

**PART I**  
**RESOLUTIONS AND DECISIONS**  
**ANNEXES**

## RESOLUTIONS

### **EB118.R1      Thalassaemia and other haemoglobinopathies<sup>1</sup>**

The Executive Board,

Having considered the report on thalassaemia and other haemoglobinopathies;<sup>2</sup>

Recalling resolution WHA57.13 on genomics and world health, resolution EB117.R3 on sickle-cell anaemia, and the recognition by the Executive Board at its 116th session of the role of genetic services in improving health globally and in reducing the global health divide;<sup>3</sup>

Concerned at the impact of genetic diseases, and of haemoglobinopathies (thalassaemia and sickle-cell anaemia) in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

Recognizing that the prevalence of thalassaemia varies between communities, and that insufficient epidemiological data may hamper effective and equitable management;

Deeply concerned that thalassaemia and other haemoglobinopathies are not recognized as priorities in public health;

Deploring the current worldwide lack of access to safe and appropriate genetic services;

Aware that effective programmes for thalassaemia must be sensitive to cultural practices and appropriate for the given social context;

Recognizing that the management of haemoglobinopathies, particularly prenatal screening, raises specific ethical, legal and social issues that require appropriate consideration,

1.    **URGES Member States:**

(1)    to design, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for prevention and management of thalassaemia and other haemoglobinopathies, including surveillance, dissemination of information, awareness-raising and screening, such programmes being tailored to specific socioeconomic and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with these diseases;

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<sup>1</sup> See Annex 2 for the administrative and financial implications for the Secretariat of this resolution.

<sup>2</sup> Document EB118/5.

<sup>3</sup> See document EB116/2005/REC/1, summary record of the first meeting, section 4.

- (2) to develop their capacity to monitor thalassaemia and other haemoglobinopathies and to evaluate the impact of national programmes;
- (3) to intensify the training of all health professionals in high-prevalence areas;
- (4) to develop and strengthen medical services, within existing primary health-care systems, in partnership with parent or patient organizations;
- (5) to promote relevant community education, including health counselling and ethical, legal and social issues associated with haemoglobinopathies;
- (6) to promote international cooperation in combating haemoglobinopathies;
- (7) to provide support for basic and applied research on thalassaemia, in collaboration with international organizations;

2. REQUESTS the Director-General:

- (1) to raise awareness of the international community of the global burden of thalassaemia and other haemoglobinopathies, and to promote equitable access to health services and medicines for prevention and management of these diseases;
- (2) to provide technical support and advice to Member States in framing of national policies and strategies for prevention and management of thalassaemia and other haemoglobinopathies;
- (3) to promote intercountry collaboration in order to expand the training and expertise of personnel, and to provide support for the further transfer of affordable technologies and expertise to developing countries;
- (4) to continue WHO's normative functions by drafting guidelines on prevention and management of thalassaemia and other haemoglobinopathies;
- (5) to promote research on thalassaemia and other haemoglobinopathies in order to improve the duration and quality of life of those affected by such disorders;
- (6) to consider setting the theme of haemoglobinopathy diseases such as thalassaemia and sickle-cell anaemia for a World Health Day in the near future.

(Second meeting, 29 May 2006)

**EB118.R2      Consideration of the acceleration of the procedure to elect the next Director-General of the World Health Organization**

The Executive Board,

Noting decision EBSS(2) taken by the Board at its special session held on 23 May 2006, by which the Board requested the Secretariat "to submit to the Board at its 118th session options for its consideration concerning the acceleration of the procedure to elect the next Director-General of the World Health Organization";

Having considered the reports by the Secretariat in response to the Board's request,<sup>1</sup>

1. DECIDES, in accordance with Rule 53 of the Rules of Procedure of the Executive Board, to suspend Rule 52 with regard to the deadlines set out in paragraphs 1 to 3 of the latter Rule, in order to accelerate the process of nomination of the next Director-General;
2. DECIDES that, for the purpose of nominating the next Director-General, the following deadlines will apply in lieu of those provided for under Rule 52:
  - (a) notification of Acting Director-General to Member States that they may propose persons for nomination to the post of Director-General: 1 June 2006;
  - (b) final date for receipt by WHO of proposals for nomination: 5 September 2006;
  - (c) date of dispatch of proposals, curricula vitae and supporting information to Member States: 5 October 2006;
3. DECIDES, in accordance with Rule 5 of its Rules of Procedure, to convene a session of the Board, which will be held from 6 to 8 November 2006 at the headquarters of the World Health Organization;
4. FURTHER DECIDES that the only item on the provisional agenda of the session of the Board referred to in the preceding paragraph will be entitled "Director-General" and will comprise two subitems entitled respectively "nomination for the post" and "draft contract";
5. REQUESTS the Acting Director-General to consider placing officers and staff members who are candidates for the election referred to in the present resolution on temporary leave of absence with pay from their current posts during the period from 5 September 2006 until the Health Assembly's appointment of a new Director-General;
6. REQUESTS the Acting Director-General, in accordance with Rule 2 of the Rules of Procedure of the World Health Assembly, to convene a special session of the Health Assembly on 9 November 2006 in Geneva, and to include on the provisional agenda of the special session only one item entitled "Director-General", comprising two subitems entitled respectively "appointment" and "approval of contract";
7. RECOMMENDS that the Health Assembly at its special session should suspend Rule 108 of its Rules of Procedure with regard to the term of office of the next Director-General and set his or her term of office so that it terminates shortly after closure of a Health Assembly.

(Third meeting, 30 May 2006)

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<sup>1</sup> Documents EB118/20 and EB118/20 Add.1, which includes the costing.

**EB118.R3      Control of leishmaniasis**

The Executive Board,

Having considered the report on control of leishmaniasis,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Having considered the report on control of leishmaniasis;

Recognizing that leishmaniasis is one of the most neglected tropical diseases, and that more than 12 million people worldwide are currently infected, with two million new cases each year;

Noting with concern that 350 million people are considered at risk and the number of new cases is on the increase;

Recognizing the lack of accurate information on the epidemiology of the disease for better understanding of the disease and its control;

Noting with concern that the disease affects the poorest populations in 88 countries, placing a heavy economic burden on families, communities and countries, particularly developing countries;

Noting the burden that treatment can place on families;

Bearing in mind that malnutrition and food insecurity are often identified as major causes of disposition to, and severity of, leishmaniasis;

Acknowledging the significant support extended by Member States and other partners and appreciating their continuing cooperation,

1. URGES Member States where leishmaniasis is a substantial public-health problem:

(1) to reinforce efforts to set up national control programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis;

(2) to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis in order to decrease the disease burden;

(3) to strengthen the capacity of peripheral health centres so that they provide appropriate affordable diagnosis and treatment and act as sentinel surveillance sites;

(4) to conduct epidemiological assessments in order to map foci, and to calculate the real impact of leishmaniasis through accurate studies of prevalence and incidence,

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<sup>1</sup> Document EB118/4.

<sup>2</sup> See Annex 2 for the administrative and financial implications for the Secretariat of this resolution.

socioeconomic impact and access to prevention and care, and the extent of the disease in those affected by malnutrition and HIV;

(5) to establish a decentralized structure in areas with major foci of disease, strengthening collaboration between countries that share common foci, increasing the number of WHO collaborating centres for leishmaniasis and giving them a greater role, and relying on initiatives taken by the various actors;

2. FURTHER URGES Member States:

(1) to advocate high quality and affordable medicines, and appropriate national drug policies;

(2) to encourage research on leishmaniasis control in order:

(a) to identify appropriate and effective methods of vector control;

(b) to find alternative safe, effective and affordable medicines for oral, parenteral or topical administration involving shorter treatment cycles, less toxicity, and new drug combinations, and to define appropriate doses and duration of therapy schedules for these medicines;

(c) to determine mechanisms to facilitate access to existing control measures, including socioeconomic studies and health-sector reform in some developing countries;

(d) to evaluate and improve sensitivity and specificity of serological diagnostic methods for canine and human visceral leishmaniasis, including assessment of standardization and effectiveness;

(e) to evaluate effectiveness of alternative control measures such as use of bednets impregnated with long-lasting insecticide;

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;

4. REQUESTS the Director-General:

(1) to raise awareness of the global burden of leishmaniasis, and to promote equitable access to health services for prevention and disease management;

(2) to draft guidelines on prevention and management of leishmaniasis, with emphasis on updating the report of WHO's Expert Committee on Leishmaniasis,<sup>1</sup> with a view to elaborating regional plans and fostering the establishment of regional groups of experts;

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<sup>1</sup> *Control of leishmaniasis. Report of a WHO Expert Committee.* Geneva, World Health Organization, 1990 (WHO Technical Report Series, No. 793).

- (3) to strengthen collaborative efforts among multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of leishmaniasis control programmes;
- (4) to frame a policy for leishmaniasis control, with the technical support of WHO's Expert Advisory Panel on Leishmaniasis;
- (5) to promote research pertaining to leishmaniasis control and dissemination of the findings of that research;
- (6) to monitor progress in the control of leishmaniasis in collaboration with international partners;
- (7) to report to the Sixty-third World Health Assembly on progress achieved, problems encountered and further actions proposed in the implementation of leishmaniasis control programmes.

(Fourth meeting, 30 May 2006)

#### **EB118.R4      Strengthening of health information systems**

The Executive Board,

Having considered the report on health information systems in support of the Millennium Development Goals,<sup>1</sup>

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixtieth World Health Assembly,

Recalling resolution WHA58.30 on achieving internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Noting resolution WHA58.28 on eHealth, and mindful of resolution WHA58.34 on the Ministerial Summit on Health Research;

Acknowledging that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Recognizing that health information systems in most developing countries are weak, fragmented, understaffed, and inadequately resourced;

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<sup>1</sup> Document EB118/16.

<sup>2</sup> See Annex 2 for the administrative and financial implications for the Secretariat of this resolution.

Convinced of the importance of health information, disaggregated by gender, age and key socioeconomic factors, to inform decisions on delivery of interventions to those who need them most;

Acknowledging that health information and research are complementary as foundations for strengthening health systems and health policy;

Mindful of the key role of national statistics offices in developing and implementing national statistical strategies and contributing to population health information;

Noting the constitutional normative mandates of WHO in health information and epidemiological reporting, and reaffirming the Organization's role as a founding partner of, and hosting secretariat for, the Health Metrics Network which has determined core standards for health information systems,

1. URGES Member States to mobilize the necessary scientific, technical, social, political, human and financial resources in order:

(1) to develop, implement, consolidate and assess plans to strengthen their health information systems through collaboration between health and statistics sectors and other partners;

(2) to bring together technical and development partners around a coherent and coordinated country-led strategy and plan for strengthening health information systems that is fully integrated in the mainstream of national health programmes and plans;

(3) to strengthen the capacity of planners and managers at various levels of the health system to synthesize, analyse, disseminate and utilize health information for evidence-based decision-making and for raising public awareness;

(4) to strengthen the capacity of health workers to collect accurate and relevant health information;

(5) to link strengthening of health information systems to policies and programmes for building of statistical capacity in general;

2. CALLS UPON the health information and statistical communities, other international organizations, including global health initiatives and funds, the private sector, civil society and other concerned stakeholders, to provide strong, sustained support for strengthening of information systems, including use of the standards and guiding principles set out in the framework of the Health Metrics Network, and covering the spectrum of health statistics, including health determinants; health resources, expenditures and system functioning; service access, coverage and quality; and health outcomes and status, and according particular attention to information on poverty and inequity in health;

3. REQUESTS the Director-General:

(1) to strengthen the information and evidence culture of the Organization and to ensure the use of accurate and timely health statistics in order to generate evidence for major policy decisions and recommendations within WHO;



- (2) to increase WHO's activities in health statistics at global, regional and country levels and provide support to Member States to build capacities for development of health information systems and generation, analysis, dissemination and use of data;
- (3) to promote better access to health statistics, encourage information dissemination to all stakeholders in appropriate and accessible formats, and foster transparency in data analysis, synthesis and evaluation, including peer review;
- (4) to promote improved alignment, harmonization and coordination of health information activities, bearing in mind the Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability (2005) and the Best Practice Principles for Global Health Partnership Activities at Country Level;<sup>1</sup>
- (5) to undertake regular reviews of country experiences, to provide support for updating the framework of the Health Metrics Network in line with lessons learnt and evolving methodologies, and to report on progress as from the Sixty-second World Health Assembly.

(Fourth meeting, 30 May 2006)

## **EB118.R5      Confirmation of amendments to the Staff Rules<sup>2</sup>**

The Executive Board,

Having considered the report on amendments to the Staff Rules,<sup>3</sup>

1. 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 January 2007 concerning the application of the Staff Rules, effective date, salary determination, net base salary on promotion to a higher grade, net base salary on reduction in grade, temporary assumption of responsibilities of a post of a higher grade, payment of net base salary to temporary staff in the professional and higher categories, dependants' allowances, special education grant for disabled children, mobility and hardship allowance, assignment grant, service allowance, appointment policies, reinstatement upon re-employment, interorganization transfers, end of probation, within-grade increase, promotion, reassignment, annual leave, home leave, leave for military training or service, accident and illness insurance, sick leave, maternity and paternity leave, grant in case of death, travel of spouse and children, special education grant travel, termination for reasons of health, completion of appointments, termination of temporary appointments, abolition of post, terminal remuneration, unsatisfactory performance or unsuitability for international civil service, notice of termination, mobility and hardship allowance for staff in posts subject to local recruitment, conference and other short-term service staff, consultants, and national professional officers; such amendments being subject to transitional measures determined by the Director-General;

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<sup>1</sup> Best Practice Principles for Global Health Partnership Activities at Country Level. Report of the Working Group on Global Health Partnerships. Paris, High-level Forum on the Health MDGs, 14-15 November 2005.

<sup>2</sup> See Annex 1.

<sup>3</sup> Document EB118/11.

2. DECIDES that this confirmation of amendments to the Staff Rules is subject to endorsement by the United Nations General Assembly of the general framework recommended by the International Civil Service Commission;
3. REQUESTS the Director-General to submit to the Executive Board at its 120th session, through the Programme, Budget and Administration Committee, a full report on implementation and cost of these amendments.

(Fifth meeting, 31 May 2006)