



WORLD HEALTH ORGANIZATION

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY

(Draft) A57/39
20 May 2004

First report of Committee A

(Draft)

On the proposal of the Committee on Nominations,¹ Dr Douglas Slater (Saint Vincent and the Grenadines) and Mrs A. van Bolhuis (Netherlands) were elected Vice-Chairmen, and Professor M. Mizanur Rahman (Bangladesh) Rapporteur.

Committee A held its first meeting on 18 May 2004 and its second and third meetings on 19 May 2004 under the chairmanship of Mr Ponmek Dalaloy (Lao People's Democratic Republic). During the third meeting Dr Douglas Slater (Saint Vincent and the Grenadines) later took the chair *ad interim*.

It was decided to recommend to the Fifty-seventh World Health Assembly the adoption of the attached resolutions and one decision relating to the following agenda item:

12. Technical and health matters

12.2 Surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer)

One resolution

12.3 Control of human African trypanosomiasis

One resolution

12.15 Implementation of resolutions (progress reports)

One decision entitled:

– Intellectual property rights, innovation and public health

¹ Document A57/36.

Agenda item 12.2

Surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer)

The Fifty-seventh World Health Assembly,

Having considered the report on surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer);¹

Deeply concerned about the spread of Buruli ulcer, especially among children, and its health and socioeconomic impact in poor rural communities;

Aware that early detection and treatment minimize the adverse consequences of the disease;

Noting with satisfaction the progress made by the Global Buruli Ulcer Initiative since its inception in 1998, in coordinating control and research activities among partners;

Concerned that several factors, including late detection of cases and lack of effective tools for diagnosis, treatment and prevention, impede further progress;

Mindful that achievement of two of the United Nations Millennium Development Goals, namely, to eradicate extreme poverty and hunger and to achieve universal primary education, may be hampered by the negative impact of neglected diseases of the poor, including Buruli ulcer,

1. URGES Member States in which Buruli ulcer is or threatens to become endemic:
 - (1) to assess the burden of Buruli ulcer and, where necessary, establish a control programme;
 - (2) to accelerate efforts to detect and treat cases at an early stage;
 - (3) where feasible, to build up effective collaboration with other relevant disease-control activities;
 - (4) within the context of health-system development, to establish and sustain partnerships at country level for control of Buruli ulcer;
 - (5) to ensure that sufficient national resources are available to meet control needs, including access to treatment and rehabilitation services;
 - (6) to provide training to general doctors to improve surgical skills;
 - (7) to provide training to all health workers in the prevention of disability;

¹ Document A57/5.

2. ENCOURAGES all Member States:
 - (1) to participate in the Global Buruli Ulcer Initiative;
 - (2) to intensify research to develop tools to diagnose, treat and prevent the disease, as well as to integrate Buruli ulcer into the national disease surveillance system;
 - (3) to intensify community participation in the recognition of disease symptoms;
3. CALLS UPON the international community, organizations and bodies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:
 - (1) to cooperate directly with countries in which the disease is endemic in order to strengthen control and research activities;
 - (2) to develop partnerships and to foster collaboration with organizations and programmes involved in health-system development in order to ensure that effective interventions can reach all those in need;
 - (3) to provide support to the Global Buruli Ulcer Initiative;
4. REQUESTS the Director-General:
 - (1) to continue to provide technical support to the Global Buruli Ulcer Initiative, in order particularly to advance understanding of the disease burden and to improve early access to diagnosis and treatment by general strengthening of health infrastructures;
 - (2) to foster technical cooperation among countries as a means of strengthening surveillance, control and rehabilitation services;
 - (3) to promote research on better diagnostic, treatment and preventive tools through the coordination and support by the Special Programme for Research and Training in Tropical Diseases.

Agenda item 12.3

Control of human African trypanosomiasis

The Fifty-seventh World Health Assembly,

Recalling resolutions WHA50.36 and WHA56.7;

Having considered the report on human African trypanosomiasis;¹

Deeply concerned by the resurgence of African trypanosomiasis and its devastating effect on human and livestock populations on the African continent;

Recognizing that the human form of this disease constitutes a major public health problem because of its invariably fatal outcome in untreated cases, the frequency of permanent neurological impairments in treated cases including, especially, permanent mental and psychomotor impairments in children, and its propensity to occur in epidemics;

Further concerned by the growing problems of drug resistance and treatment failure;

Welcoming the high level of political commitment to combat human African trypanosomiasis expressed by government leaders of countries in which the disease is endemic;

Further welcoming the renewed commitment to control this disease expressed in recent initiatives and public-private partnerships, which have greatly relieved the problem of inadequate access to existing drugs;

Noting that, although great strides are being made in controlling this disease, better control tools, including safer and more effective drugs and simplified diagnostic tests, are badly needed,

1. URGES Member States:

- (1) to continue to give high priority to the control of human African trypanosomiasis;
- (2) in endemic areas, to increase human resources and dedicated financing, drawing as appropriate on funds previously used for the purchase of drugs; and to strengthen case detection, diagnosis and treatment, and the infrastructure for doing so;

2. REQUESTS the Director-General:

- (1) to continue to refine control strategies so as to make maximum use of national and international resources and to prevent further epidemic spread;

¹ Document A57/6.

- (2) to promote among the various sectors and agencies concerned an integrated approach that takes into account the importance of vector control and of control of disease in livestock;
- (3) to continue to collaborate closely with all partners concerned, notably through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases on research to develop safer and more effective drugs and simplified tests for trypanosomal detection;
- (4) to keep the Health Assembly informed of progress in every first year of the biennium.

Agenda item 12.15

Intellectual property rights, innovation and public health

The Fifty-seventh World Health Assembly decided to request the Director-General to delay submitting the final report on the outcome of the work of the Commission on Intellectual Property, Innovation and Public Health, established pursuant to resolution WHA56.27, until the 117th session of the Executive Board (January 2006) if such additional time was necessary for the Commission to complete its work.

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