

THIRTEENTH MEETING**Tuesday, 24 May 2011, at 09:20****Chairman: Dr W. AMMAR (Lebanon)****1. SIXTH REPORT OF COMMITTEE A: Item 8 of the Agenda (Document A64/63 (Draft))**

Dr KULZHANOV (Rapporteur), read out the draft sixth report of Committee A.

Mr MÉSZÁROS (Hungary) noted that the report contained a technical error regarding the resolution on the health-related Millennium Development Goals. In the ninth preambular paragraph bis, the European Union had requested that the term: “neonatal survival interventions” be changed to “neonatal health interventions”.

Speaking on behalf of the European Union, he thanked Brazil for its initiative and the request to cosponsor the resolution on the draft global health sector strategy on HIV, 2011–2015. However, as he understood it, cosponsorship was no longer legally possible. He therefore asked for this oral request to cosponsor the resolution to be entered in the records of the meeting.

The CHAIRMAN said that the correction would be made as stated by the delegate of Hungary.

The report was adopted.

2. TECHNICAL AND HEALTH MATTERS: Item 13 of the Agenda (continued)

Malaria: Item 13.10 of the Agenda (Documents A64/19 and EB128/2011/REC/1, resolution EB128.R13) (continued from the twelfth meeting)

Dr DOLEA (Assistant Secretary) read out the seven proposed amendments to the draft resolution. A new seventh preambular paragraph bis agreed by the informal working group would read: “Recognizing that artemisinin-based fixed-dose combinations are highly preferable to the loose individual medicines co-blistered or co-dispensed”.

In subparagraph 1(1), the delegate of Switzerland had proposed adding, in the fifth line after “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”. In subparagraph 1(2a), the delegate of the United States of America had proposed the following amendments in the second line after “effective coverage”: to insert the words “particularly through (i) replacement and continuous provision of long-lasting insecticide-treated bednets and targeted communication about their usage,” followed by “and/or (ii) regular application of indoor residual spraying with insecticides”. Subparagraph 1(7)bis, as agreed by the informal working group, would read: “to promote scaling up of artemisinin-based combination therapy, where appropriate, either as a fixed-dose combination or as co-administration of two separate drugs, with a system to ensure a 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”.

In subparagraph 2(6), at the end of the paragraph the delegate of the United States had proposed adding: “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”.

In subparagraph 3(5), the delegate of the United States had proposed deleting the words “in order” and replacing them with “and” so that the text read: “...combination therapies in malaria-endemic countries and to strengthen their capacity...”, and inserting at the end of the paragraph: “provided such assistance is made available in accordance with clear and transparent protocols for the selection of manufacturers to receive such assistance, and that such assistance is provided in a strategic, prioritized and transparent way”. The final amendment to subparagraph 3(6bis) would read: “to support Member States to continually monitor the progress of accessibility, affordability and use of artemisinin-based combination therapy”.

Mrs TZIMAS (Germany) proposed to further amend the proposed change in subparagraph 1(2a), by adding at the end of the subparagraph the words “in accordance with WHO regulations”.

Mr MAMACOS (United States of America), noting that request, observed that the requirement to adhere to WHO regulations was covered in subparagraph 1(6) by "to comply with existing commitments and international regulations".

Mrs TZIMAS (Germany) said that she would nevertheless prefer to keep her proposed addition to subparagraph 1(2a).

Mr MAMACOS (United States of America), at the request of the CHAIRMAN, accepted the change proposed by Germany.

The draft resolution, as amended, was approved.¹

Dr NAKATANI (Assistant Director-General), referring to paragraph 14 of document A64/19 in response to the concern raised by the delegate of Thailand as to the meaning of that paragraph, said that most large companies had stopped marketing oral artemisinin monotherapies and weak regulation of pharmaceutical markets remained a major issue. The final sentence should begin on a new line to show that it concerned facts gathered by the Secretariat.

Smallpox eradication: destruction of variola virus stocks: Item 13.8 of the Agenda (Document A64/17) (continued from the eleventh meeting, section 2)

The CHAIRMAN recalled that, at its eleventh meeting, the Committee had deferred further debate on the item pending the outcome of consideration by an informal working group of the draft resolution introduced at that meeting.

Mr DESIRAJU (India), speaking as the chairman of the informal working group, said that the informal group had held two meetings on 23 May 2011 in which 50 Member States had participated. A major area of discussion had centred on whether the Sixty-fourth World Health Assembly should decide on a final date for the destruction of the variola virus stocks held in the two authorized repositories. Most delegates had agreed that any such decision must be based on evidence and rigorous

¹ Transmitted to the Health Assembly in the Committee's seventh report and adopted as resolution WHA64.17.

scientific research, but views had differed as to when the Health Assembly should consider a review of such research and which body should be authorized to carry out the review. Suggestions for the latter had included the WHO Advisory Committee on Variola Virus Research (established by resolution WHA52.10), the Advisory Group of Independent Experts to review the smallpox programme, and a new multidisciplinary, possibly intergovernmental, expert group. Some delegates had considered that those Member States which had already confirmed to WHO the destruction or transfer of variola virus stocks in their possession should do so again, although others had felt it unnecessary for all Member States to be called upon to provide such an official written communication. In relation to the possible existence of unknown, unauthorized or as yet undiscovered variola stocks, some delegates considered that, once Member States had confirmed the destruction or transfer of stocks, it was not appropriate to discuss whether they still held stocks. The question of accidental release of such stocks had also been raised. The discussion had been marked by a high degree of engagement and commitment to the stated WHO objective of eventual destruction of remaining variola virus stocks. However, it had not proved possible to reach consensus on the text of the draft resolution, especially given the differing views on the areas he had mentioned. It had been agreed that he should report accordingly to Committee A.

Mr SILBERSCHMIDT (Switzerland) proposed that, given the continuing absence of consensus, further consideration of the item should be deferred to the Sixty-seventh World Health Assembly. In the meantime, existing Health Assembly resolutions on the matter should remain valid and continue to apply. The intervening period was not too long but would allow time for consideration of the important issues tabled for the next two Health Assemblies, and also for the Secretariat to prepare the ground with a view to obtaining consensus at that Health Assembly on a resolution on the destruction of variola virus stocks.

Mr BAEIDI NEJAD (Islamic Republic of Iran) expressed appreciation of the useful, substantive discussions in the informal working group. Deferral to the Sixty-seventh World Health Assembly, as proposed by the delegate of Switzerland, was not acceptable; it was too far in the future. The Sixty-fourth World Health Assembly had been mandated by resolution WHA60.1 to make a decision on the timing of the destruction of existing variola stocks, and it would therefore not be advisable to stipulate such a long delay before the matter was concluded. He requested that the text of any eventual proposed decision be circulated in writing.

Dr DAULAIRE (United States of America) observed that the discussions had been long and challenging. Consideration of the matter had been perceived as a difference between the countries of the North and those of the South, but most of the 27 cosponsors of the draft resolution were from the South, seven from sub-Saharan Africa. Smallpox was a matter of global consequence and global security: an issue at the heart of the responsibilities of WHO and the World Health Assembly, and, if possible, it should therefore be resolved by consensus, as it always had been in the past. The United States considered that there was strong support for the draft resolution as submitted. However, it had not proved possible to achieve consensus on the text. He looked to the Chairman and the Secretariat to uphold the principles that had been set out. The suggestion by the delegate of Switzerland was constructive but much time had been taken up by the item at the current Health Assembly, and deferral from one Health Assembly to another would not be in the best interests of reform or the timely consideration of other important public health matters.

Dr VIROJ TANGCHAROENSATHIEN (Thailand) said that opinion was so divided that it appeared unlikely that consensus could be reached, especially on the final day of the current Health Assembly. As consensus on such difficult questions required sufficient time, he proposed that, when the matter came up again at a future Health Assembly, a working group to consider the item be established immediately. Deferral to the Sixty-seventh World Health Assembly, as proposed by the

delegate of Switzerland, would entail too long a delay. He therefore proposed that the matter be tabled for discussion at the Sixty-sixth World Health Assembly.

Dr KIMANI (Kenya) proposed that the item be deferred to the Sixty-fifth World Health Assembly in 2012 and that the current Health Assembly set up a working group that would report at that time. The working group should base its discussions on the report of the meetings of the informal working group held at the current Health Assembly on 23 May 2011.

Mrs NYAGURA (Zimbabwe) said that her delegation had participated in the meetings of the informal working group and appreciated the efforts made to reach consensus on the way forward. The Health Assembly should always try to resolve such important matters, which affected global health security, by consensus. However, as further time was apparently needed, she supported the proposal made by the delegate of Switzerland.

Ms LANTERI (Monaco) said that her delegation, too, had participated in the informal working group meetings and considered that the Health Assembly should always take decisions by consensus as that was the best way to make progress. She supported the Swiss proposal, which should be set out in a decision reaffirming previous resolutions, and which would allow time for conclusion of work being undertaken and for additional informal consultations.

The CHAIRMAN said that three proposals were before the Committee, namely that further consideration on the item be deferred until the Sixty-fifth, the Sixty-sixth or the Sixty-seventh World Health Assembly. He invited comments on the deferral of the item to the Sixty-sixth World Health Assembly, as proposed by the delegate of Thailand.

Dr DAULAIRE (United States of America) said that he too looked forward to the achievement of consensus. Speakers appeared to consider that deferral for three years would leave enough time for consideration of the complex topics raised in the informal working group. The United States would certainly consult with Thailand on some of the areas mentioned by its delegation. However, such discussions were time-consuming and health officials had many other matters to handle. It would be better not to rush and thereby leave the matter unresolved again at a future Health Assembly.

The DIRECTOR-GENERAL, observing that Member States appeared to agree that, in line with previous practice, the matter should be resolved through consensus, thanked delegates for their hard work and spirit of compromise in their efforts to reach agreement. While she respected the prerogative of Member States to make decisions, she said that she was happy to facilitate further discussions. Since there appeared to be moves towards a consensus decision, she suggested that, if the Committee agreed, the meeting should be suspended to allow further informal consultations to determine whether that consensus was possible.

The CHAIRMAN said that in the absence of any objection he would take it that the Committee agreed to that suggestion.

It was so agreed.

The meeting was suspended from 10:00 to 11:25.

The DIRECTOR-GENERAL thanked Member States for their advice and their flexibility in signifying their consensus on the text of a draft decision, which included two paragraphs taken from the draft resolution and which read:

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 of variola virus stocks when research outcomes crucial to an improved public 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 World Health Assembly.

The DIRECTOR-GENERAL added that the Secretariat would continue working with Member States. She suggested that the period of the mandates of the WHO Advisory Committee on Variola Virus Research and the Advisory Group of Independent Experts to review the smallpox programme should be extended accordingly.

The draft decision was approved.¹

4. **SEVENTH REPORT OF COMMITTEE A** (Document A64/64 (Draft))

Dr YOUNES (Secretary) read out the draft seventh report of Committee A.

The report was adopted.

5. **CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

The meeting rose at 11:30.

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¹ Transmitted to the Health Assembly in the Committee's seventh report and adopted as decision WHA64(11).
