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MATTERS ARISING OUT OF RESOLUTIONS AND DECISIONS  
OF THE WORLD HEALTH ASSEMBLY  
AND THE EXECUTIVE BOARD

This paper gives an overview of the discussions held at the one hundred and seventh session of the Executive Board, the Fifty-fourth World Health Assembly and the one hundred and eighth session of the Executive Board, together with comments from the Regional Director on the repercussions of those resolutions that are of particular relevance to the European regional programme. For those resolutions discussed both at the Executive Board and at the World Health Assembly, comments are to be found in the section concerned with the latter.



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## 107TH SESSION OF THE EXECUTIVE BOARD (15–22 JANUARY 2001)

### Introduction

1. In her opening statement, the Director-General outlined the future strategic agenda for the WHO Secretariat. She referred to the challenges posed by poverty and the need for sustained and adequate investment and for measuring the performance of health systems, since they reflected the constellation of actions designed to improve people's health. She also emphasized the need for evidence as the foundation of all WHO's work. The findings of the WHO Commission on Macroeconomics and Health would assist in making an economic case for investing in health.

2. Among many other issues, she addressed tuberculosis, HIV/AIDS, maternal and child health, the Global Alliance for Vaccines and Immunization (GAVI), Roll Back Malaria, mental ill health, tobacco, and access to essential drugs in the light of globalization. In the ensuing discussion, Executive Board members expressed their appreciation of her statement and indicated that WHO was following the correct course.

### Technical and health matters

#### *EB107.R16 Infant and young child nutrition*

3. The key elements of this issue were strategic and programmatic; they had been the focus of a March 2000 technical consultation among experts, who had reviewed the available evidence. Important and related aspects of mother-to-child transmission of HIV through breastfeeding, exclusive breastfeeding, complementary feeding and maternity protection in the workplace were also covered. The Executive Board drew attention in particular to the principles underpinning the global strategy for infant and young child feeding: the need for evidence-based policies; the participation of all relevant parties; the changing health environment; and the importance of research for addressing HIV and breastfeeding issues.

#### *Health promotion*

4. The Executive Board welcomed discussion of this area, since health promotion was recognized as a core function in the advancement of public health. The intention of the Secretariat to move beyond general definitions towards specific action was appreciated. Based on experience, realistic and pertinent areas of emphasis had been identified to improve the behaviour of young people, increase health literacy through communication, and give higher priority to health promotion skills and approaches within health services. The document submitted to the World Health Assembly would incorporate the contribution of Board members on issues such as the horizontal nature of the programme, the need for a sound evidence base, details of best practices, WHO's support to countries, the need for more coherent and consistent terminology, and greater emphasis on the broader determinants of health.

#### *EB107.R13 Global health security: epidemic alert and response*

5. A presentation of WHO's global alert and response network was given in the context of revision of the International Health Regulations, which had been established after 1969 with the aim of collecting information on reported public health risks, verifying it confidentially with Member States and ensuring that appropriate containment measures are taken. Reports to WHO were provided by only 23% of Member States, while the rest originated from other sources such as Canada's Global Public Health Information Network. The International Health Regulations (which combine maximum security against the spread of diseases with minimum disruption of travel and trade) were currently being revised to ensure that all public health risks of urgent international importance were reported and that adequate public health measures were recommended. The overall objective would remain the same, but their coverage would become broader.

6. The present approach aimed to build partnerships for a global alert and response system in a systematic way; to strengthen diagnostic, laboratory and epidemiological capacity in countries; to build

links with the World Trade Organization and other appropriate bodies; and to work proactively with regions and countries.

#### ***EB107.R12 Schistosomiasis and soil-transmitted helminth infections***

7. Parasitic infections impose a heavy burden of ill health on a large number of people, and in many countries they are accepted as part of daily life. Cost-effective strategies exist, however, which have shown that mortality, morbidity and transmission can be reduced. The political commitment of governments was needed to ensure that these issues were included as a priority in all their health care services.

#### ***EB107.R8 Health systems performance assessment***

8. There was considerable support for the Director-General's position as expressed in her introductory remarks, to establish a technical consultation process and ensure that Member States were consulted on the most reliable data to be used. She expected that WHO would compile a report every two years on the performance of Member States' health systems, the next round to be completed in May 2002 and published in October 2002 (following consultations with Member States).

9. In the resolution, the Board took note with satisfaction of the measures proposed by the Director-General and requested her to initiate a scientific peer review of health systems performance methodology and identify new data sources, and to do further research and development work on the framework and its indicators.

#### ***Repercussions on work in the European Region***

*10. In keeping with the spirit of the Executive Board resolution, WHO headquarters will be engaged in a broad consultative process with Member States and relevant experts. The idea is to have regional consultations on health systems performance assessment and also international technical meetings.*

*11. The Regional Office for Europe (WHO/EURO) will organize the consultation in early September (3–4 September 2001) with technical experts and decision-makers selected by WHO/EURO from the Member States. Participants from WHO headquarters will also be invited. The purpose is to actively review and contribute to the methodology for the 2001–2002 update. As the European consultation will be the last of the six regional consultations, the discussions will build on their conclusions and recommendations, taking proposals forward from the point reached by the end of August 2001.*

*12. After the regional consultations have been held, WHO will need to collectively revise the methods and approaches to reflect these meetings. The revised approach to health systems performance assessment would then go to an international group of experts for peer review (probably in October 2001). After that, the methods would be reported to Member States and data collection would take place, with preliminary analysis completed by May 2002. After a two-month period of consultation with Member States, the report would be finalized and released in October 2002.*

#### ***EB107.R2 Strengthening nursing and midwifery***

13. The Executive Board welcomed the update on implementation of resolution WHA49.1 and noted all the issues requiring special attention. The Regional Director recalled the successful Second WHO Ministerial Conference on Nursing and Midwifery in Europe, held in Munich in June 2000; the Conference Declaration highlighted important issues such as the role of nurses in the public health delivery system, training, and salaries.

### *Partnerships with nongovernmental health care providers*

14. The Secretariat submitted a paper in which two issues were highlighted in order to strengthen health services delivery: (a) establishment of mechanisms for cooperation with nongovernmental organizations concerned with public health and with the non-profit-making private sector; and (b) the delivery of drugs and essential drug supplies in such quantities and quality as to meet each country's needs. It was agreed to further develop the draft resolution in the light of the debate and resubmit it to the Executive Board in January 2002.

### *EB107.R15 International classification of functioning, disability and health*

15. A resolution was adopted on an international classification of functioning, disability and health.

16. Very valuable feedback was given on areas such as Roll Back Malaria, Making pregnancy safer, Mental health 2001, eradication of poliomyelitis, the Framework Convention on Tobacco Control, HIV/AIDS, and injection safety.

17. Depleted uranium was brought up in the discussion. The Director-General informed the Executive Board that work was going on in Iraq and that studies had recently been initiated (e.g. in Kosovo). She would seek external funding to continue that highly important work. It was suggested that the subject could be included in the agenda of a forthcoming World Health Assembly, but it might be premature to do so in 2001, since the four months ahead would not allow sufficient time to gather and analyse information from the planned studies.

### **Proposed programme budget for the financial period 2002–2003**

#### *EB107.R1 General programme of work*

18. The Executive Board welcomed the new format of the draft general programme of work, 2002–2005, and in particular its shortened time frame, its closer link with the budget and its greater focus on clearly defined priority areas. The Board also appreciated the fact that common areas of work were identified, cutting across the Organization as a whole; these were regarded as building blocks, which the regions would assemble in different fashions according to their structures.

#### *Proposed programme budget 2002–2003: general discussion*

19. The new proposed programme budget (PB) 2002–2003 was the first in which the Director-General had been involved from the beginning. It was a cornerstone for the new policy framework of the whole Organization and a key instrument in the reform process for One WHO. Significant differences and innovations (in comparison to previous biennia) were: the principles of result-based budgeting had been introduced; the PB had been developed through an Organization-wide process; and the main focus of work flowed naturally from the corporate strategy. The PB should not be seen in isolation; an extensive review of the overall managerial framework of the Organization was being conducted, involving several discrete but interlinked processes.

20. The expenditure plan was based on zero nominal growth in the regular budget, but the Director-General would decide before the World Health Assembly whether to include provisions for cost increases and exchange rate movements. A 15% increase in funds from other sources was projected.

21. The process of preparing country programmes would take place closer to the time of implementation. There would be a reconciliation process between country priorities and global as well as region-specific ones. Regional offices would develop their region-specific country planning process; in doing so they would take as inspiration, and on many occasions as a point of departure, the collectively agreed policies and areas of work. Regional directors would decide about reporting to their regional committees in September 2001.

22. Executive Board members expressed their satisfaction with the new PB approach. They drew attention to the need for further transparency, especially in country planning, in order to monitor and evaluate the results in a regular, systematic and transparent manner, and the necessity of targeting extrabudgetary contributions on programmes included in the budget. Conflicting views were expressed on the question of zero nominal growth versus zero real growth. Some concern was expressed about the imbalance between the regular budget and extrabudgetary resources. Some members also expressed concern about the slow pace of the interregional transfer of funds as a follow-up to resolution WHA51.31, which should result in a considerable increase for the European Region. Some Board members regretted that not enough attention was paid to specific priorities, such as environmental health, the elderly and noncommunicable diseases. The strategic orientations for 2002–2003 were reviewed by areas of work.

### *Aspects of financial management*

#### *Approaches to cost increases and exchange rate*

23. For 2002–2003 the Director-General proposed to limit the use of the exchange rate facility to headquarters and the Regional Office for Europe, where the need to protect against the weaker US dollar was most likely. In addition, exchange rate “insurance” would be purchased in the form of a foreign exchange option. The Director-General also proposed using a simpler method to calculate cost increases. An independent external source (Consensus Economics) would address inflation and exchange rate assumptions.

#### *Allocation and utilization of extrabudgetary resources during the biennium 1998–1999 by programme, region and country*

24. Now that voluntary contributions made up a significant proportion of the Organization’s total resources, it was of fundamental importance to ensure that they did not distort WHO’s priorities and integrity, subvert the authority of the governing bodies, or foster the emergence of a parallel system. An attempt was being made to develop a common system for dealing with regular budget funds and voluntary contributions, and for distributing them in an equitable way across the Organization.

#### *Efficiency savings, 2000–2001, and management reviews*

25. The Secretariat had complied with resolution WHA52.20, requiring the Director-General to identify 2–3% efficiency savings for reallocation to high-priority programmes. So far, US \$26.9 million were available for priority areas and US \$24.6 million as a provision against expected cost increases in 2000–2001. Efficiency savings had been achieved from travel, procurement, study tours, fellowships, publications and documents. Six-monthly reports were being submitted by headquarters and regions.

#### *Framework for programme evaluation*

26. A framework for programme evaluation was presented, based on a strong planning, programming and budgetary system. Performance indicators had been established at the beginning of the process of drawing up the framework, which was part of the cultural change in planning. Efforts were being made to establish a corporate information system. The culture of evaluation was welcomed. There was a request to reinstate systematic programme evaluation.

### **Financial matters**

#### *EB107.R3 Special arrangements for settlement of arrears*

27. The collection rate for 2000 was 87% of total assessments, the highest rate in the past 15 years. Twenty-three Member States continued to be suspended from voting at the World Health Assembly, twelve unfortunately from the European Region. Several Member States (in particular, Belarus and Bosnia and Herzegovina) have made considerable efforts to reduce their arrears. The Russian Federation repaid all its arrears in 2000. The Federal Republic of Yugoslavia has become a new Member State; the unpaid assessment (of US \$5.5 million) “belongs” to the former Yugoslavia.



28. At the request of the Fifty-third World Health Assembly, a standard procedure had been developed to handle requests from Member States for special arrangements for the payment of arrears of their contributions. This procedure was welcomed by the Executive Board. The arrangement would enable Member States to reschedule payment of their arrears and, under specific circumstances (if WHO has significant expenditures in that country), to pay it in local currency (this has to be reviewed and developed carefully on a case-by-case basis).

#### ***EB107.R4 Casual income***

29. According to the new Financial Regulations, miscellaneous income would be integrated into the PB and replace casual income, thus providing a more consolidated financial plan. The amount of US \$22.2 million is the estimated balance available at 31 December 2000. The Executive Board supported the proposal to replenish the Working Capital Fund by US \$4 million and to retain the estimated balance of US \$6 million in the casual income account for the time being.

#### ***EB107.R5 Real Estate Fund***

30. The Executive Board expressed general support for the projects submitted by the Director-General. Project specifications should be kept under review so that they continued to reflect actual needs.

#### ***EB107.R6 Financial Rules***

31. The confirmation of the Financial Rules by the Board was necessary to give effect to the Financial Regulations adopted by the Fifty-third World Health Assembly. The new financial rules and the financial regulations were real milestones in the modernization of the Organization. They would ensure transparency in financial reporting and clear delegation of authority from the Director-General. Concerning the grace period for the payment of assessed contributions, the Director-General recommended a compromise of 30 April, which was accepted. The issue of payment in local currency was highlighted as a measure to enable many countries to pay in time.

### **Staffing matters**

#### ***Annual report***

32. A second consolidated report on the WHO workforce was welcomed by the Board, because of its analytical nature and because it provided a very clear picture of the staffing situation at headquarters and in the regions.

#### ***Policy document***

33. Human resources were the fourth area to be tackled in a series of management reforms (the One WHO management reform exercise consists of five elements: restructuring, budget, financial reform, human resources, and information technology – a series which is being tackled in increasing order of complexity). The Director-General's Task Force on Human Resources Management Reform had developed a strategic plan in support of the corporate strategy, which included mechanisms to ensure the right mix of staff to attain the Organization's goals now and in the future and to create an attractive working environment. The Director-General was committed to the comprehensive reform of human resources management; the swift completion of contract reform policy was foreseen, and it would be submitted to the Board in 2002. Human resources reform was an evolving process, and a number of changes had already been introduced, e.g. new recruitment and selection procedures, and annual reporting on the status of staffing. The new reform package included improvements in human resources information technology, the introduction of a new performance management system, the development of tools to improve geographical distribution and gender balance, improved grievance procedures, and matters related to the balance between work and home life. The reform package also included a variety of contractual tools, but further consultation was needed in order to meet the concerns of all.

## **FIFTY-FOURTH WORLD HEALTH ASSEMBLY (14–22 MAY 2001)**

### **Introduction**

34. The Fifty-fourth World Health Assembly was presented with a heavy agenda. Items included: the proposed programme budget for 2002–2003; 10 subjects under technical and health matters; financial, administrative and management matters; collaboration with other organizations; health conditions of the Arab population in the occupied Arab territories (including Palestine); and matters related to the governing bodies. The Assembly adopted 22 resolutions. In spite of the complexity of the agenda and the controversial nature of some of the items, the Assembly was conducted in an outstanding spirit of collaboration and consensus-building.

35. In her powerful report to the World Health Assembly, the Director-General described the year as one of hope, with new reasons to be optimistic when all were working together with renewed energy, with a strong will to act and a determination to achieve results. Dr Brundtland confirmed the political commitment to intensify action against the threat of tobacco, against diseases such as malaria and tuberculosis, and against the extreme damage caused by HIV/AIDS, and towards alleviating the burden of mental illness and neurological disorders.

36. The Director-General highlighted the change in WHO's ways of working towards One WHO (implementation of a corporate strategy, the global programme of work, the strategic programme budget, increases in extrabudgetary resources, investment in information technology, and strengthening the capacity of WHO country teams).

37. Dr Brundtland pointed to the need to focus attention on a strong evidence base for world health action. She highlighted the growing commitment to a new international framework, such as the Global AIDS and Health Fund for which the Secretary-General of the United Nations had personally taken a leading role. In her concluding remarks, the Director-General emphasized the need for collective leadership to bridge the health divide.

38. The Secretary-General of the United Nations, Mr Kofi Annan, addressed the plenary and emphasized the acute need for the wisdom of the World Health Assembly in the global struggle against the scourge of HIV/AIDS which had now become his personal priority. He pointed out that the biggest enemy of health in the developing world was poverty, and the struggle for health was part and parcel of the struggle for development.

39. Two invited speakers took the floor after the Director-General's report:

- Ms Noriene Kaleeba described her experience with people living with HIV/AIDS. In her emotionally moving address, Ms Kaleeba called on both individuals and on nations to find time to listen to those affected;
- Mrs Diane Frogatt, the mother of a son with schizophrenia, spoke of the reality of obtaining a proper diagnosis and treatment for mental illness, caring for the mentally ill, and the hardships and prejudices faced by individuals and their families in today's society.

40. The general discussion and the round tables on mental health generated lively debate and exchanges of information. Delegates expressed their appreciation of WHO's decision to pay increased attention to mental health issues in 2001. They shared national experiences, defined their needs and acknowledged the necessity of addressing these issues in a comprehensive and timely manner, with WHO's support.

## Technical and health matters

### WHA54.2 *Infant and young child nutrition*

41. There was a lively discussion of the Director-General's progress report on the development of a new global strategy for infant and young child feeding, which would be submitted to the Executive Board at its 109th session in January 2002. With several carefully worded amendments concerning the optimum duration of exclusive breastfeeding, the draft resolution was adopted by consensus.

42. The resolution (WHA54.2) strengthens the case for recommending exclusive breastfeeding for six months and urges Member States to "strengthen activities and develop new approaches to *protect, promote and support exclusive breastfeeding for six months* as a global public health recommendation". Previously WHO's recommendation had been "six months but not less than four".

#### **Repercussions on work in the European Region**

43. *The Regional Office will continue to contribute to the WHO Global Strategy on Infant and Young Child Feeding and build on the recent European regional meeting (Hungary, 28 May – 1 June 2001). Resolution WHA54.2 recalls the many previous resolutions on this subject. Malnutrition of infants and young children remains one of the most severe global public health problems. WHO recognizes the right of everyone to have access to safe and nutritious food and will make every effort to realize this right. The International Code of Marketing of Breast-milk Substitutes states there should be no advertising or promotion of these products, but new electronic forms of communication are increasingly being used to promote these products. Therefore the Regional Office publication on this subject<sup>1</sup> will be promoted, and infant feeding issues have been incorporated in WHO's First Food and Nutrition Action Plan 2000–2005 (endorsed by the Regional Committee at its fiftieth session in September 2000). Under this Action Plan, subregional workshops are being held to draw up corresponding plans at national level, and these cover infant feeding issues (including exclusive breastfeeding). The World Health Assembly resolution, the report by the Secretariat on the global strategy for infant and young child feeding, and the timetable and report on the optimal duration of exclusive breastfeeding will all be disseminated to government nutrition counterparts and organizations which promote infant feeding issues.*

### WHA54.10 *Scaling up the response to HIV/AIDS*

44. During the extensive debate on HIV/AIDS, Member States' representatives gave guidance about scaling up WHO's response to the pandemic.

45. Delegates conveyed their experience of the extraordinary devastation, human misery and premature death caused by this disease. While they emphasized the need to make life-saving drugs more accessible and affordable, they also stressed the equal need to step up efforts aimed at prevention and strengthening of health systems with laboratory services. They also acknowledged that it was important to exchange the lessons learned from successful strategies and interventions. The resolution, which reflects the main conclusions of the debate, was adopted by consensus.

#### **Repercussions on work in the European Region**

46. *New approaches in this field are primarily concerned with preventing mother-to-child transmission of HIV/AIDS and extending medical care to HIV/AIDS patients. Developments with regard to the former make it possible to reduce the HIV transmission rate to below 2%, while the provision of antiretroviral therapy improves the quality of life*

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<sup>1</sup> MICHAELSEN, K.F. ET AL. *Feeding and nutrition of infants and young children: guidelines for the WHO European Region, with emphasis on the former Soviet countries*. Copenhagen, WHO Regional Office for Europe, 2000 (WHO Regional Publications, European Series, No. 87).

*of people with HIV. WHO/EURO will promote these developments and will continue its efforts to help countries in eastern Europe control the epidemic of sexually transmitted infections (STIs). There are currently indications of a significant decline in STI incidence in the newly independent states, and WHO will promote surveillance measures to validate this trend.*

#### **WHA54.11 WHO medicines strategy**

47. The debate covered several important items such as patents, prices, intellectual property rights and the rights of individuals to have access to safe, affordable, effective and life-saving medicines. The resolution, whose title was changed by delegations from “Revised drug strategy” to “WHO medicines strategy”, was adopted by consensus.

#### **Repercussions on regional programme implementation**

48. *The resolution reinforces current work in the European Region: it reconfirms the need to implement policies that guarantee access to medicines, ensure their safety, efficacy and quality, and promote appropriate drug use. All these components are being addressed through the regional programme on pharmaceuticals, both through direct country support and by networking and information exchange mechanisms. Most Member States have already subscribed explicitly to these objectives through a variety of national approaches and strategies.*

49. *The issue of access to medicines, and especially to HIV/AIDS drugs, and the effects of globalization of the trade in medicines are of increasing concern to European Member States. A meeting is being organized and hosted by the Polish government this year to discuss the implications of globalization on access to medicines, especially for eastern European countries. Through the European network, there is a growing exchange of information and experience on pharmaceutical provision and reimbursement systems that enable Member States to implement effective drug policies and increase access to medicines.*

50. *Pharmaceuticals are also a prominent area of concern for the Stability Pact countries. The effects and implications of the EU accession process on pharmaceutical policies will need to be carefully monitored and addressed, as well.*

#### **WHA54.12 Strengthening nursing and midwifery**

51. During the discussion, the universal shortage of nurses and midwives was noted, the reasons for this problem were addressed and, at the same time, possible solutions for the future were identified.

#### **Repercussions on work in the European Region**

52. *There are many similarities between this resolution and the Munich Declaration, endorsed by participants in the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (June 2000). A document has now been prepared by the WHO/EURO Nursing and Midwifery programme giving guidance on how to implement the Munich Declaration. This document will also be used by the Nursing Group at WHO headquarters to inform their own advice on the resolution. Efforts will be made to dovetail both sets of guidance in order to reduce duplication. The dates for reporting back to Member States vary – for the Munich Declaration it is September 2002, while for the World Health Assembly resolution it is 2003.*

#### **WHA54.13 Strengthening health systems in developing countries**

53. During the debate, the obstacles that developing countries face in strengthening their health systems were reviewed; the resolution identifies a multitude of areas for intervention.

#### **WHA54.14    *Global health security: epidemic alert and response***

54. Today's mobile world represents a considerable threat to global health security, and this underlines the need for a strengthened WHO mechanism to facilitate the rapid detection of epidemics and orchestrate a rapid response for their efficient containment. The World Health Assembly also emphasized the need to modernize the International Health Regulations and to ensure that developing countries receive support in strengthening their epidemiological and laboratory capacities.

##### ***Repercussions on work in the European Region***

55. *WHO/EURO, through its Communicable Diseases unit, is part of the global team and the global network of partners that are endeavouring to strengthen alert and response systems at national and international levels.*

56. *The surveillance networks that are being built up in the European Region will take into account the increased importance of communicable diseases for some Member States whose health care systems have collapsed and in which socioeconomic change has dramatically altered the incidence of infectious diseases. The problems affecting the health care systems in many newly independent states also have a negative impact on the emergence and re-emergence of infectious diseases, which cannot be detected in a timely and effective manner.*

57. *The increased mobility of people and greater trade across the national borders of the 51 Member States and the neighbouring countries in other regions, combined with weak national surveillance systems, have contributed to an increased risk of the spread of communicable disease outbreaks.*

58. *The strategy for global health security rests on three "pillars":*

- (a) containing known risks (emerging or re-emerging threats such as HIV/AIDS, tuberculosis, bovine spongiform encephalopathy (BSE), drug resistance, etc.);*
- (b) responding to the unexpected (outbreaks alert and response, epidemic intelligence); and*
- (c) improving preparedness (developing national action plans, intervention in complex emergencies, strengthening of laboratories and of field epidemiology).*

59. *All these are key areas for future work by the Communicable Disease Surveillance and Response unit at WHO/EURO, in synergy with other programmes and with other WHO regions and headquarters.*

#### **Proposed programme budget for the financial period 2002–2003**

##### **WHA54.1    *General programme of work***

60. By this resolution the World Health Assembly, aware of the strategic directions and core functions set out in the corporate strategy and of the close relationship between priority setting, programme planning and budgeting as products of this strategy, approved the General Programme of Work (GPW) for 2002–2005. This GPW will further improve the coherence and linkage between the corporate strategy and the management tools of the Organization, such as the programme budget 2002–2003.

##### **WHA54.20    *Appropriation resolution for the financial period 2002–2003***

61. First a discussion took place regarding the overall policy outline and the resource context of the budget. After five consecutive biennia of zero nominal growth, the Director-General invited the Assembly to take into account the net increases in the Organization's costs and consider a 1.9% increase in the regular budget (i.e. US \$16 million). During the discussion, delegations acknowledged the work done and the reform process under way at WHO, and there was growing support for moves to compensate the

Organization's budget for inflation in the future. The new approach to strategic and results-based budgeting and management was endorsed, as was the integrated approach to monitoring, reporting and evaluation. Following the general discussion, the appropriations sections were reviewed. Finally, the item on the miscellaneous income budget was considered together with cost increases and exchange rates.

62. In the appropriation resolution for the financial period 2002–2003 (resolution WHA54.20), the World Health Assembly commended the Director-General on the further progress in budget reform with the integrated presentation of the budget and noted that improvements have been made in the transparency, accountability and effectiveness of the Organization's financial systems. It resolved to appropriate the same amount as in previous biennia to the effective working budget, but to integrate miscellaneous income into that figure. It also welcomed the efforts being made to effect efficiency savings and requested that such efforts should continue in 2002–2003, to be applied towards meeting cost increases and currency fluctuations. It noted that the estimated expenditure to be financed from sources other than the regular budget amounted to US \$1 380 000 000, leading to a total budget of US \$2 235 654 000.

### **Repercussions on work in the European Region**

63. *The European Region is fully engaged in the new strategic budgeting approach being used by the Organization. Implementation of this resolution using the new approach will mean an increased focus on results at all levels of the Organization, including country work. With over 60% of the global budget coming from other sources, it also means continued work toward integrated planning and proper distribution of all sources of funds. Concerning the latter, work has begun in the Global Programme Management Group.*

64. *Although this resolution provides for continued zero nominal growth in the regular budget in 2002–2003, the inclusion of miscellaneous income as a separate appropriation section and the greater reliance on this source of funding for regular budget programmes signifies a change from previous biennia. This change makes it imperative to ensure timely receipt of assessed contributions and progress in payment of arrears (cf. the impact of resolutions WHA54.5 and WHA54.6 in Europe). Although the estimated effects of cost increases and currency fluctuations are minimal in the European Region, it will be a continuing challenge to meet these needs through further efficiency savings.*

### **WHA54.17 Assessments for the financial period 2002–2003**

65. WHO has followed the United Nations scale of assessment in the past, and therefore the Secretariat submitted the 2000 United Nations scale (adopted by the United Nations General Assembly last year) to the World Health Assembly as the basis for the assessment of WHO's Member States during the next biennium. A difficult discussion took place, during which the developing countries expressed concern about the growing burden that the new scale would place on them. In order to facilitate consensus, the Director-General withdrew the original proposals and draft resolution and submitted a new paper, which was both politically and financially acceptable.

66. According to this new proposal:

- the contributions that are reduced when the 2002 United Nations scale is applied will remain at the reduced figure;
- the contributions of least developed countries are assessed at the same level as for 2001 or – if the application of the 2002 United Nations scale results in a lower contribution – at that lower level;
- the burden of the increased contributions that countries may face as a result of the new United Nations scale will be relieved. Those countries that do not wish to take advantage of the relief provision may wish to consider contributing an equivalent amount to miscellaneous income.

67. As a consequence of this “relief facility”, there is a funding gap and the Director-General proposed that part of the shortfall be made up by miscellaneous income, thereby reducing the amounts available for priority programmes. This new proposal of the Director-General was accepted and expanded to have the entire shortfall covered by miscellaneous income. During the discussion, some Member States already indicated that they intended to contribute their share in the “relief facility” to miscellaneous income. The Secretariat hopes that these generous offers will be followed by others, and also that some outstanding arrears will be paid into miscellaneous income, so that the funding of programme activities will not have to be cut back.

#### **Repercussions on work in the European Region**

68. *The result of the decisions taken concerning assessments is to place an increased burden on miscellaneous income funds (by over US \$36 million) to cover the regular budget shortfall. This is in addition to the estimated US \$16 million of miscellaneous income that is further required to cover exchange rate hedging, the Real Estate Fund, and payments under the financial incentive scheme. Of this estimated total of US \$52 million of miscellaneous income needed to cover 2002–2003 requirements, the estimated income available from regular operations is US \$35 million. It is foreseen that the resulting deficit of US \$17 million for 2002–2003 will then be funded by the collection of arrears in assessed contributions and additional contributions to miscellaneous income from Member States willing to forego their relief on increased assessments.*

69. *Timely receipt of both regular budget contributions and additional miscellaneous income becomes even more critical under this funding scenario, to ensure that the Organization’s financial liquidity position does not stand in the way of programme implementation during 2002–2003. The 24 Member States concerned in the European Region are encouraged to show solidarity in foregoing their assessment relief; if they do so, this could offset the deficit by over US \$11 million alone. Countries in arrears are also encouraged to take advantage of the newly adopted special arrangements for settlement, in order to alleviate the funding deficit.*

#### **Financial matters**

##### **WHA54.5** *Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution*

70. The voting rights of 22 countries (10 in the European Region) remained suspended, while 7 countries (1 in the European Region) will lose their right to vote unless they reduce their arrears to the Organization by the time of the opening of the Fifty-fifth World Health Assembly.

##### **WHA54.6** *Special arrangements for settlement of arrears*

71. This resolution provides for a standard procedure to handle requests from Member States to settle their arrears. It outlines the process whereby Member States are invited to address the Director-General in writing with an indication as to how they intend to settle these arrears and whether they want to make use of the possibility of payment in local currency in accordance with the new Financial Rules and Regulations.

#### **Repercussions on work in the European Region**

72. *The level of arrears, although showing some improvement over previous years, remains of great concern given the importance of increased and timely receipt of miscellaneous income to fully fund the 2002–2003 programme budget. These new special arrangements for the settlement of arrears should make it easier for Member States to present mutually agreeable plans to pay down past dues. Those affected will soon be receiving correspondence offering a visit by a WHO team (jointly from headquarters and EURO) after the Regional Committee session to discuss the options available under the*

*new arrangements. Negotiating fair arrangements for settling arrears and making progress in payments received in the European Region are key elements in the continued fiscal health of WHO.*

#### **WHA54.7      *Real Estate Fund***

73. The resolution authorizes the Director-General to proceed with the projects indicated in her report and appropriates the necessary funds from casual income.

##### ***Repercussions on work in the European Region***

*74. The Regional Office premises in Copenhagen require a large amount of remedial maintenance, after years of only sporadic and emergency repairs. After a thorough review by architects and engineers, the total estimated funding requirement over the next three years is US \$1.8 million. Based on overall maintenance requirements, the Administration will seek to implement a planned maintenance programme in partnership with the Danish Palaces and Properties Agency by the end of 2001. In order to meet these overall maintenance requirements, a proposal is presently being developed which would seek funding in an amount of US \$500 000 from the Real Estate Fund in 2002–2003, mainly to cover refurbishment of the ventilation and power systems in the Regional Office.*

#### **WHA54.9      *Assessment of the Federal Republic of Yugoslavia***

75. The Federal Republic of Yugoslavia has been assessed at an annual rate of 0.026% for the year 2000 (reduced to two-twelfths in 2000) and it will be assessed at 0.020% for the year 2001.

#### ***Other financial matters***

76. Other important financial matters included the review and adoption of the revised financial rules, the interim financial report on the accounts of WHO for 2000, and the interim reports of the external and internal auditors.

#### **Staffing matters**

77. Under staffing matters, the World Health Assembly took note of the annual report on human resources and the report of the United Nations Joint Staff Pension Fund. The amendments to the Staff Regulations and Staff Rules were approved, and members and alternate members of the WHO Staff Pension Committee were nominated.

##### ***Repercussions on work in the European Region***

*78. The revisions to the Staff Rules and Staff Regulations approved by the governing bodies are implemented in WHO/EURO without delay, and staff members are informed on a continual basis. The Regional Office's management and the EUR Staff Association participated in the Global Staff Management Committee meeting in Lyons, France from 29 to 31 May 2001 to discuss the next stage of the human resources reform package (on contractual arrangements, the rotation and mobility policy, and performance appraisal and rewards systems).*

#### **Supplementary agenda**

#### **WHA54.22      *Reform of the Executive Board***

79. In this resolution, the WHA requests the Executive Board to review its working methods and those of its subsidiary bodies in order to ensure that they are effective, efficient and transparent, and to ensure improved participation of Member States in its proceedings. The Executive Board is asked to establish a working group for this purpose and to inform the Fifty-fifth World Health Assembly on progress made.



The resolution also asks the Director-General to ensure that Member States participating in the Executive Board (but not being members thereof) have adequate seating arrangements with name plates.

#### ***Repercussion on work in the European Region***

80. *This review will have an impact on the participation of European Member States in the work of the Executive Board. Simultaneously, the Standing Committee of the Regional Committee has also had similar discussions during the year (see document EUR/RC51/3), when it reviewed its own role and decided, on an experimental basis, to place the reports of its sessions on the WHO/EURO Web site in the working languages of the Region, once they have been approved by its members.*

### **108TH SESSION OF THE EXECUTIVE BOARD (23 MAY 2001)**

81. The Executive Board began its session by reviewing the outcome of the Fifty-fourth World Health Assembly. Overall, it was felt that the Health Assembly had covered a heavy agenda with a large number of important subjects. Many delegates commented positively on its organization. The two committees had dealt with extensive agendas under very able chairpersons. The presence of the Secretary-General of the United Nations at the plenary was welcomed, as were the speeches of the two invited speakers. The round tables on mental health were considered to have been successful. The overall spirit of the WHA had been collaborative and consensual, even though some items on the agenda had been highly controversial.

82. Under Technical and health matters, the Director-General reported on the next steps to be taken in intensifying the response to health conditions associated with poverty. Tackling this challenge will require a massive scaling-up of national and international activities. This will entail making existing interventions more widely available and speeding up research and development of new drugs, vaccines, diagnostic tools and essential technologies. Above all, it will require an increase in the level of funding from governments and the international community. During the past two years, there has been greater political support for efforts to control diseases that keep people in poverty. WHO has played a leading role in all the summits where the framework for action has been developed. This framework covers six components: the provision of new resources for essential global functions; a model list of essential drugs; mechanisms for the transfer of resources; building up health systems; monitoring results; and social mobilization. In the coming months, WHO will move to give effect to this framework.

#### ***Repercussions on work in the European Region***

83. *It has been decided to include an item on Poverty and health on the agenda of the fifty-first session of the Regional Committee.*

84. *Under Staffing matters, the representative of the WHO Headquarters Staff Association addressed the Executive Board concerning personnel policy and conditions of service. The Director-General's response to the issues raised by the Staff Association was submitted to the Board in writing. In addition, the Executive Board confirmed the amendments of the Staff Rules with regard to the Standards of Conduct for staff members and the level of the education grant, and adopted resolution EB108.R1.*

85. *Under Management and financial matters, the membership of committees of the Executive Board (such as the Programme Development Committee, the Administration, Budget and Finance Committee, the Audit Committee, the Standing Committee of Nongovernmental Organizations, and the Foundations Committee) were reviewed and vacant positions were filled. It was also decided that the 109th session of the Executive Board would be convened on 14 January 2002 and would close not later than 21 January 2002, and that the Fifty-fifth World Health Assembly would be convened on 13 May 2002 and would close not later than 18 May 2002. Lastly, the reports on meetings of expert committees and study groups were reviewed, as information items.*

*Annex I*

LIST OF DECISIONS AND RESOLUTIONS ADOPTED BY EB107 AND EB108<sup>2</sup>

**I. Decisions adopted by EB107**

- |           |   |
|-----------|---|
| EB107(1)  | Review of nongovernmental organizations in official relations with WHO  |
| EB107(2)  | Measures to be taken for facilitating the participation of nongovernmental organizations in the work of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control |
| EB107(3)  | Provisional agenda for the Fifty-fourth World Health Assembly   |
| EB107(4)  | Date and place of the 108th session of the Executive Board  |
| EB107(5)  | Award of the Léon Bernard Foundation Prize  |
| EB107(6)  | Award of the Ihsan Dogramaci Family Health Foundation Prize and Fellowship  |
| EB107(7)  | Award of the Sasakawa Health Prize  |
| EB107(8)  | Award of the United Arab Emirates Health Foundation Prize   |
| EB107(9)  | Award of the Francesco Pocchiari Fellowship   |
| EB107(10) | Award of the Dr A.T. Shousha Foundation Prize   |

**II. Resolutions adopted by EB107**

- |           |  |
|-----------|--|
| EB107.R1  | General programme of work  |
| EB107.R2  | Strengthening nursing and midwifery  |
| EB107.R3  | Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution: special arrangements for settlement of arrears |
| EB107.R4  | Casual income  |
| EB107.R5  | Real Estate Fund   |
| EB107.R6  | Financial Rules  |
| EB107.R7  | Confirmation of amendments to the Staff Rules  |
| EB107.R8  | Health systems performance assessment  |
| EB107.R9  | Confirmation of amendments to the Staff Rules  |
| EB107.R10 | Salaries of staff in ungraded posts and of the Director-General  |
| EB107.R11 | Confirmation of amendments to the Staff Rules  |
| EB107.R12 | Schistosomiasis and soil-transmitted helminth infections   |
| EB107.R13 | Global health security: epidemic alert and response  |
| EB107.R14 | Relations with nongovernmental organizations   |
| EB107.R15 | International classification of functioning, disability and health   |
| EB107.R16 | Infant and young child nutrition   |

**III. Resolution adopted by EB108**

- |          |   |
|----------|---|
| EB108.R1 | Confirmation of amendments to the Staff Rules |
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<sup>2</sup> The full text of resolutions is available from the Regional Office. The resolutions are also available on [www.who.int](http://www.who.int)

*Annex 2*

LIST OF RESOLUTIONS ADOPTED BY THE  
FIFTY-FOURTH WORLD HEALTH ASSEMBLY<sup>3</sup>

|          |  |
|----------|--|
| WHA54.1  | General programme of work  |
| WHA54.2  | Infant and young child nutrition   |
| WHA54.3  | Salaries of staff in ungraded posts and of the Director-General  |
| WHA54.4  | Unaudited interim financial report on the accounts of WHO for 2000   |
| WHA54.5  | Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution |
| WHA54.6  | Special arrangements for settlement of arrears   |
| WHA54.7  | Real Estate Fund   |
| WHA54.8  | Casual income  |
| WHA54.9  | Assessment of the Federal Republic of Yugoslavia   |
| WHA54.10 | Scaling up the response to HIV/AIDS  |
| WHA54.11 | WHO medicines strategy   |
| WHA54.12 | Strengthening nursing and midwifery  |
| WHA54.13 | Strengthening health systems in developing countries   |
| WHA54.14 | Global health security: epidemic alert and response  |
| WHA54.15 | Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine               |
| WHA54.16 | International Decade of the World's Indigenous People  |
| WHA54.17 | Assessments for the financial period 2002–2003   |
| WHA54.18 | Transparency in tobacco control process  |
| WHA54.19 | Schistosomiasis and soil-transmitted helminth infections   |
| WHA54.20 | Appropriation resolution for the financial period 2002–2003  |
| WHA54.21 | International classification of functioning, disability and health   |
| WHA54.22 | Reform of the Executive Board  |

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<sup>3</sup> The full text of resolutions is available from the Regional Office. The resolutions are also available on [www.who.int](http://www.who.int)