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

This paper gives a brief summary of the main items discussed at the 109th and 110th sessions of the Executive Board and at the Fifty-fifth World Health Assembly. Documents and resolutions mentioned in this paper are available from the Secretariat and can be downloaded from the Internet: (<http://www.who.int>).

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Introduction

1. In her address to the Fifty-fifth World Health Assembly, the Director-General underlined the importance of the report of the Commission on Macroeconomics and Health, which she viewed as a turning point – health has now been given the central role in sustainable development. The Commission is supporting a comprehensive global approach with specific goals and time frames. The emphasis is on results, to be achieved by investing money where it makes a difference. Through the Global Fund, the international community will support programmes to control HIV/AIDS, tuberculosis and malaria. Countries will have to prioritize, but the Commission estimates that the aggregate additional cost of scaling up interventions in low-income countries is in the order of US \$66 thousand million per year, with around half of this amount coming from donors. The central role of health is expected to be confirmed at the World Summit on Sustainable Development (Johannesburg, September 2002), where the links between health and poverty will be emphasized.

2. There were two invited speakers at the Health Assembly: Carol Bellamy, Executive Director of the United Nations Children’s Fund (UNICEF) and Jeffrey Sachs, Chairperson of the Commission on Macroeconomics and Health. There was strong support for the Commission’s report, and WHO’s help was requested to carry forward its work at country level. At the Health Assembly, a general consensus emerged to scale up the fight against diseases of poverty.

Health strategy matters

Intensifying the response to health conditions associated with poverty, including the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

3. WHO’s collaboration with the transitional working group and its involvement in the design and development of the Global Fund were presented at the one hundred and ninth session of the Executive Board (EB109). The Fund will be an independent entity. Organizations of the United Nations system, e.g. WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS), will support the operation of the Fund through technical expertise at global and country levels. The World Bank will be the Trustee of the Fund. Its governance, country processes, criteria for assessing the eligibility of proposals and a technical review process have been agreed upon.

4. To respond to the Executive Board’s recommendations, WHO will provide support to countries in exploring options for increasing the level and impact of health investments, as a means of promoting development and reducing poverty.

5. At the World Health Assembly, delegates expressed a desire for WHO to take a strong leadership role, especially on technical matters. The Global Fund should supplement but not duplicate existing funding mechanisms. WHO was also asked to help countries prepare high quality proposals and build up their capacity to manufacture drugs. During the discussion on the Global Strategy on HIV/AIDS (leading to the adoption of resolution WHA55.12), arguments were put forward for making antiretroviral drugs available in developing countries and for strengthening the health system’s capacity, and WHO was called on to help reduce mother-to-child transmission of HIV.

6. The European Region is willing to take up the challenge posed by responding to health conditions associated with poverty, including the Global Fund. It is important to understand that poverty in Europe has specific features that need to be properly taken into account when addressing health-related issues in general, and HIV/AIDS, tuberculosis and malaria in particular. In line with the strategy for working with countries (“Matching services to new needs”) approved by the Regional Committee for Europe at its fiftieth session, the Regional Office is helping countries find solutions tailored to their needs.

7. The European Region wants to play an active role in securing access to and use of recently established funds to fight poverty-related diseases. A working group has therefore been set up, and is taking into consideration several case studies on poverty that were recently prepared at the request of the Member States. Country-based staff from the Regional Office are intensively involved in local efforts related to the preparation of proposals. Technical inputs will accordingly be made at the next meetings of the Global Fund's Board in September 2002 (focusing on policy issues) and November 2002 (to consider the next round of proposals).

8. WHO's contribution to achieving the goals of the United Nations Millennium Declaration was discussed, leading to the adoption of resolutions WHA55.19 and WHA55.11 (on health and sustainable development). A United Nations-wide campaign to support countries in attaining all the development goals set out in the Millennium Declaration will be launched at the World Summit in Johannesburg.

9. The Global Alliance for Vaccines and Immunization (GAVI) was supported, and WHO was called on to help countries improve access to medicines and to provide technical support with the establishment of drug pricing policies. Resolution WHA55.14 was adopted.

10. Staff from the European Region will participate in WHO's delegation to the World Summit on Sustainable Development, and its main messages and recommendations will be taken forward to the next European Conference on Environment and Health, to be held in Budapest in 2004. The European Region also participates fully in the GAVI initiative.

Public-private interactions for health

11. The document submitted to the Board (EB109/4), as well as the ensuing discussion, underlined the fact that WHO's future work in this area will focus on support to Member States: commodity donation programmes; lower prices for commodities (e.g. life-saving medicines for the poorest countries); product research and development; corporate workplace health programmes, etc.

12. Any interaction between WHO and the private sector will have to be accompanied by a clear statement of purpose. WHO staff (including those at the Regional Office) will also receive briefing and training on this subject. As a first step, guidelines for staff have been developed and published on WHO's intranet; they will be regularly updated. Training modules have also been developed. The submission of a declaration of interest form will be standard practice for all senior staff and WHO experts participating in meetings.

The role of contractual arrangements in improving health systems' performance *(resolution EB109.R10)*

13. The Organization will develop an evidence base to permit evaluation of the impact of different types of contractual arrangements on improving health systems' performance. WHO will provide technical support to develop capacity and expertise in this area.

14. In the European Region, a paper on privatization (EUR/RC52/10) is being submitted to the Regional Committee at the present session. Work will continue in the light of the discussion and guidance received from the Regional Committee.

Quality of care: patient safety *(resolution WHA55.18)*

15. The resolution adopted by the Health Assembly recognizes the need to promote patient safety as a fundamental principle of all health systems. The Director-General is requested to develop global norms and standards for the definition, measurement and reporting of adverse events in health care, and to provide support to countries in developing reporting systems and implementing measures to reduce risks.

16. In the European Region this resolution was generally welcomed (several European Member States had been involved in its preparation), since it addresses the growing concern about the safe use of technology, pharmaceuticals and procedures in health care systems. The Regional Office's pharmaceuticals unit will be organizing a meeting in November 2002, together with the Council of Europe and the ministries of health of the Netherlands and the United Kingdom, to address this issue. Drug regulators from the newly independent states discussed the issue at their annual network meeting in June 2002. The annual meeting of the WHO network on monitoring of adverse drug reactions will also take place in the Netherlands in October this year.

Assessment of health systems' performance (*resolution EB109.R1*)

17. The Director-General will produce an interim report to be submitted to the Executive Board in January 2003 and will present the next statistical annex for publication, after consultation, later in 2003.

WHO medicines strategy (*resolution WHA55.14*)

18. The World Health Assembly addressed the impact of international trade agreements on access to medicines. Market-based differential pricing was advocated. In the resolution that was adopted, the Director-General is requested to address the important issue of the accessibility of pharmaceuticals. At the same time, Member States are urged to reaffirm the concept of essential medicines, and the Director-General is urged to strengthen the Expert Committee on the Use of Essential Drugs, ensuring the use of science-based criteria to revise and update the list.

19. In the European Region, the work being done by WHO is already in line with the requirements of the resolution (since they were set out in an earlier resolution (WHA54.11) on the revised drug strategy) and with the recent approaches to "access to medicines". Specifically, the resolution addresses the question of updating WHO's model list of essential medicines and improves the process for doing so. The European Region, and in particular countries in economic transition, have started the process of implementing this resolution, with special attention to HIV/AIDS drugs.

The health of children and adolescents

20. A strategy on this subject is being developed, which will describe what is needed for children and adolescents to achieve their optimal health, growth and development potential. The strategy will be submitted to the Executive Board at its 111th session in 2003.

Infant and young child nutrition (*resolution WHA55.25*)

21. Childhood nutrition and implementation of the International Code of Marketing of Breast-milk Substitutes were reported on and discussed. Progress in protecting and supporting infant and young-child feeding was reviewed. Malnutrition occurs in many forms, and all of them compromise physical growth, mental development, health, performance, productivity and survival, with effects lasting throughout the child's lifespan.

22. By resolution WHA55.25 the World Health Assembly endorsed the global strategy on infant and young-child feeding and asked WHO to provide support to countries in implementing the strategy and evaluating its impact.

23. The European Region was involved in developing the global strategy and will continue to implement it. Nutrition counterparts in WHO's European Region have been informed of the resolution

and there is a link to it on the Nutrition and Food Security page of the Regional Office's Web site (<http://www.euro.who.int>).

Food safety

24. The Fifty-third World Health Assembly requested the Director-General to put in place a global strategy for the surveillance of foodborne diseases. Following a planning meeting in Geneva in 2001, the strategy (document EB109/13) was developed and presented to the Board, who endorsed it.

Diet, physical activity and health *(resolution WHA55.23)*

25. Diet, physical activity and health are key factors in preventing noncommunicable diseases (NCDs). In this resolution, the Director-General is asked to develop a global strategy in this area, within the framework of the renewed WHO strategy on NCDs, and to support Member States in establishing corresponding national strategies. A progress report is to be submitted to the Board and the World Health Assembly in 2003.

Violence and health

26. At its 109th session, the Executive Board was informed (in document EB109/15) that the first World Report on Violence and Health will be issued in the Autumn of 2002, accompanied by a summary document for policy-makers. WHO will guide public health efforts to prevent violence.

Mental health

27. The World Health Assembly adopted resolution WHA55.10 on mental health, recognizing the need to sustain the momentum on mental health and to implement WHO's global action programme on mental health.

Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health *(resolution WHA55.16)*

28. During the past two decades, Member States have expressed concern regarding the possibility of deliberate use of these agents as weapons. An alert regarding the risk usually comes from the nation's security and defence sector, while the responsibility for responding lies with the health sector.

29. In recent months, several countries' ministries of health have reported that they have increased their state of alert. Several Member States have asked WHO for advice. All WHO activities involve the closest possible coordination with national and international organizations. WHO focuses on the possible public health consequences of such an incident. The basic activity in this area is to strengthen disease alert and response systems at all levels.

30. WHO advice to Member States – in case they wish to be better prepared – is to strengthen public health surveillance and response activities. WHO's guidance to countries is set out in the document "Public health response to biological and chemical weapons" (accessible from www.who.int/emc/pdfs/BIOWEAPONS_exec_sum2.pdf). Resolution WHA55.16 asks WHO to provide tools and support for Member States in strengthening their health systems with regard to emergency preparedness and response, including disease surveillance, toxicology, risk communication and psychosocial consequences of emergencies.

31. In the European Region the Regional Office has set up a steering committee and a task force to deal with these issues. At the request of European Member States, the Regional Office organized a meeting (the second Futures Forum for high-level decision-makers, 13–14 December 2001) focusing on health cooperation in the face of terrorism. The meeting concluded with a set of recommendations for Member States, WHO and other international agencies. Another meeting was held to review the problems related to drinking-water, and the third Futures Forum (Stockholm, 27–28 June 2002) was informed of developments.

Smallpox eradication, destruction of *Variola virus* stocks (resolution WHA55.15)

32. The Executive Board noted the report of the Advisory Committee for Variola Virus Research. This Committee will continue to oversee research in this area, which should be completed as soon as possible, and a new date should be proposed for the destruction of *Variola virus* stocks. A report on the research should be submitted to the Executive Board and the World Health Assembly in two or three years' time.

Programme and budget matters

Miscellaneous income 2002–2003 (resolution WHA55.7)

33. The total shortfall of miscellaneous income in May 2001, as a result of the relief measures agreed upon under resolution WHA54.17, was US \$17 million. Since then, seven European Member States (Ireland, Luxembourg, Malta, the Netherlands, Romania, Switzerland and the United Kingdom) have responded positively to the request of the Director-General and the Regional Director for Europe to forego that relief. As a result, the shortfall has been reduced to US \$11.1 million.

34. The Health Assembly adopted resolution WHA55.7, deciding to apportion US \$21.9 million among Member States for 2002–2003. This amount represents the interest earned in respect of regular budget funds for the year ending 31 December 2001.

35. Should arrears also be paid, they will be first used to repay internal borrowings and replenish the Working Capital Fund, and the remainder (if any) will go into miscellaneous income. By May 2003 the situation will be much clearer.

Financial Incentive Scheme

36. The scheme gives a financial incentive to those Member States who pay their contributions on time. Member States will receive credit due under the old incentive scheme in 2002–2003, rather than in 2004–2005.

Financial matters (resolution WHA55.3)

37. The Health Assembly reviewed the Financial Report 2000–2001 together with the report of the External Auditor. The key points in the report are:

- extrabudgetary funding rose to US \$1500 million, from US \$931 million in 1998–1999;
- the receipt of assessed contributions in 2000–2001 reached 92%, the highest in 16 years;
- the level of arrears is still a concern: it stands at US \$147 million, of which US \$82 million are long-term;

- thanks to tighter discipline in the management of expenditure, the budget implementation rate reached 99%;
- it is imperative to replace the Organization's financial systems with modern systems that will improve the availability of information, especially at country level.

38. The External Auditor issued an unqualified opinion noting that the financial records were in general reliable and well maintained, and that adequate internal controls have been implemented. The internal audit indicates that the overall system of internal controls provides assurance that significant irregularities would be prevented and disclosed.

39. The World Health Assembly noted the improvement in the rate of collection of assessed contributions. At the same time, it was concerned at the slow progress to reduce the arrears in payment of assessed contributions.

40. In the European Region, the rate of collection is 98%, and the main problem is with the arrears of payment. Out of the 23 countries globally, nine are in the European Region, with total arrears of US \$63 million. Efforts are therefore being made to encourage European Member States to reduce their arrears and make use of the special arrangements to reschedule payments. The request of Azerbaijan to settle its arrears over a period of 10 years was approved, and the country's voting rights were restored (resolution WHA55.5).

Revolving and other long-term funds

Real Estate Fund *(resolution WHA55.8)*

41. A five-year rolling plan has been drawn up, based on long-term maintenance plans. Future budget proposals of the Director-General will also include proposals for funding the Real Estate Fund.

42. The estimated cost of the plans for 2002–2003 will be met from appropriations already approved by the World Health Assembly. A new resolution was therefore required only for the new construction at WHO headquarters and the Regional Office for the Western Pacific.

43. In the European Region, a medium-term maintenance plan has been prepared and the regional submission to the Real Estate Fund is based on this. At the Regional Office there is an overall liability of US \$2.3 million to repair and modernize the buildings, which includes upgrading the fire alarm system, controls and fire doors, renewing light fixtures and the emergency power system, refurbishing the ventilation system and cafeteria, and installing a building management system. The Regional Office submitted a request for US \$1.2 million from the Real Estate Fund for this work, which was approved.

Information Technology Fund

44. The replacement of WHO's core administrative information systems has become a priority. It has been decided that a modular approach will be followed, with systems being linked as appropriate. The process is entering its operational phase now. A small project team is being set up, which will be supplemented by staff from the regions and WHO headquarters in a spirit of global cooperation.

45. The estimated cost of US \$50 million over two biennia will be met from regular budget and programme support costs funds. A detailed cost estimate is under development.

Security Fund

46. In view of the changing environment, the United Nations General Assembly has approved an increase in the level of resources available to ensure the security and safety of United Nations staff and their dependents. The bodies of the United Nations system have agreed to share the costs involved. In

WHO, the Director-General has established a department of security coordination, which includes a field security officer.

47. The European Region also pays particular attention to security issues in order to protect its staff. Measures introduced include more extensive training and briefing both at the Regional Office and country offices, as well as the installation of a security alarm system.

Revolving Sales Fund (resolution WHA55.9)

48. Figures from the Revolving Sales Fund have so far been presented in two separate accounts in the programme budget. It was agreed that the Fund will be presented as one account only in future.

Human resources

Reform of human resources management (resolution EB109.R14)

49. The main focus in 2001 was on contract reform, and contractual arrangements have been revised with a view to further improving them.

- Performance management and development: a new system came into effect on 1 January 2002. The intention is to link the work objectives of individual staff to the wider objectives of the Organization, as encompassed in the strategic budgeting process. The new system will strengthen accountability for results. Parallel to this, a reward and recognition system is being developed.
- Grievance procedures have been streamlined and guidance panels established throughout the Organization, to ensure application of the policy on harassment in the workplace.
- Progress has been made and will continue to be made to improve the gender and geographical balance of staff. A programme is in the process of being finalized, which includes *inter alia* measurable targets, roster-building, trends analysis, and a series of recruitment tools.
- Human resource functions are being reorganized to ensure uniformity across the Organization, including a new information system. Priority is being given to a web-based recruitment system. The right balance between centralized and decentralized functions is being looked into. Staff development will also be reintegrated into human resources management.

50. The Board and the World Health Assembly endorsed the contract reform, which is consistent with the “common system” of the United Nations. Amendments to Staff Regulations and Staff Rules were also approved. Most aspects of the reform (e.g. the use of short-term, fixed-term and service appointments) will be cost-neutral, whereas the proposed term-limited appointments do have financial implications, but mainly with regard to extrabudgetary funds.

51. The main aim of the contract reform is to balance optimum programme responsiveness, administrative and financial considerations, and the need for the Organization to be a good employer in terms of social policy. The new arrangement aims to achieve this objective by providing improved conditions of service for staff on time-limited assignments, but at the same time to consider the volatile financial realities that increasingly characterize WHO programme activities.

52. In the European Region, 68% of staff members are on short-term contracts. An overall review of the short-term staffing situation in the Office is currently taking place. The review will be part of the development of a human resources plan.

53. The Health Assembly also adopted resolution WHA55.24, highlighting the need for increased representation of developing countries in the Secretariat and in expert advisory panels and committees.

Working Group to Review the Working Methods of the Executive Board

54. The Chairperson of the Working Group to Review the Working Methods of the Executive Board reported on progress to Committee B of the Health Assembly, which took note of it. The Health Assembly subsequently adopted resolution WHA55.22, on reimbursement of travel expenses for members of the Executive Board. The Chairperson of the Working Group will also give a progress report to the Regional Committee at its fifty-second session.

Annex 1

RESOLUTIONS ADOPTED BY THE EXECUTIVE BOARD AT ITS 109TH SESSION

EB109.R1	Assessment of health systems' performance
EB109.R2	Diet, physical activity and health
EB109.R3	WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration
EB109.R4	Dengue prevention and control
EB109.R5	Global public health response to the deliberate use of biological and chemical agents, and radionuclear attacks to cause harm
EB109.R6	The contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS
EB109.R7	Reimbursement of travel expenses for members of the Executive Board
EB109.R8	Strengthening mental health
EB109.R9	Centenary of the Pan American Health Organization
EB109.R10	The role of contractual arrangements in improving health systems' performance
EB109.R11	Appointment of the Regional Director for the Eastern Mediterranean Region
EB109.R12	Confirmation of amendments to the Staff Rules
EB109.R13	Salaries of staff in ungraded posts and of the Director-General
EB109.R14	Amendments to the Staff Rules
EB109.R15	Amendments to the Staff Regulations
EB109.R16	Quality of care: patient safety
EB109.R17	Ensuring accessibility of essential medicines
EB109.R18	Infant and young child nutrition
EB109.R19	Miscellaneous income
EB109.R20	Real Estate Fund
EB109.R21	Revolving and other long-term funds
EB109.R22	Relations with nongovernmental organizations

Annex 2

RESOLUTIONS ADOPTED BY THE FIFTY-FIFTH WORLD HEALTH ASSEMBLY

WHA55.1	Centenary of the Pan American Health Organization
WHA55.2	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine
WHA55.3	Financial report on the accounts of WHO for 2000–2001; report of the External Auditor, and comments thereon made on behalf of the Executive Board; report of the Internal Auditor
WHA55.4	Members in arrears to an extent which would justify invoking Article 7 of the Constitution
WHA55.5	Arrears in payment of contributions: Azerbaijan
WHA55.6	Arrears in payment of contributions: The Dominican Republic
WHA55.7	Miscellaneous Income
WHA55.8	Real Estate Fund
WHA55.9	Revolving Sales Fund
WHA55.10	Mental health: responding to the call for action
WHA55.11 and WHA55.11 Corr.1	Health and sustainable development
WHA55.12	Contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS
WHA55.13	Protection of medical missions during armed conflict
WHA55.14	Ensuring accessibility of essential medicines
WHA55.15	Smallpox eradication: destruction of <i>Variola virus</i> stocks
WHA55.16	Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health
WHA55.17	Dengue fever and dengue haemorrhagic fever prevention and control
WHA55.18	Quality of care: patient safety
WHA55.19	WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration
WHA55.20	Salaries of staff in ungraded posts and of the Director-General
WHA55.21	Amendments to the Staff Regulations
WHA55.22	Reimbursement of travel expenses for members of the Executive Board
WHA55.23	Diet, physical activity and health
WHA55.24	The need for increased representation of developing countries in the Secretariat and in Expert Advisory Panels and Committees
WHA55.25	Infant and young child nutrition