

PART I

**SUMMARY RECORDS OF MEETINGS
OF COMMITTEES**

GENERAL COMMITTEE

FIRST MEETING

Monday, 18 May 2009, at 11:20

Chairman: Mr N.S. DE SILVA (Sri Lanka)
President of the Health Assembly

1. ADOPTION OF THE AGENDA (Document A61/1)

The CHAIRMAN reminded the Committee that, under its terms of reference as defined in Rule 31 of the Rules of Procedure of the World Health Assembly, its first task was to consider the adoption of the agenda and allocation of items to the main committees. Document A62/GC/1, which had been prepared by the Director-General after broad consultation (with the President of the Health Assembly, the Chairman of the Executive Board, Member States and others), contained a proposed revision to the provisional agenda. The reason for shortening the Health Assembly was to reduce the time ministers and senior health officials would be away from their countries in view of the need to coordinate national strategies for dealing with the outbreak of influenza A (H1N1). Annex 2 of document A62/GC/1 contained a proposal to postpone the following provisional agenda items to the 126th session of the Executive Board: item 12.14 (Strategic Approach to International Chemicals Management), item 12.15 (Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis), item 12.16 (Food safety) and item 12.17 (Viral hepatitis). Annex 2 also contained a proposal to postpone the following items on the provisional agenda to the Sixty-third World Health Assembly: item 12.8 (WHO's role and responsibilities in health research), item 12.9 (Counterfeit medical products), item 12.10 (Human organ and tissue transplantation), item 12.12 (Chagas disease: control and elimination), item 12.13 (Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services), item 18.1 (The election of the Director-General of the World Health Organization), item 19 (Management matters, partnerships) and item 20 (Collaboration with the United Nations system and with other intergovernmental organizations).

The delegate of CÔTE D'IVOIRE, speaking on behalf of the African group, referring to the proposed postponement of provisional agenda item 12.15 relating to tuberculosis, emphasized the enormity of the challenge currently posed by drug resistance, particularly in Africa. Most Member States in the African Region were without properly equipped laboratories and qualified, skilled health-care staff capable of carrying out much-needed research and campaigns to raise public awareness; hospitals lacked adequate biosafety strategies and necessary medicines were in short supply. The assistance being provided by United Nations agencies, such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, was valuable, but the fact that the matter had been included on the Health Assembly's provisional agenda served to highlight just how urgent the situation had become. Hence, it would not be prudent to postpone the item to a later date.

The delegate of SWAZILAND supported the previous speaker's request. The prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis posed the most serious challenge facing the African continent as a whole, although the problem was particularly severe in sub-Saharan Africa.

The delegate of KENYA supported the position of the two previous speakers. She placed particular emphasis on the cost of medicines and the limited resources available to pay for them. In Kenya, the 300 existing cases of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis were already placing a strain on the health system and any significant increase in the number would be disastrous. Health ministers from eastern, central and southern African countries who met in Swaziland from 16 to 20 March 2009 had described the situation as giving cause for deep concern.

The observer of THAILAND¹ welcomed the decision to shorten the Health Assembly and commended the criteria used for deciding which provisional agenda items should be deferred to the Sixty-third World Health Assembly, namely, those that had not been considered by the Executive Board or on which consensus had not been reached. He expressed concern, however, that, in practice, those criteria had not been adhered to. Among the items which it was proposed should be deferred, item 12.8 (WHO's role and responsibilities in health research) and item 12.10 (Human organ and tissue transplantation) had both been unanimously approved by the Board. On the other hand, it had been decided to retain two other items on which there had been divergent views. Therefore, clarification on the criteria that had been used to evaluate what constituted divergent views would be helpful. In the past, the deciding factor had been the need for a drafting group or the holding of informal discussions. He feared that, if the agreed criteria were not adhered to, the admiration that the Organization had recently earned for its handling of the outbreak of influenza A (H1N1) would be undermined.

The DIRECTOR-GENERAL confirmed that the two criteria for deferring an item were: if it had not been discussed by the Executive Board and if the latter had discussed it but had failed to reach consensus. It was therefore up to the General Committee to review the matter and decide how to proceed. It should, however, be remembered that the proposed revision had been discussed with the President of the Health Assembly and the Chairman of the Executive Board and subsequently transmitted to all capitals through the permanent missions in Geneva, and the feedback incorporated in the document that was currently before the Committee. She asked the observer of Thailand to name the provisional agenda items that had been the subject of the controversy to which he had referred.

The observer of THAILAND¹ commended the Organization on the process used for canvassing views, which his own Government had followed. His comments should not be interpreted as a request to change what had been proposed, but for clarification on how the decision had been made. The item in question was that on primary health care, including health system strengthening, which had been discussed extensively in a drafting group during the 126th session of the Executive Board. The fact that the item had had to be referred to a drafting group was evidence of a lack of consensus. Although it had not been necessary to form a drafting group on the item on the Commission on the Social Determinants of Health, the issue had been widely discussed on an informal basis. His aim in questioning the criteria had been to ensure that decisions were made fairly. He would support the Committee's final decision.

The DIRECTOR-GENERAL confirmed that the Secretariat was diligent in its application of the criteria, but admitted that for some items it was a judgement call. She noted that the item on the prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis had not been discussed by the Board. Hence, it was for the Committee to weigh the arguments and decide whether it should be reinstated on the agenda.

¹ Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

The delegate of PERU supported the request by speakers from the African Region to retain the provisional agenda item relating to drug-resistant tuberculosis. In coming to a decision, the Committee might wish to consider the conclusions of health ministers from high-burden countries who had participated in a conference on multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis co-organized by WHO (Beijing, 1–3 April 2009).

The delegate from RWANDA warned of the likelihood of a major epidemic if sufficient attention was not paid to preventing and controlling multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis in Africa. She highlighted the enormous cost of treating people suffering from the disease and pointed out that even when the right medicines were available the death rate was still 15%. She welcomed the decision to propose retention in the Health Assembly agenda of the items on primary health care and the Commission on the Social Determinants of Health. The latter had a vital role to play in the establishment of an effective link between health and economics without which countries, particularly in Africa, would never be able to finance their own health systems, a prerequisite for sustainable development. Provisional agenda item 12.8 on WHO's role and responsibilities in health research should be kept in order to enable African countries to play a more active and participatory role in health research. It was inappropriate to be considering the introduction of ambitious new development targets known as MDG Plus when it seemed likely that only a handful of countries in Africa would achieve the original Millennium Development Goals.

The delegate of the UNITED STATES OF AMERICA, expressing appreciation for the Director-General's explanation, said that the reasons for proposing to shorten the duration of the Health Assembly were understandable. A consensus had been reached on the proposals at the meeting convened for the missions in Geneva, which had been well attended. The United States, as was probably also the case for other Member States, had decided on the composition of its delegation and prepared its documentation on the basis of a Health Assembly with the proposed shortened agenda and would find it difficult to accommodate the reinstatement of the items suggested. He therefore supported the proposed revisions to the provisional agenda.

The delegates of YEMEN and FRANCE also supported the proposed revisions to the provisional agenda.

The delegate of the RUSSIAN FEDERATION said that, although speakers had raised legitimate concerns, the Committee should approve the proposals agreed provisionally during the consultation process, in which the Russian Federation had participated, bearing in mind the exceptional circumstances.

The delegate of KENYA pointed out that, although not all Member States had been represented during the consultations, there had been specific support for the retention of the item on multidrug-resistant tuberculosis from the Member States of the African Region. Neglect of multidrug-resistant tuberculosis could result in a situation at least as grave as that relating to influenza A (H1N1) and could wipe out the gains in that area made so far in the developing world. Advances in health could not be achieved unless comprehensive attention was given to priorities.

The delegate of CÔTE D'IVOIRE endorsed the view expressed by the previous speaker. Multidrug-resistant tuberculosis was a real threat, especially in Africa, where countries lacked the capacity to provide diagnosis and treatment. The Health Assembly had a duty to guide Member States in preventing the global spread of such emerging problems. He therefore reiterated his call for the item to be reinstated on the provisional agenda.

The observer of NIGERIA¹ underscored the concern expressed by the delegates of Kenya and Côte d'Ivoire. The rising incidence of multidrug-resistant tuberculosis was associated with the continuing HIV epidemic, and the costs of treatment for the two conditions were far too great for most African countries.

The delegate of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND proposed that the General Committee should recommend to the Health Assembly that it accede to the request made by the Member States of the African Region for the reinstatement of the item on multidrug-resistant tuberculosis on the provisional agenda of the Sixty-second World Health Assembly. He further proposed that, given the exceptional circumstances, the Committee should approve the other proposed deferrals.

It was so agreed.

In response to a question from the delegate of the UNITED STATES OF AMERICA, the CHAIRMAN indicated that the item would be allocated to Committee A under item 12 (Technical and health matters) of the provisional agenda, as subitem 12.9 (Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis), and that the subsequent subitem would be renumbered 12.10.

The CHAIRMAN said that, in the absence of any objection, he would take it that the Committee wished to recommend to the Health Assembly the deletion of item 5 (Admission of new Members and Associate Members), as there was no new proposal, and consequently item 17.6 (Assessment of new Members and Associate Members) from the provisional agenda.

It was so agreed.

The CHAIRMAN said that he took it that the Committee wished to recommend to the Health Assembly that it should adopt the revised provisional agenda, as amended.

It was so agreed.

2. ALLOCATION OF ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY (Documents A62/1 and A62/GC/1)

The CHAIRMAN said that he would transmit the General Committee's recommendations on the adoption of the agenda to the Health Assembly at its second plenary meeting. Items 2–4 and 6–9 would also be taken up in plenary. In the absence of any objections, he would take it that the Committee wished to approve the proposed allocation of items to Committees A and B, as just amended.

It was so agreed.

In relation to the programme of work for the Health Assembly, the CHAIRMAN drew attention to the proposed revised preliminary daily timetable, set out in Annex 2 of document A62/GC/1. A second meeting of the General Committee was scheduled for Wednesday, 20 May to consider

¹ Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

proposals for the election of Members entitled to designate a person to serve on the Executive Board and to review progress and decide on any alteration to the allocation of items to Committees or to the timetable as it deemed necessary.

The General Committee then drew up the programme of work for the Health Assembly until Wednesday, 20 May.

The CHAIRMAN drew attention to decision EB123(7), whereby the Executive Board had decided that the Sixty-second World Health Assembly should close no later than Wednesday, 27 May 2009. In view of the proposed revisions to the provisional agenda, which included the proposed postponement of several items, it was proposed that the Sixty-second World Health Assembly should close on Friday, 22 May 2009. In the absence of any objection, he would inform the Health Assembly of that change at its second plenary meeting.

It was so agreed.

Referring to the list of speakers for the debate on agenda item 3, he proposed that, as on previous occasions, the order of the list of speakers should be strictly adhered to and that further inscriptions should be taken in the order in which they are made. Those inscriptions should be handed in to the Office of the Assistant to the Secretary of the Assembly, or during the plenary to the officer responsible for the list of speakers, on the rostrum. He further proposed that the list of speakers should be closed the next day at 10:00. In the absence of any objections, he would inform the Health Assembly of those arrangements at its second plenary meeting.

It was so agreed.

The meeting rose at 12:10.

SECOND MEETING**Wednesday, 20 May 2009, at 17:40****Chairman:** Mr N.S. DE SILVA (Sri Lanka)
President of the Health Assembly**1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (Document A62/GC/2)**

The CHAIRMAN reminded Members that the procedure for drawing up the list of proposed names to be transmitted by the General Committee to the Health Assembly for the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and Rule 100 of the Rules of Procedure of the World Health Assembly. In accordance with these provisions the Committee needed to nominate 12 new Member States for that purpose.

To help the General Committee in its task, two documents were before it. The first indicated the present composition of the Executive Board by region, on which list were underlined the names of the 12 Members whose term of office would expire at the end of the Sixty-second World Health Assembly and which had to be replaced. The second (document A60/GC/2) contained a list, by region, of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies, by region, were: Africa, 1; the Americas, 2; South-East Asia, 1; Europe, 4; the Eastern Mediterranean, 2; and the Western Pacific, 2.

As no additional suggestion was made by the General Committee, the CHAIRMAN noted that the number of candidates was the same as the number of vacant seats on the Executive Board. He therefore presumed that the General Committee wished, as was allowed under Rule 78 of the Rules of Procedure, to proceed without taking a vote since the list apparently met with its approval.

There being no objection, he concluded that it was the Committee's decision, in accordance with Rule 100 of the Rules of Procedure, to transmit a list comprising the names of the following 12 Members to the Health Assembly, for the annual election of Members entitled to designate a person to serve on the Executive Board: Brunei Darussalam, Burundi, Canada, Chile, Estonia, France, Germany, India, Japan, Serbia, Somalia and Syrian Arab Republic.

It was so agreed.

Despite the provisions of Rule 100 on the timing of submission of the list to the Health Assembly, he proposed, in view of the decision to shorten this year's session, that the Committee recommend the Health Assembly to elect the Members in the next day's plenary. That proposal, if accepted, should not be considered to set a precedent.

It was so decided.**2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

Dr MENESES GONZÁLEZ (Mexico), Chairman of Committee A, reported on progress of that committee. Following the report by Mr McKERNAN (New Zealand) that Committee B, of which he was Chairman, had completed its work, the CHAIRMAN proposed that agenda items 12.8, Public

health, innovation and intellectual property: global strategy and plan of action, 12.9, Prevention and control of multidrug-resistant tuberculosis and extremely drug-resistant tuberculosis, and 12.10, Progress reports be transferred from Committee A to Committee B for consideration.

The delegate of the UNITED STATES OF AMERICA agreed with the proposal but asked whether there would be a need for an evening meeting of Committee A if the agenda items were transferred to Committee B.

Dr MENESES GONZÁLEZ (Mexico), Chairman of Committee A, confirmed that an evening meeting was necessary in order to maintain progress in its deliberations.

It was so decided.

The CHAIRMAN proposed to review progress of work with the chairmen of the committees and to revise the programme accordingly, if necessary.

It was so agreed.

The General Committee then drew up the programme of work of the Health Assembly for Thursday, 21 May and Friday, 22 May.

The meeting rose at 18:00.
