

Seventh report of Committee A

(Draft)

Committee A held its thirteenth meeting on 24 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 resolution and decision relating to the following agenda items:

13. Technical and health matters

13.10 Malaria

One resolution as amended

13.8 Smallpox eradication: destruction of variola virus stocks

One decision

Agenda item 13.10

Malaria

The Sixty-fourth World Health Assembly,

Having considered the report on malaria;¹

Recalling resolutions WHA58.2 on malaria control and WHA60.18 that established World Malaria Day;

Recognizing that increased global and national investments in malaria control have yielded significant results in decreasing the burden of malaria in many countries, and that some countries are moving towards elimination of malaria;

Aware that recent successes in prevention and control are fragile and can only be maintained with sufficient investment to fund global malaria control efforts fully;

Realizing that current approaches to malaria prevention and control, when fully implemented in an integrated manner, are highly effective, rapidly make an impact, and contribute to stronger health systems and the achievement of the health-related Millennium Development Goals;

Acknowledging that full expansion of malaria control and prevention activities will need adequately-resourced national programmes functioning within effective health systems that provide for an uninterrupted supply of quality-assured commodities and services;

Conscious that many countries continue to have unacceptably high burdens of malaria and must rapidly increase prevention and control efforts in order to reach the targets set by the Health Assembly and the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Cognizant that strategies need to be reoriented in countries that have reduced their disease burden due to malaria in order to sustain those gains;

Recognizing that artemisinin based fixed-dose combinations are highly preferable to the loose individual medicines co-blistered or co-dispensed;

Mindful that antimalarial prevention and control rely heavily on medicines and insecticides whose utility is continuously threatened by the development of resistance of plasmodia to antimalarial agents and of mosquitoes to insecticides;

Stressing that WHO and relevant technical partners should identify and address obstacles impeding manufacturers of artemisinin-based combination therapy (ACT) in malaria-endemic countries from achieving prequalification;

¹ Document A64/19.

Recognizing the resolution adopted at the 18th Roll Back Malaria Board Meeting on ACT Manufacturing in malaria-endemic countries,¹

1. URGES Member States:

(1) to keep malaria high on the political and development agendas, to advocate strongly for adequate and predictable long-term financing for malaria control, and to sustain national financial commitments for malaria control in order to accelerate implementation of the policies and strategies recommended by WHO, thereby achieving Target 6.C of Millennium Development Goal 6, and contributing to Millennium Development Goals 4 and 5 as well as other targets set by the Health Assembly in resolution WHA58.2;

(2) to undertake comprehensive reviews of malaria programmes as an essential step in developing strategic and operational plans for achieving and maintaining universal access to and coverage of malaria interventions, notably:

(a) recommended vector-control operations for all people at risk, and maintenance of effective coverage particularly through (i) replacement and continuous provision of long-lasting insecticide-treated bednets, and targeted communication about their usage, and/or (ii) regular application of indoor residual spraying with insecticides, in accordance with WHO regulations;

(b) prompt diagnostic testing of all suspected cases of malaria and effective treatment with artemisinin-based combination therapy of patients with confirmed falciparum malaria in both the public and private sectors at all levels of the health system, including the community level, and to use the expansion of diagnostic services as an opportunity to strengthen malaria surveillance;

(3) in order to sustain the advances in malaria control, to take immediate action to combat the major threats, namely:

(a) resistance to artemisinin-based medicines, by strengthening regulatory services in the public and private sectors, working to halt the use of oral artemisinin-based monotherapies and substandard medicines not meeting WHO prequalification standards or strict national regulatory authority standards, introducing quality-assurance mechanisms, and improving supply-chain management for all malaria commodities and services;

(b) resistance to insecticides, by adopting best practices such as rotation of insecticides used for indoor residual spraying and using insecticides approved for indoor residual spraying from insecticide classes other than pyrethroids and compounds sharing cross-resistance with pyrethroids when technically appropriate alternatives are available in areas where usage of insecticide-treated bednets is high;

(4) to use the expansion of interventions for malaria prevention and control as an entry point for strengthening health systems, including laboratory services, maternal and child health

¹ Resolution RBM/BOM/2010/RES.129.

services at peripheral health facilities, integrated management of illnesses at the community level, and timely and accurate surveillance;

(5) to maintain core national competencies for malaria control by sustaining a strong cadre of malaria experts, including entomologists, at all levels of the health-care system, where appropriate;

(6) to comply with existing commitments and international regulations on the use of pesticides, in particular the Stockholm Convention on Persistent Organic Pollutants (Stockholm, 2004);

(7) to increase funding for research and development in malaria prevention, control and treatment;

(8) to promote scaling up of Artemisinin-based Combination Therapy, where appropriate, either as fixed-dose combinations or co-administration of two separate drugs, with a system to ensure high level of adherence to treatment, taking into account the local evidence on effectiveness, cost-effectiveness, availability and affordability, regulatory capacity, budget burden, feasibility and long term sustainability;

2. CALLS upon the international partners, including international organizations, financing bodies, research institutions, civil society, and the private sector:

(1) to ensure adequate and predictable global funding so that the global malaria targets for 2015 can be met and malaria-control efforts can be sustained in order to contribute to attaining the health-related Millennium Development Goals;

(2) to harmonize the provision of support to countries for implementing WHO-recommended policies and strategies based on local endemicity of malaria, using commodities that meet WHO prequalification standards or strict national regulatory authority standards, in order to secure universal access with vector-control and other prevention measures, diagnostic testing of suspected cases of malaria, and rational treatment of patients with confirmed malaria, as well as timely malaria surveillance systems;

(3) to support initiatives for the discovery and development of new medicines and insecticides to replace those whose usefulness is being lost through resistance, and to support both basic research on innovative tools for control and elimination of malaria (including vaccines) and operational research to overcome constraints limiting the expansion and practical effectiveness of existing interventions;

(4) to collaborate with WHO in order to support countries in accomplishing malaria goals and to progress to elimination;

(5) to focus on particularly vulnerable populations in high-burden countries, such as tribal people threatened by forest malaria and people in fragile situations;

(6) to work together to support infrastructure development and the training of the pharmaceutical manufacturers from countries endemic for malaria in order to increase access to cost-competitive artemisinin-based combination therapies that meet international quality standards, provided such assistance is made available in accordance with clear and transparent

protocols for the selection of manufacturers to receive this assistance, and that such assistance is provided in a strategic, prioritized, and transparent way;

3. REQUESTS the Director-General:

(1) to support the development and updating of evidence-based norms, standards, policies, guidelines and strategies for malaria prevention, control and elimination in order to chart a course for reaching the 2015 malaria-related targets set by the Health Assembly and in the Millennium Development Goals, and for responding to the rapidly declining burden of malaria;

(2) to monitor global progress in control and elimination of malaria and provide support to Member States in their efforts to collect, validate and analyse data from malaria surveillance systems;

(3) to provide support to countries in defining their human resource needs and strengthening human resource capacity for malaria and vector control at national, district and community levels by revitalizing international training courses and subregional training networks and promoting adequate systems of supervision, mentoring and continuing education;

(4) to provide support to Member States in identifying new opportunities for malaria control, as well as combating major threats, notably plasmodial resistance to antimalarial agents and mosquito resistance to insecticides, through the development and implementation of the Global Plan for Artemisinin Resistance Containment and a global plan for the prevention and management of insecticide resistance;

(5) to promote transfer of technology to manufacturers of artemisinin-based combination therapies in malaria-endemic countries and to strengthen their capacity to meet WHO prequalification standards, provided such assistance is made available in accordance with clear and transparent protocols for the selection of manufacturers to receive this assistance, and that such assistance is provided in a strategic, prioritized, and transparent way;

(6) to provide support, upon request, to national regulatory authorities to strengthen their capacity in good manufacturing practices and WHO prequalification standards;

(7) to support Member States to continually monitor the progress of accessibility, affordability and use of Artemisinin-based Combination Therapy;

(8) to report to the Sixty-sixth and Sixty-eighth World Health Assemblies, through the Executive Board, on implementation of this resolution.

Agenda item 13.8

Smallpox eradication: destruction of variola virus stocks

The World Health Assembly decided to strongly reaffirm the decisions of previous health assemblies that the remaining stocks of variola virus should be destroyed.

The Health Assembly also reaffirmed the need to reach consensus on a proposed new date for the destruction for the variola virus stocks, when research outcomes crucial to an improved public health response to an outbreak so permit.

It also decided to include a substantive item “smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the Sixty-seventh World Health Assembly through the Executive Board following the Sixty-sixth Health Assembly.

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