RESOLUTIONS

WHA57.1 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;

¹ Document A57/5.
(6) to provide training to general doctors to improve surgical skills;

(7) to provide training to all health workers in the prevention of disability;

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, and 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 infrastructure;

   (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 coordination by, and support from, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

(Seventh plenary meeting, 21 May 2004 – Committee A, first report)