

Highlights from the seventh day of the 130th Executive Board

Geneva, 23.01.12

United Nations Conference on Sustainable Development Rio+20 (EB130/36 and EB130/Conf.Paper No.13)

The interventions by Member States on this additional agenda item and the draft decision presented by Brazil and Ecuador were mixed. While the proposed informal consultations among Member States was welcomed, the US and the EU emphasized this should not run in parallel to the process in New York. The US further believed such a consultation should be held only once rather than being a process. Switzerland recognized this but expressed full support for the consultations as they could contribute to the development of a coherent national position. They reiterated their overall position that we are not fully prepared to talk to other sectors and noted the difficulty to contribute to a process that is not led by the health sector. Thailand asked to broadcast the meeting on the web.

Brazil, Mexico, Switzerland and Estonia on behalf of the EU emphasized the importance of getting health in the Rio+20 Conference. The Rio conference should acknowledge health as a contributor to sustainable development and an indicator to measure progress. Universal Health Coverage (UHC) should be an essential part of social protection. They further pointed out the important links between the social determinants of health and sustainable development. Mexico and the EU stressed the need to shape future health goals around sustainable development.

The Director General assured Member States that WHO did not want to set up a parallel process and urged Member States to work towards policy coherence in their own government. She noted that the social pillar is the weakest of the three pillars of sustainable development (i.e. economical, social and environmental). She recognized Switzerland comment and noted that “*we should be more skillful in the use of language*”.

Click [here](#) for the PHM statement. on this agenda item.

EB Decision: *Preamble (Rio Declaration 1992, Rio Conference SDH, ...)*

1. DECIDES to convene informal ~~consultations-discussions~~ **[Canada]** among Member States ~~to debate on~~ **[US]** the contributions **[US]** ~~of~~ submitted by **[US]** WHO to the forthcoming deliberations of the United Nations Conference on Sustainable Development with a view to ensuring that health ~~has an appropriate bearing on~~ is appropriately considered in **[US]** the Conference proceedings; while fully respecting the ongoing negotiations in New York **[EU]**.

2. REQUESTS the Director-General to facilitate consultations among Member States and organize an informal meeting with Permanent Missions in Geneva for that purpose.

WHO Reform (continued)

After Member States comments and requests for clarification, a written document was provided to Member States.

The document summarizes the conclusions of the Executive Board on WHO Reform:

- **Programmes and priority setting:** programmes and priority setting will be discussed in a Member State-driven process, which will include a meeting to be held in Geneva on 27-28th February and open to all Member States. The Secretariat will provide documentation for this meeting no fewer than seven days before the meeting.
- **Governance:** as proposed following the discussion last week, Member States are invited to submit their comments on this item through a web site before 17th February (one week before the priority setting meeting, as requested by Switzerland during the discussion). Further consultations with Member States will be required on WHO's engagement with other stakeholders, including NGOs and industry, and the proposals to review and update principles governing WHO relation with NGOs, and to develop comprehensive policy frameworks to guide interaction with the private-for-profit sector, as well as non-for-profit philanthropic organizations.
- **Managerial reform:** The Secretariat will further elaborate the proposals for the predictable financing mechanism and the contingency fund, based on the feedback from the EB at the present session, and present these to the 131st EB through PBAC. Member States are invited to submit their comments on the draft evaluation policy through a web site before 17th February. Concerning stage one of the independent evaluation of WHO, the EB has welcomed the offer of the External Auditor to carry out this step, and expects that the report of stage one will be presented to the 65th WHA, and will include a proposed road map for stage two of the independent evaluation.

In preparation for the May meetings of the governing bodies, the Secretariat will prepare a consolidated report covering all aspects of WHO reform for submission to the 65th WHA. In line with the desire of the EB to strengthen the oversight of the PBAC, which already has a crowded agenda for a one day meeting, it was decided that this particular May meeting of the Committee will be extended to three days. It was also decided that the 131th Executive Board will be extended to two days to ensure adequate time to consider the reform proposals.

Agenda item 10.2 (C): Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property

Under this Agenda item, the EB discussed the progress report (contained in document EB130/35) on the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Public Health (GSPOA), adopted by resolution WHA61.21.

The EB took note of the report. There were some interventions from several EB Members and non-Members.

Burundi, speaking on behalf of AFRO, was of the view that the implementation of the action plan remained slow and insufficient in certain areas. Burundi looked forward to better funding for the GSPOA in the future, and highlighted the element on strengthening R&D as particularly important to developing countries.

Brazil commended PAHO for building a platform on challenges in the Americas in the context of the implementation of the GSPOA. Brazil noted that the WHO is approaching the deadline of 2015 for the GSPOA implementation, and said they would like to see more progress on level of indicators.

Agenda item 10.2 (D): Smallpox eradication: destruction of variola virus stocks

Under this agenda item, the EB discussed the progress report (contained in document EB130/35 Add.3). The EB took note of the report.

There were only two interventions from Member States on this agenda item, Nigeria on behalf of AFRO, and Iran, a non-EB Member.

Nigeria, speaking on behalf of AFRO, noted that resolution WHA60.1 requested a review of the membership of the Advisory Committee on Variola Virus Research, so that it includes experts from developing countries in a way which ensures geographical representation. That said, Nigeria requested that an expert from AFRO be included in the Committee.

Nigeria also expressed its concerns that variola virus might exist elsewhere, besides the known stocks, and that it could be released with the purpose of causing harm, and called for measures to prevent unauthorised access to the virus.

Iran expressed its concern regarding the report, saying that according to the Review on smallpox research conducted by the Advisory Group of Independent Experts (AGIES), there are no compelling scientific reasons for retaining the virus stocks. However, according to Iran, the recommendations of the Review had not been taken into account, and new research being conducted is inconsistent with the conclusions of the Advisory Committee on Variola Virus Research (ACVVR) and the global consensus reached on this matter.

Agenda item 10.2 (G): Viral hepatitis (resolution WHA63.18)

The EB took note of the progress report on viral hepatitis (contained in document EB130/35 Add.2), and discussed the disease as contributing to the global burden of disease, and as particularly affecting developing countries.

Cameroon, speaking on behalf of AFRO, noted that viral hepatitis is endemic in most African countries. Cameroon also gave an overview of several achievements at the viral hepatitis front in African countries e.g. moving towards safe injections practice, safe transfusions and infant immunisation with Hepatitis B vaccine.

There are still several challenges facing African countries in this regard, as pointed out by Cameroon, most of which could be met with proper health systems strengthening, such as the limited availability of accurate data, vaccine procurement and the difficulty of reaching children for immunisation.

The USA said that there is no mechanism for routine collection of information related to viral hepatitis, and that there are two issues to address: access to diagnosis and access to second line drugs that are still poorly available.