

REGIONAL COMMITTEE

Provisional Agenda item 15

Fifty-sixth Session
10-13 September 2003

SEA/RC56/12

28 July 2003

**REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF
THE FIFTY-SIXTH WORLD HEALTH ASSEMBLY AND
THE 111TH AND 112TH SESSIONS OF THE EXECUTIVE BOARD**

AND

**REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 113TH SESSION OF THE
EXECUTIVE BOARD AND THE FIFTY-SEVENTH WORLD HEALTH ASSEMBLY**

The attached document relates to **all** resolutions and decisions emanating from the Fifty-sixth World Health Assembly, held from 19-28 May 2003, and the 111th and 112th sessions of the Executive Board, held from 20-28 January 2003 and 29 May 2003, respectively. Salient information from the operative paragraphs of the resolutions/decisions as well as actions proposed for Member States and WHO are presented briefly in a tabular form.

The 40th meeting of CCPDM has reviewed them thoroughly and made its observations and recommendations. The subject is now submitted to the Regional Committee for its review and noting.

Copies of the resolutions and decisions of the EB sessions and the World Health Assembly are attached.

Part 1

**DECISIONS AND RESOLUTIONS ADOPTED BY THE
FIFTY-SIXTH WORLD HEALTH ASSEMBLY AND THE
111TH AND 112TH SESSIONS OF THE EXECUTIVE BOARD**

S. No	Resolution/ Decision	Subject of resolution/ Decision	Regional implications	Action proposed
Resolutions				
1.	WHA56.1	WHO Framework Convention on Tobacco Control	<p>Resolution: The World Health Assembly adopted the Framework Convention on Tobacco Control (FCTC) with the note that the Convention will be open for signature at WHO/HQ from 16-22 June 2003, and at UN HQ from 30 June 2003 to 29 June 2004. The resolution called upon States and regional economic integration organizations like ASEAN, SAARC, BIMSTEC, to consider signing, ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity, and to support preparatory activities towards implementation of the Convention.</p> <p>The Assembly decided to establish an open-ended intergovernmental working group (IWG) that shall be open to all States and regional bodies to consider and prepare proposals on those issues identified in the Convention, and resolved that this body take over the functions of the Inter-Governmental Negotiating Body (IGNB).</p> <p>It requested the Director-General to provide secretariat functions until a permanent secretariat was designated and established, and to provide support to Member States in preparation for entry into force of the Convention.</p> <p>Regional implications: All countries of the SEA Region should become signatories to the Convention as soon as possible. Ministries of health should advocate to the regional economic integration organizations for follow-up action for considering the signing, ratification, acceptance, approval, formal confirmation of or acceding to the Convention. Member States need to be actively involved in the work of open-ended IWG.</p>	<p>WHO will continue to follow up with all Member States in the Region to become signatory members as early as possible.</p> <p>Member States should continue to organize regional, sub-regional and country preparedness workshops in support of signing, ratification and implementation of FCTC.</p> <p>Action has to be taken to strengthen national capacity for tobacco control, particularly in areas of programme management, surveillance, monitoring and evaluation.</p> <p>Support has to be provided to countries for the negotiation process for protocol development.</p>
2.	WHA56.2	Appointment of the Director-General	Accepting the nomination of the Executive Board (EB111.R15), the Assembly appointed Dr Jong-Wook Lee as the Director-General of the World Health Organization.	For noting.
3.	WHA56.3	Contract of the Director-General	The Assembly authorized the President of WHA56 to sign, on behalf of WHO, the contract establishing the terms and conditions of appointment, salary and other emoluments of the Director-General, as proposed by the Executive Board (EB111.R6).	For noting.
4.	WHA56.4 and EB111.R17	Expression of appreciation to Dr Gro Harlem Brundtland	The Assembly, expressing its profound gratitude to Dr Gro Harlem Brundtland for her outstanding and visionary managerial, political and technical leadership, characterized by integrity, strength, endurance and determination, declared Dr Brundtland as Director-General Emeritus of WHO from the date of her retirement.	For noting.

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5.	WHA56.5	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine	<p>The Assembly expressed its deep concern at the deterioration of the health conditions as a result of the Israeli military acts against the Palestinian people. It condemned the Israeli acts of aggression against Palestinian towns and camps, and firing on ambulances and paramedical personnel. It affirmed the need to support the Palestinian Ministry of Health in providing emergency services and health programmes and called on Israel to release funds due to the Palestinian Authority, including health insurance dues.</p> <p>It requested the Director-General to support the Palestinian Ministry of Health in its efforts to provide necessary technical assistance in support of health programmes and in obtaining funds from various sources, including extrabudgetary sources.</p>	For noting.
6.	WHA56.6	International Conference on primary health care, Alma-Ata: twenty-fifth anniversary	<p>The Assembly requested Member States to: (1) ensure that development of PHC was adequately resourced in order to contribute to the reduction of health inequalities; (2) strengthen human resource capability for PHC; (3) support the active involvement of local communities and voluntary groups in PHC, and (4) support research to identify effective monitoring and strengthening of PHC.</p> <p>It requested the Director-General to celebrate the 25th anniversary by convening a meeting with inputs from all stakeholders to examine the lessons of the past 25 years and identify future strategic directions for primary health care; to continue to incorporate the principles of primary health care into WHO programme activities, and to ensure implementation of the strategies to attain the Development Goals of the UN Millennium Declaration. It requested the Director-General to report on progress to the Fifty-seventh WHA through the EB at its 113th session.</p>	Member Countries of the SEA Region need to review health development within the framework of Health For All and Primary Health Care, policies and principles with a view to examining the successes and failures and factors that impact on primary health care.
7.	WHA56.7	Pan African tsetse and trypanosomiasis eradication campaign	<p>The Assembly noted that the eradication of tsetse fly would significantly contribute to increasing human well-being and productivity of crops and livestock and reducing rural poverty in Africa. Reaffirming that WHO was committed to mobilizing and streamlining its activities to combat trypanosomiasis, in cooperation with organizations of the UN system and other partners, the Assembly welcomed OAU's initiative to eradicate tsetse flies from Africa. It commended the efforts by WHO and other partners to monitor and control the disease and to implement a programme for elimination of African trypanosomiasis as a public health problem.</p> <p>It urged Member States to provide support to African Members in their efforts to eradicate both health problems.</p>	For noting.
8.	WHA56.8	Appointment of the External Auditor	The Comptroller and Auditor General of India was appointed External Auditor of the accounts of WHO for the financial periods 2004-2005 and 2006-2007. The Assembly expressed its thanks to the Auditor General of the Republic of South Africa for the work performed for the Organization during 2000-2001 and 2002-2003 financial periods.	For noting.

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9.	WHA56.9	Unaudited interim financial report on the accounts of WHO for 2002	The Assembly accepted the Director-General's unaudited interim financial report for the year 2002 of the financial period 2002-2003.	For noting.
10.	WHA56.10	Members in arrears in the payment of their contributions	<p>Resolution: The Assembly noted that the voting rights of some Members had been suspended by earlier decisions. It decided that five more countries would lose their voting rights if these States continued to be in arrears by the time of WHA57.</p> <p>Regional implications: There is no country from the SEA Region in arrears in the payment of its assessed contribution to an extent invoking Article 7 of the Constitution.</p>	For noting.
11.	WHA56.11	Arrears in payment of contributions: Kazakhstan	The Assembly decided to restore the voting privileges of Kazakhstan provided it paid its outstanding contributions (totalling US\$4 615 253) in 10 annual instalments from 2003 to 2012, in addition to the annual contributions due during that period.	For noting.
12.	WHA56.12 and EB111 (3)	Assessments for 2002 and 2003	<p>Resolution: The assessment of the Democratic Republic of Timor-Leste was fixed at US\$1 053 for 2002 and US\$4 213 for 2003. The Assembly also resolved that the assessment for 2003 for Afghanistan and Argentina shall be US\$4 213 and US\$4 026 622, respectively.</p> <p>Regional implications: The Democratic Republic of Timor-Leste has been notified regarding the assessment.</p>	For noting.
13.	WHA56.13 and EB111.R3	Real Estate Fund	The World Health Assembly reiterated its appreciation to the Swiss Confederation and to the Republic of Canton and Geneva for the continued hospitality; confirmed its authorization to the Director-General to proceed with the construction of the new building at WHO headquarters at a cost now estimated at Swiss Francs 66 million, of which WHO's share is SFr 33 million, on the understanding that, if WHO's share were to exceed by more than 5 per cent of the aforementioned amount, further authority would be sought from the Assembly. It approved the use of Real Estate Fund for repayment over a 50-year period of WHO's share of the interest-free loan to be provided by the Swiss authorities with effect from the first year of completion of the building.	For noting.
14.	WHA56.14	Real Estate Fund: Regional Office for Africa	The Assembly noted that the Regional Office for Africa had moved a substantial part of its operations to Brazzaville. It authorized the Director-General to proceed with the construction of both new office space to accommodate some 180 staff and new conference facilities, including a conference room, at an estimated cost of US\$2 330 000, and renovation and construction of accommodation at an estimated cost of US\$3 000 000, to be financed from the Real Estate Fund.	For noting.

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15.	WHA56.15	Assignment of the Democratic Republic of Timor-Leste to the South-East Asia Region	The Assembly resolved that Timor-Leste shall form part of the WHO South-East Asia Region.	For noting.
16.	WHA56.16	Reassignment of Cyprus from EMR to the European Region	The Assembly resolved that Cyprus shall form part of the WHO European Region.	For noting.
17.	WHA56.17	Human resources: gender balance	<p>Resolution: The Assembly expressed its concern that the targets on employment and participation of women in the work of WHO had not been reached and that progress across the Organization had been uneven. It reaffirmed the target of 50 per cent for appointments of women to professional and higher category posts.</p> <p>It requested the Director-General to redouble efforts to achieve the target.</p> <p>Regional implications: During the period January 2002 to 30 June 2003, appointment of women to professional posts in the Region constituted 33.3 per cent. The percentage of women appointees to professional positions in the Region during 2002 was 45 per cent, whereas globally for the same period the percentage was 39.</p>	Efforts will continue to be made to attract and recruit more women to meet the target of 50 per cent
18.	WHA56.18 and EB111.R10	Salaries of staff in ungraded posts and of the Director-General	Through this resolution, the Assembly established the salary for ungraded posts and for the Director-General, to take effect from 1 January 2003.	For noting.
19.	WHA56.19 and EB111.R6	Prevention and control of influenza pandemics and annual epidemics	<p>Resolution: The Assembly recognized that influenza viruses were responsible for seasonal epidemics that sickened millions worldwide and caused fatal complications in up to one million people each year.</p> <p>It urged Member States to establish and implement strategies to increase vaccination coverage of all people at high risk; to frame and implement influenza prevention policies after assessing the burden and economic impact of annual influenza epidemics; and to support R&D on improved influenza vaccines and strengthening of national surveillance and laboratory capacity.</p> <p>It requested the Director-General to continue advocating new partnerships with the UN system, bilateral development agencies, NGOs and the private sector to combat influenza; to continue support to developing countries in assessing disease burden and framing appropriate national policies for influenza prevention; to continue to strengthen global influenza surveillance, and to work towards reducing the global shortage of influenza vaccines and antiviral drugs.</p> <p>Regional implications: In the context of the SEA Region, the issue is very important as the surveillance mechanism</p>	<p>The regional implications of Influenza epidemics and pandemics to be brought to the attention of all policy-makers at the country level.</p> <p>Development and distribution of a Fact File on Influenza and its implications.</p>

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			<p>is weak in most countries and there is a general lack of appreciation of the need to provide influenza vaccine to vulnerable groups. The recent outbreak of SARS has emphasized the need for greater vigilance and better surveillance of influenza and related viral infections, which can lead to high case-fatality rates. Under the global influenza programme, WHO's mission includes, apart from reducing morbidity/mortality, to improve the state of preparedness and response to future epidemics. It also highlighted the need for improved Isolation and barrier nursing facilities in the SEA Region and the need for greater networking and collaboration between countries.</p>	
20.	WHA56.20 and EB111.R5	Reducing global measles mortality	<p>Resolution: The Assembly noted that 800 000 measles deaths annually, mostly among infants and young children in developing countries, was an unacceptable burden. The current disease burden was the result of underutilization of measles vaccine when such vaccines were available and were safe, effective and inexpensive.</p> <p>It urged Member States to implement fully the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 in countries with high measles mortality; provide financial support necessary for full implementation of national immunization programmes in which the strategy to reduce measles mortality was embedded with strategic approach to reducing global measles mortality.</p> <p>It requested the Director-General to help strengthen national immunization programmes and disease-surveillance systems, and to strengthen partnerships at global, regional and subregional levels with UNICEF and other international bodies, NGOs and the private sector to mobilize additional resources for full implementation of the WHO-UNICEF strategic plan.</p> <p>Regional implications: Measles is a preventable disease in the South-East Asia Region. Of the 800 000 measles deaths estimated to occur annually in the world, over 220 000 are thought to be among children in the SEA Region. Most of these deaths occur in India and, to a lesser extent, in Bangladesh and Nepal. However, as the recent outbreak in Maldives attests, measles cases occur in all countries in the Region.</p>	<p>Drawing upon the global plan and in collaboration with Member Countries, WHO has developed a regional plan for measles mortality reduction. The plan was endorsed by the 9th TCG on Vaccine Preventable Diseases, held in Kathmandu in June 2003.</p> <p>WHO will be providing technical assistance to countries in implementing the proposed plan. Both Myanmar and Sri Lanka plan measles campaigns in 2003.</p> <p>WHO will also assist in expanding AFP surveillance system to include measles and neonatal tetanus in Bangladesh, Indonesia, Myanmar, Nepal and parts of India.</p>
21.	WHA56.21 and EB111.R11	Strategy for child and adolescent health and development	<p>Resolution: The right of children and adolescents to the highest attainable standard of health and access to health care was noted by the Assembly. However, it noted with concern that the specific needs of neonates and adolescents had not been adequately addressed.</p> <p>It urged Member States to strengthen efforts to meet international targets for reduction of maternal and child mortality and malnutrition; to improve neonatal health, child survival and adolescent health through increased allocation of national resources and sustained political commitment, and to promote access to information and services promoting child health and survival.</p> <p>It requested the Director-General for the fullest possible support to achieving agreed child health and development</p>	Member Countries of the SEA Region to strengthen their efforts to reduce maternal and child mortality, especially of newborns, so as to contribute to the achievement of the MDG goals.

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			<p>goals; to continue to advocate a public health approach to reduction of common diseases; to promote research, and prepare guidelines for use by Member States in cost-effective approaches to achieving international goals for neonate, child and adolescent health.</p> <p>Regional implications: Most Member Countries fall in the high-child and high-adult mortality category. Regional initiative on newborn health needs to be adopted by countries of the Region.</p>	
22.	WHA56.22	Strategic approach to international chemicals management: participation of global health partners	<p>Resolution: The Assembly recalled the Rio Declaration on Environment and Development, the Bahia Declaration on Chemical Safety and Priorities, the call of the World Summit on Sustainable Development for a strategic approach to chemicals management, and the UNEP Governing Council decision to further develop a strategic approach to international chemicals management.</p> <p>It urged Member States to take full account of the health aspects of chemical safety in further development of the strategic approach to international chemical management.</p> <p>It requested the Director-General to support the continuing role of WHO in overseeing the development of the strategic approach.</p> <p>Regional implications: Following up with Member Countries for full support to prepare/update their national profile on chemicals management (NPCM), ensuring full participation of the health sector.</p>	Facilitate national task force to ensure its responsibility in the management of chemicals, with adequate representation of the health sector, and closely collaborate with WHO, other UN agencies and IFCS, in the process of developing the strategic approach to international chemicals management (SAICM).
23.	WHA56.23	Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission	<p>Resolution: The Assembly welcomed the recommendation to give higher priority to setting science-based standards for food safety, nutrition-related issues and health, and noted the excellent collaboration between WHO and FAO in food safety and nutrition.</p> <p>It urged Member States to participate actively in international standard-setting in the framework of the Codex Alimentarius Commission, in the area of food safety and nutrition.</p> <p>It invited the Regional Committees to review regional policies and strategies for strengthening capacity in the areas of standard-setting for food safety and of nutrition information, in collaboration with FAO.</p> <p>It requested the Director-General to support the Member States in strengthening capacity in the concerned areas.</p> <p>Regional implications: Technical and financial support will be required to participate actively in the work of Codex Alimentarius Commission. Member States to set up/strengthen multisectoral food safety group at the highest level of government (possibly a single agency) and follow up closely results of CODEX meetings.</p>	Regional Committee to review regional policies and strategies for strengthening capacity in the areas of standard setting for food safety and of nutrition information, in collaboration with FAO.
24.	WHA56.24 and EB111.R7	Implementing the recommendations of the World Report on	<p>Resolution: The Assembly recalled that WHO is a core partner of a working group to support the UN study on violence against children, young people, women and the elderly; that prevention of violence is a prerequisite of</p>	Countries should strengthen surveillance, early care to the victims, multi sectoral/ inter-agency collaboration and

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		Violence and Health	<p>human security, and that urgent action by governments is needed to prevent all forms of violence.</p> <p>Member States were urged to make use of the conclusions of the report to improve activities to prevent and expose instances of violence; to appoint within the ministry of health a focal point for the prevention of violence, and to prepare in due time a report on violence and violence prevention.</p> <p>It requested the Director-General to cooperate with Member States in establishing public health policies and programmes to prevent violence; to encourage urgent research on prevention of violence and mitigation of its consequences, and to work on integrating a science-based public health approach to violence prevention into other major global prevention initiatives.</p> <p>Regional implications: WHO assisted countries in developing a national policy for violence prevention through their work plan. WHO strengthens its collaboration with UNFPA, UNIFEM and other partners working on this issue to advocate coordinated efforts by Member Countries.</p>	capacity building.
25.	WHA56.25	The role of contractual arrangements in improving health systems' performance	<p>Resolution: The Assembly recognized the important role of government stewardship in the regulation of contractual arrangements in the health sector.</p> <p>It urged Member States to ensure that contractual arrangements in the field of health adopt rules and principles that are in harmony with national health policy, and to frame contractual policies that maximize impact on the performance of health systems.</p> <p>It requested the Director-General to provide technical support to Member States in strengthening capacities in the development of contractual arrangements and to develop methods and tools tailored to country realities in establishing a system of supervision to ensure the provision of high-quality health services.</p> <p>Regional implications: Member Countries have limited experience in contractual arrangements, and national capacities need to be strengthened to ensure the provision of quality health services.</p>	Member Countries need to share their experiences on contractual arrangements involving the public and private sector NGOs in the provision of health care. WHO will facilitate the exchange of experiences among Member States.
26.	WHA56.26	Elimination of avoidable blindness	<p>Resolution: The Assembly recognized that 45 million people in the world today were blind, that a further 135 million people were visually impaired, and that 90 per cent of them lived in the poorest countries of the world. It appreciated the efforts by Member States in recent years to prevent avoidable blindness.</p> <p>It urged Member States to commit themselves to supporting the Global Initiative for the Elimination of Avoidable Blindness, to set up national coordinating committees to help develop and implement the plan, and to commence implementation of such plans by 2007 at the latest.</p>	<p>Cooperate with collaborating centres and centres of excellence to strengthen national capacity through training, research and policy development.</p> <p>Promote technical coordination among countries and facilitate implementation of country work plans to reduce backlog of cataract cases.</p> <p>Mobilize resources for the prevention of blindness,</p>

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			<p>It requested the Director-General to support Member States in strengthening their national capacity to coordinate, assess and prevent avoidable blindness.</p> <p>Regional implications: Some countries remain without a national strategy for elimination of avoidable blindness within the framework of Global Vision 2020 plan.</p>	<p>particularly childhood blindness.</p>
27.	WHA56.27	Intellectual property rights, innovation and public health	<p>Resolution: The Assembly expressed its concern at the insufficient research and development in 'neglected diseases' and 'poverty-related diseases', and that of the 1 400 new products developed by the pharmaceutical industry between 1975 and 1999, only 13 were for tropical diseases and three for tuberculosis. It noted that the TRIPS Agreement contained flexibilities.</p> <p>It urged Member States to consider adapting national legislation in order to use these flexibilities and to establish conditions conducive to research and development that spur the development of new medicines for diseases affecting developing countries.</p> <p>It requested the Director-General to continue to support Member States in the exchange and transfer of technology according high priority to access to drugs to combat HIV/AIDS, TB, malaria and other major health problems.</p> <p>Regional implications: Some Member Countries are aware of the implications of TRIPS, especially in research and development, and are enacting suitable legislation. Others need to strengthen their capacities in reviewing the public health implications of multilateral trade agreements, including TRIPS. WHO support to the countries continues.</p>	<p>Support to countries for meetings on TRIPS to increase awareness of health and other sectors (e.g. trade, finance), and in framing their national legislation on TRIPS to include Compulsory Licensing and Parallel Imports.</p>
28.	WHA56.28 and EB111.R13	Revision of the International Health Regulations	<p>Resolution: The Assembly recognized the existence of new risks and threats to health arising from potential deliberate use of agents for terrorism purposes. It affirmed the additional threat of substantial growth in international travel and trade, and emphasized the importance of International Health Regulations for ensuring maximum possible protection against spread of disease.</p> <p>It decided to establish an intergovernmental working group to review and recommend a draft revision of the International Health Regulations for consideration by the Assembly. It urged Member States to give high priority to the work on the revision of the International Health Regulations.</p> <p>It requested the Director-General to alert the international community to the presence of a public health threat; evolve a text that has as much consensus as possible, and to keep Member States informed about the technical work on the revision of the Regulations through the regional committees and other mechanisms.</p> <p>Regional implications: Member States need to immediately establish national standing task forces or equivalent groups, having operational responsibility and accessible at all times, to ensure speedy response and</p>	<p>This subject will be considered by the Regional Committee under agenda item 12.</p>

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			communication, particularly during an emergency health situation. Member States should also be fully involved in IWG.	
29.	WHA56.29	Severe acute respiratory syndrome (SARS)	<p>Resolution: The Assembly acknowledged the efforts by affected countries, including those with limited resources, and other Member States to contain SARS, and the crucial role of WHO in the worldwide campaign to contain its spread.</p> <p>It urged Member States to commit fully to controlling SARS and other emerging and re-emerging infectious diseases, through political leadership, provision of adequate resources, intensified multisectoral collaboration and public information, and to enhance collaboration with WHO and other international organizations to support epidemiological and laboratory surveillance systems.</p> <p>It requested the Director-General to sustain global efforts to control the SARS epidemic; to update guidelines on surveillance and effective preventive measures; to collaborate with Member States in their efforts to mobilize financial and human resources to develop or enhance national, regional and global systems for epidemiological surveillance, and to strengthen the functions of WHO's Global Outbreak Alert and Response Network.</p> <p>Regional implications: Most of the Member Countries of the Region, being LDCs, need to be provided with adequate financial and technical support in order to strengthen their surveillance and response to emerging epidemics. The Regional Office has initiated several activities to assist Member Countries in the prevention and control of SARS.</p>	WHO support to Member Countries will be continued to facilitate prevention and control of emerging and re-emerging infectious diseases, including SARS.
30.	WHA56.30 and EB111.R4	Global health sector strategy for HIV/ AIDS	<p>Resolution: The Assembly, being deeply concerned at the unprecedented burden of the epidemic, took note of the global health sector strategy for HIV/AIDS. It exhorted the Member States to adopt and implement the strategy as part of national, multisectoral responses to the HIV/AIDS epidemic, and to take all necessary steps to fulfil their obligations under the Declaration of Commitment on HIV/AIDS of the UN General Assembly special session.</p> <p>It requested the Director-General to provide support to Member States in implementing the strategy and evaluating its impact and effectiveness; to support, mobilize and facilitate efforts of Member States to achieve the goal of providing effective antiretroviral treatment within the context of strengthening national health systems, and to cooperate with those Member States that request technical support in the preparation of their submissions to the Global Fund to Fight AIDS, TB and Malaria.</p> <p>Regional implications: The global strategy is being adapted for Asia in collaboration with the Western Pacific Regional Office. This will assist Member Countries in its implementation. The regional adaptation will be</p>	WHO will provide continued technical support to all countries in the preparation of country proposals to the Global Fund to fight AIDS, TB and Malaria (GFATM). More than US\$550 million have been mobilized in the first two rounds, of which 60 per cent is for HIV/AIDS prevention and care in the SEA Region.

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			<p>completed by September 2003 and shared with national AIDS programme managers. A strategy has been developed to assist countries in enhancing access to antiretroviral therapy. Assistance has been provided to India, Indonesia, Myanmar, Sri Lanka and Thailand in strengthening country preparedness, mobilizing resources and ensuring proper use of antiretroviral therapy. Guidelines and training courses have been developed in this area.</p>	
31.	WHA56.31 and EB111.R12	Traditional medicine	<p>Resolution: Recognizing that traditional medicine had many positive features but its use faced major challenges, the Assembly took note of WHO's strategy for traditional medicine and its main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use. It urged Member States to adapt, adopt and implement WHO's traditional medicine strategy as a basis for national traditional medicine programmes; formulate and implement related national policies and regulations; recognize the role of traditional practitioners as an important resource of primary health care services, and promote sound use of traditional medicine.</p> <p>It requested the Director-General to facilitate the efforts of Member States to formulate national policies and regulations on traditional medicine; provide technical support for development of methodology; promote the role of WHO collaborating centres on traditional medicine in implementing WHO's traditional medicine strategy, and to allocate sufficient resources to traditional medicine at all levels of the Organization.</p> <p>Regional implications: Specific regional support by coordinating and providing data to Global Atlas of Traditional Medicine is being developed by the WHO Kobe Centre. WHO and Member States need to review the development of traditional medicine based on the WHO strategy framework.</p>	Member countries need to mobilize internal and external resources in order to develop and strengthen traditional medicine.
32.	WHA56.32	Appropriation resolution for the financial period 2004-2005	<p>Resolution: An effective working budget of US\$ 880 110 000 under the regular budget was appropriated by the Assembly for the financial period 2004-2005 (It is to be noted that this is the first budgetary increase in dollar terms since the 1996-1997 biennium)</p> <p>The Assembly noted that the estimated expenditure from sources other than RB was projected at US\$1 824 500 000, thereby leading to a total effective budget under all sources of funds of US\$2 704 611 000.</p> <p>Regional implications: It is noted that while the Region has lesser reduction as compared to the original proposal contained in resolution WHA51.31, it has to work on the zero growth principle.</p>	The topic will be further debated at the Regional Committee during the discussion on PB 2004-2005.
33.	WHA56.33 and EB111 (4)	Scale of assessments for the financial period 2004-2005.	The Assembly accepted that the latest available UN scale of assessment would henceforth also apply to WHO, ranging between 0.001% and 22%. In respect of the countries in the SEA Region, the new assessments are:	Noted for implementation.

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			Bangladesh (00.980%), Bhutan (0.00100%), DPR Korea (0.00890%), India (0.33550%), Indonesia (0.19680%), Maldives (0.00100%), Myanmar (0.00980%), Nepal (0.00390%), Sri Lanka (0.01570%), Thailand (0.28930%), and Timor-Leste (0.00100%).	
34.	WHA56.34	Adjustment mechanism	An adjustment mechanism has been established to compensate Member States that will experience an increase in their rate of assessment for 2004-2005 and 2006-2007 as compared to 2000-2001. This compensation shall be available to Member States that notify the Director-General before the beginning of the year concerned that they wish to benefit from this mechanism.	Noted for action by the Member States concerned.
35.	WHA56.35	Representation of developing countries in the Secretariat	Resolution: The Assembly expressed its concern over the existing imbalance in the distribution of posts in the WHO Secretariat between developing and developed countries, and the continued under-representation and non-representation of several countries. It approved a formula for appointment of staff at the WHO Secretariat (contribution 45 per cent, membership 45 per cent and population 10 per cent) Regional implications: As of July 2003, the revised formula improves the geographical representation of the following four SEAR Member Countries: Bangladesh, India, Indonesia and Thailand. India's position, in particular, has improved from being over-represented into being a country from which recruitment of its nationals is to be encouraged.	Efforts will continue to be made to meet the target.
36.	EB111.R1	Appointment of the Regional Director for the Americas	The Executive Board appointed Dr Mirta Roses Periago as Regional Director for the Americas effective 1 February 2003 for a period of five years.	For noting.
37.	EB111.R2	Expression of appreciation to Dr George Alleyne	EB111 expressed its profound gratitude and appreciation to Dr George Alleyne for his invaluable contribution to the work of WHO, on the occasion of his retirement as Regional Director for the Region of the Americas.	For noting.
38.	EB111.R8	Confirmation of amendments to the Staff Rules	The Executive Board confirmed the amendments to the Staff Rules made by the Director-General concerning standards of conduct, salary determination, employment of relatives and paternity leave, effective 1 January 2003.	Amendments noted for implementation.
39.	EB111.R9	Confirmation of amendments to the Staff Rules	The amendments to the Staff Rules made by the Director-General concerning salary scale applicable to staff in the professional and higher category posts effective 1 January 2003 and in respect of education grant entitlements, was confirmed by the Executive Board.	Amendments noted for implementation.
40.	EB111.R14	Policy for relations with nongovernmental organizations	Resolution: The Executive Board recommended to WHA56 a resolution which would recognize the importance of civil society and its contributions to public health, and the growth in the influence of NGOs active in health at global, regional and national levels, and would note the need to improve existing collaboration and	For noting.

S. No	Resolution/ Decision	Subject of resolution/ Decision	Regional implications	Action proposed
			<p>dialogue with NGOs and to encourage new cooperative activities with such bodies.</p> <p>The proposed resolution would endorse the policy of relations between WHO and NGOs and, as a transitional measure, decide that all NGOs in official relations with WHO will be advised of the new policy, and be invited to seek accreditation.</p> <p>Regional implications: WHA56(10) requested EB to review the matter further at its 113th session in January 2004 and report to 57th WHA.</p>	
41.	EB111.R18	Relations with nongovernmental organizations	The EB decided to admit into official relations with WHO the International Association of Human-Animal Interaction Organizations, the International Society for Environmental Epidemiology, and the March of Dimes Birth Defects Foundation. It decided to discontinue official relations with the International Federation of Anti-Leprosy Associations, the World Veterans Federation, and the International Society of Surgery.	For noting.
42.	EB112.R1	Ad hoc open-ended inter-governmental working group to review the working methods of the Executive Board	<p>The EB considered the report of the Ad hoc group on the subject and decided to amend its Rules of Procedure as proposed by the group; that the duration of its session following WHA shall be extended by two days to permit a more even and effective distribution of substantive work between its two annual sessions; to review at its 113th session the mandate, operation, role and structure of the Administration, Budget & Finance Committee, the Programme Development Committee of the Audit Committee, with a view to improving their efficiency and their relationship with Board sessions; and that members will sit with name plates designating only the name of the Member State concerned.</p> <p>It requested the Director-General to study options available for changing the timing and duration of EB sessions and its standing committees to bring the timing of sessions in line with the programme budget cycle and to provide a balance between sessions of EB and those of other governing bodies.</p>	For noting.
Decisions of EB111				
1.	EB111(1)	Provisional agenda for Fifty-sixth World Health Assembly	EB approved the provisional agenda of the Fifty-sixth WHA, after including "Intellectual property rights, innovation and public health", and "Twenty-fifth anniversary of the International Conference on Primary Health Care, Alma-Ata", and deletion of items "Health promotion" and "Genomics and world health".	For noting.
2.	EB111(2)	Date and place of 112 th session of the Executive Board	EB to be convened on 29 May 2003, at WHO HQ, Geneva, and close no later than 30 May 2003.	For noting.

S. No	Resolution/ Decision	Subject of resolution/ Decision	Regional implications	Action proposed
3.	EB111(3)	Assessments for 2002 and 2003	EB recommended a resolution that the assessment of the Democratic Republic of Timor-Leste shall be US\$1 053 for 2002 and US\$4 213 for 2003. The resolution would also amend assessments for Afghanistan and Argentine.	Resolution WHA56.12 took note of this decision. For noting.
4.	EB111(4)	Assessments for 2004-2005	EB decided to transmit to WHA56 proposals on the scale of assessments for the years 2004 and 2005 for review and decision.	Resolution WHA56.33 took note of this decision.
5.	EB111(5)	Ad hoc open-ended intergovernmental working group to review the working methods of the Executive Board	The Executive Board considered the report of the Chairman of the Ad hoc open-ended intergovernmental working group, and endorsed his proposals for completion of the work of the working group.	For noting.
6.	EB111(6)	Review of NGOs in official relations with WHO	EB decided to maintain official relations with the International Union of Toxicology for one year. It decided to defer review of relations with certain other NGOs until its 113 th session.	For noting.
7.	EB111(7)	Award of the Dr A.T. Shousha Foundation Prize	EB111 awarded the Prize for 2003 to Dr Yassin Abdulaleem Al-Qubati (Yemen) for his most significant contribution to the objectives of primary health care.	For noting.
8.	EB111(8)	Award of the Sasakawa Health Prize	EB111 awarded the Prize for 2003 to the Department of Health, Centre for Health Development, Eastern Visayas, Philippines, and the Yemen Leprosy Elimination Society. Each society will receive US\$40 000 for their outstanding work in health development.	For noting.
9.	EB111(9)	Award of the Ihsan Dogramaci Family Health Foundation Fellowship	The Executive Board awarded the Fellowship for 2003 to Dr Ly Sovann (Cambodia) to carry out the research proposed by him.	For noting.
10.	EB111(10)	Award of the Francesco Pocchiary Fellowship	EB111 awarded the Fellowship for 2003 to Dr Fatwa Sari Tetra Dewi (Indonesia).	For noting.
11.	EB111(11)	Award of the United Arab Emirates Health Foundation Prize	The Executive Board awarded the Prize for 2003 to Dr Mahmoud M.A. Fikri (UAE) and to Prof Magdi Habib Yacoub (UK) for their outstanding contribution to health development.	For noting.
12.	EB111(12)	Award of the Leon Bernard Foundation Prize	EB111 awarded the Prize for 2003 to Dr Watanee T. Jentchitr (Thailand) for her outstanding service in the field of social medicine.	For noting.
13.	EB111(13)	State of Kuwait Prize for Research in Health Promotion	The Executive Board approved in principle the establishment of an award for research in the area of health promotion, proposed by the State of Kuwait. It requested that Statutes be drafted and submitted to the Board for approval, along with recommendations for covering the administrative costs.	For noting.

S. No	Resolution/ Decision	Subject of resolution/ Decision	Regional implications	Action proposed
Decisions of WHA56				
1.	WHA56(1)	Composition of the Committee on Credentials	WHA56 appointed a Committee on Credentials consisting of 12 members for its May 2003 session.	For noting.
2.	WHA56(2)	Composition of the Committee on Nominations	WHA56 elected a Committee on Nominations for its May 2003 session.	For noting.
3.	WHA56(3)	Election of officers of the 56 th WHA	WHA56 elected office bearers for its May 2003 session.	For noting.
4.	WHA56(4)	Election of officers of the main committees	WHA56 elected officers to Committee A and Committee B, including Chairman, Vice-Chairmen and Rapporteurs.	For noting.
5.	WHA56(5)	Establishment of the General Committee	WHA elected delegates from 17 countries as members of the General Committee.	For noting.
6.	WHA56(6)	Adoption of the agenda	WHA adopted the provisional agenda prepared by EB at its 111 th session, with the deletion of one item and one sub-item, and the transfer of one item from Committee B to Committee A.	For noting.
7.	WHA56(7)	Verification of credentials	WHA recognized the validity of the credentials of delegations from Member States.	For noting.
8.	WHA56(8)	Election of members entitled to designate a person to serve on the Executive Board	WHA elected members from Canada, Czech Republic, Ecuador, France, Guinea-Bissau, Iceland, Nepal, Pakistan, Sudan and Vietnam entitled to designate a person to serve on the Executive Board.	For noting.
9.	WHA56(9)	UN Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee	WHA reappointed the delegate of Oman as member and the delegate of Denmark as alternate member, each for a three-year period, until May 2006. The Assembly also nominated Dr A.A. Yoosuf of Maldives as alternate member for the remainder of the term of office of Dr S.P. Bhattarai of Nepal, until May 2004.	For noting.
10.	WHA56 (10)	Policy for relations with NGOs	Following resolution EB111.R14, WHA decided to request EB to review at its 113 th session the policy for relations with nongovernmental organizations, including amendments proposed during consideration of the item, and to report to the Fifty-seventh WHA with its recommendations.	For noting.
11.	WHA56 (11)	Selection of a country in which the Fifty-seventh WHA would be held	WHA decided that the Fifty-seventh World Health Assembly would be held in Switzerland.	For noting.

S. No	Resolution/ Decision	Subject of resolution/ Decision	Regional implications	Action proposed
12.	WHA56 (12)	Reports of the Executive Board on its 110 th and 111 th sessions	WHA approved the reports of EB110 and EB111 sessions. It commended the work of the Board and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it.	For noting.
Decisions of EB112				
1.	EB112(1)	Membership of the Programme Development Committee of the Executive Board	EB appointed members of the Programme Development Committee from Colombia, Guinea, Kuwait, Nepal, Pakistan, Philippines and Russian Federation for two years. The member from Nepal is Dr H.N. Acharya.	For noting.
2.	EB112(2)	Membership of the Administration, Budget and Finance Committee of the Executive Board	EB appointed members from Grenada, Guinea-Bissau, Iceland and Sudan as members of the ABF Committee for two years, in addition to members from China, Maldives and USA, already members of the Committee. The member from the South-East Asia Region is Dr A.A. Yoosuf (Maldives).	For noting.
3.	EB112(3)	Membership of the Audit Committee	EB appointed members from Canada, China, Czech Republic, Egypt and Republic of Korea to the Audit Committee, in addition to member from Gabon and Dr M.A. Didi (Maldives) alternate to Dr A.A. Yoosuf.	For noting.
4.	EB112(4)	Membership of the Executive Boards' Standing Committee on NGOs	EB appointed members from Ecuador, Spain and Sudan for the duration of their term of office on the EB, in addition to members from Eritrea and Myanmar, already members of the Committee.	For noting.
5.	EB112(5)	Membership of WHO/UNICEF/UN FPA Coordinating Committee on Health	EB appointed members from Cuba, Myanmar and Viet Nam to the Coordinating Committee for the duration of their term of office on the EB, in addition to members from Gambia, Kazakhstan and Kuwait. The member from Myanmar is Professor Kyaw Myint.	For noting.
6.	EB112(6)	Membership of the Leon Bernard Foundation Committee	EB appointed member from UK as a member of the Committee for the duration of his term of office on EB.	For noting.
7.	EB112(7)	Appointment of representatives of EB at the Fifty-seventh WHA	EB appointed its Chairman from Ghana, and members from China, Grenada and Kuwait to represent it at the Fifty-seventh World Health Assembly.	For noting.
8.	EB112(8)	Date, place and duration of the 113 th session of the Executive Board	EB decided to hold its 113 th session from 19-24 January 2004 at WHO Headquarters in Geneva.	For noting.
9.	EB112(9)	Place and date of the 57 th WHA	EB decided that the Fifty-seventh World Health Assembly be held at Geneva from 17-22 May 2004.	For noting.

Part 2

REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 113TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-SEVENTH WORLD HEALTH ASSEMBLY

In order to foster greater correlation of the work of the Regional Committee with that of the Executive Board and of the World Health Assembly, the Regional Committee has adopted the practice, since 1980, of reviewing the draft provisional agendas of the Executive Board and the World Health Assembly so that it could note important matters of regional and global interest.

Regional Committees are urged to take an active part in the work of the Organization and to submit to the Executive Board their recommendations and concrete proposals on matters of regional and global interest. In its turn, the Executive Board routinely reviews the policy proposals of the Regional Committees concerning matters of worldwide interest, particularly for ensuing sessions of the Executive Board and the World Health Assembly.

The draft provisional agendas of the 113th session of the Executive Board (January 2004) and the Fifty-seventh World Health Assembly (May 2004) are awaited from WHO headquarters and will be submitted to the Regional Committee for its review.