World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY
COMMITTEE B

A65/B/PSR/6
24 August 2012

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Saturday, 26 May 2012, scheduled at 09:30

Chairman: Professor M.H. NICKNAM (Islamic Republic of Iran)

CONTENTS

SIXTH MEETING

Saturday, 26 May 2012, at 09:45

Chairman: Professor M.H. NICKNAM (Islamic Republic of Iran)

1. SECOND REPORT OF COMMITTEE B: (Document A65/56)

Dr ONDARI (Secretary) read out the draft second report of Committee B.

The report was adopted.

2. THIRD REPORT OF COMMITTEE B: (Document A65/57)

Dr ONDARI (Secretary) read out the draft third report of Committee B.

The report was adopted.

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

Global mass gatherings: implications and opportunities for global health security: Item 13.8 of the Agenda (Document A65/18)

Dr SURACHART KOYADUN (Thailand) said that he admired the efforts and expertise of the Government of Saudi Arabia in protecting the safety and security of millions of pilgrims participating in the hajj every year. Following consultation with national partners, his Government had concluded that if it wished to draw up effective plans for ensuring health safety at mass gatherings, three aspects had to be taken into account: the type of event, the potential health risks, and the size and duration of the gathering. At mass gatherings in public spaces, participants needed to comply with national laws on a tobacco-free environment in order to protect the health of non-smokers; similarly, in order to reduce the incidence of alcohol-related violence and accidents, the availability of alcohol should be controlled. Sports organizers should not be allowed to permit the sale of alcohol and other harmful products at sports events, which were supposed to promote health and healthy lifestyles, but should instead align themselves with the common purpose of health promotion activities.

Dr MEMISH (Saudi Arabia), speaking on behalf of the Member States of the Eastern Mediterranean Region, stressed the importance of examining the health issues arising from mass gatherings. The hajj was a unique annual gathering that brought together 10 million people from more than 83 countries, many of whom were elderly or in need of special care. In October 2010, his Government had hosted the Global Forum on Mass Gathering Medicine. He hoped that the Health Assembly would adopt the evidence-based recommendations contained in the declaration adopted at the Forum, which should help to improve security at mass events. Given that some mass gatherings took place annually, a specialized institute should be set up to review preparatory activities and conduct research in order to help event organizers to better coordinate operations and to identify and

implement the health measures needed to check the spread of disease. His Government would be willing to host such an institute.

Dr ZAKARIAH (Ghana), speaking on behalf of the Member States of the African Region, said that the Region recognized the complex nature of the challenges and opportunities presented by mass gatherings, whether planned or spontaneous. Mass gatherings posed significant risks to health security in the Region owing to a weak health infrastructure and lack of effective control methods and support systems. Public health systems in the African Region would need continued capacity-building and restructuring, backed by the political will of governments, if they were to implement effective evidence-based risk assessment, communication and information sharing, and contingency and response planning. Strategies for dealing with mass gatherings in African countries therefore required a more complex framework than had been proposed in the Secretariat's report, which should include a strong focus on decentralized control; significant investment in information and communication technologies; and new and effective vaccines for prevention campaigns.

She urged WHO, in collaboration with its partners, to develop standards, guidelines and protocols for the implementation of preventive measures and vaccine campaigns during mass gatherings; provide technical support to countries for the development of strategies that met their sociocultural needs; build capacity for epidemiological surveillance; and develop a monitoring and evaluation framework to identify lessons learnt and share information. She requested the Secretariat to inform the Health Assembly two years hence on progress made on the recommendations set out in its report.

Dr HAO Yang (China) endorsed the analyses contained in the Secretariat's report with regard to public health planning, preparedness, risk evaluation and control, disease spread and prevention, and raising public awareness about mass gatherings. The public health security work entailed in hosting the Olympic Games in 2008 and the Shanghai Expo in 2010 had shown China that different types of gatherings in different places required different types of work. Risk analyses and evaluations should be carried out at least two years before the event in order to gather reliable disease control and prevention data. Moreover, global mass gatherings required a multi-sectoral, multi-system, multi-professional and multi-disciplinary approach, so coordination was needed with all sectors in order to have a management overview. Experiences in dealing with health security at all levels should be compiled and shared. His Government's Ministry of Health was willing to cooperate with other countries in order to contribute to global health security.

Mr STUPPEL (United Kingdom of Great Britain and Northern Ireland) said that in assessing the global health security implications of hosting the 2012 Olympic and Paralympic Games, which were expected to attract seven million visitors, the United Kingdom had benefited directly from WHO's work in that domain and from the experience of China and other countries. It was an extremely fruitful area for shared expertise and learning. His Government was proud that its Health Protection Agency had been designated as a WHO collaborating centre on mass gatherings and hoped that the 2012 Olympic Games would leave a sustainable public health legacy.

Ms KOROTKOVA (Russian Federation) said that the subject of global mass gatherings was important, not only because there was an increased risk that disease would spread during such events, but also because of the need to monitor local health conditions that might give rise to negative economic and political consequences. The Russian Federation had experience in preparing for mass gatherings, the next one being the Winter Olympics in 2014. When such events were held, her Government took into account the possibility of new, unknown diseases emerging, biological agents being used, and epidemics breaking out. Various departments and ministries worked together to deal with the possible threats and risks by taking preparatory measures and setting up laboratory networks before the mass gathering took place. The epidemiological surveillance unit put together special

mobile teams able to respond to problems wherever they arose; they had proved very successful in controlling particularly dangerous outbreaks of disease. Her Government supported the pre-emptive and preventive measures described in the report.

Dr SHOHANI (Iraq) stressed the importance of achieving global health security through the integration of national health security and food safety within the application of the International Health Regulations (2005). In support of that objective, information on communicable diseases and epidemics should be exchanged using a reliable mechanism that guaranteed the coherence of surveillance, early detection and management of diseases; follow-up activities should be undertaken , with an emphasis on global measures to prevent disease transmission and ensure effective procedures for food inspection, monitoring of travellers and mutual follow-up of disease notification between countries; and mechanisms should be developed for joint coordination and cooperation between neighbouring countries, and for the control of trade mechanisms in line with the standards set by the International Health Regulations (2005). In addition, cooperation between the regions on controlling epidemics and disease outbreaks, ensuring food safety and promoting measures would limit disease spread for surveillance, early detection and management. WHO had a role to play in strengthening health security and linking it with food security through effective partnership with countries, provision of technical advice, promotion of research and an emphasis on the role of local communities in improving health security and monitoring food security. The subject should also be given weight in relation to human rights and the achievement of the Millennium Development Goals. Priority should be given to the health of crowds, especially during ritual visits. The Ministry of Health of Iraq was supporting local authorities to protect and promote the health status of the crowds that visited holy sites every year; however, an exchange of experiences was needed with partners so that the relevant plans and policies could be developed.

Dr PACKOU (Gabon), speaking on behalf of the Member States of the African Region, said that Gabon had acquired experience in mass gatherings when it had co-hosted the Africa Cup of Nations early in 2012. Health security preparations for the Africa Cup had been assessed by a WHO support mission shortly before the event and a policy plan had been drawn up on the basis of the recommendations made. A health command post had been set up and given the task of gathering data, and strengthening and debriefing the teams on the ground. A medical coverage plan had been put in place to monitor and evaluate diseases, prevent risks of infection, ensure food health security, train food handlers, and enhance health capacities at points of entry into the country. Medical posts had been established at the country's two international airports and thousands of information leaflets produced. Hosting the Cup had strengthened both human and material health capacities and had provided an opportunity to test the effectiveness of the medical model although there had been no need to activate any catastrophic event plans. Her Government was in favour of establishing, under the auspices of WHO, a platform for exchange and collaboration among countries habitually hosting or planning to host mass gatherings.

Mr KOLKER (United States of America) said that the emphasis in the Secretariat's report on the opportunities, as well as the risks and challenges, associated with mass gatherings was particularly welcome. The most commonly reported health problems at mass gatherings, which included injuries, respiratory and cardiac problems and alcohol and drug effects, could be dealt with by on-site clinics or nearby health facilities. Fortunately, circumstances resulting in mass casualties or the transmission of communicable diseases were rare, but the potential for disease amplification and relocation existed; his Government was therefore pleased that enhanced international cooperation had become part of the planning for annual and special events. It also appreciated the training programmes and tools developed by the WHO Interdepartmental Mass Gatherings Group. The Virtual Interdisciplinary Advisory Group and WHO's Observer Programme had raised awareness of the important implications of mass gatherings and had provided expertise to event organizers. His Government was committed to

working with WHO and with Member States to ensure global health security in all areas that might be affected by mass gatherings. Public interest in such events offered a unique opportunity to communicate a wide range of health-related messages.

Mr NGANTCHA (Cameroon) said that the report gave an accurate view of the risks inherent in mass gatherings, including those arising from the particular sociocultural circumstances of African countries. However, health security issues arising from catastrophic and non-catastrophic emergencies, the latter of which were generally the result of epidemics, required clearer definition. Furthermore, a distinction should be made between short gatherings, such as festivals, football matches and funerals, and longer, planned gatherings such as the hajj. Vaccination was a vital part of disease-prevention strategies, particularly when organizing mass gatherings. National strategies should give priority to drawing up structural and emergency plans, thereby ensuring that effective and efficient preparation, prevention and intervention mechanisms were in place.

Dr EL ISMAIL LALAOUI (Morocco) welcomed the report and the suggestions made by previous speakers. Global mass gatherings had different characteristics: some were regular events with well-known dates and venues, while others were one-off events; they also differed greatly in scale. He endorsed the suggestion by the delegate of Saudi Arabia that a dedicated research institute should be established for the purpose of gaining greater understanding of the health implications of the different types of mass gatherings.

Mr ÁLVAREZ LUCAS (Mexico) said that Mexico's recent experience with mass gatherings had included the Pan-American Games, the FIFA U-17 World Cup and a visit by Pope Benedict XVI. It had received support on those occasions from PAHO and other international authorities. In terms of WHO's contribution, he requested the Organization to gather and disseminate information about similar experiences for use in planning mass gatherings; set aside funding for preparation and response; and promote the training of human resources. Those measures could help to prevent the negative health impacts resulting from exposure to toxic agents, the importation of disease associated with epidemics or pandemics, and unexpected health risks. Clarification of the concept of global health security would be welcome.

Dr YEHYA ELABASSI (Sudan) thanked Saudi Arabia, the host of the annual hajj, for offering health protection and promotion, disease prevention, and care to pilgrims. Mass gatherings involved multisectoral and multidimensional risks that went beyond health care. They presented risks and challenges, as well as opportunities to promote health education and behavioural health. His Government supported the offer by the delegate of Saudi Arabia to host a dedicated research centre to enrich global experience.

Dr Li-Jen LIN (Chinese Taipei) underscored the need to reinforce disease surveillance systems in order to communicate information on disease- and health-related incidents to participants in mass gatherings in a timely manner, and to ensure that adequate laboratory capacity was in place to meet surge capacity needs. Chinese Taipei had established a central epidemic command centre, which had played a critical role in planning for public health emergency preparedness at two global mass gatherings that had taken place while the pandemic (H1N1) 2009 influenza was active. Mass gathering preparedness and response plans should be drawn up as far in advance as possible; their content would vary according to the time and location of the event, as well as the health resources available to the host community. Intersectoral involvement was equally important. Chinese Taipei would like to participate in WHO training programmes on global mass gatherings as a means of strengthening its own capacity to respond effectively in such situations and to plan for the 2017 World University Games.

Dr NUTTALL (Global Capacities, Alert and Response) thanked Member States for their contributions and assured them that WHO was well aware of the increasing importance of mass gatherings, which had significant public health implications, both in terms of prevention and preparedness before the event and the need for response and correct management during the event. Mass gatherings required a coordinated multisectoral approach which, as indicated in the International Health Regulations (2005), was the basis for maintaining global health security. Thanking Member States for their guidance, she welcomed their request that WHO should get involved early in the planning and preparation for such events and assured them that the Organization was ready to do so. The offers of support from Member States were greatly appreciated, especially in view of the need for additional studies.

The CHAIRMAN took it that the Committee wished to note the report.

It was so agreed.

Progress reports: Item 13.16 of the Agenda (Document A65/26)

Health systems and research

A. Health system strengthening (resolutions WHA64.9, WHA64.8, WHA63.27, WHA62.12 and WHA60.27)
B. WHO's role and responsibilities in health research (resolution WHA63.21)
C. Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA61.21)

Ms KATJIVENA (Namibia) speaking on behalf of the 46 Member States of the African Region, welcomed the report on WHO's role and responsibilities in health research contained in document A65/26, and in particular the work being done on guidelines that drew on the Framework for the Implementation of the Algiers Declaration to Strengthen Research for Health: Narrowing the Knowledge Gap to Improve Africa's Health. Research was central to economic development and global health security and should therefore be multidisciplinary and intersectoral. The global health agenda should be driven by national priorities and regional agendas and supported by global and regional development banks. Research was essential in order to bring about health system strengthening and the Region appreciated WHO's call for attention to the research needs of low-income and developing countries, including through technology transfer, workforce enhancement and infrastructure development. The weakness of health systems in many countries remained a major challenge, and the lack of evidence-based information was impeding attainment of the Millennium Development Goals. A lack of institutional capacity, human resources and insufficient funding contributed to difficulties in developing national research strategic plans, functional national health research systems and supporting research policies and guidelines. The Region therefore called on WHO to scale up support, especially in the form of technical support, and to facilitate partnerships. Moreover, while it welcomed WHO's support to countries to strengthen health system research using the Evidence-Informed Policy Network (EVIPNET), only 20% of African countries had a functional network of researchers and policy decision makers through EVIPNET. It therefore urged WHO to expand support to strengthen the other countries in that regard. It was hoped that, following the 25th Meeting of the African Advisory Committee for Health Research and Development held in November 2011, a plan of action would be fast-tracked to improve poor implementation capacities and inadequate understanding of the requisites of health systems research. The African Region was committed to intensifying its efforts to initiate and support comprehensive research programmes and surveys in order to improve policy and action; to promote research on the relationship between social determinants and equity; and to promote the use and sharing of research information and results. She

urged WHO to set a timeline and targets to ensure that country-driven research agendas were in place. It was also essential to set up a monitoring and evaluation system.

Dr HIRAOKA (Japan) said that his Government appreciated WHO's efforts to strengthen health systems and attached particular importance to universal health coverage that included health-related human resources and health care financing. Japan's good health indicators were the result of its universal health care system which guaranteed fair access to health care services. Obstacles to health system strengthening included the flow of human resources away from front-line fields, a problem in both developed and developing countries, and inequitable distribution of human resources between urban and rural areas due to migration of skilled workers. Furthermore, in order to improve health indicators, good-quality health and medical services had to be delivered for vulnerable groups. His Government was willing to continue providing support aimed at achieving universal coverage, with due regard for human health resources.

Dr SHEKU DAOH (Sierra Leone), speaking on behalf of the Member States of the African Region, said that the Member States welcomed the global strategy and plan of action on public health, innovation and intellectual property, which aimed to increase access to medicines, vaccines and diagnostics that were important to public health. The greatest obstacles to the implementation of the global strategy in Africa were the inadequacy of well-established structures, the lack of a framework to coordinate all those involved, and the limited capacities of Member States to identify priorities. The Member States of the Region continued to face a daunting lack of capacity in the areas of innovation and intellectual property. Their research efforts did not usually meet national needs because of lack of targeted external funding and limited indigenous resources. Research centres needed to pool their resources in order to tackle regional health priorities. Further attention must be paid to the root causes of the communicable and noncommunicable diseases burden and immediate action taken to combat it. At its fifty-ninth session in 2009, the Regional Committee for Africa had suggested strengthening regional cooperation on issues related to intellectual property and to research and development of health products, including traditional medicine, to meet the specific needs of the Region. To that end, research and development networks within and across Member States had been identified and plans for launching the Pharmaceutical Manufacturing Plan for Africa were under way. Since funding for the global strategy remained uncertain, it was to be hoped that the recommendations contained in the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (document A65/24) would be implemented rapidly.

Ms CADGE (United Kingdom of Great Britain and Northern Ireland) said that, as the United Kingdom and other Member States had highlighted during the discussion on WHO reform, it was important for the Organization to demonstrate its contribution at all levels of the results chain, including outcomes and impact. Recalling the comments made at the 130th session of the Board regarding the quality of the progress report on health system strengthening, her delegation was grateful to WHO for having added to the report more information about action that had been taken to support countries in strengthening their health systems. In future, however, reports should focus more on results as that would provide clear evidence that health systems, including information systems and financing systems, were being strengthened at country level.

Mr HEROLD (Germany) welcomed the progress report on health system strengthening. The number of resolutions to which it referred and the variety of topics it covered underlined the central role of health system strengthening in shaping countries' responses to health needs. The impressive number of activities mentioned in the report testified to the important role the Organization played in guiding and supporting countries in that core area. Also welcome was the increasing emphasis on universal coverage from the perspective of financing for health and the availability of and access to

services. His Government was firmly committed to health system strengthening under its partner country cooperation strategy and would continue to maintain its human rights-centred approach.

Dr SAÍDE (Mozambique) said that his Government recognized the important role of research and scientific data in improving health, notably in achieving the Millennium Development Goals. However, its research funding was limited and it also faced additional obstacles to the implementation of research priorities, namely a shortage of trained human resources and management capacity, difficulty retaining human resources, and absence of a health research system. Having signed the Algiers Declaration to Strengthen Research for Health, his Government was preparing, with an eye to completion in December 2012, the country's first national agenda for health research, the main objectives of which were to identify priority areas, improve health research coordination and management, and attract research funding. Research institutions, international and nongovernmental organizations, civil society and decision makers were involved in drafting the agenda and he asked WHO to continue providing support in that area.

Dr GUTERRES CORREIA (Timor-Leste) said that in comparison with other Member States in the South-East Asia Region, his country lacked sufficient good-quality human resources. His Government was therefore grateful to the WHO Country Office for the support provided during the planning for the recently established health research and development cabinet in Timor-Leste. His Government had also set up an ethics team and technical committee composed of health professionals, academics and representatives of civil society. The cabinet, which was supervised by a research advisory group of national and foreign academics, had been conducting research throughout the country; it had established research focal points in community health centres and referral hospitals and assigned priority research topics and budgets to each of the country's districts with a view to encouraging new researchers to get started. It was in the process of signing a memorandum of understanding with two academic institutions in the Region. By conducting research, Timor-Leste hoped to collect the data needed to elaborate evidence-based policies, strategies and plans. Continuing support from WHO and Member States to ensure the sustainability of the cabinet would be welcome.

Dr SHOHANI (Iraq) said that it was very important for the Organization to help developing countries to participate more fully in health research activities, including in cooperation with the developed countries. WHO could support the technical and other aspects of theoretical and applied research to improve health services, including primary health care. Research could be a useful adjunct to joint WHO/country programmes, and joint regional and interregional research projects should be encouraged. His Government had implemented a programme to modernize the country's health systems and policies. The health ministry's strategic plan 2009–2013 had been updated, and its research strategy provided operational guidance on specific health problems. The emphasis in the global strategy and plan of action should be placed on individual rights of research participants and the granting of patents, which were vital to furthering research and innovation. The global strategy would help to clarify the subject for local health workers in developing countries.

Ms HALÉN (Sweden), speaking on behalf of Denmark, Finland, Iceland, Norway and Sweden, said that the progress reports were important for oversight and results-based management within WHO; in addition, their demonstration of how resolutions contributed to the achievement of Organization-wide expected results made them an increasingly powerful monitoring and evaluation tool. The starting point for a progress analysis should be the situation at the time the particular resolution was adopted, and the associated targets should be spelled out. With regard to health system strengthening, efficient and sustainable health systems offering both health promotion and disease prevention were crucial to good health. In the context of a global health architecture increasingly characterized by vertical, disease-specific initiatives, WHO had a central role to play in supporting developed and developing countries in their efforts to build efficient health systems. The Nordic

countries appreciated the increased support being provided to Member States for promoting leadership and governance for health, in particular the operative support provided in the field. She welcomed the proposed expansion in 2012 of the programme aimed at strengthening long-term support to health policy dialogue at the country level.

Ms JESSE (Estonia) thanked the Secretariat for adding information on health system performance assessment and strengthening of regulatory capacities to the progress reports, as requested by the Board at its 130th session. Performance assessment, which had been carried out by many European Member States with WHO support, was at the core of the Tallinn Charter adopted at the ministerial-level conference on health systems hosted by her Government in 2008. It was a useful tool for assessing progress and identifying weaknesses, which could guide countries in their efforts to strengthen health systems, and it was also a valuable accountability instrument. Estonia looked forward to future cooperation with WHO in that field.

Dr NORHAYATI RUSLI (Malaysia) said that her Government acknowledged the need for Member States to map activities, prioritize research and development needs, and promote research and development. She welcomed WHO's efforts to set standards and provide benchmarks for research ethics; the progress achieved in the field of innovation and protection of intellectual property; and the drive to strengthen technology transfer and career development, and to build intellectual property management capacities, which would maximize health-related innovation and broaden access to health products. Her Government supported the OPEN project initiative to deal with failure to publish negative research findings, and hoped that it could be extended to developing countries.

Ms KOCHLEF (Tunisia) said that her Government endorsed the Organization's approach to health system strengthening as reflected in the progress reports. However, greater efforts were needed at country level to implement the recommendations made, which included intensifying material and technical support to Member States, ensuring that people were at the centre of service delivery, moving towards universal coverage by drafting programmes that took account of the particular circumstances and policy orientation of each community, and enhancing health information systems in order to increase accuracy and improve follow-up. Despite its important achievements in the area of primary health care, Tunisia still needed additional support in order to reach those targets and provide high quality services.

Dr RAPEEPONG SUPHANCHAIMAT (Thailand) commended the Secretariat on developing a plan of action to support Member States in the assessment of their universal health coverage. Universal health coverage could be achieved even in countries with limited resources, provided that there was adequate health system financing, and strategies and funding for research and development. The WHO strategy on research for health should be harmonized with other global strategies to ensure its effectiveness. The Consultative Expert Working Group on Research and Development: Financing and Coordination, whose balanced and comprehensive approach merited recognition, had reported promising results in terms of a sustainable research and development financing mechanism; such a mechanism would provide an opportunity to work towards a binding instrument on health research and development focusing on diseases disproportionately affecting the developing and least developed countries. Triennial follow-up reporting to the Board on health system and research strategies should continue.

Mrs GROVES (International Alliance of Patients' Organizations), speaking at the invitation of the CHAIRMAN, said that a sustainable approach to health system design and delivery needed to be based on patient-centred health care. Patients' organizations were crucial allies in the campaign to strengthen health systems as they were well-placed to understand the realities patients faced on a daily basis. Member States should harness that resource by continuing to engage in broad consultation with

all relevant stakeholders which would, in turn, lay the foundation for the establishment of robust health policies and strategies. WHO should take the lead by involving patient groups in its own work and supporting governments in developing models of patient involvement to strengthen national health dialogue.

Dr ETIENNE (Assistant Director-General) expressed gratitude for the support received from Member States in the area of health system strengthening. Strong and well-functioning health systems were central to the achievement of universal health coverage, which was a key priority for many Member States. Vital inputs in that regard included not only appropriate health financing mechanisms but also trained, motivated and well-distributed health workers; health information systems that supported patient care, programme definition and policy-making; and a health infrastructure that gave patients access to available services – all within a context of solidarity, equity and fairness. WHO was moving increasingly towards a holistic approach to health system strengthening, with an emphasis on balance and coherence.

Efforts were under way to develop mechanisms for embedding health system research into decision-making at all levels, to build capacity for identifying gaps with a view to promoting health system research, and to provide support for the translation and dissemination of the research findings. WHO was seeking to increase the focus on results by building countries' capacity to report on the impact and outcomes of health system strengthening. Progress reports were essentially restricted in length and should therefore be read in conjunction with the more detailed performance assessments.

Dr KIENY (Assistant Director-General) said that, to the extent of its capacity, the Secretariat was committed to offering technical support to Member States in order to promote their efforts to strengthen health research systems. It looked forward to scaling up implementation of the global strategy and plan of action on public health, innovation and intellectual property, as well as to further deliberation among Member States concerning the development of appropriate mechanisms for strengthening financing and coordination of research on diseases affecting developing countries in particular.

Disease eradication, prevention and control

D. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1)
E. Eradication of dracunculiasis (resolution WHA64.16)
F. Chagas disease: control and elimination (resolution WHA63.20)
G. Viral hepatitis (resolution WHA63.18)
H. Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis (resolution WHA62.15)
I. Cholera: mechanisms for control and prevention (resolution WHA64.15)
J. Control of human African trypanosomiasis (resolution WHA57.2)
K. Global health sector strategy on HIV/AIDS, 2011–2015 (resolution WHA64.14)
L. Prevention and control of sexually transmitted infections: global strategy (resolution WHA59.19)

Dr MEMISH (Saudi Arabia) said that the progress report on the prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis was far from satisfactory because it concentrated solely on progress made. Yet, 90% of cases went undetected owing to insufficient laboratory capacity for systematic drug susceptibility testing, which was conducted only in an estimated 2% of all cases. Efforts to ensure testing for all new cases must therefore be stepped up. Treatment of diagnosed cases was another concern since second-line drugs tended to be toxic, weak and expensive medicines recovered from past decades. Another progress report including information on the overall tuberculosis response should be issued in 2014. New international targets for the post-

2015 period were needed as was a new global strategy using modern technology and innovations and taking into account such matters as general health system policies and services, research and socioeconomic perspectives.

Mr NETO (Angola), speaking on behalf of the Member States of the African Region, said that viral hepatitis was a major cause of morbidity and mortality in African countries, where it was frequently endemic and its sequelae common. The global figures for hepatitis infection ran into the hundreds of millions and the already high burden of related diseases, such as liver cancer and cirrhosis, was expected to rise. Coinfection with hepatitis B or C adversely affected the prognosis for those infected with HIV, and vice versa, and led to complex interactions with antiretroviral therapy. Such infections were common in sub-Saharan Africa, although prevalence data were scarce. Studies suggested that the hepatitis B virus in Africa was transmitted predominantly in childhood by the horizontal route. As to hepatitis A and E infections, they were usually transmitted by the faecal-oral route, signalling a need for safe drinking-water and improved sanitary and hygienic practices.

The significant progress achieved in the African Region in preventing and controlling viral hepatitis infection included the development of immunization strategies. Immunization against hepatitis B was now routine in 45 countries and regional coverage of children under the age of one year with three doses of the vaccine had increased by over 70% in a single decade, with eight countries also delivering one dose at birth. Auto-disable syringes were used and seroprevalence surveys had been launched in four countries. Remaining challenges included limited diagnostic capacity and weak surveillance systems; shortage of funding for vaccine purchases; unsafe inoculation and blood-transfusion practices; and lack of integrated prevention and control strategies. In the interest of building on the progress already achieved, he urged the Secretariat to provide continuing support to build the Region's capacity to prevent and control viral hepatitis.

Dr KUMEH (Liberia), speaking on behalf of the Member States of the African Region, said that the Member States of the Region stood by the recommendation they had made at the previous Health Assembly, namely that variola virus stocks in existing repositories should be retained in order to complete vital research. The deliberate or accidental release of the variola virus could originate from unauthorized stocks, and less than half the world's population was immunized against smallpox, despite the risk of crossover to humans of the monkeypox virus present in parts of western and central Africa. The following measures were therefore needed: preparation of global and country level preparedness and response plans to counter any release of unauthorized stocks or use of such stocks for bioterrorism; development of a global surveillance system focused on laboratory networking and vigilance; elaboration of a strong advocacy strategy to mobilize support for destruction of the virus; introduction of a carefully monitored destruction plan with realistic timelines; and consideration of sanctions for violators.

Mr KÜMMEL (Germany) said that his Government welcomed the advances made with respect to the integration of services and programmes relating to sexual and reproductive health and HIV/AIDS. Health interventions in those areas should aim towards a closely integrated approach, which should be reflected in regional operational plans, as well as in the global strategy on sexually transmitted infections. The value of an integrated approach should be made clear, in particular the importance of incorporating a human rights dimension into all HIV-prevention efforts. HIV/AIDS could not be combated effectively without tackling the stigma and discrimination associated with the disease. His Government therefore supported gender-oriented interventions aimed, inter alia, at reducing women's vulnerability to HIV infection and mitigating the negative social and economic impacts of the epidemic.

Mr NGANTCHA (Cameroon), speaking on behalf of the Member States of the African Region, said that the number of reported cases of cholera in Africa had fallen for the first time in decades. Vigilance must be increased nonetheless, as the overall situation remained worrying, especially in view of the numerous outbreaks notified to WHO since 2010. Challenges to be met included the failure to report cases on a timely basis, which had implications for surveillance and which clearly delayed response; lack of access to and quality of care and treatment; mobilization of funding, particularly in emergency situations; and the ongoing threat of outbreaks as a result of large-scale internal and cross-border population movements. The Member States of the Region endorsed resolution WHA64.15, in particular its emphasis on the need to ameliorate living conditions and ensure access to and availability of oral cholera vaccines. The planning process should be integrated into the prevention and control structure in order to make the most of available resources and stakeholder contributions.

Dr MOTEETEE (Lesotho), speaking on behalf of the Member States of the African Region, said that the increasing burden of sexually transmitted infections in the Region was often overlooked as a public health priority owing to lack of reliable data. The socioeconomic costs of that burden were substantial, constituting a drain on national health budgets and household incomes. Lacking knowledge about sexually transmitted infections, infected persons did not seek treatment, and preventive measures such as condom use were slow to be adopted. The inferior quality of services was compounded by lack of access to medicines and the widespread failure to institutionalize surveillance and monitoring of anti-microbial sensitivity. One positive aspect was that prevention and control of sexually transmitted infections was often integrated into HIV prevention and sexual and reproductive health activities. Nevertheless, the Region's health systems clearly required strengthening and an infusion of additional resources to ensure that its targets for the control of sexually transmitted diseases were attained. Other challenges included removing obstacles such as stigmatization and health workers' inadequate interpersonal skills that prevented people from seeking treatment for sexually transmitted diseases; educating the public about preventive measures; and institutionalizing drug-resistance monitoring.

Mr BLAIS (Canada) said that although his country had one of the lowest rates of tuberculosis worldwide, it continued to face a number of challenges, among them reduction of the high number of cases among populations most at risk, including First Nations. His Government's commitment to that goal was evidenced by its newly rolled-out strategy for combating tuberculosis in First Nations communities. The strategy was closely aligned with guidelines for tuberculosis prevention and control developed by Canada's Public Health Agency, in collaboration with Canadian provinces and territories, as a basis for an overall approach to tuberculosis-related activities across Canada. While rates of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis remained comparatively low in Canada, his Government would continue to support WHO's efforts to prevent and treat cases of both forms of tuberculosis at national and international levels.

Dr AGUILAR (Ecuador) said that efforts to control Chagas disease in the Region of the Americas were set to continue in the medium term and the long term. Despite the achievements of recent years with respect to interrupting the transmission of *Trypanosoma cruzi* by *Rhodnius prolixus* and *Triatoma infestans*, special attention was still needed in disease-endemic areas of Andean countries where transmission persisted; in areas where transmission had been interrupted but threatened to reoccur; in areas where secondary vector species could still transmit *T. cruzi* to humans; and in areas where *T. cruzi* was transmitted by non-domiciliated vectors. Monitoring and assessment were therefore vital to progress in combating the disease, as were additional control efforts. A biennial progress report on the situation in the Americas would serve as a valuable tool in that regard.

Dr MWANSAMBO (Malawi), speaking on behalf of the Member States of the African Region, said that the major public health problem of tuberculosis had been complicated by the advent of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. The notable achievements attained in controlling the problem were therefore welcomed by the African Region, where efforts to scale up the activities included the elaboration of a regional control framework and the organization of regional action plan workshops for countries with a high burden of multidrug-resistant tuberculosis. Where culture and drug-sensitivity testing capabilities were non-existent, training had been provided to all tuberculosis reference laboratories with a view to establishing such services routinely.

Remaining challenges for the Region included a severe lack of capacity for diagnosis since laboratories were ill-equipped to perform such activities as tuberculosis microscopy, antigenic or molecular analysis and anti-tuberculosis drug susceptibility testing. Even where second-line medicines were available despite the shortage of international suppliers for them, it was difficult to ensure patient compliance with and follow-up to the minimum two years of treatment. Infection control was another challenge; isolation facilities were generally lacking in health institutions and at the community level.

Dr NORHAYATI RUSLI (Malaysia) said that her Government's work on strengthening its strategies to curb viral hepatitis would continue, guided by WHO's recommendations in that regard. In July 2011, the Regional Office for the Western Pacific had verified Malaysia's achievement of the regional goal of reducing chronic hepatitis B infection rates to under 1% among children of five years of age and over. Her country was committed to combating hepatitis B, notably through the management of infants born to HBsAg-positive mothers and the immunization of infants and at-risk adults. Health care workers were also immunized and surveillance had been strengthened as a result of the now mandatory requirement to report cases of hepatitis B and C. She urged WHO to pursue its scientific research on the development of a hepatitis C vaccine. Current treatment was costly and WHO should take the lead in ensuring that drugs were available at affordable prices. Stronger collaboration with international organizations and relevant stakeholders would help to achieve the target of reducing the incidence of viral hepatitis more rapidly.

Ms ERSHADI (Islamic Republic of Iran) expressed her consternation at the outcome of the thirteenth meeting of the WHO Advisory Committee on Variola Virus Research, which had clearly failed to heed the conclusion drawn from WHO's major review of the smallpox situation in 2010 and the public health assessment conducted by the Advisory Group of Independent Experts to review the smallpox research programme (AGIES), namely that no compelling scientific reasons remained for the retention of variola virus stocks. Furthermore, the smallpox research programme had ended. The Advisory Committee nonetheless continued to approve a wide range of projects that employed the virus, which was inconsistent with the global consensus concerning the destruction of remaining stocks and indeed with the Committee's own conclusions. Those projects should therefore be wound down to zero by 2014 at the latest. The failure of AGIES to comment further on the smallpox research programme since reporting to the Sixty-fourth World Health Assembly was another matter of concern.

With respect to the progress report on the global health sector strategy on HIV/AIDS, 2011–2015, the fact that 97.5% of new HIV/AIDS cases occurred in low- and middle-income countries meant that they would shoulder the main burden of the disease in the years to come. Given the significant reduction in resources for combating HIV/AIDS, collaborative efforts were needed to seek solutions to emerging issues and maintain the disease's downward trend. New and inexpensive diagnostic and therapeutic measures merited careful consideration in that regard. Those measures were among the focuses of her country's third national HIV/AIDS strategic plan, in place since 2011, which also included attention to family education, high-risk groups and risk-reduction programmes.

Concerning the progress report on the global health sector strategy, her delegation wished to register a strong reservation to paragraph 126; the issues that it addressed had no place in the sociocultural contexts of countries such as the Islamic Republic of Iran.

Dr DJABAR (Chad), speaking on behalf of the Member States of the African Region, said that the statistics presented in the progress report on control of human African trypanosomiasis were encouraging but did not reflect the full reality of the situation; although some African countries had reported no new cases since 2009, others had reported up to as many as 1000. Surveillance and treatment in disease-endemic countries were hampered by weak health systems, as well as by the insecurity in certain areas and the inaccessibility of others. The absence of strategies for combating the disease threatened to compromise efforts to reduce the number of reported cases and to discourage nongovernmental organizations and donors from getting involved in bilateral cooperation. Countries still reporting cases of the disease must work with those partners to analyse and overcome weaknesses and risk factors that were hindering them from achieving the target of eradication by 2020. Support must also be provided to affected African countries to enable them to strengthen their surveillance and health systems, develop outreach strategies and promote research into new methods of fighting the disease.

Mr XABA (Swaziland) said that Swaziland had the highest burden of tuberculosis in the world and approximately 80% of tuberculosis cases were co-infected with HIV. The threat of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis had become a public health problem of unprecedented scope in some countries in the southern African region, including his own, and would become a major global threat if decisive and drastic action to combat it was not taken. Despite the progress worldwide in combating tuberculosis, gaps still remained in detection and treatment, in particular of multidrug-resistant tuberculosis. Since it was unlikely that the tuberculosis targets under the Millennium Development Goals would be met by 2015 it was vital to develop a broad new multisectoral strategy covering all forms of tuberculosis, and to set new targets based on recent advances in diagnosis and treatment. For the Sixty-fifth World Health Assembly in 2014, the Secretariat was therefore requested to carry out a comprehensive review of the global tuberculosis situation, and to provide an update on progress made at the regional and country levels, the challenges still to be met and possible new strategic approaches.

Dr SAÍDE (Mozambique) said that tuberculosis was on the rise in Mozambique and remained a serious public health issue. Recent surveys in his country had shown an increase in the incidence of drug-resistant tuberculosis. He urged the Secretariat to continue strengthening both its support for tuberculosis research and control and its advocacy for resource mobilization and a more stable supply of medicines.

Mrs OTIENO (Kenya), speaking on behalf of the Member States of the African Region, said that the Member States were endeavouring to adopt strategies that were in line with the global health sector strategy on HIV/AIDS, with particular emphasis on zero new infections, zero deaths and zero discrimination and, in particular, the elimination of mother-to-child transmission, a factor not yet included in the global strategy. The challenges of providing antiretroviral therapy were great: health systems must be strengthened to cope with the increasing number of chronically-infected persons and point-of-care viral load testing must be made available. The benefits of early treatment were well known; advocacy for antiretroviral use should therefore be stepped up and treatment and care costs calculated. Accurate, high-quality data were needed to monitor the course of the epidemic. HIV was now recognized as a chronic disease and therefore required quality integrated services. Development partners were urged to ensure that predictable external funding was available for the period covered by the global strategy.

Miss SULADDA PONGUTTA (Thailand) said that despite significant progress in combating viral hepatitis, efforts to control that disease should be integrated more closely with those to control HIV and cancer, and WHO was encouraged to lend support to that end. With regard to resolution WHA61.17 on the health of migrants, Member States should recognize the importance of migrants' health problems and include the health needs of migrants in their migration policies.

With respect to the progress report on the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, the Secretariat was requested to provide guidance on how to deal with the shortage of benzathine penicillin in many countries which, if it persisted, could hinder efforts to eradicate congenital syphilis worldwide.

Dr SAKAMOTO (Japan), emphasizing the importance of the directly observed treatment, short course (DOTS) strategy in the prevention of multidrug-resistant tuberculosis, said that it had been found that the disease burden of tuberculosis in the Asian region was higher than expected as a result of the trend of ageing populations in the Region; those findings should be taken into account in order to ensure the effective and efficient implementation of tuberculosis programmes.

Turning to the progress report on the global health sector strategy on HIV/AIDS, 2011-2015, she said that although she welcomed the progress made under the leadership of WHO, the strategy should be also aligned with the objectives of the United Nations General Assembly High-Level Meeting on AIDS.

Dr CICOGNA (Italy) said that WHO's working model on tuberculosis, which focused on the establishment of a global, standardized drug resistance monitoring and surveillance system, policy recommendations for containing drug resistance, and support for Member States in implementing those recommendations, should also be applied to other areas. The progress made in notification of cases of multidrug-resistant tuberculosis and enrolment of patients in proper treatment protocols was welcome but its pace was too slow, particularly in high burden countries. His Government was endeavouring to define, in conjunction with the WHO Secretariat, how its collaborating centres might contribute to efforts in the area of rapid diagnosis of multidrug-resistant tuberculosis. Another significant concern was the growing threat of extensively drug-resistant tuberculosis. The proposal by the delegate of Swaziland that a review of the global tuberculosis situation should be undertaken at the Sixty-seventh World Health Assembly, on the basis of a Secretariat report, was therefore welcome. A new strategy for combating tuberculosis should be drawn up to ensure continuation of efforts beyond 2015.

His Government supported the proposal of the delegate of Ecuador in respect of biennial reporting on Chagas disease to the Health Assembly.

Mr KAZI (Bangladesh) said that vaccination could be an effective means of controlling cholera, especially when safe water and adequate sanitation could not be ensured as a result of flooding or other disasters. His Government had been conducting studies on the efficacy of different control methods from a public health perspective and it had successfully completed a large trial vaccination programme in urban areas, resulting in high coverage rates. A feasibility study with regard to cholera vaccination campaigns in rural settings was also planned. The progress report had made no mention of any efforts to revitalize the Global Task Force on Cholera Control; regular updates to the governing bodies on that subject would be welcome.

Ms CADGE (United Kingdom of Great Britain and Northern Ireland) said that her Government shared the concerns expressed by many other Member States regarding the threat of drug-resistant tuberculosis, and supported the comments made by the delegate of Italy on the issue. Although there had been significant progress since 1990 built on partnership, innovation and country leadership, the global burden of tuberculosis remained considerable and the gains made would be under threat if strategic steps were not taken to tackle drug-resistant forms of the disease.

Mr VIEGAS (Brazil) said that if efforts to reduce the incidence of tuberculosis continued at the current pace, many more years would be required to eliminate it completely. He was therefore in favour of commencing discussion on a new strategy that would keep the positive aspects of the current one but also deal with issues such as social determinants, access to diagnosis and treatment for the most vulnerable populations, and tuberculosis/HIV coinfection; furthermore, the issue should be included on the agenda of the next Health Assembly.

His Government supported the proposal by the delegate of Ecuador to institute a schedule of regular reporting on Chagas disease, since it was important to build on the momentum sparked by the adoption of resolution WHA63.20.

Dr EL MENZHI (Morocco) said that the recrudescence of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis put achievement of the objectives of resolution WHA62.15 at risk. Member States were urged to implement psychosocial support programmes and adopt sustainable funding mechanisms for management and care of those two forms of tuberculosis. In addition, to facilitate implementation of the Global Plan to Stop TB 2006–2015, the Secretariat should provide strategic guidelines and technical support to Member States; facilitate the sharing of experience and exchange of information among Member States; strengthen knowledge hubs and centres of excellence; and support Member States in obtaining quality-assured second-line medicines.

Dr DAULAIRE (United States of America), noting the support expressed on behalf of the African Region for ongoing research into effective countermeasures against smallpox, said that it was regrettable that an intervention had been made by another Member State using a mistaken, selective and misleading reading of resolutions WHA60.1 and WHA64.11, both of which actually endorsed ongoing research until modern, proven and effective countermeasures had been developed. In addition, the WHO Advisory Committee on Variola Virus Research continued to act within its mandate under resolution WHA60.1.

With regard to the progress report on viral hepatitis, his Government was committed to supporting the Global Hepatitis Programme through the secondment of staff and the provision of financial and technical support, and he urged other Member States to do the same. He encouraged WHO to continue monitoring the implementation of resolution WHA63.18 on viral hepatitis at country level and to identify points of contact in each region.

Dr WILLIAMS (Barbados) said that the countries most affected by HIV/AIDS, namely the developing countries, were the least able to conduct research on that subject and were dependent on external partners, and WHO in particular, for research funding. Progress had been made in the use of antiretroviral drugs and drugs to prevent mother-to-child transmission of HIV/AIDS. Development of a vaccine should nevertheless remain a priority and pharmaceutical companies and research institutions were urged to concentrate on that task, despite the more attractive gains to be had from developing control methods. He would welcome a global programme to reduce the social stigma and exclusion experienced by people with HIV/AIDS.

Dr SHOHANI (Iraq) said that cases of HIV and tuberculosis needed to be screened early. In his country, first-line medications for tuberculosis were available and monitoring and care of patients was ensured thanks to the involvement of all stakeholders, including schools. The incidence of HIV/AIDS was low, although there were some cases resulting from contaminated blood transfusions. HIV screening and antiretroviral drugs were provided free of charge. Technical support from WHO for screening was nevertheless required in order to ensure that HIV/AIDS rates did not increase.

Dr Li-Jen LIN (Chinese Taipei) said that Chinese Taipei had, in 1984, been the first to introduce free, mass hepatitis B vaccination campaigns for infants, followed subsequently by the introduction of routine screening for pregnant women to prevent mother-to-child hepatitis B transmission. That had enabled Chinese Taipei to reach the goal set by the Western Pacific Region, namely reducing chronic hepatitis B infection rates to below 2% in children under five years of age by 2012. A pilot project for the treatment of chronic hepatitis B and C had been launched in 2000 to help to reduce the complications of liver cirrhosis and hepatocarcinoma. Despite the overall progress made, Chinese Taipei required adequate resources and commitment from partners to maintain its success.

Chinese Taipei was a long-standing advocate of efforts to prevent and control sexually transmitted infections and had compiled a list of clinics recommended for their open approach to sexually transmitted diseases.

Mr GORE (World Hepatitis Alliance), speaking at the invitation of the CHAIRMAN, commended WHO's efforts to establish the Global Hepatitis Programme and to develop a broad global hepatitis strategy. Although the strategy had yet to be formally launched, both PAHO and the Regional Office for South-East Asia had already begun developing regional strategies and it was hoped that the other regional offices would shortly follow suit. In 2010, Member States had agreed on the need to raise awareness about hepatitis in order to strengthen disease prevention and diagnosis; his organization was eager to work in partnership with Member States to do so. Participation in World Hepatitis Day on 28 July was an important aspect of that work and demonstrated Member States' commitment to tackling hepatitis.

Ms CHILDS (MSF International), speaking at the invitation of the CHAIRMAN, called on Member States to scale up screening of Chagas disease, and to diagnose and treat it at the primary health care level. Follow-up and treatment of babies born to mothers with Chagas disease was also needed. Recent breakdowns in the supply of the first-line treatment drug benznidazole had hindered the efforts of Médecins sans Frontières and national health programmes. A commitment to drug forecasting on the part of PAHO and the Latin American health ministries was needed in order to facilitate continuous and sustainable drug production. Just as it had spearheaded the public health response to HIV/AIDS, WHO should mobilize interest in the hepatitis C virus for which treatment and care guidelines were lacking. Because price was a barrier to obtaining care, wide access to and affordability of treatment needed to be ensured. On the whole, country plans on multidrug-resistant and extensively drug-resistant tuberculosis were not ambitious enough and only a small fraction of people with multidrug-resistant tuberculosis were being diagnosed and treated. Irrational use and over-the-counter availability of tuberculosis drugs in many countries made it likely that drug resistance would increase. Work on a new tuberculosis strategy should start immediately, as the current one would end in 2015. An easier to use single-dose cholera vaccine still needed to be developed. With regard to human African trypanosomiasis, insufficient surveillance in remote and insecure areas meant that disease prevalence, mortality and active transmission were undoubtedly higher than reported. She urged Member States to bolster surveillance in central African countries and to provide adequate funding to control programmes.

Dr NAKATANI (Assistant Director-General) said that the Secretariat would give consideration to the request for biennial reporting on Chagas disease but pointed out that its workload had already been increased by the newly adopted resolution on schistosomiasis. The Secretariat would consult with Member States on the development of a new tuberculosis strategy. The information requested by the delegate of Germany regarding a comprehensive approach and human rights issues was already included in the global strategy on HIV/AIDS; more information was available on the WHO HIV/AIDS department web site.

Dr NEIRA (Protection of the Human Environment) acknowledged the request made by the delegate of Thailand regarding assistance with integration of HIV issues and welcomed the offer from the delegate of Angola regarding the sharing of experience. With respect to smallpox eradication, she assured the Committee that all research using the variola virus was closely monitored and strictly regulated in accordance with the recommendations of the WHO Advisory Committee on Variola Virus Research. She took note of the request for an update on revitalizing the Global Task Force on Cholera Control and the scaling up of access to the oral cholera vaccine.

Dr BUSTREO (Assistant Director-General), having noted the comments made on the global strategy for the prevention and control of sexually transmitted infections, said that WHO planned to strengthen its efforts in areas such as improving monitoring and surveillance systems; implementing evidence-based responses, particularly for multidrug-resistant *Neisseria gonorrhoea*; and scaling up cervical cancer prevention and screening in developing countries. There was currently a new GAVI Alliance funding window for the human papillomavirus vaccine that would make new resources available to countries for the prevention and control of sexually transmitted infections.

Other

M. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12)
N. Advancing food safety initiatives (resolution WHA63.3)
O. Climate change and health (resolutions EB124.R5 and WHA61.19)
P. Partnerships (resolution WHA63.10)
Q. Multilingualism: implementation of action plan (WHA61.12)

Ms HALÉN (Sweden), speaking on behalf of Denmark, Finland, Iceland, Norway and Sweden, said that sexual and reproductive health and rights were fundamental to the promotion of gender equality, the reduction of maternal mortality, the prevention of the spread of HIV and the achievement of the Millennium Development Goals. Despite the progress made since the implementation of the strategy, Member States continued to report significant barriers to improving sexual and reproductive health, which contributed to uneven progress and inequity. Provision of modern contraceptives and access to safe abortion services were crucial and the unmet needs in those spheres, particularly in sub-Saharan Africa, required urgent attention.

Turning to the progress report on climate change and health, she welcomed the initiatives on climate change undertaken by the Secretariat, particularly in cooperation with the Intergovernmental Panel on Climate Change, the United Nations Framework Convention on Climate Change and the World Meteorological Organization. Increasing knowledge and building capacity should be WHO's key focus, particularly in developing countries.

Mr XABA (Swaziland), speaking on behalf of the Member States of the African Region, expressed concern that little progress had been made in the area of reproductive health and that significant disparities existed between regions. Some progress had nonetheless been made owing to strategic partnership assistance for strengthening health systems, advocacy for allocating resources to reproductive health, and better monitoring and evaluation of evidence-based programming. However, a greater focus on client-centred strategies was needed. Some key reproductive health programme elements had apparently not been adequately implemented, which indicated a need to review and redefine essential sexual and reproductive health services. Member States were encouraged to take advantage of the funding opportunities offered by the United States President's Emergency Plan for Aids Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The health-related Millennium Development Goals could not be achieved without strengthening health systems and integrating HIV/AIDS and sexual and reproductive health policies and services.

Dr DANKOKO (Senegal), speaking on behalf of the Member States of the African Region, commended the Secretariat's recent efforts to promote multilingualism in pursuance of resolution WHA61.12 under which the plan of action on multilingualism had been adopted, and welcomed the launching of the staff language skills database and the web page on multilingualism and staff training. WHO staff in the African Region had responded positively to the database, providing contributions and indicating a desire for training in a wide variety of languages. The universities of Geneva and Nairobi were jointly running a project on using information technology to facilitate the translation of documents from English into Swahili and to improve communication between health personnel and health service users across Africa. He urged the Secretariat to consolidate those achievements and to implement the provisions of the Medium-term strategic plan 2008–2013 in order to ensure that multilingualism became a reality in the Organization. Cultural and linguistic diversity should not be an obstacle to obtaining the information and knowledge needed to ensure effective health policies. He also urged WHO to endorse the recommendations contained in the 2011 United Nations Joint Inspection Unit report on multilingualism in the United Nations system organizations, in particular in relation to the recruitment of staff.

Dr SAENGNAPHA UTHAISAENGPHAISAN (Thailand) said that her Government's experience during the 2011 floods had raised its awareness of the need for health emergency and disaster management. She called on WHO to develop programme activities involving international collaboration in sharing experience and transferring knowledge, and to provide feedback on those activities in future progress reports. The work being done under the "healthy hospitals" project to ensure an environment-friendly health sector was commendable and Member States were urged to make further progress in that direction.

Professor AHMED (Bangladesh) said that his Government attached great importance to the health effects of climate change, which was shifting the health paradigm and affecting disease patterns. WHO was providing support for studies to assess the Bangladeshi population's vulnerability to climate change, and for research on climate-related and non-climate-related determinants of health, the results of which would shape future policies and adaptation strategies. Health care facilities in Bangladesh had been equipped to cope with extreme weather events and a special health ministry unit had been set up with a view to reducing risk and increasing the capacity to adapt to climate-sensitive diseases. Most south-east Asian countries that were vulnerable to the detrimental effects of climate change still lacked the scientific expertise and human and financial resources needed to deal with them effectively. The industrialized countries, which were historically responsible for global greenhouse emissions, must fulfil their commitments to provide the necessary financial and technological support to help those countries.

Dr ONDO EFUA (Equatorial Guinea), speaking on behalf of the Member States of the African Region, said that the Region had seen considerable growth in the number of organizations involved in the health sector and was therefore grateful to WHO for its technical support and guidelines on partnership building. WHO was the lead agency for inter-agency health coordination committees in 25 of the Region's 46 Member States and had a good reputation and an active presence. The countries of the Region had adopted the 2010 WHO policy framework for engaging and working with the commercial private sector. WHO was pursuing its efforts to strengthen and coordinate international support at the regional level, and the Regional Office for Africa had supported the development of a framework for building partnerships for health in Africa, with a view to strengthening national health systems. A new partnership agreement had been negotiated within the restructured African Union, which should strengthen cooperation between the Regional Office for Africa and the African Union, and with regional economic communities, which were gaining importance in the Region.

Mr BLAIS (Canada) said that partnerships were a useful global health mechanism and an important component in Canada's development efforts. He therefore hoped that consideration by the Board of the Secretariat's progress report on partnerships at its 132nd session in January 2013 would lead to more effective management of partnerships, the development of clear guidelines for joining and exiting partnerships, and closer collaboration with other international organizations such as UNDP and the World Bank on partnership management.

His Government continued to support implementation of resolution WHA63.3 on advancing food safety initiatives and appreciated the support provided by WHO to the work of the Codex Alimentarius Commission. It was concerned, however, by the lack of support for the provision of expert scientific advice, which was essential for standard-setting. International standards based on sound science were vital to protecting consumers' health. WHO should therefore reaffirm its commitment to expert committees such as the Joint FAO/WHO Expert Committee on Food Additives and give priority to the identification of sustainable funding for expert scientific advice.

Mr KÜMMEL (Germany) urged WHO to support countries in developing integrated programmes for maternal, neonatal and child health within broad health sector plans and a wider intersectoral development framework. Such programmes should promote measures to eliminate harmful obstacles to women's health, including discriminatory laws and practices that blocked access to health services and violated women' s right to health.

Dr SAÍDE (Mozambique) welcomed the collaboration between WHO and the World Meteorological Organization, in particular under the Global Framework for Climate Services. By providing targeted climate services under its health section, the Global Framework would strengthen health protection and services through better management of climate risks, and would ensure that the needs of the health community for information and services were met.

Mr KAYITAYIRE (Rwanda), speaking on behalf of the Member States of the African Region, said that the food safety risk in the Region remained elevated for a variety of reasons. An unprecedented number of foodborne disease outbreaks had been recorded in recent years. Such outbreaks should be monitored through disease surveillance systems, and research conducted to support the development of evidence-based standards and guidelines, in particular for chemical residues in vegetables. Globalization of the food trade, changes in eating patterns, climate change and natural and human-made disasters were giving rise to new challenges. For example, street food vending provided access to affordable food but food safety regulators were concerned about poor food hygiene in that sector. In terms of progress made, cross-sectoral collaboration had been strengthened through the establishment of multisectoral food safety and nutrition coordination teams and the decentralization of food safety risk assessment and management, and regional capacity-building tools had been developed. Despite those efforts and the political will of the Member States, foodborne disease continued to be a major cause of morbidity and mortality in the Region. Greater efforts must be made in that area, including by elaborating national food safety policies.

Ms KOROTKOVA (Russian Federation) commended the progress achieved since the adoption of resolution WHA61.12, which called for action to promote multilingualism at WHO. The increase in translations into Russian was welcome but still did not meet her country's needs and in that regard she stressed the importance of ongoing cooperation between Member States, WHO headquarters and regional offices. The Russian Federation's Ministry of Health and Social Development stood ready to provide assistance. Requirements for Russian translations of WHO documents were determined by means of surveys sent out to specialists in member countries of the Commonwealth of Independent States. The WHO web site was informative, and efforts were being made to translate into Russian the web pages relating to priority areas of the Organization's work. Her Government was particularly interested in the quality of the translations as their contents were vitally important to health experts in

Russian-speaking countries; those experts, in turn, might assist with the translations, thereby reducing expenditure at headquarters. Her Government would continue its cooperation with a view to expanding the range of WHO publications in Russian and had already contributed US$ 2 million for that purpose.

Mr LE GOFF (France) thanked the Secretariat for having organized informal consultations among Member States on the WHO contribution to the United Nations Conference on Sustainable Development in June 2012. The aim had been to ensure that health issues were accorded adequate importance at the Conference. He requested the Secretariat to prepare a report on the conclusions reached during the informal consultations.

He endorsed the views of the delegate of Senegal on multilingualism, a subject to which France accorded great importance, and saluted the Secretariat's efforts to guarantee quality interpretation and translations, which were essential for the effective functioning of the Organization.

Dr NORHAYATI RUSLI (Malaysia) commended WHO's leadership in the area of climate change and health. Her Government was committed to tackling the threats to human health from climate change, in line with strategies advocated by WHO. With the Organization's support, it had implemented a project to develop a health impact risk assessment tool. It had also earmarked funding in 2012 for in-service training of health care providers in the public health sector to increase their awareness and understanding of the practical impact of climate change on health.

At the Regional Forum on Environment and Health in Southeast and East Asian Countries in July 2010, member countries, including Malaysia, had agreed to develop and implement national environmental health action plans, with a special focus on the effects of climate change on health.

Dr DAULAIRE (United States of America) said that the programme of action adopted at the 1994 International Conference on Population Development continued to provide the foundations for international action. According priority to women's sexual and reproductive health and rights was essential to sustainable development and achievement of the Millennium Development Goals. Reproductive health continued to be a cornerstone of his country's own domestic health policy and of President Obama's Global Health Initiative. His Government looked forward to expanding its partnerships with the Secretariat and Member States in the area of maternal health, family planning and other reproductive health services.

Ms LANTERI (Monaco) endorsed the views expressed by the delegates of France, Senegal and the Russian Federation in respect of multilingualism and the recent report of the United Nations Joint Inspection Unit on multilingualism in the United Nations system organizations.

She endorsed the views expressed by the delegate of France in relation to climate change and health, in particular in respect of the forthcoming United Nations Conference on Sustainable Development.

Mr USTINOV (Russian Federation) endorsed the views of the delegate of the United States in reference to the progress report on smallpox eradication. Continued research was required to provide the international community with safe and reliable ways of treating and diagnosing the disease.

Mr SEADAT (Islamic Republic of Iran), speaking in exercise of the right of reply under Rule 59 of the Rules of Procedure of the World Health Assembly, said that, while he respected the right of Member States to express their agreement or disagreement with others, it was unacceptable for a delegation to brand the statement of another as misleading, and he urged delegates to avoid such an approach.

The CHAIRMAN said that the remark by the delegate of the Islamic Republic of Iran had been noted.

Dr BUSTREO (Assistant Director-General) thanked delegates for their positive and encouraging comments on the progress report on reproductive health, in particular the recognition by many Member States of the importance of reproductive health services, universal access to those services by women and men, and the links between universal access and maternal and child mortality reduction and overall development.

Dr NEIRA (Protection of the Human Environment), responding to comments on the progress report on advancing food safety initiatives, said that WHO recognized the importance of setting food safety standards based on sound science and was committed to giving that matter the attention requested. She agreed that multisectoral collaboration was also essential.

She thanked delegates for their comments on the progress report on climate change and health. WHO would continue to ensure that health was on the climate change agenda. The Organization would work closely with other international organizations, especially the World Meteorological Organization, and provide support to countries, in particular those most vulnerable to climate change. The Secretariat would consider, in consultation with Member States, how best to report on the informal consultations on the WHO contribution to the United Nations Conference on Sustainable Development.

Dr AL SHORBAJI (Knowledge Management and Sharing) thanked the delegates of France, Monaco, Senegal and the Russian Federation for their comments on the progress report on multilingualism, which would be integrated into the Organization's efforts to strengthen multilingualism in order to transmit medical information effectively to Member States. The United Nations Joint Inspection Unit report on multilingualism in the United Nations system organizations would also guide those efforts.

Mr LÚCIO (World Meteorological Organization) said that understanding the relationship between climate and health was a precondition for taking preventive action to mitigate climate-related health risks especially in view of current climate changes. Challenges included the health community's ability to recognize, interpret and use available climate information and the climate sector's sometimes inadequate appreciation of public health concerns. WMO was collaborating with WHO on drawing up an implementation plan for the Global Framework for Climate Services, which had a specific section on health. The draft implementation plan would be available for review up to mid-July 2012 and WHO Member States were invited to comment on it.

Dr DOEBBLER (CMC – Churches' Action for Health), speaking at the invitation of the CHAIRMAN, welcomed the Organization's climate change activities but noted that the WHO Secretariat and the secretariat of the United Nations Framework Convention on Climate Change did not list each other as partners in their reports on cooperation. It was to be hoped that cooperation between the two bodies would be strengthened in future, in particular the ongoing cooperation on projects concerning the protection of individuals from climate change, conducted under the auspices of the secretariat of the Framework Convention. Climate change and health should be included in WHO reform plans as a programme priority, and a written report should be prepared, as requested by the delegate of France, on the consultations held prior to the United Nations Conference on Sustainable Development.

The Committee noted the progress reports.

4. CLOSURE OF THE MEETING

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

The meeting rose at 13:20.

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