

## Sixth report of Committee A

(Draft)

Committee A held its eleventh and twelfth meetings on 23 May 2011 under the chairmanship of **Dr Walid Ammar, Lebanon**.

It was decided to recommend to the Sixty-fourth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

13. Technical and health matters

13.3 Health-related Millennium Development Goals

One resolution as amended entitled:

Working towards the reduction of perinatal and neonatal mortality

13.6 Draft WHO HIV/AIDS strategy 2011–2015

One resolution

13.9 Cholera: mechanism for control and prevention

One resolution as amended

13.11 Eradication of dracunculiasis

One resolution as amended

### Agenda item 13.3

#### **Working towards the reduction of perinatal and neonatal mortality**

The Sixty-fourth World Health Assembly,

Recalling resolution WHA58.31 advocating universal coverage of maternal, newborn and child health interventions;

Recalling the Millennium Development Goals 4 and 5, with their targets to reduce, between 1990 and 2015, under-five mortality by two-thirds and maternal mortality by three-quarters;

Recognizing the importance of the Global Strategy for Woman's and Children's Health launched in September 2010 by the Secretary-General of the United Nations and welcoming the report of the Commission on Information and Accountability for Women's and Children's Health;

Recognizing the Partnership for Maternal, Newborn and Child Health, which reflects the growing international interest in and attention to this issue, and whose objective is to coordinate and intensify national, regional and global activities along the continuum of care for maternal and child health to achieve the Millennium Development Goals;

Taking into account the request by Member States to implement the WHO Regional Strategies;

Aware that WHO Member States have undertaken a number of actions and programmes to reduce perinatal and neonatal morbidity and mortality and meet the targets set out by the MDGs, developing their respective *National Plans for the Accelerated Reduction of Maternal and Child Mortality*, to improve equitable access, timeliness, continuity and quality of health care for women of childbearing age and newborns;

Noting the conclusion of the World Health Assembly [see A64/11 Para 6 and Para 4] that there has been insufficient and uneven progress towards achieving Millennium Development Goal 5 and an increase in the maternal mortality ratio in a number of countries, and that, while there has been progress towards achieving Millennium Development Goal 4 in terms of the reduction of child mortality, progress has stagnated in relation to the reduction of perinatal and neonatal mortality;

Concerned by the limited resources for disease prevention and treatment of newborns in developing countries, which contribute to high perinatal and neonatal mortality rates;

Recognizing the evidence that early and exclusive breastfeeding significantly reduces perinatal and neonatal mortality and recalling, in this regard, the importance of the implementation of the global strategy for infant and young child feeding and resolution WHA63.23 and other related resolutions;

Recognizing that perinatal and neonatal mortality is a significant social and economic burden that seriously affects countries and in particular developing countries, that rates should be reduced both by preventing the most common problems such as prematurity, sepsis and respiratory conditions, and also by implementing basic, high-impact and low-cost interventions founded on solid scientific evidence;

Recognizing that universal access to cost-effective perinatal and neonatal health interventions, including through the application of outreach, family, community and facility-based prevention, promotion and treatment services, significantly reduces a huge proportion of perinatal and neonatal deaths worldwide;

Aware that meeting the targets of Millennium Development Goals 4 and 5 will require intense health and intersectoral efforts with a high level of political commitment,

1. URGES Member States:

(1) to ensure that health authorities in countries with high perinatal and neonatal mortality rates use their stewardship and leadership to involve other institutions and sectors, to strengthen capacity to achieve a greater reduction in avoidable neonatal and perinatal mortality in the context of improving the continuum of maternal and child health;

(2) to further promote political commitment for effective implementation of the existing national, regional and/or global plans with the application of evidence-based strategies and interventions, including the Baby-Friendly Hospital Initiative, to improve perinatal and neonatal health and increase equitable access to quality maternal, newborn and child health services;

(3) to advance perinatal and neonatal care as a priority and develop, as appropriate, plans for universal access to cost-effective interventions, including actions to address sepsis and nosocomial infections, information and behaviour change communication, skilled birth attendants and early postnatal care and early and exclusive breastfeeding;

(4) to strengthen the perinatal and neonatal mortality surveillance system including data and vital statistics collection as well as monitoring and reporting mechanisms;

2. REQUESTS the Director-General:

(1) to continue to raise awareness within the international community about the global burden of perinatal and neonatal mortality and promote, based on current best practices, targeted plans to increase access to high quality and safe health services to prevent and treat perinatal and neonatal conditions within an integrated mother and child health package including reproductive health;

(2) to strengthen regional and country level institutional capacity and human resources (including skilled birth attendants and essential newborn care, including the Baby-Friendly Hospital Initiative, to identify innovative solutions, and promote research to address the main causes of perinatal and neonatal mortality such as prematurity, sepsis, respiratory conditions and infections, in particular of nosocomial origin;

(3) to support coordination of actions with WHO relevant entities and United Nations agencies and other stakeholders and strengthen or build partnerships to promote intra and interregional collaboration in order to enhance effectiveness of action in this specific area;

(4) to provide Member States with the necessary assistance and technical advice to develop and implement national policies, plans and strategies for the prevention and reduction of perinatal and neonatal mortality, and related maternal morbidity and mortality;

(5) to report to the Sixty-fifth World Health Assembly on progress achieved in connection with the agenda item concerning the Millennium Development Goals.

## Agenda item 13.6

### Draft global health sector strategy on HIV, 2011–2015

The Sixty-fourth World Health Assembly,

Recalling resolution WHA63.19 which requested the Director-General, inter alia, to develop a WHO HIV/AIDS strategy for 2011–2015 that builds on previous WHO HIV/AIDS strategies and plans endorsed by several Health Assemblies, including resolutions WHA53.14, WHA56.30, WHA59.12 and WHA59.19;

Having considered the draft WHO HIV/AIDS strategy 2011–2015,<sup>1</sup>

1. ENDORSES the global health sector strategy on HIV/AIDS, 2011–2015;
2. AFFIRMS the vision and strategic directions of the global health sector strategy on HIV/AIDS, 2011–2015 and that the global strategy aims to guide the health sector's response to HIV/AIDS, including recommended actions at country and global levels, as well as contributions to be made by WHO;
3. WELCOMES the alignment of the global health sector strategy on HIV/AIDS, 2011–2015 with other strategies addressing related public health issues, including the UNAIDS strategy for 2011–2015;<sup>2</sup>
4. URGES Member States:
  - (1) to adopt the global health sector strategy on HIV/AIDS, 2011–2015;
  - (2) to implement the strategy according to the four strategic directions to guide national responses as described in the strategy;
5. REQUESTS the Director-General:
  - (1) to give adequate support to implementation of the global health sector strategy on HIV/AIDS, 2011–2015, including provision of support to Member States for country implementation and reporting on progress on the health sector response to HIV/AIDS;
  - (2) to monitor and evaluate progress in implementing the global health sector strategy on HIV/AIDS, 2011–2015, and to report, aligned with reporting of other UN agencies, progress through the Executive Board to the Sixty-fifth, Sixty-seventh and Sixty-ninth World Health Assemblies.

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<sup>1</sup> Document A64/15.

<sup>2</sup> *Getting to zero: UNAIDS strategy 2011–2015*. Geneva, UNAIDS, 2010.

## Agenda item 13.9

### **Cholera: mechanism for control and prevention**

The Sixty-fourth World Health Assembly,

Recalling resolution WHA44.6 on cholera, which led to the establishment of the Global Task Force on Cholera Control with the aim of providing support to Member States in reducing morbidity and mortality associated with the disease and in diminishing its social and economic consequences;

Recognizing that cholera is not being sufficiently addressed despite its prevalence in epidemic form in both endemic and non-endemic areas, causing suffering to millions, particularly among vulnerable populations, with a disease burden estimated to be 3–5 million cases and 100 000–130 000 deaths per year;<sup>1</sup>

Reiterating that the spread of cholera is a consequence of natural disasters, lack of adequate supply of safe potable water, deficient sanitation, poor hygiene, contamination of food, unplanned human settlement, especially in urban areas, absence of effective health systems, inadequate health care, and poverty;

Acknowledging that effective public health interventions such as proper and timely case management, improved environmental management, improved hygiene and sanitation behaviour, and access and appropriate use of cholera vaccines all depend on a solid system of surveillance and health-care delivery and a coordinated programmatic and multisectoral approach that includes access to appropriate health care, clean water and adequate sanitation, community involvement, open and transparent sharing of epidemiological information, and sustained policy dialogue;

Recognizing the importance of emergency preparedness planning, surveillance strengthening, early response, and meeting relevant standards defined by the work of the Sphere Project in emergencies;

Noting that, in emergency health crises, and in emergencies where the situation threatens sanitary conditions, WHO's work as the humanitarian health cluster lead necessitates close cooperation with UNICEF's responsibilities as the lead of the "WASH Cluster" (water, sanitation and hygiene);

Affirming that progress in achieving the health-related Millennium Development Goals, and particularly access to safe drinking-water and sanitation under Goal 7 (Ensure environmental sustainability), would decrease the occurrence and spread of cholera, and that improving prevention and control of cholera will have a positive effect on other diarrhoeal diseases;

Recognizing that control of cholera is now entering a new phase with the development of safe, effective and potentially affordable oral cholera vaccines, and that this approach is complementary to,

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<sup>1</sup> Weekly epidemiological record, 2010, **85**(13): 117–128.

and should not substitute for, the existing effective prevention and control measures that are based on improved access to potable water, sanitation and hygiene,

1. URGES all Member States:<sup>1</sup>

(1) to consider health, hygiene, water, sanitation and environmental issues as integral and interrelated parts of development policies and plans, and accordingly to allocate resources and undertake action, including health and hygiene education and public information in order to prevent the risks of cholera epidemics occurring or to diminish these risks, giving due attention to the situation and needs of population groups most at risk;

(2) to strengthen surveillance and reporting of cholera in accordance with the International Health Regulations (2005), and effectively to integrate surveillance of cholera into overall surveillance systems by building local capacities for data collection and analysis and encompassing information on crucial determinants such as water sources, sanitation coverage, environmental conditions and cultural practices;

(3) to work towards mobilizing sufficient technical and financial resources for coordinated and multisectoral measures for preparation, prevention and control of cholera, as well as other diarrhoeal diseases, in both endemic and epidemic situations, within the framework of health system strengthening and sector-wide approaches, and in the spirit of international solidarity;

(4) to involve the community and to scale up advocacy measures in view of the intersectoral nature of the disease;

(5) to refrain from imposing on affected or at-risk countries any trade or travel restrictions that cannot be justified on the grounds of public health concerns, in line with Article 43 of the International Health Regulations (2005);

(6) to undertake planning for and give consideration to the administration of vaccines, where appropriate, in conjunction with other recommended prevention and control methods and not as a substitute for such methods;

2. REQUESTS the Director-General:

(1) to strengthen and enhance measures to ensure that the Organization continues to respond expeditiously and effectively to the needs of the countries affected by or at risk of outbreaks of cholera;

(2) to revitalize the Global Task Force on Cholera Control and to strengthen WHO's work in this area, including improved collaboration and coordination among relevant WHO departments and other relevant stakeholders;

(3) to strengthen the coordination of international assistance during cholera epidemics in terms of equipment, human and financial resources in order to ensure an effective and quick response, and to prioritize close collaboration with other clusters including, but not limited to,

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<sup>1</sup> And, where applicable, regional economic integration organizations.

the WASH cluster and logistics, in order to maximize the effectiveness of the overall multilateral humanitarian response;

(4) to provide technical support to countries for building their capacity to undertake effective control and prevention measures, including surveillance, early warning and response, laboratory capacity, risk assessment, case management, data collection and monitoring, and effective vaccine deployment;

(5) to further promote research, and encourage surveillance, on the emergence of altered variants and drug-resistant strains of *Vibrio cholerae*, as well as to consider safe and effective innovations in oral rehydration therapy that can provide additional benefit in treatment outcome;

(6) to promote ongoing interventions to change behaviour and food and water safety measures, including training and advocacy programmes, in order to improve sanitary and hygienic practices as critical components of cholera prevention and control;

(7) to continue to support further research on safe, efficacious and affordable cholera vaccines, and to promote transfer of relevant vaccine manufacturing technologies to countries affected by or at risk of cholera in order to build capacity for local production of cholera vaccines;

(8) to develop updated and practical evidence-based policy guidelines, including on the feasibility and assessment of the appropriate and cost-effective use of oral cholera vaccines in low-income countries and on the definition of target groups;

(9) to liaise with relevant international funding agencies on possible support for introducing effective cholera vaccines in low-income countries;

(10) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the global cholera situation and to evaluate efforts made in cholera prevention methods and control.



## Agenda item 13.11

### **Eradication of dracunculiasis**

The Sixty-fourth World Health Assembly,

Having considered the report on dracunculiasis;<sup>1</sup>

Recalling resolutions WHA39.21 and WHA42.29 on elimination of dracunculiasis and WHA44.5, WHA50.35 and WHA57.9 on eradication of dracunculiasis;

Recalling that health ministers of countries that were endemic for dracunculiasis in 2004 signed, during the Fifty-seventh World Health Assembly, the Geneva Declaration for the Eradication of Dracunculiasis by 2009;

Noting the resolutions on the eradication of dracunculiasis adopted by the Regional Committee for Africa;<sup>2</sup>

Noting with satisfaction the excellent results achieved by the countries where dracunculiasis is endemic in decreasing the number of cases from an estimated 3.5 million in 1986 to 3190 reported cases in 2009 and less than 1800 reported cases<sup>3</sup> in 2010;

Encouraged that only four countries remained endemic for dracunculiasis at the end of 2009, all in sub-Saharan Africa, and that 187 countries and territories have been certified free of dracunculiasis transmission;

Congratulating all parties concerned, particularly UNICEF and The Carter Center, for increasing the availability of safe drinking-water, improving surveillance case detection and case containment, strengthening other interventions and expanding public awareness of the disease,

1. ENDORSES the strategy of intensified surveillance, case containment, use of cloth and pipe filters, vector control, access to safe drinking-water, health education and community mobilization;
2. CALLS ON the remaining Member States where dracunculiasis is endemic to intensify their eradication efforts, including active surveillance in villages where the disease is endemic and surveillance in dracunculiasis-free areas, prevention measures and political support at the highest levels;
3. CALLS ON Member States that have already been certified as free from dracunculiasis and those that are in the pre-certification stage to intensify surveillance for the disease and report the results regularly, and to notify WHO within 24 hours of any case detected and the alleged country of origin of the case;

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<sup>1</sup> Document A64/20.

<sup>2</sup> Resolutions AFR/RC38/R13, AFR/RC41/R2, AFR/RC43/R9, AFR/RC44/R8, and AFR/RC45/R8.

<sup>3</sup> Provisional figures.

4. URGES Member States, UNICEF, The Carter Center and other appropriate partners to support the remaining countries where dracunculiasis is endemic in their efforts to stop its transmission as soon as possible, with, inter alia, provision of adequate resources for interrupting transmission and eventual certification of eradication of the disease;
5. REQUESTS the Director-General:
  - (1) to garner support for the remaining countries where dracunculiasis is endemic in their efforts to stop its transmission as soon as possible, with, inter alia, provision of adequate resources for interrupting transmission and certification of eradication of the disease;
  - (2) to support surveillance in dracunculiasis-free areas and countries until global certification of eradication;
  - (3) to closely monitor the implementation of this resolution and report progress through the Executive Board to the Health Assembly every year until eradication of dracunculiasis is certified.

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