution at this level, a part will be spent on recruiting experts.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 1 million (of which US\$ 0.5 million would be for headquarters) is included in the approved Programme budget 2014–2015 and will come from a combination of assessed and voluntary contributions, generated during the financing dialogue process and the associated resource mobilization effort.

The additional US\$ 1.8 million not included in the approved Programme budget will need to be mobilized to cover implementation (limited additional staffing and the development of technical material) from July 2014 to December 2015 through WHO’s coordinated resource mobilization activities.

<p>1. Resolution EB133.R2 World psoriasis day</p>
<p>2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)</p> <p>Category: 2</p> <p>Programme area(s): Noncommunicable diseases Outcome 2.1 Output 2.1.1</p> <p>How would this resolution contribute to the achievement of the Organization-wide expected result(s)?</p> <p>Activities in the resolution will help to raise public awareness of psoriasis and its shared risks factors, and will result in a greater understanding of it as a consequence. This will contribute to reducing disease, disability and premature death from psoriasis.</p> <p>Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</p> <p>No.</p>
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</p> <p>(i) Beginning in the biennium 2014-2015 and continues in future bienniums.</p> <p>(ii) Total: For the biennium 2014-2015 US\$ 150 000 (staff US\$ 60 000; activities US\$ 90 000); costs for future bienniums to be included within future programme budgets.</p> <p>(b) Cost for the biennium 2014–2015</p> <p>Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).</p> <p>Total: US\$ 150 000</p> <p>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.</p> <p>Headquarters for the preparation of the global report.</p> <p>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)</p> <p>No.</p> <p>If “no”, indicate how much is not included.</p> <p>The costs are not covered by the approved Programme budget 2014-2015, but the relatively small additional budget for the activities will be addressed through some minor reprogramming.</p> <p>(c) Staffing implications</p> <p>Could the resolution be implemented by existing staff? (Yes/no)</p> <p>No.</p> <p>If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.</p> <p>A short-term consultant for 4 months.</p>
<p>4. Funding</p> <p>Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)</p> <p>No.</p> <p>If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).</p> <p>Funds need to be mobilized through WHO-coordinated resource mobilization activities with Member States, multilateral organizations and other partners.</p>

1.	Resolution EB133.R3	Confirmation of amendments to the Staff Rules
2.	Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)	
	Strategic objective(s): n/a	Organization-wide expected result(s): n/a
	How would this resolution contribute to the achievement of the Organization-wide expected result(s)? It would improve the financial position of the Organization in relation to the Terminal Payments Fund. Does the programme budget already include the products or services requested in this resolution? (Yes/no) Yes.	
3.	Estimated cost and staffing implications in relation to the Programme budget	
(a)	Total cost Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000). (i) Indefinite (ii) No cost outlay	
(b)	Cost for the biennium 2012–2013 Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000). Not applicable. Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant. Not applicable. Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no) Not applicable. If “no”, indicate how much is not included.	
(c)	Staffing implications Could the resolution be implemented by existing staff? (Yes/no) Yes. If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.	
4.	Funding Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no) Not applicable. If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds). Not applicable.	

PART II

SUMMARY RECORDS

LIST OF PARTICIPANTS

SUMMARY RECORDS

FIRST MEETING

Wednesday, 29 May 2013, at 09:40

Chairman: Dr J. ST. JOHN (Barbados)

OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB133/1, EB133/1 (annotated), EB133/1 Add.1, EB133/1 Add.2 and EB133/1 Add.3)

The CHAIRMAN declared open the 133rd session of the Executive Board.

Deletion of item 7.4 of the provisional agenda

The CHAIRMAN suggested that item 7.4 of the provisional agenda, Amendments to the Financial Regulations and Financial Rules, be deleted, as no amendments had been proposed for the Board to consider.

It was so agreed.

Proposal for a supplementary agenda item on improving the health of patients with viral hepatitis (Document EB133/1 Add.2)

The CHAIRMAN said that two proposals for supplementary agenda items had been received and were set out in documents EB133/1 Add.1 and EB133/1 Add.2. The first of those proposals had subsequently been withdrawn, as was reflected in document EB133/1 Add.3.

Dr HAMED (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region with reference to Egypt's proposal for the inclusion of a supplementary agenda item on improving the health of patients with viral hepatitis, as set out in document EB133/1 Add.2, said that viral hepatitis was a global public health problem and that WHO-led action on health promotion, disease prevention, diagnosis and treatment should be intensified at the international level as a matter of urgency. Special emphasis should be placed on hepatitis B and C, which caused a significant burden of disease. Progress in the implementation of resolution WHA63.18 on viral hepatitis should also be reviewed.

Mr KLEIMAN (Brazil) supported the proposal, noting that, at a side event on hepatitis organized by Brazil on 20 May 2013 during the Sixty-sixth World Health Assembly and attended by several countries represented at the current Board session, there had been consensus that steps should be taken to ensure that viral hepatitis was considered in greater depth by the Sixty-seventh World Health Assembly. Unfortunately, hepatitis was a low priority in many countries. The proposal's proponents remained concerned about aspects relating to prevention and extended access to diagnosis and treatment, the high cost of which affected the viability of public policy at national and international levels. Brazil remained committed to universal access to viral hepatitis treatment and pledged to work with interested countries collectively to strengthen consideration of hepatitis at WHO. He suggested that a meeting in Geneva could contribute to forward movement on the issue.

Dr BEJTJA (Albania), Professor NICKNAM (Islamic Republic of Iran), Dr PE THET KHIN (Myanmar), Dr NCHABI KAMWI (Namibia), Mrs BAMIDELE (Nigeria), Dr VALVERDE (Panama), Dr AL-MARRI (Qatar), Dr MEMISH (Saudi Arabia), and Dr BOKLAND (Suriname) supported the proposal to add the item to the provisional agenda.

Dr OMI (Japan), noting the constraints on the Executive Board's agenda, asked whether the Secretariat had prepared sufficient material as a basis for consideration of the proposed item at the current session. It might be preferable to defer the item to the 134th session, so as to allow time for preparation by both the Secretariat and Board members. Japan, for example, had a great deal of experience that it could share.

The CHAIRMAN announced that the Secretariat was preparing a report on the subject that would be issued later that day.

Professor HALTON (Australia) asked what additional issues and materials could be considered by the Board in relation to the proposed item, given that the Sixty-third World Health Assembly had adopted resolution WHA63.18 on viral hepatitis in 2010 and that a progress report had been submitted to the Sixty-fifth World Health Assembly in 2012.

Dr HAMED (Egypt) said that no progress had been made on the requests to the Director-General contained in resolution WHA63.18, particularly in the specific areas referred to in subparagraphs 3(5) and 3(6). In Egypt, for example, 22 donors provided support on a variety of hepatitis-related issues, but they could not undertake the kinds of project referred to in the resolution. Many millions of people worldwide were infected with hepatitis B or C virus, medicines and treatment were costly and there was no vaccine against hepatitis C, as a result of which the disease had very serious consequences, in particular for developing countries. There was therefore a real need for stronger cooperation between WHO and all other stakeholders.

The CHAIRMAN asked the Board whether it wished to include the item on viral hepatitis in the agenda of its 133rd session.

Dr OMI (Japan) suggested that a third option would be to defer discussion of the matter to the next session of the Executive Board.

Dr HAMED (Egypt) reiterated the request that the item be included on the agenda of the current Board session for the reasons he had already given. If the matter was deferred, the consequences would be even more damaging.

The CHAIRMAN took it that the Executive Board agreed to include an item entitled "Improving the health of patients with viral hepatitis" on its agenda as a subitem under item 6.

It was so agreed.

(For discussion of this item, see summary record of the fourth meeting, section 1.)

Improving the health and well-being of lesbian, gay, bisexual and transgender persons: Item 6.3 of the Provisional agenda (Document EB134/6)

Mrs BAMIDELE (Nigeria), speaking on behalf of the Member States of the African Region, considered that item 6.3 of the provisional agenda should be deleted on procedural and substantive grounds. The procedure followed in proposing the item for inclusion on the agenda had not been in accordance with Rule 9 of the Rules of Procedure of the Executive Board, which required that any proposal by a Member State for such inclusion should be accompanied by an explanatory

memorandum. Moreover, the proposal had not been approved by all Member States represented on the Board, as the African Region had not been a party to the discussion of the proposal and had not been made aware of the relevant decision when it had been taken. There was no documentation, even from the Board's 132nd session, that reflected the adoption or deferral of agenda items. The item's inclusion would also unduly alter the Twelfth General Programme of Work and the Programme budget 2014–2015, which had been adopted by the Sixty-sixth World Health Assembly. The process whereby item 6.3 had been placed on the provisional agenda had therefore lacked transparency and had been inconsistent with normal procedures.

In respect of substance, she said that the behaviour of lesbian, gay, bisexual and transgender persons was neither a disease nor a health condition; it was a choice and an orientation. WHO statistics showed that such persons were more than 19 times more likely to acquire and transmit HIV. The Member States of the African Region viewed their behaviour as harmful, risky and to be discouraged. Moreover, many more pressing health conditions required urgent attention in Africa and the world over. Prioritizing one group on the basis of sexual orientation and choices amounted to discrimination against other groups in need of resources and attention and thus served to promote a certain type of behaviour. She therefore called on WHO and, in particular, the Executive Board to refrain from giving priority to the rights of certain individuals, which could result in discrimination against the rights of others and thus run counter to the principles of non-discrimination and equality. The issue of lesbian, gay, bisexual and transgender persons was political and was being addressed in other forums, such as the United Nations Human Rights Council. A health-focused organization like WHO should not be asked to take up such a contentious and divisive issue, which had the potential to undermine its integrity.

The behaviour of lesbian, gay, bisexual and transgender persons was out of step with African culture and value systems. The countries of Africa respected the decision of other regions and countries to legalize such behaviour, including same-sex marriage, on the basis of their beliefs and local conditions. In return, they asked for respect for their own beliefs, laws and value systems, and urged Member States to continue according special attention and resources to protection of the natural family and cultural values.

Furthermore, African governments did not discriminate against individuals in the area of health care, nor did they curtail access to health care on the basis of aspects such as skin colour, height, sexual orientation, social status or origin. All patients were treated with respect and dignity and encouraged to take their own decisions on treatment and care on the basis of respect and informed consent.

Dr HAMED (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed consternation at the inclusion of item 6.3 on the agenda. Among other things, the procedure followed in proposing inclusion of the item had not met the criteria set out in resolution EB121.R1. Moreover, the procedure had been irregular and lacking in transparency, thereby conflicting with the Rules of Procedure of the Executive Board, in particular Rules 8 and 9. Inasmuch as the item entailed discrimination in favour of certain groups on account of their choice of sexual orientation, it was incompatible with the Constitution of the World Health Organization, which provided that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. It was also incompatible with the Twelfth General Programme of Work and the Programme budget 2014–2015 approved by the Sixty-sixth World Health Assembly.

Furthermore, the item politicized the work of WHO and went beyond its mandate; indeed, it would prompt discussion of legal and political issues that were within the remit of the United Nations Human Rights Council, which had itself not yet adopted any resolutions on those issues. It was also imbalanced and biased in favour of specific groups of a certain sexual orientation at the expense of other groups requiring WHO attention and positive discrimination in order to guarantee their access to essential health care and treatment. Those groups included mothers, children, the poor and minorities, such as foreign migrants, displaced persons, people under occupation and asylum-seekers, who endured hatred and racial discrimination.

He expressed support for the principle of public health for all and the right of access to health care and treatment for all citizens, without distinction, as well as for international human rights principles and conventions. However, neither the right to health nor international humanitarian law should be abused in order to impose socially unacceptable values and criteria that conflicted with the cultural and religious beliefs of a broad spectrum of peoples and societies. The Member States of the Eastern Mediterranean Region were not seeking to impose their cultural and social values on other Member States and would not themselves accept any such imposition.

In the light of those considerations, he called for withdrawal of the item out of respect for the values of many Member States and out of concern to avoid divisions within the Organization that would jeopardize its authority in leading and coordinating international action in the field of public health. Should there be insistence on retaining the item, the Member States of the Eastern Mediterranean Region would object to its inclusion on the agenda and request its deletion on the strength of Rule 10*bis* of the Rules of Procedure of the Executive Board.

Mr BURCI (Legal Counsel), responding to a request from the CHAIRMAN for clarification of the procedure followed by the Officers of the Board and the Secretariat in placing the item on the agenda, recalled that Rules 8 and 9 of the Rules of Procedure of the Executive Board had been introduced in their current form in 2003. Rule 8 established a process providing for good management of the Board's agenda. In particular, it enabled the consideration by the Officers of the Board and the Secretariat of proposals for agenda items and, in the light of the overall context and the criteria established by the Board, of recommendations to be made to the Board regarding those proposals. Since 2003, the Secretariat and the Officers of the Board had established a consistent practice whereby the recommendations made were reflected in the provisional annotated agenda; that practice had never been challenged. The Chairman of the Board drew members' attention to those recommendations at every session. Final authority to approve the recommendations rested with the Board itself. Regarding the explanatory memorandum required under Rule 9 of the Rules of Procedure of the Executive Board, the Rule was silent on what should be done with the memorandum and did not expressly require that it be submitted to the Board. In that respect as well, the consistent practice since 2003 had been to submit the memorandum to the Officers of the Board so that they could understand the rationale for proposing additional agenda items. That practice had never been challenged and had been followed in the case under consideration; that was not to say that it could not be improved.

Regarding item 6.3 specifically, the relevant proposal had been submitted in September 2012 by two Member States. It had been considered by the Officers of the Board, together with another proposal for an item on autism, in late September 2012 at a meeting at which every region had been represented, by the corresponding Vice-Chairman, the Rapporteur or, in the case of one Vice-Chairman who had been unable to attend, by the Regional Coordinator. The Officers of the Board had recommended that the two items be deferred to the 133rd session of the Executive Board. No objections had been raised by the Officers to the inclusion of the item currently under consideration as item 6.3. Those recommendations were included in the provisional annotated agenda for the 132nd session of the Board. At the opening of that session, the Chairman had drawn members' attention to those recommendations. No comments or objections had been made at that time. It had therefore been taken that the Board had agreed to include those items on the provisional agenda of the current session. The Officers of the Board had discussed the matter again in March 2013 and had concluded that the Board should consider the item in question.

The CHAIRMAN noted the Legal Counsel's statement that all regions had been represented during the formal discussion of items to be included on the provisional agenda. Although the Officers of the Board had subsequently received an objection to the item under consideration, they could not have infringed the Board's own rules by removing the item from the provisional agenda at that stage. She therefore asked the Board to take a decision on the provisional agenda as it stood, with particular reference to item 6.3.

The DIRECTOR-GENERAL, responding to the concerns expressed with regard to procedure, said that the Legal Counsel's step-by-step outline of the procedure followed clearly demonstrated that item 6.3 had been added to the provisional agenda in accordance with established practice. She respected the substantive objections to the agenda item; however, objections to the item on procedural grounds cast doubt on the credibility of the Officers of the Board and of the full Executive Board at its 132nd session. The Officers of the Board had all agreed to the two agenda items proposed at the September 2012 meeting and the Chairman had taken great care at the 132nd session specifically to bring to the Board's attention the inclusion of those two items in the provisional agenda of the 133rd session. There had been no objections.

Mrs BAMIDELE (Nigeria), speaking on behalf of the Member States of the African Region, repeated that the agenda item should be deleted on the grounds that it would give rights to a group whose behaviour was a choice, not a health issue. The item had been imposed on the Region, which had a value system that everyone should respect.

Dr AMMAR (Lebanon), speaking in his capacity as Rapporteur, confirmed that item 6.3 had been included on the provisional agenda in strict compliance with the Rules of Procedure. Speaking as the member for Lebanon, and with regard to the substance of the item, he said that Lebanon aligned itself with the position expressed by the member for Egypt, on behalf of the Member States of the Eastern Mediterranean Region, in requesting the deletion of the item from the agenda.

Dr HAMED (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that WHO was a forum for discussion of health problems of importance to all six regions, not controversial subjects that were not in line with the values of all countries. Item 6.3 should not be on the agenda.

Professor NICKNAM (Islamic Republic of Iran) said that, since its inception, WHO, in keeping with its Constitution, had quite rightly concentrated on promoting the health of every human being, regardless of his or her affiliation to any group. Item 6.3 had been included on the provisional agenda in clear contradiction of the Constitution. Focusing on the health and well-being of one particular group would constitute a major shift in the work of WHO and would pave the way for other groups to request similar treatment, overstressing the Organization's resources, distracting it from its primary mandate and diverting its attention to issues of doubtful relevance to health matters. Bringing divisive, highly controversial and politically motivated issues before the Organization could jeopardize its integrity and undermine solidarity between Member States, and he therefore categorically rejected the inclusion of item 6.3 on the provisional agenda.

Mrs PENEVEYRE (Switzerland) favoured retaining item 6.3 on the agenda. Under item 5 on WHO reform, the Board would examine the criteria for selection of agenda items that would be applied in the future; the existing criteria had been met in the case of item 6.3. The health statistics for lesbian, gay, bisexual and transgender persons were not as positive as for other groups, and consideration of the item would permit a more in-depth analysis of that situation. WHO's goal was to ensure that people enjoyed the highest attainable standard of health, so its duty, when it found an international health problem to exist, was to examine it with a view to finding appropriate pragmatic solutions. Lesbian, gay, bisexual and transgender people faced many forms of discrimination worldwide, and the topic was obviously controversial, but the Board had dealt with other controversial matters in the past. Non-discrimination was a fundamental principle of human rights and a key aspect of health care. The aim was not to give new rights to a specific category of the population, but rather to ensure that everyone enjoyed the same rights and had the same access to health services. Dialogue and discussion were needed to move forward on the issue.

Mr KLEIMAN (Brazil) said that it was his understanding that item 6.3 had been included on the provisional agenda with due regard for procedure: it had been proposed by Member States and accepted by the Officers of the Board among whom all regions were represented. The inclusion of the item was an acknowledgement of the relevance of the issue for public health. Removal of the item could set a precedent with unforeseen implications for the functioning of the WHO governing bodies.

Item 6.3 should be retained. The Government of Brazil had traditionally positioned itself in favour of dialogue and cooperation in the multilateral arena, in the belief that, regardless of the topic, discussion helped to identify sustainable solutions and led to agreement on the best way forward. Keeping item 6.3 on the agenda in no way pre-empted discussion of the Secretariat's report on the item, which would be enhanced by the comments and views of all Board members. By virtue of the first two principles set out in the preamble to its Constitution, WHO was competent to deal with all health and public health issues. Lesbian, gay, bisexual and transgender persons faced health-related challenges in many countries, and their health was a universal concern that needed to be addressed collectively in a constructive and all-inclusive manner.

Mr PIPPO (Argentina) considered that the right to health should be guaranteed independently of a person's sex, race, origin, age or capacity. Lesbian, gay, bisexual and transgender persons were entitled to the same rights as everyone else, but they were frequently the victims of discrimination and saw their civil rights curtailed as a result. Access to health services and appropriate treatment should be guaranteed equally without any discrimination, xenophobia or racism. He endorsed the recommendation of the Officers of the Board, which had correctly identified the grounds justifying WHO's competence to discuss the subject, and therefore supported the retention of item 6.3 on the agenda.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, noted that the European Union worked closely with WHO on a wide range of matters, both within the European Region and at the global level, as agreed in the exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation and without prejudice to any future general agreement between WHO and the European Union. The European Union attended sessions of the Board as an observer. He requested that, at the 133rd session of the Board, as at previous sessions, representatives of the European Union be invited to participate without vote in the meetings of the Board and its committees, subcommittees or other subdivisions that addressed matters falling within the European Union's competence.

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

It was so agreed.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, supported the retention of item 6.3 on the agenda. Discrimination on the grounds of sexual orientation was prohibited under the Treaty on the Functioning of the European Union and the Charter of Fundamental Rights of the European Union. Moreover, non-discrimination was a value widely promoted in all European Union policies.

Dr AL-MARRI (Qatar), associating himself with the remarks made by the members for Egypt and Nigeria, among others, said that respect for the Constitution of the World Health Organization and for tradition required that item 6.3 be deleted from the agenda.

Dr VALVERDE (Panama) considered that item 6.3 had been included on the provisional agenda with due regard for procedure. She understood the concerns expressed by several members and suggested that the item's title might be amended to refer to the general determinants of health, so that a sincere and positive discussion of the health matters covered by that topic could ensue.

Dr NCHABI KAMWI (Namibia) supported deletion of the item from the agenda in line with Rule 10*bis* of the Rules of Procedure of the Executive Board. He observed that the United Nations Human Rights Council was currently examining matters related to discrimination, and that as yet there was no consensus on the legal standing of the issue under consideration at the international level. Affirming that health was a human right and that non-discriminatory principles were enshrined in his country's Constitution, he said that Namibia did not condone any form of discrimination.

He expressed concern that Rules 8 and 9 of the Rules of Procedure had not been followed in the procedure leading to the inclusion of the item on the provisional agenda, inasmuch as the item had not been formally proposed and no explanatory memorandum had been submitted. In addition, there were other matters of global health concern that required the Board's attention. Noting the short duration of the current session, he said that the Board's work would be delayed by discussion of such a divisive matter.

Mrs DÁVILA CHÁVEZ (Mexico) supported the view of the members for Argentina, Brazil and Switzerland that the item was important and should be retained on the agenda, given the clear link with fundamental aspects of the way in which the right to health was enforced. It was precisely the principles of equity and non-discrimination that formed the bedrock of Mexico's health system policies, as was demonstrated by its universal health coverage programme.

Dr CUYPERS (Belgium) considered that the correct procedure had been followed in relation to the inclusion of the item on the provisional agenda: he therefore favoured its retention. He would return to the subject of ways to improve the selection of items to be included on the agenda and the work of the governing bodies under other items at a later stage of the Board's session.

Professor HALTON (Australia), recalling the principle enshrined in the Constitution of the World Health Organization that the enjoyment of the highest attainable standard of health was a fundamental right of all peoples without distinction, and noting that the Legal Counsel had confirmed that the correct procedures had been followed in relation to item 6.3, strongly supported retention of the item. Given that respect was shown for the views of delegations on other matters that they considered important, equal respect was due to delegations that attached importance to the fact that lesbian, gay, bisexual and transgender persons were exposed to quantifiably more significant health-related risks arising from HIV/AIDS, mental health issues, violence and even suicide; dealing with those issues was one of WHO's core functions.

Dr CESARIK (Croatia) said that his country aligned itself with the position of the Member States of the European Union.

Mr NABEEL (Pakistan),¹ thanking the Legal Counsel for his advice, said that there was nevertheless a lacuna in the existing procedures for proposing agenda items, which should be discussed under the item on WHO reform. His country viewed the inclusion of the present item as an attempt to impose certain views on sexual orientation on the global community. In the absence of a global consensus on the issue, it should be deleted from the agenda so that the Organization could focus its efforts on tackling diseases. Objecting not only to the title of the agenda item but also to its substance, he said that, as mentioned by the member for Nigeria, the human rights issues related to lesbian, gay, bisexual and transgender persons were being discussed by the United Nations Human Rights Council, where there was currently also no consensus, and should be left to that body. Given their controversial and divisive nature, such matters should more properly be dealt with at the national level.

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

The CHAIRMAN agreed with the representative of Pakistan that there might be a lacuna in the existing procedures but pointed out that his argument in favour of deletion might also apply to the agenda item on the management of autism spectrum disorders, which had been included by virtue of the same procedures.

Dr DAULAIRE (United States of America)¹ said that, as a recent member of the Board who had deep respect for WHO's impartiality and its technical and non-political vocation, he viewed the current debate as both unprecedented and profoundly dangerous. It was unprecedented because Member States had come together in an attempt to remove an item legitimately submitted for inclusion on the agenda by another Member State, overturning the well-established practice whereby Member States afforded each other the courtesy of seeking common ground even on sensitive issues; and dangerous because of the risk of politicizing the discussion of future items on the Board's agenda – that was a slippery slope. There had been no lacuna in the procedures for placing the item on the agenda: that process had been followed correctly.

He pointed out that, although viral hepatitis was often spread by practices strongly disapproved of by many Member States, there had been no objection to the inclusion of a supplementary agenda item on the matter, despite the failure to follow the correct procedure in that regard.

The arguments made in the request for inclusion of item 6.3 were fully substantiated by the Secretariat's report on the subject. Improving the health and well-being of lesbian, gay, bisexual and transgender persons was a matter of global public health, reflecting the existence of a significant public health burden. WHO was the appropriate forum for discussion of that issue, leaving the human rights debate to other bodies.

He could endorse a change in the title of the item, as proposed by the member for Panama, if that would advance the discussion. At the same time, he urged the Board to retain the item on the agenda, and not to keep it locked in the closet.

The CHAIRMAN took note of the comments made about the dangers and the need for WHO not to shrink from sensitive or even uncomfortable issues.

Mrs TAKAENZANA (Zimbabwe)¹ expressed concern that the item under discussion had been included on the provisional agenda in spite of the written request for its deletion submitted by two regional groupings. The Secretariat had not defined "lesbian, gay, bisexual and transgender" in its report on the subject precisely because a globally agreed definition did not exist and because there was no universally accepted scientific basis for the term. The Constitution of the World Health Organization clearly stated that health was a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition; it was therefore unnecessary for distinct groups of persons to be given special consideration on the basis of culture and sexual orientation. Lesbian, gay, bisexual and transgender persons suffered the same types of illness as heterosexual persons and had access to the same health services. She strongly objected to the inclusion of the item on the agenda of the governing bodies, which represented an attempt by some Member States to impose foreign cultural values on others. The item was not a matter of health and should therefore be deleted from the Board's agenda. Furthermore, the Board was not the appropriate forum for discussions concerning categorization under the International Statistical Classification of Diseases and Related Health Matters, as most delegations did not possess the relevant technical expertise.

The CHAIRMAN pointed out that it would have been inconsistent with established procedures to delete the item from the provisional agenda on the basis of written requests before its inclusion had been considered by the Board.

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Ms KANITA SAPPHAISAL (Thailand)¹ fully supported inclusion of the item on the agenda. It was not intended to establish a new category of rights or to impose values that conflicted with the beliefs or traditions of any countries. Indeed, the item had been included in order to highlight and discuss the technical aspects of the public health challenges faced by the persons concerned, in line with the Organization's mandate and the principle that everyone should enjoy the same rights, regardless of race, status, beliefs or sexual orientation. She looked forward to a substantive discussion that would enrich Member States' understanding.

Dr SANGA (United Republic of Tanzania)¹ said that the agenda item under discussion related to a lifestyle that individuals could choose to adopt and also decide to change. It was a scientific fact that a woman could not have sexual relations with another woman, just as a man could not have sexual relations with another man. Moreover, some cultures regarded the practices concerned as harmful. The role of WHO was not to promote certain lifestyles, but to provide scientific evidence when controversial issues arose. The health needs of lesbian, gay, bisexual and transgender persons were already adequately covered by a range of existing programmes on sexually transmitted infections, HIV/AIDS and mental health. Indeed, 60% of activities under the comprehensive mental health action plan adopted at the Sixty-sixth World Health Assembly targeted groups including such persons. She failed to see what other health needs they might have.

She strongly supported the suggestion that the item should be deleted, in order to avoid sowing discord among Member States.

Ms DUPUY (Uruguay)¹ supported examination of the agenda item under discussion from the standpoint of the right to health as an inherent right of all human beings without distinction. Although discrimination was prohibited in the constitution and legislation of many countries, discriminatory practices still occurred. Lesbian, gay, bisexual and transgender persons did not have special rights, but they were a vulnerable group in the same way as women, children and migrants were, and WHO had found that they faced barriers in accessing health services. There was no question of imposing foreign cultures on countries: WHO was a technical forum and one of its functions was to deal with specific health issues faced by vulnerable groups. Within the framework of the United Nations Human Rights Council and under the Universal Periodic Review, Uruguay had put forward recommendations on the access to health for certain groups of people, including sex workers who were routinely exposed to a higher level of violence than other members of society.

Ms STIRØ (Norway)¹ expressed support for retention of the item. The specific challenges faced by lesbian, gay, bisexual and transgender persons in accessing health services were related to topics of global public health concern and discussion thereof was therefore within the competence of WHO. Indeed, the governing bodies of WHO were entrusted with the task of ensuring equal access to health services by all groups of people without distinction. She looked forward to a substantive debate on the item.

Dr EL OAKLEY (Libya)¹ supported reconsideration of inclusion of the item on the provisional agenda of the Board. If the item were retained, he suggested modifying its title, using universally acceptable wording such as "vulnerable groups" rather than nomenclature from a field replete with sometimes confusing language. It was wrong to discriminate against certain groups of people, but by the same token there could be no discrimination in favour of some groups to the detriment of others. Referring to the comments made by the representative of the United States of America, he agreed that the issue was a contentious one that should be handled with sensitivity.

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

Ms WISEMAN (Canada),¹ expressing strong support for retention of the item, said that it was clearly within WHO's mandate to discuss matters relating to access to health care and services for all without discrimination. Only through open discussion could challenges related to access and support be addressed, in order to ensure that all people realized the right to the highest attainable standard of health.

Dr BEJTJA (Albania) said that equitable access to health services was a core principle of WHO. Noting the existence of evidence of differences in the health status of lesbian, gay, bisexual and transgender persons compared with that of other groups, he said that further research was needed to understand the underlying causes.

Mr SAMAR (Algeria)¹ said that the right to health of all people throughout the world and across all segments of society must be respected, promoted and protected, without any limitation. It was not acceptable that some countries, on the basis of specific internal considerations, should seek to impose on others obligations inconsistent with their values and national priorities.

Mr LOUME (Senegal), emphasizing the need to guard against discrimination, affirmed that targeting one group of persons in regard to the treatment of certain diseases was a form of discrimination against other vulnerable groups. In that connection, many Member States made efforts to ensure that all vulnerable groups were included in programmes that dealt with sexually transmitted infections and HIV/AIDS.

Mrs GESSÉ MAS (Andorra) said that her country aligned itself with the statement made by the member for Lithuania on behalf of the European Union and its Member States.

The DIRECTOR-GENERAL, thanking speakers for their comments, said that their suggestions had been carefully noted. She confirmed that the correct procedure had been followed in respect of all items included on the provisional agenda. That was borne out by the fact that there had been no discussion on the inclusion of the item on the management of autism spectrum disorders (item 6.1).

She acknowledged that the subject under consideration was a difficult and sensitive one for many Member States. The diversity of Member States was one of the strengths of the Organization, and she had noted that mutual respect informed their relations with each other. Indeed, there had been numerous occasions when Member States had demonstrated great ability, flexibility and strength in finding pragmatic solutions to extremely controversial issues. The item under consideration fell into that category and she supported countries that had emphasized that it must not be used by any interest group to influence the position of WHO. However, she also agreed with those who considered that it was important to initiate a dialogue on the subject, despite the controversy surrounding it, albeit in a manner that was acceptable to all Member States.

The provisional agenda that had been submitted to the Secretariat posed challenges, as was illustrated by the example of the supplementary agenda item on evaluation and improvement of primary health care during crisis proposed by the Permanent Mission of the Syrian Arab Republic to the United Nations Office and other International Organizations in Geneva. As Director-General, she had found a solution acceptable to all after seeking guidance and advice and listening to the different opinions of Member States.

She was similarly prepared to use her good offices in relation to the item under consideration, and to that end proposed that, given the short duration of the current session of the Board, members should consider accepting all the items on the provisional agenda, but should defer discussion of the item on improving the health and well-being of lesbian, gay, bisexual and transgender persons, and instruct her to work with and be guided by Member States in an effort to find a pragmatic solution, so

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that it could be discussed at the 134th session of the Board in January 2014. She was sure that Member States had the courage, energy and wisdom to find a way forward.

Dr OMI (Japan), expressing support for that proposal, remarked that the Director-General, together with the Secretariat, had worked hard to ensure that the provisional agenda was acceptable to all Member States.

Ms MATSOSO (South Africa) endorsed the proposal made by the Director-General as a means of resolving the divisive issue under discussion, and highlighted the importance of promoting tolerance, equality, inclusion and respect for diversity.

Dr NCHABI KAMWI (Namibia), expressing trust in the leadership ability of the Director-General, thanked her for her comments and supported her proposal to defer discussion of the item.

Dr HAMED (Egypt) noted Member States' widely diverging and strong opinions on the issue, as well as the concern expressed by some that it would create divisions within the Organization. Endorsing the Director-General's proposal that she undertake discussions with Member States before the item was considered, he urged the withdrawal of the item so that discussions could be conducted informally by the regional groups.

Mrs BAMIDELE (Nigeria), noting the sensitive nature of the current issue, expressed support for the proposal made by the Director-General to defer consideration of the item.

In reply to a request for clarification from Ms DÁVILA CHÁVEZ (Mexico), the CHAIRMAN said that the proposal was to defer consideration of the item. Only if consensus could be reached following discussions with Member States would it be included on the agenda of the 134th session of the Board in January 2014.

Dr DAULAIRE (United States of America)¹ expressed appreciation for the comments made by the Director-General in seeking a way forward. The United States of America, as one of the Member States that had requested inclusion on the provisional agenda, did not wish the item to be withdrawn, but would support deferral of its consideration to the 134th session of the Board in January 2014, if a consensus was reached to that effect.

The DIRECTOR-GENERAL said that the decision on removal or retention of the item lay solely within the authority of the Board. In order not to delay the proceedings any further, she proposed that the Board should approve the provisional agenda in its current form but not discuss the item on improving the health and well-being of lesbian, gay, bisexual and transgender persons, so that she could consult Member States with the aim of finding common ground on a way forward.

The CHAIRMAN said that she had understood the proposal to mean that the provisional agenda should be approved without the item under discussion; when consensus had been reached on an acceptable approach to the issue, substantive discussion would resume.

Professor HALTON (Australia) noted that Member States were demonstrating respect for the diversity of views expressed on the substance of the issue. Australia supported discussion of the item, but was anxious to listen to the concerns of others. She emphasized that it was not her country's intention to impose certain cultural views on other Member States. She welcomed the Director-General's offer to use her good offices in seeking a solution, noting that part of the Board's role was to

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

reach consensus on controversial matters. At the same time, she favoured adoption of the provisional agenda in its current form, including the item on improving the health and well-being of lesbian, gay, bisexual and transgender persons, on the understanding that its substance would not be discussed at the current session, thereby allowing the Director-General sufficient time to initiate a dialogue with Member States with the objective of reaching consensus. Acceptance of the Director-General's offer would not mean that Member States were bound to discuss the item at the next session of the Board in January 2014.

The CHAIRMAN confirmed that the Director-General had indeed suggested that further work was needed on the item in order to find common ground on an acceptable title and other issues.

Mr BAGHERPOUR (Islamic Republic of Iran), thanking the Director-General for her efforts to find a way forward, noted that there appeared to be a further proposal to change the title of the item, given that the sensitive nature of the substance extended to the title as well. He suggested that the provisional agenda should be adopted without item 6.3, which should be deleted, and that interested Member States should be asked to propose new and unambiguous language for both the title and the content, together with an explanatory memorandum and any appropriate definitions, so that the newly worded item, if approved for inclusion on the agenda, could be discussed at a later stage, possibly at the 134th session of the Board in January 2014. In the meantime, the Director-General would pursue her consultations with a view to finding a solution acceptable to all.

Dr HAMED (Egypt) endorsed the course of action suggested by the member for the Islamic Republic of Iran. The agenda could be adopted subject to the deletion of item 6.3.

The CHAIRMAN, summing up the discussion, said that three options had been presented to the Board: the first was to delete item 6.3 from the provisional agenda; the second was to defer consideration of the item to the 134th session of the Board in January 2014; and the third was to retain the item on the provisional agenda. Given the lack of consensus among Board members, a decision might need to be taken by means of a vote.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, favoured retention of the item and adoption of the provisional agenda in its current form. However, in a spirit of compromise, he would be willing to accept the deferral of substantive discussion on the item to the next session of the Board in January 2014, if that was decided by the members of the Board.

Mr ROMERO PUENTES (Cuba), expressing regret that the matter might have to be decided by means of a vote, said that such a course of action would set a worrying precedent that he would prefer to avoid. It appeared that the main point of contention centred on whether or not item 6.3 would automatically be included on the agenda of the Board at its 134th session in January 2014. He would prefer it to be so included, subject to a modification of its title following the Director-General's consultations with Member States.

Mrs PADILLA RODRÍGUEZ (Mexico) agreed that it would be preferable not to proceed to a vote. Members were endeavouring to work towards a solution to a difficult question, and she supported the Director-General's excellent proposal in that regard.

Dr OMI (Japan) agreed that a vote should be avoided. In the interests of compromise, he suggested that the item could be deleted from the provisional agenda, subject to three conditions: that the item would be discussed by the Board at its 134th session; that its nomenclature was duly amended to reflect the views expressed by Member States; and that the Director-General and her team consulted with Member States to ensure that all views were reflected in the background document submitted to the Board.

Dr AL-MARRI (Qatar), agreeing that every attempt should be made to avoid a vote, favoured deleting the item from the provisional agenda for the current session and holding consultations with a view to formulating a title acceptable to all, in accordance with the suggestions made by the member for the Islamic Republic of Iran.

Mrs BAMIDELE (Nigeria) said that consensus was preferable to a vote. She could agree to deleting the item from the agenda of the current session of the Board, producing a new title for the item and referring the issue to the 134th session of the Board for discussion.

Dr MEMISH (Saudi Arabia) said that it was regrettable that so much time had been spent attempting to reach agreement on the agenda for the session. It would not be appropriate to take a vote or adopt a unilateral decision that would complicate the process to be followed in the future. He agreed with the members for Japan, Qatar and Nigeria that further consultations were needed on issues of nomenclature with a view to reaching agreement in time for the 134th session of the Board.

Professor HALTON (Australia) requested clarification of the proposal made by the member for Japan. Was the item to be removed from the provisional agenda of the current session of the Board and appear on the provisional agenda of the Board's session in January 2014 with the same title and reference document? Or was the title of the item that would be included on the provisional agenda for January to be left blank in order to allow the Director-General time to seek consensus on an acceptable wording?

Dr HAMED (Egypt), expressing support for the suggestion by the member for the Islamic Republic of Iran that item 6.3 be deleted and consultations on the issue pursued, said that it was not appropriate to impose discussion of the item upon the Board at its 134th session, particularly since a text agreeable to all might not have been developed by then. It was unfortunate that the topic was being viewed as a dispute between east and west or between different cultures, since that politicized the work of the Organization, which should focus entirely on medical issues.

Dr OMI (Japan), replying to the member for Australia, said that his proposal was to remove the item from the provisional agenda of the current session of the Board. It was to be hoped that the title of item 6.3 could be replaced by new wording acceptable to all Member States, following consultations with the Director-General, with a view to subsequent discussion of the item.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, requested clarification from the Legal Counsel as to the legal standing that the item would have at the Board's session in January 2014 if it was deleted from the provisional agenda of the current session.

The CHAIRMAN said that the Board appeared to be moving towards a consensus on a set of future steps: the current provisional agenda would be adopted without item 6.3; the Director-General would lead discussions on the title and other issues affecting content that had been clearly articulated during the discussion; and, if consensus was reached, the provisional agenda for the 134th session of the Board in January 2014 would contain an item, the title of which had yet to be determined. She sought clarification from the Legal Counsel as to whether the Board, at its January 2014 session, would have the ability to accept or reject its agenda.

Mr BURCI (Legal Counsel) said that the proposal before the Board was a procedural one, namely, to remove the item from the provisional agenda of the current session and to follow the steps proposed, leading to the presentation of an item whose title and content reflected the concerns of all regions. Discussion of the item could not be imposed upon the Board, which had the right, at every one of its sessions, to adopt its own agenda and decide which items to discuss, defer or delete. At its

January 2014 session, therefore, the Board would be fully empowered to consider the totality of its agenda, including a reformulated item on the topic under discussion.

Mr BAGHERPOUR (Islamic Republic of Iran) said that it was the responsibility of Member States, not the Director-General, to present a new agenda item. His country could agree to the deletion of item 6.3 and a process whereby Member States, with the good offices of the Director-General, would formulate new compromise wording and an explanatory memorandum in preparing a proposal for an item to be included on the provisional agenda of the next session of the Board. It would then be for the Board to decide whether to include that item at that session.

Mrs BASSIM (Egypt) said that a vote would create a dangerous precedent as the Board had always worked on the basis of consensus. Egypt was prepared to accept the proposed compromise solution, namely: deleting the item from the provisional agenda of the current session; urging all delegations to consult with the Director-General with a view to reaching agreement on the title and substance of the item and preparing an explanatory memorandum; and deferring consideration of the item to the next Board session in January 2014, on the understanding that the Board was not bound to discuss it at that time.

Mr NABEEL (Pakistan)¹ agreed that a vote should be the last resort. The Board was very close to reaching a consensus on deleting item 6.3 from the provisional agenda of the current session and requesting the Director-General to hold informal consultations on the issue with a view to its possible inclusion on the provisional agenda of the next session of the Board.

The CHAIRMAN said that there appeared to be consensus that the current item 6.3 should be removed from the provisional agenda and that the Director-General and her team should lead discussions among Member States to reach a consensus on adjustments to the title and content, together with an explanatory memorandum for the item. A proposal for the new item would then be submitted for consideration during the preparation of the provisional agenda for the Board's 134th session.

Mr KLEIMAN (Brazil) requested more time for consultation.

Dr GRABAUSKAS (Lithuania) said that the European Union and its Member States wished to retain the item on the agenda of the current session of the Board.

The DIRECTOR-GENERAL suggested that item 6.3 might be placed in square brackets to allow the Board to continue with its work.

The CHAIRMAN asked whether the Board could move to item 2 of its agenda.

Mr BAGHERPOUR (Islamic Republic of Iran) said that the Board should adopt its agenda before proceeding to consider other items. Board members were making efforts to achieve consensus, and suggestions should be constructive.

Mr KLEIMAN (Brazil) said that it would not be appropriate for the Board to choose to move forward with its work as a means of avoiding further discussion of the issue. The solutions proposed thus far did not satisfy those countries that wished to maintain the item on the agenda of the current session of the Board. In order to avoid a vote, which would set a dangerous precedent, the Board therefore had no option but to continue the discussions with a view to finding a solution.

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

Dr DAULAIRE (United States of America),¹ noting that the Board was the master of its own agenda, said that the views expressed by the members for Egypt and Japan could form the basis of a workable compromise.

Mr PIPPO (Argentina) agreed that a vote should be avoided. He suggested that the title be reformulated and the Director-General requested to prepare a new report. A small group might also be established to engage in further discussion with a view to reaching consensus on a new item to be included on the provisional agenda of the next session of the Board.

Mrs BASSIM (Egypt) appealed to members not to reopen the debate and to support the Chairman's clear proposal, which was based on suggestions from several delegations, including Japan, Nigeria and Egypt, and constituted a good compromise.

Professor HALTON (Australia) said that her delegation could accept the removal of the item from the provisional agenda of the current session and the inclusion of a placeholder item for the Board's session in January 2014, the title of which could be determined following consultation.

Ms MATSOSO (South Africa) agreed that a vote should be avoided, and suggested that the Board should proceed on the basis of the Chairman's proposal.

Mr KLEIMAN (Brazil) said that his delegation would be prepared to agree to the withdrawal of the item from the provisional agenda of the current session provided that a formal decision or guarantee was provided to ensure that the item would be taken up at the January 2014 session of the Board, without going through the Officers of the Board.

Dr VALVERDE (Panama) said that, although the subject under consideration was sensitive and complex, it was one of concern to all countries of the world. She favoured deferring the item to the 134th session of the Board, by which time its form would have been determined by consultations.

Dr GRABAUSKAS (Lithuania) suggested that members should use the lunch break in order to try to reach a consensus through informal consultations.

Mrs PADILLA RODRÍGUEZ (Mexico) agreed with the member for Brazil that consensus was close but there must be a definite guarantee, in accordance with the wish of many countries, that the item be included on the agenda of the Board at its January 2014 session.

Professor SHIRALIYEV (Azerbaijan) said that consensus did not really appear to be emerging and that some countries were holding up the Board's work by insisting on retention of the item on the agenda for the current session. That was an unprecedented situation. No further progress could be made unless the item was deferred to the next session of the Board.

Dr OMI (Japan) said that the Board faced a dilemma: no guarantee could be given since, as the Legal Counsel had clearly stated, the Board was free to decide on its agenda at every session. In order to resolve that dilemma, he suggested that it could be placed on record that a consensus had emerged to the effect that members would be prepared to discuss the issue provided that the title and substantive content prepared for the item were amended to reflect the views expressed by all.

Professor HALTON (Australia) requested clarification from the Legal Counsel as to whether she was correct in her understanding that it was proposed that item 6.3 was to be deleted from the

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

agenda and a placeholder item included on the provisional agenda of the Board's session in January 2014, with an unobjectionable title that was yet to be determined. It was also her understanding that, consistent with existing practice, the new item would then be discussed by the Board, although no guarantee could be given at the present juncture since the Board, when convened in January 2014, would decide whether or not to take up the item for discussion.

Mr BURCI (Legal Counsel) agreed that a consensus appeared to be emerging on proposals to remove the item from the provisional agenda of the current session of the Board, to mandate the Director-General to engage in consultations with regional groups on an acceptable title and content for the item, and to insert a placeholder item in the provisional agenda of the 134th session of the Board. The decision on how to proceed on that item would be for the Board to decide at its 134th session of the Board.

Mr OSEI (Ghana)¹ said that every effort should be made to reach a consensus and hoped that a sense of balance and fairness would prevail.

Ms KANITA SAPPHAISAL (Thailand)¹ recalled that Thailand had been one of the two countries that had proposed the agenda item in the hope that it would allow all Member States to engage constructively on an important public health issue. Acknowledging that the subject was a highly sensitive one, she expressed appreciation of the spirit of cooperation and compromise demonstrated by members in their efforts to achieve a consensus. The process outlined by the Legal Counsel was acceptable, although it was for the Board to make a decision.

Mr CORRALES (Panama), noting that item 11 of the provisional agenda concerned future sessions of the Executive Board and the Health Assembly, suggested that the guarantee some members were seeking might be formalized in the discussions under that item.

Mr KLEIMAN (Brazil) said that time was a wise counsel and it was important for all participants to be satisfied with the outcome of the discussions. Many countries were of the opinion that the item must be tackled. Brazil had total confidence in the ability of the Director-General to achieve a deeper and broader consensus before January 2014 and to formulate a title on the basis of consultations, with a view to guaranteeing that the item was placed on the agenda of the 134th session of the Board.

Mrs PENEVEYRE (Switzerland) supported the process outlined by the member for Australia and the Legal Counsel, including the adoption of a placeholder item, although there could be no guarantee that the item would be discussed by the Board in January 2014 since the Board had sovereign authority over its own agenda.

Mr NABEEL (Pakistan)¹ endorsed the comments of the previous speaker. Although no guarantee could be given that the item would be taken up by the Board in January 2014, the Rules of Procedure of the Executive Board did provide that any Member State could propose any item for inclusion in the provisional agenda of a session of the Board.

Mr BAGHERPOUR (Islamic Republic of Iran) said that, in order to expedite its work, the Board might wish to adopt the provisional agenda ad referendum.

The meeting rose at 13:10.

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

SECOND MEETING

Wednesday, 29 May 2013, at 14:40

Chairman: Dr J. ST. JOHN (Barbados)

later: Professor J. HALTON (Australia)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the Provisional agenda (Documents EB133/1 and EB133/1(annotated)) (continued)

The CHAIRMAN said that she understood that informal discussions had taken place following the previous meeting and that an agreement had been reached regarding item 6.3 of the provisional agenda.

Mr BURCI (Legal Counsel) said that, although no specific language had been agreed, a course of action had been proposed, namely: first, to delete item 6.3 from the provisional agenda; secondly, to request the Director-General to hold informal consultations with all regions with a view to reaching consensus on the title and content of the item; and, thirdly, to include an item on the draft provisional agenda of the 134th session of the Executive Board with the provisional title “Item 6.3 of the provisional agenda of the 133rd session of the Executive Board”. The final title and content would reflect the outcome of the informal consultations to be convened by the Director-General. The Board might wish to adopt a decision to that effect.

In response to a request for clarification from Dr HAMED (Egypt), he explained that the proposed formulation would merely constitute a “placeholder” on the provisional agenda until such time as a firm title was decided on. Although somewhat unwieldy in nature, its function was to indicate the content of the provisional agenda item. The “placeholder” title would eventually be replaced by one that reflected the outcome of the consultations to be conducted by the Director-General. The Secretariat would also present a report reflecting the outcome of those consultations. The item would then appear on the draft provisional agenda, and the Board would, at its 134th session, deal with it as it saw fit.

Dr HAMED (Egypt), seeking further clarification, said that, as he understood it, although the title of the agenda item would be removed from the agenda, the item itself would remain the same.

Mr BURCI (Legal Counsel) explained that the provisional agenda of the 134th session of the Executive Board would contain an item with a different title. The title and the proposed content of the item would reflect the outcome of the Director-General’s consultations. As it was unlikely that those consultations could be completed by the deadline for issuance of a draft provisional agenda, it would be necessary to include a “placeholder” title, which need not necessarily be worded as he had suggested.

Mr BAGHERPOUR (Islamic Republic of Iran) suggested that, in the interests of avoiding another lengthy discussion of the matter in January 2014, instead of the proposed “placeholder” solution the draft provisional agenda might contain a blank item, with a footnote referencing the decision taken by the Board during the current session and indicating that the title and content of the item would reflect the outcome of the consultations to be conducted by the Director-General.

Mr BURCI (Legal Counsel) suggested that, as proposed by the member for the Islamic Republic of Iran, the Board might wish to adopt a decision to delete item 6.3 from the provisional agenda for the current session, to request the Director-General to hold informal consultations with Member States in all regions with a view to reaching consensus on the title and content of the item, and to adopt a decision to include an item on the draft provisional agenda of the 134th session of the Executive Board with no title and a footnote referring to the decision adopted and indicating that the title and content of the item would reflect the outcome of the informal consultations by the Director-General.

The CHAIRMAN said that, as she saw no objection, she would take it that the Board wished to proceed as just outlined by the Legal Counsel.

It was so decided.¹

The agenda, as amended, was adopted.²

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, said that he regretted that the item would not be discussed during the current session, but could accept the solution that had just been agreed. He recognized the sensitive nature of the subject, but expressed regret at the discriminatory language that had been used in the earlier discussion and the hope that it would not be repeated in any future deliberations on the item. He reiterated that discrimination on the grounds of sexual orientation was prohibited under the Treaty on the Functioning of the European Union and the Charter of Fundamental Rights of the European Union. Harmful behaviours, lack of access to prevention and health care services and inadequate treatment were frequently a consequence of stigmatization and discrimination, and often resulted in health inequalities for lesbian, gay, bisexual, transgender and intersex people. All discriminatory legislation, policies and practices against such persons must be abolished, including inadequate health service provision, denial of care, compulsory treatment and violation of privacy rules. Access to care for vulnerable groups and national health outcomes would thus be improved.

Dr HAMED (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, reaffirmed the right to health for all without discrimination and the right of all citizens to receive health care. The Member States of the Region also reaffirmed their commitment to all United Nations human rights instruments and to the Constitution of the World Health Organization, which referred to the right of all to the enjoyment of the highest attainable standard of health.

2. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR

The CHAIRMAN drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing the Officers of the Board. She invited nominations for the office of Chairman.

Mr JEON Man-bok (Republic of Korea) nominated Professor Jane Halton (Australia), the nomination being seconded by Dr NOOR Hisham Abdullah (Malaysia).

The CHAIRMAN said that, pursuant to Rule 48 of the Rules of Procedure of the Executive Board, the Board could decide to proceed without taking a ballot on an agreed candidate.

¹ Decision EB133(1).

² See page ix.

Professor Jane Halton (Australia) was elected Chairman.

Dr ST. JOHN (Barbados), congratulating Professor Halton on her election, said that it had been both an honour and an enriching experience to serve as Chairman of the Executive Board. She thanked the Director-General and her team for their unstinting support, as well as her fellow Officers of the Board, whom she had found to be stimulating colleagues. At the outset she had hoped to be able to make a difference and, looking back on what had been accomplished under her chairmanship, she believed that some important goals had been achieved.

Professor Halton took the Chair.

The CHAIRMAN, having expressed appreciation to the outgoing Chairman, said that she was honoured to be elected Chairman of the Executive Board. She welcomed the new Board members and said that it was gratifying that many more women were represented on the Board than in the past.

She invited nominations for the four posts of Vice-Chairman.

Dr BAYE LUKONG (Cameroon) nominated Ms Precious Matsoso (South Africa).

Dr AMMAR (Lebanon) nominated Professor Mohammad Hossein Nicknam (Islamic Republic of Iran).

Dr CUYPERS (Belgium) nominated Professor Ogtay Shiraliyev (Azerbaijan).

Mr KIM Myong Hyok (Democratic People's Republic of Korea) nominated Dr Pe Thet Khin (Myanmar).

Ms Precious Matsoso (South Africa), Professor Mohammad Hossein Nicknam (Islamic Republic of Iran), Professor Ogtay Shiraliyev (Azerbaijan) and Dr Pe Thet Khin (Myanmar) were elected Vice-Chairmen.

The CHAIRMAN said that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman was unable to act in between sessions, one of the Vice-Chairmen should act in his or her place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

It was determined by lot that the Vice-Chairmen would serve in the following order: Professor Shiraliyev (Azerbaijan), Professor Nicknam (Islamic Republic of Iran), Dr Pe Thet Khin (Myanmar) and Ms Matsoso (South Africa).

The CHAIRMAN invited nominations for the office of Rapporteur.

Mrs DÁVILA CHÁVEZ (Mexico) nominated Dr Zelibeth Valverde (Panama).

Dr Zelibeth Valverde was elected Rapporteur.

3. OUTCOME OF THE SIXTY-SIXTH WORLD HEALTH ASSEMBLY: Item 3 of the Agenda

Mr WOOLCOTT (Australia) said that a remarkable level of agreement had been reached, during the Sixty-sixth World Health Assembly on WHO reform, on the Programme budget 2014–2015 and the Twelfth General Programme of Work, and on key action plans relating to noncommunicable diseases, mental health and avoidable blindness. Gratifying progress had been made towards the eradication of poliomyelitis. However, several countries, including his own, had expressed grave concern over the attacks on health workers distributing polio vaccines, and a further recent incident interrupting WHO's vital immunization work was also to be deeply regretted.

He was pleased to announce that the Government of Australia had agreed to provide 80 million Australian dollars over a four-year period to support final steps in eradicating poliomyelitis, in addition to its existing commitment of 50 million Australian dollars.

The attention paid to antimicrobial resistance during the Health Assembly had been heartening, and Australia had joined other Member States in asking for the subject to be placed on the provisional agenda of the 134th session of the Executive Board and for the preparation of a Secretariat report. He hoped that the Board would accede to that request.

Dr CUYPERS (Belgium) commended the efficient organization of the Health Assembly's work and expressed satisfaction that the first transitional programme budget had been approved as it would provide an opportunity for the Organization as a whole to strive for excellence. The approval of the Twelfth General Programme of Work should also strengthen decision-making within the governing bodies. He noted the constructive spirit that had prevailed in the drafting groups and welcomed the improvements in the "traffic light" system applied to national statements. Nevertheless, the late availability of some important documents was to be regretted, as was the late introduction of some draft resolutions. The preparation of a single progress report by category might enhance the internal coherence of the Organization's work and be more in line with an integrated approach.

Professor NICKNAM (Islamic Republic of Iran) welcomed, in particular, the adoption of three important action plans, on noncommunicable diseases, avoidable blindness and mental health. However, he regretted the undue length of the deliberations of some drafting groups, which was counterproductive and violated participatory principles, inasmuch as some delegations were precluded from attending and valuable contributions to the discussions were thus lost.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, commended the efficient organization of the Health Assembly's work, which had been completed one day earlier than scheduled.

Speaking as the member for Senegal, he commended the harmonized position achieved by the Member States of the African Region in relation to item 15 of the Health Assembly agenda on preparedness, surveillance and response.

Dr USHIO (Japan) highlighted two major achievements: the recognition of universal health coverage as a key concept for the future and the adoption of the entire Programme budget for the first time in the history of the Organization. The pervading atmosphere had been less political than in the past, and the focus on technical issues had been a reflection of increased trust between Member States and the Secretariat as well as the excellent preparation by the Secretariat.

Dr CESARIK (Croatia) said that the Sixty-sixth World Health Assembly had adopted several high-quality documents that would contribute to improving public health worldwide, in particular the global monitoring framework and targets for the prevention and control of noncommunicable diseases, the action plan for the prevention and control of noncommunicable diseases 2013–2020, and the resolution on universal health coverage. The emergence of avian influenza A(H7N9) and a novel coronavirus highlighted the importance of the work on strengthening implementation of the International Health Regulations (2005). He commended the progress being made on the reform

agenda. The adoption of a transitional budget represented a step in the direction of transparent and predictable WHO financing.

Dr VALVERDE (Panama) acknowledged that the Sixty-sixth World Health Assembly had done a great deal of valuable work on noncommunicable diseases, health systems, the Millennium Development Goals and WHO reform.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland),¹ supporting the comments made by the member for Australia, recalled the proposal made during the Health Assembly for a substantive item on antimicrobial resistance to be placed on the provisional agenda of the Board's 134th session. Resolution WHA58.27 on improving the containment of antimicrobial resistance had been adopted in 2005 and the last report thereon to a governing body had been submitted in 2007. In the intervening six years the situation had deteriorated. He therefore called on the Board to endorse the proposal so that a substantive discussion on the subject could be held at the Board's 134th session, on the basis of a Secretariat report.

The CHAIRMAN said that, in the absence of any further comments, she took it that the Board agreed to request the Secretariat to prepare a report on the subject of antimicrobial resistance, to be considered at the 134th session of the Executive Board.

It was so agreed.

The DIRECTOR-GENERAL said that, despite a heavy agenda, which had included both the Programme budget 2014–2015 and the Twelfth General Programme of Work that would guide the work of the Organization over the next six years, the engagement of Member States, as well as efficient preparations, had made it possible to conclude the Health Assembly one day earlier than scheduled. The Secretariat would play its part in ensuring that future governing body meetings were conducted with similar efficiency.

4. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the Agenda (Document EB133/2)

Dr CUYPERS (Belgium), speaking in his capacity as Vice-Chairman of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the report of the Committee's eighteenth meeting. He summarized the Committee's deliberations on the items covered in the report that were not on the Board's agenda, namely: the general management update, the administration and management cost study, the annual report of the Independent Expert Oversight Advisory Committee, and progress on the implementation of external and internal audit recommendations.

Mrs BAMIDELE (Nigeria), speaking on behalf of the Member States of the African Region, welcomed the information in the general management update that the largest share of voluntary contributions was allocated to the region with the greatest needs. She supported the principle of full cost recovery for programmes funded by voluntary contributions. She looked forward to the proposals of the Director-General on future financing, which should bear in mind the need to find ways to provide incentives to increase flexible funding and to consider the financing of administration and management as part of the overall financing of the Organization.

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

Acknowledging the work of the Global Network on Evaluation, she called on the Secretariat to ensure that the task forces already constituted were fully functional. Commending the report of the Independent Expert Oversight Advisory Committee, she emphasized the need to focus on outcomes rather than processes in the context of the implementation plan for WHO reform. The changes to the Financial Regulations of WHO and the introduction of the International Public Sector Accounting Standards (IPSAS) should ensure greater transparency and accountability. She commended the efforts of the Secretariat to respond to the recommendations of the Internal and External Auditors and urged that those efforts be continued in order to improve outcomes.

Dr AMMAR (Lebanon) commended the Director-General for ensuring proper follow-up of the report of the Joint Inspection Unit of the United Nations system, and for facilitating the work of the Independent Expert Oversight Advisory Committee and the external consultant on the costs of administration and management. Those efforts would lead to the rationalization of administration costs and enhance WHO's efficiency. As a result of the reform endeavour, the Secretariat could expect State and non-State donors to have greater confidence in WHO, which should lead to less earmarking and more flexibility in financing. He supported full cost recovery for programmes funded by voluntary contributions, including the administrative costs; the current process of "cross-subsidization" drew resources from the regular budget and deprived essential WHO programmes of sufficient financing. The external consultant had proposed that programme support charges should be increased from 13% to 21% in order to eliminate cross-subsidization. Similar measures should be taken in respect of the administrative costs of partnerships hosted by WHO. He asked the Secretariat to propose concrete mechanisms for expediting implementation of option D as set out in the consultant's report (document EBPBAC18/3, Annex), should agreement on that option be reached.

Ms MATSOSO (South Africa), requesting clarification of paragraph 21 of the Committee's report, asked whether time would be set aside for a more thorough review of the Financial Rules and Financial Regulations as suggested by the Independent Expert Oversight Advisory Committee.

Mr KOÇAK (Turkey)¹ said that the issues covered by the report of the Programme, Budget and Administration Committee were of the utmost importance for the effective and efficient functioning of the Organization. Regarding the administration and management cost study, he said that the cross-subsidization of costs required for voluntary programmes and projects had been an area of common concern. He supported the principle that all costs should be fully recovered from all voluntary funded programmes and hosted partnerships, a process that would also contribute to the financial sustainability and accountability of the Organization. In order to implement full cost recovery, it would be necessary to introduce a separation of administrative and management costs from other costs as a first step. Service-level agreements between WHO and donors that set out the roles and responsibilities of both parties would also improve the transparency and accountability of the Organization and its partners. He noted the preference expressed by the Committee for option D of the administration and management financing options set out in the external consultant's report. He requested the Secretariat to propose a clear definition of and selection criteria for core management activities in its report to the Board at its 134th session in January 2014.

Administrative and managerial effectiveness and efficiency could be improved and costs reduced by eliminating complex and duplicating processes. Since half of the budget was allocated to staff costs, adjustments in human resource policy and recruitment procedures were also necessary. He requested the Secretariat to provide information on such cost-control measures in its future reporting.

Concerning the annual report on evaluation, he welcomed the steps already taken to implement the evaluation policy and strongly encouraged the Secretariat to further its efforts to foster an

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

evaluation culture within the Organization. He requested the Secretariat to provide regular information on implementation and achievements in that area.

Mr JEFFREYS (Comptroller), responding to the question posed by the member for South Africa, said that the Independent Expert Oversight Advisory Committee had indicated that a further review might be required of the implications of and links between the financing dialogue and the reform of the budget process, taking into account the introduction of IPSAS, and the possible need for further changes to the Financial Regulations.

The Board noted the report.

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

The CHAIRMAN suggested that, given the extensive deliberations on WHO reform at the eighteenth meeting of the Programme, Budget and Administration Committee of the Executive Board and the Sixty-sixth World Health Assembly, the Board should focus on the reports on governance aspects of the reform process (documents EB133/3 and EB133/16), postponing further consideration of the implementation of reform to its 134th session in January 2014.

It was so agreed.

Governance: options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board (Document EB133/3)

Dr AMMAR (Lebanon) said that the efficiency of the Executive Board could be increased by limiting the number of agenda items. However, the combination of the three criteria for inclusion of agenda items, as set out in resolution EB121.R1, with the five criteria for priority-setting defined in decision WHA65(9), could prove to be a complicated and impractical exercise, leading to the rejection of important proposals. He suggested that consideration could be given to amending option 2 for criteria for improved management of the provisional agenda, so as to stipulate that at least two of the three criteria for inclusion must be satisfied.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States, said that the European Union was committed to WHO reform in order to ensure that the Organization was fit for purpose in the context of global health in the twenty-first century, to enhance its credibility and independence, and to preserve its health leadership role. It was a matter of concern that the number of the Board's agenda items had increased in recent years; a transparent and efficient process for inclusion or exclusion of items was therefore clearly necessary. The European Union preferred option 2, since a one-step approach would be more streamlined and easier to apply. The proposals concerning the inclusion of supporting evidence that responded to the criteria in the explanatory memorandum required for agenda item proposals and the establishment of guidelines for the supporting statements that must accompany proposals of an urgent nature were also welcome.

The European Union and its Member States would support all measures to improve the management of agenda items and draft resolutions; substantial progress must be made in that regard at governing body sessions in 2014.

Dr MOSTAFA (Egypt) expressed support for the establishment of clear and transparent rules for the inclusion, exclusion or deferral of items on the Board's provisional agenda. He favoured option 2, although he could also accept option 1. In any event, the final decision to delete, add or defer agenda items lay with Member States. Proposals should first be presented to the Board, together with an explanatory memorandum that would assist Member States in their consideration of and

consultation on such proposals. The Officers of the Board should also present the outcome of their deliberations and explain their recommendations concerning agenda items at a meeting of the Board before any such items were approved.

Mrs DÁVILA CHÁVEZ (Mexico) supported option 2 as it contained simple and clear definitions; moreover, it was based on criteria set out in the Twelfth General Programme of Work and was consistent with the WHO reform process. Mexico agreed that a successful proposal must satisfy all three of the criteria in resolution EB121.R1 and that a new subject should be defined as one that had not been considered within the previous six years. The proposed changes would allow the Board to focus on strategic global health questions.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, underlined their commitment to the reform process and their satisfaction with the results already achieved. He favoured the streamlined set of criteria provided for in option 2, together with the proposal that supporting evidence that responded to the criteria should be incorporated in the explanatory memorandum. He also supported the development of guidelines for the supporting statements that must accompany proposals for items of an urgent nature.

Mrs PENEVEYRE (Switzerland) favoured option 2, as the criteria used in the current process had proved difficult to apply. The adoption of practical criteria and clear priorities should be viewed in the context of wider WHO reform and, in particular, the recently approved Twelfth General Programme of Work and Programme budget 2014–2015. The inclusion of supplementary agenda items had financial consequences that could not be ignored. The desired goal of strengthening governance went hand in hand with increased responsibilities in terms of setting priorities and avoiding the dispersal of activities; hence a simple and structured approach should be taken to identifying potential agenda items. Exceptions would inevitably arise, but the rule should be that items placed on the Board's agenda met predefined criteria.

Mr PIPPO (Argentina) welcomed the report and asked whether the criteria for the submission of additional items would apply to all parties mentioned under Rule 9 of the Rules of Procedure of the Executive Board, including the Director-General and specialized agencies with which the Organization had entered into effective relations, or only to Member States. With respect to option 1, he requested more information on what was meant in criterion (4) in decision WHA65(9) by "the existence of evidence-based cost-effective interventions". If not properly applied, that criterion could lead to the exclusion of items on diseases with a low incidence and high cost. He considered that compliance with all five criteria established by the Health Assembly would be restrictive and make evaluation difficult. Referring to option 2, he said that compliance with all three listed criteria could exclude items on health problems that, despite affecting all countries, had a low prevalence and high cost. With regard to amendments to Rule 10 of the Rules of Procedure of the Executive Board, he agreed that the guidelines for supporting statements to accompany proposals for the inclusion of urgent items on the Board's agenda should conform with those for the explanatory memorandum under Rule 9 and should include an explanation of the nature of the urgency.

Mr JEON Man-bok (Republic of Korea) said that the purpose of reform was to improve and streamline the excellent work already being done by WHO. Priority-setting should allow the Organization to exclude items of minor importance, a process that would be assisted by the adoption of a single set of new criteria as set out in option 2 of the report.

Dr USHIO (Japan) said that streamlining of the process for the selection of agenda items was urgently required in order to improve the efficiency and effectiveness of Board discussions. However, option 1 in the report might not lead to a reduction in agenda items as it was possible that most items would meet the criteria outlined in the first step, while application of the criteria to be applied in the second step was not entirely clear.

Option 2 seemed too strict since it might lead to the exclusion of important items: for instance, localized or emerging diseases might not represent a significant public health burden yet might still require attention and action on the part of WHO.

He recognized the importance of the objective selection methods set out in the report, but also wished to emphasize the value of consultations between Member States and the Secretariat.

Ms BENNETT (Australia) welcomed the proposal to streamline the process for evaluation of agenda items with the adoption of clear and transparent criteria. She supported option 2 with the addition of a fourth criterion, which would read “consistency with the comparative advantage of WHO as an institution”, so as to make it clear that the items on the agenda must involve work that was within the mandate of WHO.

Dr CUYPERS (Belgium), emphasizing his preference for option 2, said that streamlining the work of the governing bodies and full implementation of reform would require the Secretariat and Member States to adapt to new ways of working. In that regard, the recently adopted Twelfth General Programme of Work and Programme budget 2014–2015 should be their guiding tools. The discussion related to the selection of agenda items was of the utmost importance for the decision-making processes of the governing bodies: resolutions and decisions should remain coherent in terms of human and financial resources and the strategic activities approved within the Programme budget or General Programme of Work, and possible budgetary implications should be documented. He suggested that the document used to set out the financial and administrative implications of a resolution should contain information on the impact of the planned activities within the category of work concerned. The impact beyond the current programme budget should also be analysed and there should be further discussions on the issue by the Board at its next session.

Mr KLEIMAN (Brazil) acknowledged the merits of the report, but underlined the need to maintain a democratic space for dialogue and the building of consensus among Member States. In that connection, he had no difficulty with the current method of selecting agenda items. As the Organization considered both political and technical issues, option 1 in the report appeared to be more accessible, whereas option 2 might prove excessively restrictive. Consideration might also be given to extending the time frame for presentation of proposals.

Dr MOHAMED (Maldives) agreed that there was a need for better guidance on the criteria for the selection of items for the provisional agenda but considered that it might not be easy to agree on criteria that satisfied all Member States. Given that the two-step approach provided for in option 1 was complex and would be difficult to apply objectively, his preference was for option 2, bearing in mind the demands for the inclusion of ever-more items on the Board’s provisional agenda. Recalling the confusion over procedural matters brought to light during the Board’s discussion at the previous meeting, he suggested that guidance concerning the procedure for the conduct of business be provided, in particular to new Board members. Indeed, the procedure for the exclusion of items from the Board’s provisional agenda had not been clearly understood even by the Officers of the Board participating in the teleconference held to discuss the provisional agenda for the current session.

Mr ROMERO PUENTES (Cuba) said that he understood the importance of streamlining the analysis of proposed agenda items and avoiding unnecessary costs, but some flexibility should be maintained in the process so that the ability of Member States to propose items for inclusion was not undermined. He favoured a version of option 2 that would not require all three criteria to be satisfied as that requirement might lead to the exclusion of important subjects from consideration. He was also in favour of the establishment of guidelines along the lines suggested in the report for supporting statements to accompany proposals for additional items of an urgent nature, provided that no political debates were allowed on matters that had no scientific basis in the field of health. Such guidelines could be discussed at future intergovernmental meetings.

Dr BEJTJA (Albania) said that requiring the satisfaction of all three criteria as suggested in option 2 posed the risk that important issues might be excluded from the agenda. The Board would have to adopt a balanced approach that was not so strict as to exclude essential items and not so lax that less relevant issues were included. On balance, option 2 appeared to be the more feasible of the two options, provided that there were clear definitions of all the terms used in the chosen criteria.

Dr DAULAIRE (United States of America)¹ said that it was incumbent on Member States to consider the practices that had contributed to the marked increase in the volume of documentation managed by the Secretariat in recent years. A strong case could be made for the adoption of option 2 in the report, as the single set of three criteria built on existing practice were clear and proven and could be taken as a package for assessing the merits of new proposals. He supported the definition of a “new subject” as being one that had not been considered by the Health Assembly or the Board within the previous six years, and the proposal that any guidelines for “supporting statements” accompanying proposals for addition to the provisional agenda of items of an urgent nature for the explanatory memorandum under Rule 10 of the Rules of Procedure should be analogous to those for the “explanatory memorandum” under Rule 9.

Mr NABEEL (Pakistan)¹ said that, although option 2 would be more likely than option 1 to improve efficiency and enhance the transparency of the selection process, it should be modified in line with the suggestion by the member for Lebanon that a successful proposal must satisfy two of the three existing criteria. That amendment would allow Board members greater flexibility in deciding upon the selection of agenda items.

He proposed that the time frame for the introduction of a new subject should be reduced from six to three or four years. He acknowledged that the Officers of the Board and the Secretariat should examine the explanatory memorandums to be provided under Rule 9 of the Rules of Procedure and the supporting statements to be provided under Rule 10, but, for the sake of transparency, those materials should also be made available to all Member States.

Mr LI Mingzhu (China)¹ said that the Board should be guided by the Twelfth General Programme of Work and the Programme budget 2014–2015 when selecting agenda items. He recalled that both of those documents had been drafted in accordance with the five criteria established by the Health Assembly in 2012, and therefore those criteria were the only appropriate means by which agenda items should be assessed. The two-step process referred to in option 1 could be merged into one, because the five criteria established under decision WHA65(9) encompassed the three criteria mentioned in resolution EB121.R1. That simplified approach would serve to link items closely to the priority areas in the general programme of work and the programme budget. The guidelines for the explanatory memorandums to be provided under Rule 9 of the Rules of Procedure should be adapted to reflect that aim. The criteria proposed in option 2 were not appropriate.

Ms WISEMAN (Canada)¹ agreed with other speakers that a streamlined set of criteria as proposed in option 2 would best serve the aim of maximizing the efficiency of governing body meetings. However, the criteria in question should be further elaborated to ensure that proposed items related to matters that warranted multilateral action; that were in alignment with the general programme of work; that were timely, in the sense of requiring immediate action or of having the potential, as emerging issues, to have an impact on global public health, and that were appropriate for attention by WHO, in line with its comparative advantage.

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

Mrs KOCHLEF (Tunisia)¹ favoured option 2. The three criteria were objective, transparent and in harmony with the purpose and functions of WHO, but should be accompanied by a clear definition of the concept of “new subject”.

Mr BURCI (Legal Counsel), responding to the question by the member for Argentina, said that the criteria for submission of agenda items were meant to apply to the authorities listed in the Rules of Procedure that could propose additional agenda items, namely Member States, the United Nations, other specialized agencies or the Director-General; however, most such proposals in fact came from Member States or the Director-General.

Turning to the submission of urgent items for inclusion in the agenda, he said that the Secretariat wished to introduce criteria that would help the Board to determine whether items were genuinely urgent.

Under the current system, the Officers of the Board considered the proposed items and then made a recommendation to the Board, which, in turn, decided whether to include the items in the provisional agenda. Should specific criteria be applied to submissions in the future, the process of analysis would naturally be more elaborate. The guidelines suggested by the Secretariat were intended to help Board members to decide whether proposals for agenda items met the relevant criteria.

The CHAIRMAN stressed that it was the Board’s prerogative to decide on the substance of an agenda, and even items provisionally included could be deleted following discussion by the Board.

The proposals by the Secretariat were designed as guidance and to provide objective criteria on the merits of new items. She invited members to consider whether they wished all three criteria under option 2 to be met or whether there could be a degree of flexibility.

Mr NABEEL (Pakistan)¹ asked whether there had been any opposition to the idea that two rather than three of the established criteria should be met.

The CHAIRMAN said that the Board appeared to be moving in the direction of option 2, replacing the eight agreed criteria with a more streamlined set. It was perhaps not necessary to decide immediately how many criteria would be required, as the Secretariat could at a later date provide more documents to help the Board to make a more informed decision.

Mr PIPPO (Argentina) said that there appeared to be separate but parallel proposals. On the one hand, there was the proposal of the member for Brazil to extend the time frame and therefore have more time to assess submissions. On the other, there were the proposals concerning criteria. It would be useful to have further clarification on the proposal made by the member for Lebanon concerning a reduction in the six years suggested as the criterion for determining whether a subject was “new”, as well as on the definition of a “significant public-health burden” as the term “significant” was ambiguous and open to various interpretations. Although it was important to make the Organization more efficient, it was equally important not to exclude matters that might deserve to be discussed by the Board in the future.

The CHAIRMAN agreed that decisions were needed in relation to the time frame for assessing submissions; the precise definition of the various criteria; the length of time between submissions of the same item; and the number of criteria to be met. She suggested that, in order to facilitate discussions at the Board’s session in January 2014, the Secretariat should produce a document reflecting the comments made in the current debate and providing a more detailed version of option 2, including an outline of the main decision points.

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

The DIRECTOR-GENERAL, thanking speakers for sharing their views, acknowledged the complexity of the issue under discussion, and noted a convergence towards agreement on option 2. The Secretariat would submit a document to the Board in January 2014, but because of its implications for the Health Assembly's criteria, it would also have to be submitted to the next Health Assembly after consideration by the Board.

As to whether four or six years should elapse before an item could be resubmitted, she explained that, although the Secretariat could accommodate any period requested, odd numbers of years would be more difficult because of the two-year cycle of the programme budget.

One important consideration, which had a bearing on the success of WHO reform, concerned whether new agenda items were consistent with the general programme of work and the programme budget. An item that was not already accommodated in the programme budget would have additional financial implications, so that the budget limit might have to be increased. A great deal of time had already been invested in discussions of those areas, and Member States had agreed with the Independent Expert Oversight Advisory Committee and other bodies responsible for independent external evaluation that the programme budget should be set within an accountability framework and that emphasis should be placed on priority-setting.

She reminded the Board that because of WHO's decentralized structure, agenda items could be referred back to the regions. Member States should consider using that option to make debates more efficient.

Responding to a comment by the member for Maldives, she agreed that guidance notes for new Board members would be useful. Countries themselves could also contribute by ensuring that their delegations had read the guidance notes before arrival.

The CHAIRMAN said that the Board's comments would be reflected in a new report on the subject to be prepared by the Secretariat for consideration by the Board at its 134th session with a view to making recommendations to the Health Assembly at that session.

It was so agreed.

WHO governance reform (Document EB133/16)

The CHAIRMAN drew attention to the two sections in the report, the first on WHO's engagement with non-State actors, the second on WHO's role in global health governance, and a draft decision on engagement with non-State actors. She took it that, in the absence of any objection, the Board wished to endorse the second section, which was provided for information.

It was so agreed.

The CHAIRMAN invited comments on WHO's engagement with non-State actors.

Dr GRABAUSKAS (Lithuania), speaking on behalf of the European Union and its Member States and recognizing the importance of WHO's coordinating and leadership role in global health for harnessing the capacities of a wide range of actors, said that the discussions on noncommunicable diseases by the Sixty-sixth World Health Assembly had highlighted the need for greater clarity on the Organization's engagement with non-State actors. All non-State actors should be covered by a single framework, although different types of actors and relationships might require different approaches. Moreover, any type of risk to the Organization must be managed appropriately, including real, perceived or potential conflicts of interest. With regard to the overarching principles set out in paragraph 19 of the report, he suggested that the fourth principle should situate conflicts of interest within an overall reference to organizational risk. In developing the framework, existing models for enhancing transparency, mitigating risk and managing conflict of interest should be examined.

Once the operational procedures and policies regarding WHO's engagement with nongovernmental organizations had been finalized, staff at all three levels of the Organization should

receive full training in all aspects of the framework for engagement. Under the new framework, the rule that requests to speak on an agenda item should, in principle, be submitted at least 24 hours before the opening of the meeting at which the agenda item was expected to be discussed should be lifted for nongovernmental organizations in official relations with WHO.

The setting of WHO's priorities, policies, norms and standards must be protected from commercial influence and decision-making must remain the prerogative of the governing bodies. He welcomed the re-launch of the International Health Partnership as an important step towards improving coordination between health actors at all levels, and recommended full implementation of the relevant provisions of the Quadrennial Comprehensive Policy Review of the United Nations General Assembly.

Dr AMMAR (Lebanon) agreed with the report's proposition that WHO could benefit from engagement with non-State actors, including commercial entities, such as pharmaceutical companies, without compromising its integrity, and that conflicts of interest could be properly managed through transparency and appropriate safeguards. Nevertheless, to guard against both conflicts of interest and reputational damage, it would be wise to begin by limiting engagement to businesses outside the normal scope of WHO activities. There were many such businesses, and missed opportunities could be compensated for by engagement with other suitable non-State actors. A highly selective approach should be taken to funding from non-State donors, and a balance should be maintained between State and non-State contributions.

With reference to the inclusion of financing as a type of interaction between non-State actors and WHO, he stressed that Member States would only retain primacy in setting the Organization's priorities if the financing dialogue succeeded in bridging gaps and ensuring complete alignment with programme budget priorities. Otherwise, programmes selected by donors might receive voluntary contributions, while other activities under the programme budget were neglected.

Mr LOUME (Senegal), speaking on behalf of the Member States of the African Region, supported the overarching principles and typology suggested in the report, as well as the approach to managing conflicts of interests and ensuring compliance, reporting and oversight. However, specific rules of engagement should be established for each actor. He also supported the proposed management of conflicts of interest, compliance, reporting and oversight. The system adopted by the Board should be rigorous, transparent and applicable across all levels of the Organization.

Mrs PENEVEYRE (Switzerland), noting that it was difficult to establish clear-cut categories as non-State actors took many different forms, said that the report provided a helpful description of the different views on engagement. She supported the framework for engagement and the overarching principles thereunder, including in particular the use of a typology of interaction with non-State actors rather than a set of categories, and welcomed the emphasis on transparency. WHO should be able to hold discussions with all stakeholders and be open to new forms of public-private partnership wherever they benefited the cause of health. The management of conflicts of interest was a matter of vital concern for a decentralized organization like WHO. She supported the draft decision.

Ms MATSOSO (South Africa) recognized that in the new global landscape it was important for interaction with stakeholders, in particular non-State actors, to be governed by a set of overarching principles, and for the Organization's integrity to be protected by transparency and adequate safeguards. Regarding conflicts of interest, proposals arising from previous discussions on noncommunicable diseases could be incorporated in the proposals, as could language relating to risk factors, including definitions.

Mr PIPPO (Argentina) stressed the need for WHO's reputation to be protected adequately and vigorously. Noting that, in decision EB132(11), the Director-General had been requested to develop a draft policy on engagement with nongovernmental organizations, and to harmonize that policy with the draft policy on WHO's relations with private commercial entities, proposed that the two draft

policies, together with the report currently under discussion, with which they were closely related, should be submitted for consideration by the Board at its 134th session in January 2014.

The framework for engagement should include a typology for the classification of non-State actors that distinguished between nongovernmental organizations and private commercial entities and indicated how non-State actors in official relations with WHO were funded. Moreover, the overarching principles under the framework should be supplemented by the principle contained in decision WHA65(9) of 2012, namely 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. With regard to transparency and conflicts of interests, he suggested that the proposals should include the establishment of a standing ethics committee comprising Member States, which would be responsible for analysing and managing such conflicts.

Should the additional principle that he had proposed be added to the proposals contained in the report, he would be willing to support the draft decision as it stood, pending further discussion of other proposals at the Board's next session.

Ms BENNETT (Australia) supported the four overarching principles, but suggested adding a fifth principle on the clear benefit for public health of non-State actor engagement. Alternatively, some of the four existing principles might be refined to reflect that concept. She also supported the proposed typology of interaction, but suggested adding WHO advocacy with non-State actors as a seventh type of interaction, as it was not the same as WHO consultation with non-State actors. She looked forward to the submission of a refined version of the document, addressing members' concerns, to the Board at its next session.

Mr KLEIMAN (Brazil) supported the proposals made by the members for Argentina and Australia. The document under consideration should perhaps have taken into account decision WHA65(9) of 2012, which had established a distinction between nongovernmental organizations and private entities in terms of their interaction with WHO. The separate policy papers on those two types of non-State actors should be taken into account in the revised version of the report to be submitted to the Board in January 2014.

WHO should not be influenced by donors' commercial interests, and the conflict of interest mechanism should thus be given eliminatory rather than merely declaratory effect. The typology of interaction could also be improved, as Argentina had suggested, by the inclusion of a classification of actors. The Secretariat should prepare a document mapping out WHO's relations with non-State actors, and including information on the sources of their funding, which would serve to enhance transparency.

Dr AL-MARRI (Qatar), expressing support for the four overarching principles, said that non-State actors played a vital role and that it was essential for WHO to continue engaging with them. He proposed drawing up a list of categories of non-State actors according to the type of work they performed and to include information on how long WHO had been working with them.

Dr USHIO (Japan), welcoming the overall approach of the report, including the overarching principles and typology of interaction, supported the draft decision. All WHO's activities should comply with the overarching principles. He therefore requested that, at the next session of the Executive Board in January 2014, more detailed information should be provided on policies and procedures for WHO's engagement with non-State actors.

Dr DAULAIRE (United States of America),¹ supporting the overarching principles and typology of interaction, recommended adoption of the draft decision. The framework for engagement,

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

however, required further work ahead of the next session of the Board in January 2014, and he strongly recommended that the Director-General should hold a joint meeting or meetings with representatives of academia, civil society, the private sector and governments, in order to maximize transparency and encourage debate in that critical area of WHO activity. As had been shown during the recent negotiations on the global action plan for the prevention and control of noncommunicable diseases, developing a framework for engagement was an essential element of WHO reform, as it would help to ensure that the Organization was forward-looking, science-based, responsive to the needs of its Member States, well informed in all possible areas of action and properly resourced. The forthcoming financing dialogue was a prime example of a situation where the new framework was needed as it could maximize resource mobilization and ensure protection from conflicts of interest.

The need for a multisectoral approach had been illustrated in recent debates on noncommunicable diseases and the social determinants of health. Policies protecting WHO from undue influence and conflicts of interest were critical, and the Secretariat should support Member States in drawing up national policies in that area.

He agreed that it was difficult to differentiate between solely public-interest nongovernmental organizations and those that represented business interests, let alone organizations that claimed to work in the public interest but were in fact closely aligned with vested business or State interests. As WHO moved into new areas of work, it would need to engage with organizations with which it had no official relations but whose expertise it required. Rules of engagement were therefore essential to ensure inclusive cooperation with non-State actors.

Mr LUTNÆS (Norway)¹ said that, in view of the variety of types of interaction, an approach anchored in principle was essential. Preserving WHO's normative integrity and technical authority should be the most important principle, and safeguards were needed in matters of finance and collaboration to prevent that principle from being undermined. Transparency and management of conflicts of interest were not only principles but tools. Only through transparency and scrutiny by others could WHO claim normative integrity.

He supported the establishment of a single framework, to be submitted in one document for consideration by the Board at its 134th session, for all interactions with non-State actors. He pointed out that public and business interests could not be separated, so that it was important to determine the context in which engagement with a particular actor was appropriate.

He noted that the underlying purpose of the report was to protect WHO from vested interests, while facilitating its constructive collaboration with non-State actors in order to achieve improved health outcomes. He proposed adding a principle to the effect that non-State actors were a valuable resource for WHO.

Mrs TAKAENZANA (Zimbabwe)¹ requested clarification as to why the report was not entirely in accordance with decisions EB132(11) and WHA65(9) insofar as it made no distinction between nongovernmental organizations and private commercial entities, whereas the decisions in question called for the development of two separate yet harmonized policies on relations with such bodies. She could not agree that vested interests could be equated with commercial interests: as a norm-setting organization, WHO should be free from any form of commercial interest, whereas commercial entities had a direct economic interest in the outcomes of negotiations. She also wished to know how private for-profit and not-for-profit philanthropic organizations fitted into the definitions provided. At its 130th session, the Board had noted that further work was required in relation to the development of comprehensive policy frameworks to guide interaction with such organizations.

She suggested the addition of a further important principle underpinning interaction with non-State actors, namely to uphold WHO's primary objective of the attainment by all peoples of the highest possible level of health.

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

Ms WISEMAN (Canada)¹ said that only by engaging with all actors could WHO fulfil its convening and leadership role: the Organization must harness the support, knowledge and expertise of those actors to achieve its goals. She strongly favoured the development of harmonized rules and procedures for engagement that reflected the varying types of interaction while ensuring transparent, fair and equitable treatment of all non-State actors.

She expressed support for the four overarching principles set out in the report, adding that a fifth principle related to openness and inclusiveness could also be considered. With regard to the typology of interaction, she emphasized that it was important that both WHO and non-State actors understood clearly what they expected from their interaction with one another. She agreed that existing guidelines and mechanisms relating to conflicts of interest needed to be strengthened and applied equally across all levels of the Organization.

Mr KOÇAK (Turkey)¹ said that, since the beginning of the reform process, emphasis had been placed on the principle that WHO was an intergovernmental organization in which Member States had the exclusive right of decision-making through the governing bodies. Provided that non-State actors were not given a status that could jeopardize that fundamental principle, WHO would be able to cooperate with non-State actors effectively in order to fulfil its role in global health governance. At the same time, all interactions with non-State actors must be transparent and conflicts of interest must be managed appropriately. Compliance and oversight were of crucial importance, and there must be clear and adequate reporting to ensure transparency and accountability.

Dr VALVERDE (Panama) recommended that WHO should define clear criteria to distinguish non-State actors that worked in the public interest from those that represented commercial interests, as that distinction was becoming increasingly blurred. She supported the proposal for the compilation of a list of those non-State actors that would be excluded from all relations with WHO, and suggested that a further list could be compiled of those that were partners or potential partners.

Dr MOSTAFA (Egypt) said that WHO was a supranational organization that implemented programmes globally, for instance in relation to epidemics. At the same time, it coordinated activities undertaken by different countries and provided technical support for programmes within individual countries. It was crucial for the Organization to pursue its work in total freedom, unhampered by pressure from donors that might influence its activities in relation to setting priority and norms. Its financial independence, not least with respect to supranational programmes, was also crucial to its remaining detached from political and media influence. Fund-raising should not be a WHO activity. The Organization should continue to implement its own programmes under arrangements that were free from any conflict of interest. The classification of nongovernmental organizations must be based on the diversity of their objectives, the aim being to avoid any conflict of interest and to promote transparency.

The meeting rose at 18:30.

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

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.

Mrs LANTERI (Monaco)¹ 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 Pandemic Influenza Preparedness Framework had been developed as 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)¹ recalled the request in decision WHA65(9) to the Director-General 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)¹ 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)¹ 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.

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

Mrs CHEDEVILLE-MURRAY (France)¹ 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 contributions of those actors to the Organization’s objectives. He supported establishing a publicly accessible platform containing information on all non-State actors in relationship with WHO,

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

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 Internationalis, 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 Internationalis, 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 whistle-blowers. 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).

Mrs TAKAENZANA (Zimbabwe)¹ 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.

Mrs 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.

Mrs 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.²

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, members 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.

It was so decided.⁴

¹ Decision EB133(3).

² Decision EB133(4).

³ Decisions EB133(5) and EB133(6).

⁴ Decision EB133(7).

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,¹

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

The Sixty-seventh World Health Assembly,

PP1 Recalling the Universal Declaration of Human Rights 1948; the Convention on the Rights of the Child 1989; the Convention on the Rights of Persons with Disabilities 2007; the United Nations General Assembly Resolution 62/139 of 21 January 2008 declaring of 2nd April as World Autism Awareness Day; and the United Nations General Assembly resolution 67/82 of 5 December 2012 on Addressing the socioeconomic needs of individuals, families and societies affected by Autism Spectrum Disorders, Developmental Disorders (DDs) and associated disabilities;

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;

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;

¹ Document EB133/4.

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 NCHABI KAMWI (Namibia), speaking on behalf of the Member States of the African Region, welcomed the 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 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 global, regional and national levels 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, 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)¹ 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

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

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)¹ 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)¹ 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)¹ 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; he underlined 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 have liked to have seen a sentence in paragraph 5 of the report explicitly countering the alleged relationship between autism and vaccination.

Dr 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. 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),¹ 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)¹ said that his country wished to sponsor the draft resolution.

Dr PITAKPOL BOONYAMALIK (Thailand)¹ 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.

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

Dr ETALEB (Libya)¹ 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.

Mrs KOCHLEF (Tunisia)¹ said that Tunisia wished to be added as a sponsor of the draft resolution.

Mr LI Mingzhu (China),¹ 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)¹ 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)¹ endorsed the draft resolution and said that Portugal wished to join the list of sponsors.

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.

Mrs 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

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

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 comments on the draft resolution. She recalled that the member for 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.

Mrs 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.

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 give 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) supported that proposal; 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.

Mrs DÁVILA CHÁVEZ (Mexico) expressed support for the amendment suggested by the representative of the United States of America. 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.

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

Mrs TAKAENZANA (Zimbabwe)¹ 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)¹ 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 ...”.

Mrs KOCHLEF (Tunisia)¹ 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 found no 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.

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.

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

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”.

Dr 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.

FOURTH MEETING

Thursday, 30 May 2013, at 14:10

Chairman: Professor J. HALTON (Australia)

1. TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda (continued)

Psoriasis: Item 6.2 of the Agenda (Document EB133/5)

The CHAIRMAN drew attention to a draft resolution, sponsored by Algeria, Angola, Argentina, Barbados, Chile, Costa Rica, Cuba, Ecuador, Egypt, El Salvador, Georgia, Honduras, Indonesia, Libya, Maldives, Morocco, Panama, Paraguay, Philippines, Qatar, Suriname, Timor-Leste, Uruguay, Venezuela (Bolivarian Republic of) and Viet Nam, which read as follows:

The Executive Board,
Having considered the report on psoriasis,¹

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

The Sixty-seventh World Health Assembly,

PP1 Recalling all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of noncommunicable diseases, and underlining the importance for Member States to continue addressing key risk factors for noncommunicable diseases through the implementation of the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases;

PP2 Recognizing the urgent need to pursue multilateral efforts to promote and improve human health, and provide access to treatment and health-care education;

PP3 Recognizing that Psoriasis is a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure;

PP4 Recognizing that in addition to the pain, itching and bleeding caused by Psoriasis, many affected individuals around the world experience stigma and discrimination, socially and work-related;

PP5 Underscoring that those with Psoriasis are at an elevated risk for a number of co-morbid conditions, namely cardiovascular diseases, diabetes, obesity, Crohn's disease, heart attack, ulcerative colitis, metabolic syndrome, stroke and liver disease;

PP6 Underscoring that up to 42% of those with psoriasis also develop Psoriatic arthritis, which causes pain, stiffness and swelling at the joints and can lead to permanent disfigurement and disability;

PP7 Underscoring that too many people in the world suffer needlessly from Psoriasis due to incorrect or delayed diagnosis, inadequate treatment options and insufficient access to care;

¹ Document EB133/5, emphasizing especially paragraphs 21, 22 and 23.

PP8 Taking into account the Report about Psoriasis made by the WHO Secretariat and released in the document EB133/5, and underlining the potential actions to strengthen services proposed in paragraphs 21, 22 and 23;

PP9 Recognizing the advocacy efforts of stakeholders, in particular through activities held every year on 29 October in many countries, to raise awareness regarding the disease of Psoriasis, including of the stigma suffered by those with psoriasis;

PP10 Welcoming the fact that the 133rd session of the Executive Board has taken into account the Psoriasis issues in its agenda,

OP1 ENCOURAGES Member States to further engage in advocacy efforts to raise awareness regarding the disease of Psoriasis, to fighting stigma suffered by those with psoriasis, in particular through activities held every year on 29 October in WHO Member States;

OP2 REQUESTS the Director-General to draw attention to the public health impact of psoriasis and to publish a global report on psoriasis, including the global incidence and prevalence, emphasizing the need for further research on psoriasis, and identifying successful approaches for integrating the management of psoriasis into existing services for noncommunicable diseases, for stakeholders, in particular policy-makers, by the end of 2014.

The financial and administrative implications of adoption of the draft resolution for the Secretariat were:

1. Resolution: World psoriasis day	
2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)	
Category: 2 Noncommunicable diseases	Outcome: 2.1
Programme area: Noncommunicable diseases	Output: 2.1.1
How would this resolution contribute to the achievement of the Organization-wide expected result(s)?	
World Psoriasis Day will help to raise public awareness of psoriasis and its shared risks factors, and will provide an opportunity for education on the disease, and greater understanding of it as a consequence. This will contribute to reducing disease, disability and premature death from noncommunicable diseases.	
Does the Programme budget already include the products or services requested in this resolution? (Yes/no)	
No.	
3. Estimated cost and staffing implications in relation to the Programme budget	
(a) Total cost	
Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).	
This would be an annual event, costing US\$ 100 000 per year (staff: US\$ 40 000; activities: US\$ 60 000)	
(b) Cost for the biennium 2014–2015	
Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).	
US\$ 200 000	

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

At the three levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

No.

If “no”, indicate how much is not included.

US\$ 200 000 to be added to the approved Programme budget 2014–2015.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

A short-term consultant would be required to support activities related to the annual event.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 200 000; source(s) of funds: funds need to be mobilized to cover the two annual events through WHO-coordinated resource mobilization activities with Member States, multilateral organizations and other partners.

Mr ROMERO PUENTES (Cuba) pointed out that little was known about psoriasis despite its global prevalence and its serious impact on patients’ quality of life. There was no known cure, and treatment modified the disease’s natural progression. Efforts should be made to heighten awareness among the public and health care workers of the need for research initiatives and more effective treatment. He expressed support for the draft resolution and for the key actions proposed in the report to strengthen services.

Mr KIM Chang Min (Democratic People’s Republic of Korea) said that the report identified key actions to improve the care of people with psoriasis; a world health day on psoriasis would not only help to lift the stigmatization and discrimination that weighed heavily on psoriasis patients and improve their lives, but could also support strategies included in the comprehensive mental health action plan 2013–2020 adopted by the Sixty-sixth World Health Assembly. The WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 might provide a framework for action at national, regional and global levels. He supported the draft resolution.

Dr YANKALBE PABOUNG (Chad), speaking on behalf of the Member States of the African Region, pointed out that although the report indicated that prevalence of psoriasis had been shown to be higher in developed countries, the condition had not been sufficiently documented in countries in the African Region. He therefore supported the six key actions set out in paragraph 23 of the report, and proposed adding a seventh to read: “documenting the situation in the regions”.

Mr PIPPO (Argentina), speaking in support of the draft resolution, described the features of psoriasis and noted that the discrimination and stigmatization it brought about could lead to behavioural changes in patients, mental health problems and even suicide. There was no known cure, and the various treatments available served only to attenuate the symptoms and to delay the disease's progression. The disease was not given the importance it deserved, even though prevalence was considerable. It was vital to heighten awareness among the public and health-care workers in order to ensure progress on treatment, psychological support for patients and integration without discrimination. Member States should engage in promotion and advocacy work on a daily basis and in particular on 29 October each year, so as to recall the numbers afflicted by the disease and to foster awareness of the need to fight discrimination. He agreed that WHO should publish a global report, in line with the action plan for the global strategy for the prevention and control of noncommunicable diseases, 2008–2013, that analysed and monitored the situation in detail, and underscored the importance of research on effective treatments, access to adequate health services and improved primary care and access to essential medicines.

Mrs LÓPEZ DE LLERGO CORNEJO (Mexico) agreed that further research was required on psoriasis in order to meet the challenge of treatment and prevention using a programmatic and multidisciplinary approach. It was pertinent to promote the development and strengthening of health services for psoriasis patients and welcomed the efforts being made to heighten awareness of the condition, the psychological repercussions of which led to loss of quality of life for patients and their families. She supported efforts to enhance understanding of the disease and contribute to its control and treatment, with a view to preventing it and combating stigmatization, public rejection and discrimination. A commitment to improve care for psoriasis patients would ensure that existing health services reserved adequate support for primary care for people with the disease and that further research was conducted into its pathogenesis, the reasons for concurrent morbidities and the clinical repercussions.

Dr WIDIYARTI (Indonesia)¹ said that the report highlighted the need for the international community to take collective action. Psoriasis affected health-related quality of life to an extent similar to other noncommunicable diseases. However, further research was needed into the pathogenesis of psoriasis, novel treatments, and the reasons for concurrent morbidities and their implications for the treatment and management of psoriasis. Immediate action must be taken to raise public awareness of the disease and its shared risk factors. The draft resolution provided an opportunity for education and to foster greater understanding of psoriasis and she therefore requested that Indonesia be added to the list of sponsors.

Dr USHIO (Japan) recognized the importance of addressing the health and social needs of individuals affected by psoriasis and thus strongly supported the actions suggested in the report. He emphasized the importance of research and development, given that existing knowledge about psoriasis was clearly inadequate. He supported the draft resolution.

Dr ETALEB (Libya)¹ endorsed the draft resolution, noting that psoriasis led to stigmatization, social rejection and discrimination because the public was not well informed and confused the condition with serious infectious diseases. The Board could contribute to raising awareness about psoriasis and offer hope to people living with the disease, by adopting the draft resolution. He advocated promoting a programmatic and multidisciplinary approach to disease management that included the coordination of care by the health-care professionals involved, and encouraging cross-country collaboration to assess psoriasis trends and to share experience within the regions, and to coordinate further research on the disease and concurrent morbidities.

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

Dr BOKLAND (Suriname) supported the draft resolution but noted that financial resources would need to be mobilized to support the Secretariat's tasks outlined in paragraph 2.

Ms BOHANNAN (International Alliance of Patients' Organizations), speaking at the invitation of the CHAIRMAN, said that she also spoke as someone who had struggled with psoriasis and psoriatic arthritis since childhood. Although often regarded as a skin condition, psoriasis was a chronic, immune-mediated, inflammatory noncommunicable disease that was often confused with serious infectious diseases, causing stigmatization and discrimination. People with psoriasis had an elevated risk for several concurrent morbidities and had been shown to have a shorter life expectancy; depression was common and suicidal ideation was alarmingly high. People with the disease were frequently discriminated against in the labour market and faced high costs for treatment and care. In order to lessen the significant physical, psychosocial and socioeconomic burden of psoriasis it must be diagnosed and managed early, and the public must be made aware that it was not contagious. She called on WHO to help to raise awareness and educate everyone that psoriasis was noncommunicable and was more than just a skin disease, and encouraged Member States to give due consideration to the key actions identified in paragraph 23 of the report. The adoption of the draft resolution would bring hope to millions of people worldwide.

Mr OTTIGLIO (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that the millions of people with psoriasis worldwide experienced significant deleterious psychological and physical effects, as described in the report, and the disease imposed a significant economic burden on individuals and societies. Every effort should be made to increase global concerted initiatives to raise awareness of the disease, including the designation of a specific awareness day to help to alleviate the social stigmatization and rejection experienced daily by people living with psoriasis. He endorsed the recognition (in paragraph 21 of the report) of the role WHO could play in identifying successful approaches for integrating management of psoriasis into existing services for noncommunicable diseases at all levels of care. He looked forward to galvanizing support, awareness and action from various stakeholders.

Dr VALVERDE (Panama) welcomed the Board's decision to include an item on psoriasis on its agenda and emphasized the importance of the issue and the draft resolution on world psoriasis day, which had been endorsed by more than 24 countries; she was pleased to announce that Sudan had added its name as a sponsor. Psoriasis was not infectious, and knew no borders, but it was associated with significant concurrent morbidities, social stigmatization, and discrimination. The disease affected men and women and was one of the ten main causes of patients seeking dermatological consultations. However, there was also a gender aspect to the issue, with women encountering a great deal of difficulty with their treatment during pregnancy and when caring for their babies.

For those and many other reasons, WHO should do more, particularly in terms of raising awareness about psoriasis, advocacy and education. The current Board session was the first time that the governing bodies had discussed psoriasis, and she urged WHO to tackle it as a public health issue in the context of its work on noncommunicable diseases. World psoriasis day had been marked by civil society and patients themselves for more than 10 years, and could be backed at the global level through promotion initiatives without generating high costs for WHO or interfering with the Organization's priorities. The aim was to send out a clear message that Member States attached great importance to the activities that were needed at national, regional and global levels to deal with psoriasis, which was why she welcomed the actions identified in the Secretariat's report. She appealed for flexibility so that the resolution could be adopted by consensus.

Mrs BAMIDELE (Nigeria) said that her country had problems with the diagnosis of psoriasis, which was why she welcomed the report. She supported the promotion of raising awareness, further research into the disease, and the adoption of the draft resolution.

The CHAIRMAN, inviting the Board to consider the revised draft resolution, said that the sponsors had submitted a proposed amendment to the resolution contained therein, which was to insert an additional paragraph after paragraph 2, which read:

REQUESTS the WHO Secretariat to include information about psoriasis diagnosis, treatment and care on the WHO web pages, aiming to raise public awareness of psoriasis and its shared risk factors, and provide an opportunity for education and greater understanding of psoriasis.

Mr CORRALES (Panama) said that that paragraph had already been agreed upon by the sponsors, but he also wished to propose a further amendment; the first preambular paragraph of the resolution contained in the draft resolution should refer to the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, which had been adopted by the Sixty-sixth World Health Assembly, rather than to the 2008–2013 action plan. The financial and administrative implications for the Secretariat of the resolution would need to be revised downwards in the light of the revisions to the draft resolution. He thanked the sponsors for their support and the member for Switzerland for her efforts to ensure that the draft resolution would be adopted by consensus, which he hoped would be the case.

The CHAIRMAN agreed that the report on financial and administrative implications for the Secretariat would require amendment.

Dr BOKLAND (Suriname) proposed that paragraph 2 of the resolution contained in the draft resolution should be amended by replacing “2014” with “2015” to allow the Secretariat more time and to align the reporting date with that for the action plan on prevention and control of noncommunicable diseases.

Dr FEIZUL IDZWAN MUSTAPHA (Malaysia) supported the key actions listed in the report, but expressed concern about the recognition of a world psoriasis day. The eight existing official WHO health days as mandated by the World Health Assembly all concerned diseases and issues associated with a huge disease burden globally, with high morbidity and mortality. As the Board had been discussing the criteria for introducing new items onto its agenda, it might also wish to consider a set of criteria for the introduction of new WHO-endorsed health days. WHO health days were special and should remain that way. However, he could be flexible, and merely wished to record his concern.

The CHAIRMAN drew attention to the wording in the draft resolution, which avoided establishing a WHO world health day by calling for Member States to engage in advocacy “in particular through activities held every year on 29 October”.

Mrs PENEVEYRE (Switzerland) thanked the member for Panama and others for having highlighted the burden and consequences of a disease that was often the source of stigmatization. She saluted the activities organized by patient groups to celebrate world psoriasis day on 29 October every year, which had helped the disease to become better known and to raise public awareness. The approach proposed in the draft resolution in its revised form did not establish a new official health day, but allowed Member States to focus on specific activities, which she believed would result in better progress. She supported the proposal by the member for Suriname to give the Secretariat more time to prepare a global report by changing the date to 2015.

Mr CORRALES (Panama), responding to the member for Malaysia, explained further that 29 October was already being marked in several countries as world psoriasis day, a day that civil society and people with psoriasis had been organizing for some 10 years; one of the intentions of the resolution contained in the draft resolution was to support and recognize that awareness-raising work. He wished neither to provoke discussions about official world health days nor to overburden the Organization or interfere with its priorities.

Ms MATSOSO (South Africa) supported the draft resolution and in particular the recognition of the association between psoriasis and other noncommunicable diseases and with disability. She suggested changing the title of the resolution to reflect its revised content.

The CHAIRMAN asked whether the Board wished to amend the title to “Psoriasis” or “Psoriasis day”.

Mr CORRALES (Panama) asked that the title of the draft resolution remain as drafted; it did not refer to an official WHO world psoriasis day, but served to recognize a world psoriasis day that was already being organized, and had no financial implications for the Organization.

The CHAIRMAN noted that the absence of the word “official” was significant.

Dr USHIO (Japan) supported the suggestion by the member for South Africa that the title of the draft resolution should be amended.

The CHAIRMAN said that retaining the reference to world psoriasis day in the title but referring in the body of the draft resolution to “activities held every year” would be an example of the art of compromise at work and an elegant solution to a potential difficulty.

Mrs LANTERI (Monaco)¹ expressed her support for the draft resolution and thanked the member for Panama and the Secretariat for having put the issue on the Board’s agenda.

The CHAIRMAN said that she took it that the Board wished to adopt the draft resolution, with its title intact, and with the agreed amendments, which were: to amend the first preambular paragraph by replacing “2008–2013” with “2013–2020”; to amend paragraph 2 by replacing “2014” with “2015”; and to insert a new operative paragraph proposed by the sponsors, which would be paragraph 3 and would comprise the text she had read out earlier.

The resolution, as amended, was adopted.²

Evaluation of the global strategy and plan of action on public health, innovation and intellectual property: report by the Secretariat: Item 6.4 of the Agenda (Document EB133/7)

The CHAIRMAN, drawing attention to the Secretariat report (document EB133/7), said that the Board was invited to note the report and endorse the suggested approach for the evaluation exercise contained therein. A report on the financial implications of the evaluation exercise for the Secretariat was in preparation.

Ms MATSOSO (South Africa), speaking on behalf of the Member States of the African Region, endorsed the development of the global platform on innovation and access on the basis of the PAHO Regional Platform on Access and Innovation for Health Technologies. She looked forward to receiving further information on the results of the assessments that had taken place in Kenya and the United Republic of Tanzania and on how the national assessment tool could be used in other countries.

The suggested approach for evaluating the implementation of the global strategy and plan of action on public health, innovation and intellectual property, which she welcomed, placed obligations not only on the Secretariat, but also on Member States and other relevant stakeholders. She was pleased that the approach would follow the United Nations Evaluation Group norms and standards and

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

² Resolution EB133.R2.

would also comply with the WHO evaluation policy. The evaluation must be comprehensive, independent and impartial, and she requested further information on the external independent evaluators being considered.

It was important to know when the evaluation process would incorporate the outcomes of the many resolutions adopted relating to the issue, including most recently resolution WHA66.22 on follow up of the research of the Consultative Expert Working Group on Research and Development: Financing and Coordination. Efforts must also be made to ensure that the obligations imposed on the Secretariat did not conflict.

Dr USHIO (Japan) said that, although he supported the suggested approach, he was concerned about the Secretariat's workload in conducting the evaluation within the given time frame. Recalling resolution WHA66.22 and decision WHA66(12) concerning follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, he said that all Member States understood how important it was for the Secretariat to hold the technical consultative meeting to which decision WHA66(12) referred before the end of 2013. He therefore suggested that the Secretariat be given some flexibility with a view to streamlining all related activities, particularly with the regional and global consultations required.

Dr AMMAR (Lebanon) said that access to medical products and technologies for diseases that disproportionately affected developing countries was an important objective of the global strategy, essential for universal health coverage, and critical for achieving the post-2015 development agenda goals. He endorsed the suggested evaluation approach, emphasizing that particular attention should be given to identifying challenges in the area of equitable access to medical products and technologies between and within countries. The information would be useful in order to assess progress in achieving an important aspect of universal health coverage.

Dr CESARIK (Croatia) welcomed the combined evaluation approach and methodology set out in the report, as broad participation of all stakeholders at all levels of implementation would provide appropriate information on innovation and access to medical products and technologies for diseases that primarily affected developing countries.

Dr MOSTAFA (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, reaffirmed the importance of evaluation, which should provide detailed information on the implementation of the global strategy and plan of action. It should also provide information on the participation of Member States, international organizations and other stakeholders in that regard, as well as on the impact of the strategy and any weaknesses to be overcome in order to promote access to technologies and medical products in developing countries. He supported the evaluation approach and the time frame proposed, and requested the Secretariat to submit periodic progress reports to the Executive Board.

Dr VALVERDE (Panama) said that the evaluation methodology must be clearly defined to enable the independent external evaluator to produce a report that included lessons learnt, recommendations and a framework to ensure quality control. The approach would lead to greater transparency and accountability and paint a clearer picture of the situation in Member States.

Mr McIFF (United States of America)¹ endorsed the suggested approach and looked forward to the evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property. As it might be difficult to measure progress, including high-level outcomes and health impact, against many of the actions, the Secretariat might consider establishing

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

an expert evaluation advisory panel to guide planning and implementation. Possible financial implications could be kept to a minimum by holding consultations on line and applying other cost-saving measures wherever possible.

Mrs TAKAENZANA (Zimbabwe),¹ endorsing the proposed approach, said that a comprehensive and focused evaluation would provide valuable insight into the progress made and remaining gaps. Although numerous stakeholders were listed in the action plan, WHO should play a central role in the evaluation. She welcomed the evaluation questions set out in paragraph 11 of the report and requested further clarification of the evaluation methodology.

Mr SVERSUT (Brazil) attached importance to the global strategy and plan of action but noted that the progress reports already issued had not been particularly clear in relation to all elements and had not provided the qualitative perspective his country had requested. The global strategy and plan of action required integrated and comprehensive analysis. He therefore endorsed the criteria for the evaluation exercise outlined in paragraph 10 of the report, which should accord with the agreed indicators. However, the report did not set out clear terms of reference for the evaluation that took into account the actions at the global and regional levels established for each element. Furthermore, there was no definition of the evaluation questions or of the methods to be used. There were concerns about the use of an external evaluator, and every effort must be made to avoid conflict and to ensure transparency, and Board members should be part of the decision-making process, or at least validate the final decision. It was to be hoped that the evaluation would help to address the main gaps and challenges and to foster effective implementation of the global strategy and action plan as a whole. He supported the efforts of the Consultative Expert Working Group on Research and Development: Financing and Coordination to consolidate the work for element 8, Establishing monitoring and reporting systems.

Ms MATSOSO (South Africa), responding to the comments made by the representative of Zimbabwe, said that, in order to ensure that the evaluation was performed and to determine how best some elements of the global strategy could be implemented, it was important not to focus solely on actions by the Secretariat, but to learn of the actions and key initiatives being undertaken by other international intergovernmental organizations and stakeholders. She drew attention in that regard to resolutions WHA61.21 and WHA62.16, noting that the former called upon relevant international organizations and other relevant stakeholders to give priority to implementing the global strategy and plan of action.

Mrs LÓPEZ DE LLERGO CORNEJO (Mexico) said that the evaluation to assess the status of implementation of the global strategy with regard to innovation and access to medical products and technologies for diseases that disproportionately affected developing countries should make it possible to measure progress in the achievement of objectives, identify potential areas of action and obtain feedback on implementation from Member States. The global platform should help to strengthen transparency and the exchange of information on innovation. She requested further information on its scope and the evaluation methodology.

Mrs PENEVEYRE (Switzerland) welcomed the proposal to combine the overall programme review and the comprehensive evaluation. Independence of the evaluation process must be assured, irrespective of whether the evaluation was carried out by an external or internal evaluator.

Mr PIPPO (Argentina), noting that no specific guidance on evaluation had been provided in the global strategy and plan of action, said that a combined evaluation and overall programme review should make it possible to assess the status of implementation of the global strategy with regard to innovation and access to medical products and technologies for diseases that disproportionately affected developing countries. Aspects relating to technology transfer for development should be considered but the evaluation exercise should not be used in order to make comparisons between

different countries. The terms of reference should be made known to Member States and should include the provision of disaggregated data for each element of the global strategy, particularly for elements 4 (transfer of technology) and 5 (application and management of intellectual property to contribute to innovation and promote public health), and information on all the stakeholders identified under each activity. The specific nature of each element must be considered in order to identify achievements and remaining challenges, and formulate recommendations for future work.

Mr LI Mingzhu (China)¹ supported the suggested approach and expressed the hope that the Secretariat would coordinate its work on the proposed global platform on innovation and access with its efforts to establish a global health research and development observatory in pursuance of resolution WHA66.22 on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination.

Dr LEGGE (Medicus Mundi Internationalis, International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, said that, although he welcomed moves to evaluate the global strategy and plan of action, the proposed approach lacked clear terms of reference. A general evaluation as referred to in paragraphs 7, 8 and 9 of the report was not sufficient as it would not give Member States the information they needed as to the achievements, gaps and challenges in implementation by WHO at national, regional and global level. The evaluation should look at: the resource allocation in the period 2008–2013 at the three levels of WHO; the source of financing including the proportions deriving from the regular budget and extrabudgetary funds; the human resources allocation for implementation at the three levels; and the number and quality of outputs from the Secretariat. Wide participation of stakeholders could be facilitated by using web-based consultations. Concerning the selection of an evaluator, he suggested that the evaluation could be conducted efficiently and effectively by a panel of experts rather than through an international consultancy firm.

Dr KIENY (Assistant Director-General), thanking speakers for their useful suggestions, recalled that the global strategy and plan of action on public health, innovation and intellectual property was a medium-term strategic plan for 2008–2015. Monitoring and evaluation were built into the strategy as part of element 8 (establishing monitoring and reporting systems) and the indicators to measure performance had been adopted in resolution WHA62.16. Implementation had begun in 2008, and the Secretariat had provided progress reports in 2010 and 2012. However, some activities would continue after 2015, and she drew attention in that regard to resolution WHA66.22 on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, which requested the Director-General, *inter alia*, to report to the Health Assembly on health research and development demonstration projects in 2015, and to convene an open-ended meeting of Member States prior to the World Health Assembly in May 2016.

It had not been possible in the progress report to provide more detail on the evaluation methodology, and further information would be made available on the WHO website. The Secretariat was planning to review five to seven countries in detail, element by element, since the allocated resources were not sufficient for a detailed case study of all countries. Efforts would be made to build on the PAHO Regional Platform on Access and Innovation for Health Technologies and other platforms in different regions; the Secretariat was also building a global platform. Although the global health research and development observatory that the Director-General had been requested to establish in resolution WHA66.22 would be useful for the purposes of reporting, it would not be fully operational by the 2015 deadline.

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

The evaluation was complex and in order to ensure independence and the use of appropriate methodology, the Secretariat would prefer to use a consultancy firm with appropriate knowledge and experience. The details of the evaluation and all the results would be provided to Member States.

The DIRECTOR-GENERAL said that the current workplan finished in 2015 and consisted of eight elements that were all being implemented at different rates, and efforts would be needed to achieve coherence and ensure a comprehensive evaluation using the indicators agreed in resolutions already adopted. Given its technical nature, the evaluation exercise should be conducted by experts in order to ensure that the correct methodology was being used. However, the evaluation methodology and terms of reference must not be affected by conflicts of interest or vested interest. As part of the culture of evaluation being developed under WHO reform, the Evaluation Monitoring Group, which comprised Officers of the Executive Board, had already provided Member State oversight of the second-stage evaluation. If the Board was agreeable, she would request that Group to provide Member oversight and ensure transparency concerning the evaluation exercise.

The Secretariat had been requested to submit the final evaluation report to the Sixty-eighth World Health Assembly in 2015. However, as the current workplan finished in that year, the evaluation would include activities that had not been completed. Although the Secretariat would be pleased to provide the report in 2015, she asked whether Member States would consider postponing the date of reporting to permit a more comprehensive evaluation to be achieved.

The CHAIRMAN asked whether members of the Board would be agreeable to the Evaluation Monitoring Group, namely the Chairman of the Board, the four Vice-Chairmen and the Rapporteur, providing oversight.

Ms MATSOSO (South Africa) asked whether other members of the Board could become involved in the Evaluation Monitoring Group in order to strengthen its work.

The DIRECTOR-GENERAL said that the composition of the Evaluation Monitoring Group was a matter for that Group itself. The Group's involvement in the second-stage evaluation had worked well.

Mr SVERSUT (Brazil) asked whether the evaluation methodology would be devised by a consultancy firm.

The DIRECTOR-GENERAL recalled that, as part of WHO reform, Member States had requested the United Nations Joint Inspection Unit to perform the first-stage evaluation, which had sought to determine whether WHO reform was going in the right direction. A more detailed second-stage evaluation had been necessary and Member States, in the form of the Evaluation Monitoring Group, had provided oversight and given advice on terms of reference and on other modalities. The involvement of the Evaluation Monitoring Group with regard to the item under discussion would enhance accountability and transparency, and obviate the need to create another mechanism.

The CHAIRMAN said that the contracting process was a matter for WHO; the role of the Evaluation Monitoring Group was to provide oversight and guidance. The newly elected Officers of the Board that constituted the Group had already met to consider the Group's method of work in order to ensure that the views of the Board were conveyed.

Mr SVERSUT (Brazil) asked whether the terms of reference developed would be submitted at the next session of the Board for approval.

The DIRECTOR-GENERAL said that draft terms of reference would be prepared by the Secretariat on the basis of comments made, and submitted to the Evaluation Monitoring Group. Those

terms of reference could be submitted to the Board at its next session for approval, but in view of time constraints, it would then not be possible to submit the final evaluation report in 2015.

The CHAIRMAN, responding to a request for clarification from Mr SVERSUT (Brazil), confirmed that the six members of the Evaluation Monitoring Group were: the Chairman of the Board, the four Vice-Chairmen and the Rapporteur. At its next meeting, the Group would discuss involving other members in its work.

Dr VALVERDE (Panama) supported the comments of the member for South Africa regarding the involvement of other members in the Evaluation Monitoring Group.

The CHAIRMAN asked the Board to consider the reporting date. The Director-General had indicated that a report submitted in 2015 would effectively be a progress report, since it could not, by definition, cover the entire period. A report in respect of the entire period could be delivered in 2017.

Mr ASAOLU (Nigeria) said that he would welcome a report in 2017 covering the whole period.

Mr SVERSUT (Brazil) said that, as no extensive new mechanism for oversight was being created, it should be possible to deliver the report in 2015.

The DIRECTOR-GENERAL pointed out that a report provided in 2015 could not be comprehensive because the workplan itself concluded in that year, and preparations to draft the report would have to begin at the end of 2013. A report in respect of the entire period could be delivered only after 2015. The Secretariat could accommodate either scenario, but requested clear guidance from the Board.

The CHAIRMAN asked whether another comprehensive report would be required if a progress report was prepared in 2015. If so, there would be financial implications.

Ms MATSOSO (South Africa) requested clarification of the implications of an extension in the reporting deadline on existing resolutions, including resolution WHA62.16, which further requested the Director-General, in addition to continued monitoring, to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievements, remaining challenges and recommendations on the way forward to the Health Assembly in 2015.

Mr PIPPO (Argentina) said that, notwithstanding the practical difficulties of reporting on 2015 in that year, Argentina would appreciate a progress report in 2015. He asked whether Board members would volunteer or be invited to participate in the Evaluation Monitoring Group.

The CHAIRMAN said that no process had yet been determined by the Evaluation Monitoring Group, and invited Board members with particular interest or expertise in the area to make themselves known. She would inform the Board of the outcome of the Group's deliberations.

Dr EL OAKLEY (Libya)¹ asked which countries would be selected for the evaluation and whether it would be too much to ask for a progress report in 2015 and a final report in 2017.

The DIRECTOR-GENERAL said that it was important to be mindful of reporting requirements given to the Secretariat in resolutions adopted at previous governing body meetings. However, coherence was crucial. Paragraph 6 of resolution WHA62.16 requested the Director-General, in

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

addition to continued monitoring, to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievements, remaining challenges and recommendations on the way forward to the Health Assembly in 2015. The Secretariat was now being requested to perform an independent evaluation and produce the report in 2015. The Secretariat could do what was asked of it only if the financial resources were available. She suggested that a progress report might be produced in 2015, paving the way for a later report of the comprehensive, independent evaluation.

Dr BAYE LUKONG (Cameroon) said that cost was an important factor; she supported the views of the member for Nigeria that a comprehensive evaluation report should be submitted in 2017.

The CHAIRMAN said that it was her understanding that the Board wished to request the Secretariat to prepare a progress report for consideration by the governing bodies in 2015, on the understanding that a report on a comprehensive independent evaluation would be submitted for consideration in 2017. If there was no objection, she would assume that, the Board, taking into account the discussion at its 133rd session, was prepared to note the report and endorse the suggested approach for the evaluation exercise, including in respect of reporting arrangements.

It was so agreed.

Improving the health of patients with viral hepatitis: Item 6.5 of the Agenda (Document EB133/17)

Dr MOSTAFA (Egypt), speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed appreciation of the views expressed by many speakers during discussions on the adoption of the provisional agenda at the Board's first meeting, in particular in support of the inclusion of the item on the agenda and regarding the need to attach priority to viral hepatitis, to strengthen the global response, to prevent, diagnose and treat viral hepatitis, to reduce the cost of treatment and to produce new medicines and vaccines. He drew attention to the Secretariat's efforts at headquarters and the Regional Office for the Eastern Mediterranean to support Member States in implementing the WHO Framework for Global Action on prevention and control of viral hepatitis infection. The Secretariat's report on the item invited the Board to provide further strategic guidance.

Viral hepatitis was a silent epidemic and a leading cause of mortality and morbidity around the world. The number of people living with chronic viral hepatitis was alarmingly high, and an estimated 78% of primary liver cancer cases and 57% of cirrhosis cases globally were caused by viral hepatitis. All types of viral hepatitis occurred throughout the Eastern Mediterranean Region, but prevalence of hepatitis C virus infection in some countries of the Region was higher than anywhere else in the world, and prevalence of hepatitis B virus infection was 7%–10% in Egypt and Pakistan.

Although some provisions of resolution WHA63.18 had been implemented, others had been implemented only partially or not at all. Hepatitis C virus infection was still not preventable by vaccination, and further support was required for relevant scientific research. Active engagement with relevant stakeholders was needed to strengthen capacity, encourage increased allocation of resources, provide technical support in an equitable manner and enhance access to affordable treatment in developing countries.

Greater attention should be given to actions to control and treat viral hepatitis, which represented a substantial threat to public health, and he proposed that the Secretariat should be requested to submit a report to the Board at its 134th session on progress in implementing resolution WHA63.18, including the search for ways to solve existing challenges. In accordance with subparagraph 3(7) of that resolution, the Secretariat might also consider convening a technical meeting of experts, and present the outcome of that work to the Board at the same session.

Mr ASAOLU (Nigeria) said that the introduction of the vaccine against hepatitis B over the previous decade had undoubtedly helped to reduce the threat of that disease. As a result of efforts to facilitate the availability of vaccines and make them more affordable, his country had been able to include the hepatitis B vaccine in its routine immunization strategy, and the introduction of oral,

once-daily treatment for hepatitis C had improved compliance and reduced the prevalence of hepatocellular carcinoma. He urged WHO to continue to provide support in negotiating a reduction in the prices of the medicines required.

Although resolution WHA63.18 had raised awareness of the transmission, control and treatment of viral hepatitis, further efforts were needed to increase awareness and implementation of guidelines concerning infection with hepatitis B and C viruses. Consideration might be given to including medicines for viral hepatitis in the WHO Model List of Essential Medicines, and to providing timelines for the implementation for the four strategic axes outlined in the report.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) pointed out that viral hepatitis could be variously prevented through blood safety, improved sanitation, the promotion of healthy lifestyles, and vaccination as part of an expanded immunization programme. He welcomed the inclusion of viral hepatitis on the Board's agenda; the discussions should pave the way for further action, including the possible development of an effective vaccine against hepatitis C. He supported the proposal that the Secretariat should be requested to provide and submit a report to the Board at its 134th session on the progress made in implementing resolution WHA63.18.

Ms MATSOSO (South Africa) drew attention to document EB133/14 (reports on meetings of expert committees and study groups), which contained reports of the Expert Committee on Biological Standardization. She noted that the first international reference panel for hepatitis B virus had been established and that new standards and reference agents had been developed, which would facilitate the detection of relevant genotypes by all countries and lead to an improvement in the quality of diagnostic tests. She commended the Secretariat and the Expert Committee on those achievements and suggested that information concerning high-quality diagnostic agents for hepatitis B and the new standards developed should be disseminated to Member States.

Mr McIFF (United States of America)¹ said that further efforts were needed concerning awareness, prevention, care and treatment of viral hepatitis. Hepatitis B and C caused two thirds of cirrhosis deaths and the majority of liver cancer deaths in the world. Vulnerable populations, including people who injected drugs, and HIV-infected men who had sex with men, were particularly affected.

He endorsed the proposal that the Secretariat should be requested to present a more detailed report to the Board at its 134th session focusing on challenges since the adoption of resolution WHA63.18. Such a report could, within the context of WHO reform, provide a strong basis for reviewing the role and effectiveness of the Organization in helping Member States to tackle a multifaceted health challenge.

Mr SVERSUT (Brazil) welcomed the inclusion of the item on the Board's agenda, since viral hepatitis represented a substantial public health burden. His delegation had held a successful side event on viral hepatitis at the Health Assembly, and looked forward to further discussions on the subject. He suggested that consideration might be given to holding informal consultations later in the year in Geneva.

Mr SERAG (Medicus Mundi Internationalis, International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, expressed the hope that the discussions would strengthen implementation of resolution WHA63.18, and called upon the Secretariat to provide a progress report in that regard, giving examples from countries with a high burden of the disease. The report contained in document A65/26 had not provided information on the implementation of strategies to guide an effective response to viral hepatitis outlined in the resolution, such as health

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

system strengthening and the use of flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights to promote access to antiviral treatment.

Hepatitis C infection was treatable but, despite efforts to reduce prices, access to treatment remained limited. He urged affected countries, such as Egypt, to use the flexibilities contained in the Agreement and to consider all alternatives in order to provide free access to antiviral treatment. Political will and support from WHO were required in that regard.

Dr FUKUDA (Assistant Director-General), thanking speakers for their suggestions, agreed that viral hepatitis represented a significant public health burden, and that many people developed related chronic diseases. The report before the Board conveyed some of the main actions being taken by WHO, including the efforts to increase awareness, to ensure the availability of more surveillance information, to prevent transmission, and to promote the screening, care and treatment of infected persons. The special focus on hepatitis B and C was well deserved, since those forms most often led to chronic disease and liver cancer. With regard to hepatitis B, there was a continued focus on awareness, information and vaccination, particularly of infants. Particular attention was being given to hepatitis C, as the current treatment regimen, which included injectable and oral medication, could potentially be replaced in the next two to five years with an oral regimen that would eliminate the need for injections and was expected to have a higher cure rate and fewer side effects. However, the cost of such treatment was expected to be high, and it was important to identify the best options with a view to promoting equitable and broad access.

Within the Secretariat, staff from the hepatitis programme were working with colleagues from the HIV programme. However, WHO alone could not deal with a disease with such high burdens; there were several organizations whose engagement and input were crucial, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and discussions to that end were under way.

The Secretariat would be pleased to present to the Board at its next session a report on viral hepatitis that would include information on diagnostics. The convening of a technical meeting of experts, as suggested by the member for Egypt, would be useful but support would be required from Member States given the cost implications. Although preliminary discussions had already taken place with regard to the convening of informal consultations in Geneva, further work was necessary to determine how those consultations could be facilitated by WHO.

The Secretariat was working with all Member States on an extensive survey that would provide a country-by-country picture on viral hepatitis, including information on national strategies, plans and the level of treatment available. The survey was expected to be available by World Hepatitis Day on 28 July 2013.

The Board noted the report.

2. MANAGEMENT AND FINANCIAL MATTERS: Item 7 of the Agenda (continued)

Evaluation: annual report: Item 7.1 of the Agenda (Documents EB133/2 and EB133/8)

Dr BAYE LUKONG (Cameroon), speaking on behalf of the Member States of the African Region, thanked the Secretariat for submitting the 2013 workplans for evaluation to the Board through its Programme, Budget and Administration Committee. She noted that the Global Network on Evaluation was already functional and that mechanisms were being put in place to ensure that evaluations complied with professional quality standards and WHO policy.

Evaluation was a crucial part of the WHO reform process. However, less than half of the originally foreseen 3%–5% of the Programme budget 2014–2015 had been allocated for financing activities aimed at ensuring transparency, accountability and risk management. Apart from those in the Region for the Americas, nothing had been budgeted for country offices. The financing situation must be improved so as to ensure the proper implementation of the evaluation policy.

Mrs PENEVEYRE (Switzerland) welcomed the establishment of the Global Network on Evaluation and said that the Organization was fostering a culture of evaluation. Given the large number of individual activity-specific programmes in the proposed evaluation workplan for 2013 listed in the Annex to the related document EB132/30, she wished to know how individual evaluations could be used for an evaluation of the Organization as a whole. It would also be helpful to know how a comprehensive evaluation for each category in the general programme of work would be obtained. Her delegation had consistently called for a mechanism to monitor and evaluate implementation of WHO's priorities and had proposed the allocation of specific funds under each organizational category to permit evaluation of the results chain for which it was accountable. More than 160 individual earmarked agreements with WHO required individual evaluations. How would those results be consolidated?

Echoing the position expressed by the Nordic countries at the Sixty-sixth World Health Assembly, she believed that progress reports should include an explicit link to the results-chain framework that had been adopted by the Health Assembly and should directly address the overall performance effectiveness of the Secretariat, individual programmes and their managers. In view of the major shift in the way funding was obtained, an evaluation of the Organization's overall strategic competence and performance was important.

Mr WEBB (Office of Internal Oversight Services) said that the Organization's evaluation policy indicated the financing guidelines, although more detailed criteria for including items in the workplan, such as how country-level evaluations would be determined, would be identified later. The financing of individual evaluations fell under funding for technical programmes in categories 1 to 5.

Responding to the comments by the member for Switzerland, he said that some task forces within the Global Network on Evaluation had been identified. The criteria for including elements of the workplan would need to correspond with donor requirements. The timing of the evaluations was yet to be determined. With regard to reporting the results, the results of the individual evaluation reports could be analysed in a way that would give Member States feedback on the performance of the Organization.

The DIRECTOR-GENERAL said that the development of an evaluation culture within the Organization would take time and the different evaluation requirements would need to be harmonized in order to give a consistent overall picture to the Member States. Although many of the earmarked allocations did have associated evaluation requirements, they often focused on the completion of certain tasks, rather than on the achievement of results.

The Board noted the report.

Corporate risk register: Item 7.3 of the Agenda (Document EB133/10)

Mrs DÁVILA CHÁVEZ (Mexico) noting the progress being made in the development of an Organization-wide risk management framework, said that there was a need to consolidate risk registers at headquarters and regional offices and to develop appropriate risk categories. She endorsed the recommendation made by the Independent Expert Oversight Advisory Committee in its 2013 annual report that the Secretariat should develop a time frame for the establishment of risk registers and an action plan for launching an institutional risk management structure across the Organization.

Dr NCHABI KAMWI (Namibia), speaking on behalf of the Member States of the African Region, said that some of the mitigation measures listed in the preliminary risk register contained in the Annex to the report required clearer definition and should include potential risks that could be encountered in WHO country and regional offices. The risk management framework should be developed further and, in the light of recent events, should give greater attention to the safety and security of WHO staff members. Organizational risk had human resource, motivational, financial and

reputational components, which should be elaborated at the country and regional levels. He welcomed the proposed establishment of a new Compliance, Risk Management and Ethics unit and requested the Director-General to keep the Member States informed of the progress being made and the staff appointments to the unit.

Dr IWATA (Japan) welcomed the introduction of a corporate risk register, a tool widely used, especially in the private sector. A review of good practices for the implementation of risk registers within and outside of the United Nations system would benefit the effective implementation of the register.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ expressed satisfaction at the draft corporate risks register and said that he looked forward to the further advice of the Independent Expert Oversight Advisory Committee on the matter. He welcomed the establishment of the new Compliance, Risk Management and Ethics unit. A key principle of risk management was having absolute clarity regarding risk ownership. He had concerns that the number of risk owners assigned to some of the risks could weaken accountability. Executive management and the Board shared the responsibility for nurturing a risk management culture where the understanding of the risks was scrutinized.

A top-risks register was not an end in itself, but a tool that should drive the Organization's performance in achieving its objectives. Financial and performance information should be integrated with the information that the management received to support its risk management assessment. Noting that some of the categories overlapped, he recommended further streamlining of the risk categories, distinguishing those that concerned policy from those related to operational matters. It was to be hoped that the next iteration of the draft would also include a clear timeline for mitigation activity for each risk.

Ms WISEMAN (Canada)¹ welcomed the development of the risk management framework and the implementation of a corporate risk register, which would require a culture change within the Organization. Appropriate investments and training should be provided in support of that process. She echoed the position of the previous speaker, saying that linking the registry to internal controls and the senior management performance framework was crucial to the tool's success. It would be helpful if the Secretariat could provide additional details in that regard.

Dr SILBERSCHMIDT (Senior Adviser, Office of the Director-General) said that the preliminary risk register would be further developed into an Organization-wide risk register by the Compliance, Risk Management and Ethics unit once it began its work later in the year. The indicated mitigation measures, while currently not well defined, provided guidance for the development of more detailed measures and for linking them to the internal control framework.

The DIRECTOR-GENERAL said that the introduction of the risk register and the Organization-wide risk management framework were important developments requiring cultural change across the Organization and were a vital element of WHO reform. Measurement was a good way to assess performance. The Compliance, Risk Management and Ethics unit was being positioned in her office so that she could oversee its activities.

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

Independent Expert Oversight Advisory Committee: membership renewal: Item 7.5 of the Agenda (Document EB133/11)

The CHAIRMAN drew attention to the report containing the curriculum vitae of the three candidates selected for appointment to the Independent Expert Oversight Advisory Committee. She had raised the concern that all three candidates were men, but had been assured that the selection criteria had been very strict and the most qualified candidates had been chosen. Nonetheless, gender balance should remain a priority.

Mr ASAOLU (Nigeria) appreciated the efforts made by the Director-General to enhance the transparency of the member recruitment process and encouraged a similar approach in the future in order to attract the best candidates, while taking into consideration the need for gender balance and equitable geographical representation. He endorsed the appointments.

Mrs DÁVILA CHÁVEZ (Mexico) said that greater complementarity was needed between the work of the Independent Expert Oversight Advisory Committee and the External Auditor in order to maximize the supervisory capacity and support available to the Secretariat. Candidates for appointment to the Committee needed to have appropriate professional experience in accounting and risk management. She supported the three candidates put forward by the Secretariat. However, it was to be hoped that future vacancy announcements would be made well in advance of the deadline for applications, to permit Member States to propose good candidates who also met the geographical and gender balance requirements stipulated in the Committee's mandate.

The CHAIRMAN said that she agreed that a longer notice period would make it easier to find qualified candidates.

The DIRECTOR-GENERAL assured the Board that more advance notice would be provided next time.

Mr RUSH (United Kingdom of Great Britain and Northern Ireland)¹ said that, should their appointments be confirmed, an opportunity for an informal exchange between the Member States and the new members within the coming year would be appreciated.

The CHAIRMAN took it that the Board wished to note the report and confirm the three appointments to the Independent Expert Oversight Advisory Committee.

It was so decided.²

3. STAFFING MATTERS: Item 8 of the Agenda

Statement by the representative of the WHO staff associations: Item 8.1 of the Agenda (Document EB133/INF./1)

Dr SADANA (representative of the WHO staff associations), summarizing key issues from the statement contained in document EB133/INF./1, assured the Board that WHO staff associations were

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

² Decision EB133(8).

working closely with the management to support efforts internally to implement WHO recommendations concerning human resources, occupational health, and enabling environments that promoted productivity, health and well-being. However, recent proposed changes to the Staff Rules were reducing the Organization's ability to deliver on its priorities. A recent staff survey had shown that 40% of the Organization's staff had reported that they had no confidence in the Organization and its work and she urged the Board to examine the reasons for that situation. Conditions of employment were deteriorating, with staff being continually requested to do more with less, and reliance on non-staff contracts accounted for more than 15% of the Organization's total expenditures, raising questions about commitment and accountability. Technical units were finding it harder to attract and retain renowned health leaders, while managers struggled to sustain staff loyalty given the growing number of temporary contracts.

The staff associations and the Director-General had agreed on three common priorities for 2013: internal justice reform, better performance evaluation to ensure management accountability, and the development of an unemployment insurance scheme. The Organization's internal justice system did not meet the United Nation's own criteria and required reform. Informal mechanisms were needed to support the prevention of problems and early action when they occurred. A comprehensive and fair performance review was the key for ensuring management accountability and should link individual and team goals with overall organizational performance. The staff associations also supported the recent recommendations of the External Auditor on the need for a comprehensive Implementation Plan for the Human Resources Strategy. The threat of job loss had a negative effect on staff morale and disturbed staff-management relations. International civil servants did not have the protection of their national social security mechanisms, which might provide them with a better social security environment, and the current notice period was insufficient. An unemployment protection scheme could help to rectify matters. She requested Member States to raise the strategic importance of human resources and to recognize that the Organization's staff members were its knowledge and social capital.

Ms MATSOSO (South Africa), speaking on behalf of the Member States of the African Region, said that the survey results showed how the Organization was viewed by internal and external stakeholders with respect to its work and leadership and to the reliability of its information, and raised concerns about the confidence of external stakeholders and the Organization's employees. Although the Organization had been transparent and self-critical, it was time to address those concerns; the Board should do that before the next survey was conducted.

The CHAIRMAN said that transparency was indeed important when conducting the surveys. The reform efforts to improve the image of the Organization overall were also improving the working environment at the Organization for its employees.

The Board took note of the statement by the representative of the Staff Associations.

Amendments to the Staff Regulations and Staff Rules: Item 8.2 of the Agenda (Documents EB133/2, EB133/12 and EB133/12 Add.1)

The CHAIRMAN drew attention to the draft resolution contained in document EB132/12. The financial and administrative implications of the draft resolution for the Secretariat were set out in document EB133/12 Add.1. As indicated in its report to the Board (document EB133/2), the Programme, Budget and Administration Committee of the Executive Board had recommended the adoption of the draft resolution.

The resolution was adopted.¹

4. AMENDMENTS TO THE STATUTES OF THE UNITED ARAB EMIRATES HEALTH FOUNDATION: Item 9 of the Agenda (Document EB133/13)

The CHAIRMAN drew attention to the proposed amendments to Articles 8 to 10 of the Statutes of the United Arab Emirates Health Foundation. In the absence of any objection, she took it that the Board wished to approve the proposed amendments.

It was so agreed.

5. MATTERS FOR INFORMATION: REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 10 of the Agenda (Document EB133/14)

The CHAIRMAN said that the footnote on page 9 of document EB133/14 should read “WHO Technical Report Series, No. 981, 2013”. That change had already been made to the electronic version.

Ms MATSOSO (South Africa), speaking on behalf of the Member States of the African Region, commended the reports of the expert committees contained in the report. The new guidelines for technical evaluation of biotherapeutic products that were similar to existing licensed products were a milestone and would improve access to biological products and ensure the establishment of proper regulatory requirements for such products, as requested by developing countries. Regular reviews of reference standards by the Organization provided guidance to regulatory authorities and manufacturers and helped to ensure the availability of safe vaccines for the Expanded Programme on Immunization and for pandemic influenza planning. The revision of the WHO prequalification process was therefore another important development. She also welcomed the good practice standards and guidance on quality assurance and safety of blood and blood products, and the new collaborative procedure that had been established between the Prequalification of Medicines Programme and national medicines regulatory authorities with a view to facilitating the exchange of information between the Organization and the authorities.

Dr KIENY (Assistant Director-General) said that it was of paramount importance for Member States to have access to high-quality products. The WHO prequalification service sought to assess the quality of medicines with the help of international experts provided by Member States. The resulting list indicating the quality and acceptability of the products was being used by some funds to purchase medicines, vaccines and diagnostics. Another effort was aimed at enabling regulatory authorities to take prequalification decisions together. Most vaccines were being prequalified, but that was not the case for medicines, making it important to strengthen national capacity in that regard.

The CHAIRMAN requested the Secretariat to convey the gratitude of the Board to the experts for their contributions.

The Board noted the report.

¹ Resolution EB133.R3.

6. FUTURE SESSIONS OF THE EXECUTIVE BOARD AND THE HEALTH ASSEMBLY:
Item 11 of the Agenda (Document EB133/15)

The CHAIRMAN drew attention to the draft decision contained in document EB133/15.

Mrs BERGARA (Uruguay),¹ referring to her delegation's statement to the Board at its 132nd session, reiterated the intention to submit a draft resolution on the use of mercury for consideration at the next session. A side event on the topic had been organized by her delegation during the Sixty-sixth World Health Assembly.

The CHAIRMAN said that the Secretariat would note that proposal.

In reply to a question from Mr AGHAZADEH KHOEI (Islamic Republic of Iran), the DIRECTOR-GENERAL said that the date for the 135th session of the Executive Board would be set at the 134th session.

The CHAIRMAN took it that the Board wished to adopt the two draft decisions contained in document EB133/15 concerning the 134th session of the Executive Board and the Sixty-seventh World Health Assembly.

It was so decided.²

7. CLOSURE OF THE SESSION

After the usual exchange of courtesies, the CHAIRMAN declared the 133rd session closed.

The meeting rose at 17:35.

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

² Decisions EB133(9) and EB133(10), respectively.

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

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Professor J. HALTON, Secretary, Department of Health and Ageing, Canberra (**Chairman**)

Alternates

Mr P. WOOLCOTT, Ambassador, Permanent Mission, Geneva

Ms C. PATTERSON, Minister Counsellor (Health), Permanent Mission, Geneva

Mr S. COTTERELL, Assistant Secretary, International Strategies Branch, Department of Health and Ageing, Canberra

Ms J. BENNETT, Principal Adviser, Department of Health and Ageing, Canberra

Mr C. BEDFORD, Director, International Health Policy Section, Department of Health and Ageing, Canberra

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Ms K. SNOWBALL, Policy Manager, Health Policy Section, AusAID, Canberra

Dr T. POLETTI, Health Adviser (AusAID), Permanent Mission, Geneva

Ms J. KAINE, First Secretary, Permanent Mission, Geneva

ALBANIA

Dr G. BEJTJA, General Director of Health Policy and Planning, Ministry of Health, Tirana

Alternate

Mrs F. KODRA, Ambassador, Permanent Representative, Geneva

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Miss D. XHIXHO, Second Secretary, Permanent Mission, Geneva

ANDORRA

M. J. CASALS ALÌS, Directeur général, Département de la Santé et du Bien-être social, Ministère de la Santé et du Bien-être social, Andorra la Vella

Alternate

Mme M. GESSÉ MAS, Premier Secrétaire, Mission permanente, Genève

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Sr. T. PIPPO, Director de Economía de la Salud, Ministerio de Salud, Buenos Aires

Alternates

Sr. A. POLACH, Profesional de la Dirección Nacional de Relaciones Internacionales, Ministerio de Salud, Buenos Aires

Sra. C. MUSETI, Profesional de la Dirección Economía de la Salud, Ministerio de Salud, Buenos Aires

Sr. J.C. MERCADO, Consejero, Misión Permanente, Ginebra

Sr. M. ALVAREZ WAGNER, Secretario de Embajada, Misión Permanente, Ginebra

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Sra. A. IPHAIS, Professional del Programa Nacional de Municipios y Comunidades Saludables,
Ministerio de Salud, Buenos Aires

AZERBAIJAN

Professor O. SHIRALIYEV, Minister of Health, Baku (**Vice-Chairman**)

Alternates

Dr M.N. NAJAFBAYLI, Ambassador, Permanent Representative, Geneva

Dr S. ABDULLAYEV, Head, Department of International Relations, Baku

Dr G. GURBANOVA, Senior Advisor, International Relations, Baku

Mr I. ASADOV, Counsellor, Permanent Mission, Geneva

Mr E. ASHRAFZADE, Attaché, Permanent Mission, Geneva

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Mr A. KLEIMAN, Special Advisor for International Affairs, Ministry of Health, Brasília

Mr J.R. DE ANDRADE FILHO, First Secretary, Permanent Mission, Geneva

Mr B.H. NEVES, Second Secretary, Permanent Mission, Geneva

Mr L. SVERSUT, Second Secretary, Permanent Mission, Geneva

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