PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Saturday, 28 May 2016, scheduled at 09:30

Chairman: Dr PHUSIT PRAKONGSAI (Thailand)

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SIXTH MEETING
Saturday, 28 May 2016, at 09:40
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1. COMMUNICABLE DISEASES: Item 15 of the agenda [transferred from Committee A]

**Mycetoma:** Item 15.3 of the agenda (documents A69/35 and EB138/2016/REC/1, resolution EB138.R1)

The representative of SOUTH AFRICA, speaking in her capacity as CHAIRMAN OF THE EXECUTIVE BOARD, said that, during the Board’s consideration of the report on mycetoma at its 138th session, the proposed draft resolution had been amended so as to request WHO, through the Strategic and Technical Advisory Group for Neglected Tropical Diseases, to define a process for the evaluation of, and inclusion of additional diseases in, the list of neglected tropical diseases.\(^1\) Subsequently (Geneva, 12 and 13 April 2016), that Advisory Group met and finalized recommendations for the adoption of additional diseases as neglected tropical diseases.\(^2\)

The representative of NIGER, speaking on behalf of the Member States of the African Region, recalled that, at the Sixty-eighth World Health Assembly, proposals had been made to include mycetoma in the list of neglected tropical diseases prioritized by WHO. Noting the information in the report, including the measures taken to address mycetoma, she said that the African Region strongly supported the work of the Mycetoma Research Center in Khartoum received to promote the development of tools and strategies to combat the disease. She called on Member States to support the draft resolution and to ensure its effective implementation.

The representative of SUDAN, expressing gratitude that mycetoma was being considered for inclusion in the list of neglected tropical diseases, drew attention to the stigmatization suffered by patients affected by the disease who often had low socioeconomic status and lived in remote communities. He called on the Health Assembly to adopt the draft resolution in order to improve the quality of life of people living with mycetoma, narrow the knowledge gap on the disease and establish clear procedures for patient care.

The representative of SAUDI ARABIA said that insufficient attention had been given to research and development on mycetoma owing to lack of resources and the stigmatization associated with the disease. He recommended adoption of the draft resolution, which would draw greater resources and raise awareness to the problem.

The representative of KENYA said that, although mycetoma was not considered to be endemic in Kenya, his country was nevertheless at risk as it had a significant area within the so-called “mycetoma belt”, experienced environmental conditions favouring the disease, and bordered Sudan where the disease was endemic. As including mycetoma in the list of neglected tropical diseases was

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\(^1\) See paragraph 3(6) of resolution EB138.R1.

the only means of attracting the attention of donors and pharmaceutical companies, which should result in more effective prevention and control programmes, he supported adoption of the draft resolution.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, observed that, although the mycetoma belt covered countries in four WHO regions, mycetoma might also be a silent disease in other countries. Action was needed to raise awareness in affected communities and those potentially at risk, and more data were needed on the epidemiological and global burden of the disease. Treatment regimens, especially for fungal mycetoma, must be improved. Including the disease in the list of neglected tropical diseases would encourage partners to develop better diagnostic tools and medicines to ensure that communities were not left behind. He therefore supported the draft resolution.

The representative of the REPUBLIC OF KOREA observed that several poverty-related diseases in tropical regions were still being neglected and he supported WHO’s efforts to improve its surveillance and management system for the prevention and control of mycetoma.

The representative of JAPAN expressed support for the draft resolution. Because the list of neglected tropical diseases entailed focused action and clear procedures were needed for modifying the list, he attached great importance to subparagraph 3(6) of the draft resolution, which called for a clear process of evaluation. He would welcome the addition of mycetoma to the list of neglected tropical diseases. A pharmaceutical company in Japan had begun studies to develop medicines to tackle the disease.

The representative of THAILAND expressed appreciation for the efforts made by WHO and its partners to tackle mycetoma, in particular through the WHO Collaborating Centre on Mycetoma in Khartoum. Noting the challenges that remained, he supported the draft resolution, considering that inclusion of mycetoma in the list of neglected tropical diseases would accelerate the implementation of prevention and control measures, including health education, personal hygiene and environmental sanitation in affected countries.

The representative of the UNITED STATES OF AMERICA supported the draft resolution and endorsed the remarks by the representative of Japan on subparagraph 3(6), which provided for WHO to develop a set of criteria and a process for decisions about modifying the list of neglected tropical diseases. He underlined the draft resolution’s emphasis on effective prevention strategies and tools, such as rapid diagnosis and improved treatments.

The representative of SOUTH AFRICA, stressing that mycetoma was a neglected tropical disease of public health concern, supported the Secretariat’s recommendations, which would help countries to determine the disease’s prevalence and at-risk groups. The Secretariat should guide countries in conducting analyses and developing sustainable surveillance strategies.

The representative of SWITZERLAND welcomed the implementation of a technical system to evaluate and modify the list of neglected tropical diseases and supported the draft resolution.

The ASSISTANT DIRECTOR-GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases) said that the Executive Board’s discussion on mycetoma had indicated that some tropical diseases continued to be neglected, socially, financially and technically. In the case of mycetoma, prevention measures were not sufficient to make a substantial impact. The adoption of the draft resolution would result in advocacy work by WHO to improve the surveillance and control of
mycetoma and the design of tools and strategies to enable health services to manage cases. The discussion had also triggered the development of a systematic technical process to evaluate and potentially include additional diseases in the list of neglected tropical diseases. WHO would tailor its mandate to address persistent needs and ensure that nobody was left behind.

The draft resolution was approved.¹

Draft global health sector strategies: Item 15.1 of the agenda (documents A69/31, A69/32, A69/33, A69/59 and A69/59 Add.1)

- HIV, 2016–2021
- Viral hepatitis, 2016–2021
- Sexually transmitted infections, 2016–2021

The representative of CHINA supported the priorities and the prevention and control measures outlined in the three draft global strategies. His Government attached great importance to the prevention and control of the diseases concerned and had taken measures to address them in China. The draft strategies must respect differences among Member States, making allowance for the adjustment of indicators and domestic action priorities. HIV and sexually transmitted infections were not only public health issues but also complex social problems, which required multisectoral and multidisciplinary efforts. WHO should enhance its coordinating role to bring about multisectoral cooperation and the participation of society as a whole. It should furthermore increase its provision of technical and financial support to developing countries and use its influence with pharmaceutical companies in the negotiation of lower medicine prices.

The representative of AUSTRALIA, acknowledging that progress remained uneven and inequitable, endorsed the three draft strategies and the draft resolution contained in document A69/59. Common activities across the strategies should be highlighted in order to support Member States in prioritizing actions and leveraging combination interventions, and reporting requirements should be streamlined to reduce the reporting burden. He welcomed the use of universal health coverage as an organizing framework for the three strategies. In particular he recognized the challenge of ensuring affordable access to effective new treatments and encouraged the Secretariat to continue supporting Member States in price negotiations. In that regard, the efforts of the Western Pacific Regional Office to support collective negotiations to increase affordable access to hepatitis C medicines were laudable.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, endorsed the three draft strategies. Although progress had been made in some areas, Member States in the Region continued to face challenges related to poor access to treatment, the affordability of medicines and unsafe practices. The situation had been aggravated by the unprecedented humanitarian crisis in the Region, which hampered national responses; new groups of displaced people had limited access to prevention, diagnosis and treatment services. He called on the Secretariat to support efforts in the Region to adapt policy and service delivery models and to mobilize the necessary investments.

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as WHA69.21.
The representative of CABO VERDE, speaking on behalf of the Member States of the African Region, said that, like HIV, tuberculosis and malaria, viral hepatitis was an international public health challenge. Only recently, however, had hepatitis and its huge impact on health and development been given adequate attention. The draft global health sector strategy on viral hepatitis was the first global strategy on that disease and it would help Member States to achieve target 3.3 of the 2030 Agenda for Sustainable Development. The strategy must, inter alia, be used to raise awareness of the importance of combatting hepatitis, and must draw attention to the prohibitively high cost of medicines, especially for developing countries. Member States of the Region supported the draft strategy, which offered a framework for concerted action at the country, regional and global levels. He urged all Member States to provide the necessary resources to ensure universal access to health care services and to uphold and promote human rights, gender equality and equity in health. The Secretariat should, moreover, work with the pharmaceutical industry and other stakeholders in order to reduce the costs of medicines used to treat hepatitis. Member States of the Region would continue to encourage the development of innovative approaches to combat the disease.

The representative of SWITZERLAND, welcoming the consultative process to drafting the three strategies, said that they would facilitate the achievement of target 3.3 of Sustainable Development Goal 3 and promote the achievement of the broader 2030 Agenda for Sustainable Development. An integrated approach to implementation was needed with a view to enhancing the treatment of HIV disease in primary health care institutions established as part of universal health care systems. The alignment of the draft global health sector strategy on HIV with the UNAIDS 2016–2021 Strategy “On the fast-track to end AIDS” was commendable and would bolster the international community’s shared commitment to eliminating AIDS by 2030. She welcomed the flexibility of the draft strategy, which would allow individual countries to tailor their responses to the epidemic. She supported their adoption.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, said that HIV remained a serious concern in the Region, despite the introduction of legislation and cross-cutting policies. He welcomed the draft global health sector strategy on HIV and its alignment with UNAIDS priorities, goals and targets and with the 2030 Agenda for Sustainable Development. Regional consultations could further efforts to combat HIV, but full implementation and achievement of the goals of the draft strategy would require close cooperation at all levels of the Organization and with Member States. He welcomed the fact that Member States would be able to implement the draft strategy with flexibility and trusted that the United Nations General Assembly High-level Meeting on Ending AIDS due to be held in June 2016 would bolster global commitment to take the steps necessary to eliminate AIDS by 2030. He urged WHO to remain vigilant to the dangers posed by sexually transmitted infections and to take timely action to protect vulnerable populations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, supporting the adoption of all three draft strategies, commended the clear focus in the draft global health sector strategy on HIV on comprehensive prevention, integration and health system strengthening and on country investment that prioritized cost-effective interventions for those most in need. The Secretariat must support governments to expand HIV initiatives equitably in order to ensure that the most sick and vulnerable people were not left behind. Furthermore, given the social drivers of HIV infection, a multisectoral approach was required to achieve the goals of the draft strategy on HIV and the UNAIDS 2016–2021 Strategy. He asked for further information on how the Secretariat would support governments’ efforts to ensure that pre-exposure prophylaxis was used safely and effectively.

The draft global health sector strategy on viral hepatitis provided much-needed guidance. To reduce the incidence of undiagnosed viral hepatitis, his country was seeking to offer testing to all those at high risk of infection. It would be difficult for many Member States to meet the draft strategy’s
ambitious targets as treatment remained largely unaffordable and it was therefore essential that both prevention and treatment programmes were integrated into their health care systems. He welcomed the focus of the draft global health sector strategy on sexually transmitted infections on evidence-based interventions, links to other risk-taking behaviour and reducing stigmatization. He strongly supported the milestones for 2020 and the establishment of national surveillance systems to monitor antimicrobial resistance.

The representative of the REPUBLIC OF KOREA welcomed the draft global health sector strategies, which were timely. In order to achieve the objectives of both WHO’s and UNAIDS strategies on HIV, as well as the relevant Sustainable Development Goals, international financial support and global partnerships needed to be expanded. His country would participate in this response effort.

In terms of hepatitis B prevention and control, his country had made significant progress. All pregnant women were screened and birth-dose vaccinations had reduced the prevalence of hepatitis B in children under 5 years of age. The country had recently experienced an outbreak of hepatitis C virus infection associated with health care, and he underscored the importance of following standard precautions and safe injections in order to reduce the risk of such outbreaks.

Vaccination of 12-year-old girls with human papillomavirus vaccine would begin in June 2016 and, through a safer-sex education awareness initiative and advertising campaigns, awareness would be raised among adolescents about the consequences of human papillomavirus infection and other sexually transmitted infections, including HIV, and the importance of screening and treatment.

The representative of AUSTRIA welcomed the draft global health sector strategy on sexually transmitted infections, particularly its emphasis on national immunization programmes to prevent human papillomavirus infection. Austria had a well-established immunization programme that targeted both girls and boys between the ages of 9 and 11 years and free vaccination with quadrivalent human papillomavirus vaccine was offered as part of that programme. Austria’s strategy against human papillomavirus infection had proven to be extremely cost-effective, and herd immunity against the virus would soon be reached nationwide.

The representative of JAPAN welcomed the three draft global health sector strategies, but expressed concern that some proposed measures could offend local sensitivities. Consequently, countries must be able to implement them in a flexible manner if they were to achieve optimal health outcomes. Paragraphs 46 and 47 of the draft global health sector strategy on HIV (document A69/31, Annex) and paragraph 2 of the draft resolution (document A69/59) were particular welcome.

Drug resistance, in treatment of HIV, sexually transmitted infections and, no doubt, soon hepatitis viruses, was a matter of grave concern. Urgent and coordinated action were needed from all relevant stakeholders to minimize the risks that resistance would develop.

Many States no longer required, or were reducing their dependence on, official development assistance, resulting in an increased need for technical assistance from the Secretariat and other agencies, including UNAIDS, in order to help them to convert from donor to domestic financing of their health sector programmes.

The representative of the RUSSIAN FEDERATION welcomed the inclusion in the draft resolution on the global health sector strategies (document A69/59) , had underscored the importance of taking into account of domestic legislation and countries’ legal responsibilities, as her delegation had advocated at the Executive Board during its 138th session. The draft resolution failed, however, to place enough emphasis on people taking responsibility for their own health, family values and the need to refrain from highly risky forms of behaviour. Such emphasis was crucial if States were to prevent the spread of disease, particularly among young people. The Russian Federation had adopted a
national strategy to combat the spread of HIV, which incorporated established best practices and recommendations on HIV control.

She supported the adoption of the draft global health sector strategies.

The representative of TUNISIA said that her country had enhanced its programmes to combat viral hepatitis, for instance through the establishment of a secure digital database that maintained the confidentiality of individuals’ medical records, and the launch of a programme to eliminate hepatitis C that made use of data collected during a national survey of hepatitis A, B and C in 2014-2015. That programme also aimed to raise awareness of the disease. Her Government was seeking to reduce the costs of antivirals with a view to ensuring that all infected individuals received treatment. She urged the Secretariat to support Tunisia’s efforts to combat viral hepatitis, and particularly its screening and follow-up programmes.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, said that the three draft global health sector strategies would bolster efforts to achieve the relevant targets of Sustainable Development Goal 3. Universal health coverage was the main driver for implementation of the three strategies, which could be delivered through robust primary health care.

The Member States of the Region had made significant progress in controlling the HIV epidemic. Between 2001 and 2014, new HIV infections had declined by 34% and most countries had adopted test-and-treat programmes. They were committed to eliminating AIDS and discrimination against those living with the HIV virus by 2030.

Further investment and concerted efforts were needed to realize the objectives of the three strategies. Countries shifting from external funding must take steps to mobilize and secure domestic funding, and countries that depended on external funding must enhance coordination. The costs of medicines to treat hepatitis C were high, and coherent strategies for the production of low-cost generic medicines in countries with high levels of hepatitis C virus infections were lacking. Stakeholders needed further scientific information so as to formulate effective programmes to combat the spread of human papillomavirus, particularly given the large budgetary implications of such programmes. To that end, the national immunization technical advisory groups should be strengthened to help stakeholders to take evidence-based decisions.

The representative of THAILAND noted that mechanisms to monitor resistance to antiretrovirals were often weak and called on Member States to work with their development partners and the Secretariat to establish effective mechanisms for strengthening them. The Secretariat was ideally placed to coordinate efforts to develop a sorely-needed vaccine against hepatitis C, building on lessons learnt in the development of a vaccine against Ebola virus infection. Given their similarities in terms of transmission, the global community must develop a comprehensive screening, diagnosis and treatment package that would empower States to combat HIV, viral hepatitis, and sexually transmitted infections effectively. The draft global strategies must be flexible enough so that States could adapt them to the particular challenges they faced, and the Secretariat should ensure that its recommendations for specific interventions in that regard were firmly evidence-based.

He called on Member States to strengthen their mechanisms for assessing the economic impact of new health technologies, and to work with their development partners, including WHO, to decide which technologies could provide the best value for money and long-term health care outcomes.

The representative of INDONESIA said that his country was committed to stopping transmission of syphilis from mother to child and eliminating HIV and hepatitis B. In collaboration with the Secretariat, Indonesia had convened a regional workshop on viral hepatitis in April 2016, which had recognized that early diagnosis and treatment were crucial and that communities must therefore enjoy access to comprehensive and quality health care services. Support for initiatives to
combat viral hepatitis from government, the private sector, including pharmaceutical companies, and local communities was also vital. Moreover, it would prove impossible to eliminate viral hepatitis unless efforts were made to combat discrimination against those with the disease; stigmatization and discrimination must therefore be addressed specifically in culturally-appropriate awareness-raising initiatives.

The representative of CANADA welcomed the reference in the draft global health sector strategy on sexually transmitted infections to controlling the spread and impact of gonococcal antimicrobial resistance; an effective public health response must include the prevention of antimicrobial resistance with a view to maintaining the availability of effective treatments for sexually transmitted infections. She endorsed the focus on harm reduction for people who inject drugs and the acknowledgement that that was a key component of a comprehensive approach to reducing the prevalence of HIV and hepatitis C. She strongly supported drug policies that were informed by solid scientific evidence and used the lens of public health to maximize education and minimize harm. Addressing the needs of all key populations would help to safeguard their rights, including the right to sexual and reproductive health. She called on the Secretariat to harmonize, as far as was possible, the draft strategy accountability and reporting requirements with Member States’ existing obligations.

The representative of GERMANY welcomed the three draft global health strategies and, in particular, the timely introduction of WHO’s first draft strategy on viral hepatitis. She called on the Secretariat and Member States to consider the key role of prevention in reducing new infections and treatment costs. Preventive action should be based on country contexts and include comprehensive harm reduction programmes for people who inject drugs, measures to strengthen local health systems, infection control and awareness-raising. Further financial and strategic synergies with other international frameworks in the implementation of the strategy might include the strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the UNAIDS 2016-2020 Strategy. Overcoming stigmatization and discrimination in the health sector was crucial for equal access to viral hepatitis services and should therefore be a priority for countries when implementing the strategy.

The representative of MALTA described the situation in her country, noting a recent sharp increase in new HIV infections among men who have sex with men and a considerable rise among foreign residents. A strategy and action plan were in preparation that included specific actions targeting high-risk groups. HIV had been identified as a priority for Malta’s Presidency of the Council of the European Union in the first half of 2017. Joint action was needed to find innovative solutions to the persistently high costs of diagnosis, prevention and antiretroviral treatment. She welcomed the draft strategy on HIV and supported its adoption.

The representative of SOUTH AFRICA, noting that there were vaccines against hepatitis A, B and E and that hepatitis C could be cured, expressed concern that hepatitis B was a chronic disease requiring lifelong treatment. It was vital that the cost of treatment of viral hepatitis was made affordable and she asked the Director-General to use lessons from reducing the costs of antiretroviral medicines to reduce the cost of medicines used to treat viral hepatitis. She welcomed the new HIV treatment guidelines, but said many low- and middle-income countries would require support to implement them. The number of new infections, especially in girls and women, in southern and eastern Africa was a major cause of concern. It was essential to accelerate socio-behavioural research and the search for a vaccine. With regard to sexually transmitted infections, she was concerned about penicillin shortages and the high cost of human papillomavirus vaccines. She supported all three draft strategies.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that early diagnosis was an essential component of sexually
transmitted infection control, but few countries had the capability to diagnose asymptomatic infections. Syphilis and HIV were the only infections for which inexpensive, rapid tests were available. The development of antimicrobial-resistant gonococci meant countries had to invest more in laboratory diagnosis and establishing surveillance systems to monitor antimicrobial resistance, an area in which most African countries needed support. Access to effective medicines, including penicillin, remained a challenge. The global strategy should provide a framework for countries to improve and accelerate sexually transmitted infections programmes and ensure that strategies, especially those to improve screening, vaccines and treatment, were operational. Funding for sexually transmitted infections had traditionally been included in HIV/AIDS programmes but, as a result of limited HIV funding and increased demand for antiretrovirals, it had decreased significantly. Sexually transmitted infections affected all segments of the population, including women and adolescents, and therefore related programmes and their funding must be prioritized. He called for the adoption of the draft strategy on HIV, which would take national contexts and existing national plans into account.

The representative of SAUDI ARABIA said that the elimination of hepatitis C was more feasible than ever as many effective medicines were available, even for advanced stages of the disease, even though they were not available in sufficient quantities or at affordable costs. One solution was to manufacture generics, but measures taken so far in that regard had not satisfied market needs and some such medicines did not meet quality control standards. He therefore called for coordinated international efforts to find innovative funding solutions for the production of the relevant medicines and urged Member States to encourage the production of high quality generics. Partnerships must be forged with the pharmaceutical industry to that end, along the lines of existing partnerships for the production of medicines to treat HIV/AIDS. Urgent action was needed, especially in view of the fact that more than 70% of those carrying the hepatitis C virus were unaware that they were infected.

The representative of FRANCE welcomed the three draft strategies but stressed the need for the international community to speed up efforts to eliminate the epidemics concerned. The relevance of adopting an integrated approach to implementation of the HIV strategy in order to avoid treating pathologies separately was illustrated by the fact that tuberculosis was a leading cause of death among patients with HIV. She welcomed the cross-cutting approach adopted in the draft strategy on sexually transmitted infections and the references to antimicrobial resistance and co-infections. She called upon Member States to adopt the draft strategies.

The representative of MALAYSIA strongly supported the draft global strategy on viral hepatitis and welcomed the service coverage targets to be reached by 2020 and 2030. The treatment targets for hepatitis C might not be reached because life-saving medicines were still too expensive. She urged the Secretariat to negotiate with the pharmaceutical industry to bring prices down to affordable levels.

The representative of MALDIVES said that, despite a low prevalence of HIV, her country prioritized preserving that status through every possible means. With regard to combating viral hepatitis, Maldives had achieved good progress in areas such as childhood hepatitis B vaccine coverage and blood safety, but recognized that elimination would need further efforts. She endorsed the global health sector strategies for HIV and viral hepatitis, agreeing with the representative of Thailand that they should be adapted to country needs.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the new strategy on HIV as the current response to the AIDS epidemic was inadequate. The HIV care cascade approach was a valuable prototype and he asked the Secretariat to give it further support. Extensive planning was needed for the prevention and treatment of chronic viral hepatitis, especially to ensure the availability of low-price medicines. The strong association between chronic hepatitis and unsafe injections, high-risk sexual practices and injecting drugs suggested that the viral hepatitis and HIV programmes might
usefully be integrated. The Secretariat should promote the approach of identifying and targeting populations and locations, which was a useful tool for tackling sexually transmitted infections, and support the initiative of integrating sexually transmitted infections in the primary health care system. The relationship between drug use, sexually transmitted infections and high-risk sexual practices should be highlighted, and consideration given to sustainable funding for implementation.

The representative of BRAZIL welcomed the three draft strategies and emphasized the importance of caring for the sexual and reproductive health of key populations. The strategies, in particular the viral hepatitis strategy, should target all drug users and not be limited to people who injected drugs. In 2015, in order to overcome the challenge of high-cost medicines, including those for hepatitis C, South American health ministers had agreed to establish a joint purchasing platform in partnership with PAHO and to create a database referencing prices in the region. Brazil was committed to working nationally and within a PAHO-supported regional initiative to meet the goal of eliminating mother-to-child transmission of HIV and syphilis. The success of public policies hinged on overcoming a global shortage of penicillin, however, which issue needed to be discussed urgently in order to avoid future shortages. He expressed grave concern about recent arbitrary increases in the prices of medicines for opportunistic infections related to HIV/AIDS, which had adversely affected the treatment of those most in need.

The representative of ECUADOR supported the three draft strategies.

The representative of MALI, speaking on behalf of the Member States of the African Region, welcomed the HIV strategy and called for its approval. The provision of services for HIV/AIDS and sexually transmitted infections should focus in particular on the most vulnerable target groups, such as sex workers. The most vulnerable target and high-risk groups should be determined by Member States according to national context, and, as behavioural change was decisive for achieving results, community action should be emphasized. During the transition period before implementation of the new strategy, it was important to maintain progress already made. The suggested means of ensuring the financial viability of implementation needed to be scrutinized according to context to determine the choices to be made and ensure sustainability. Partners’ support would have to be redirected to enable measures to be put in place through national funding. The support that had been forthcoming must continue in order to maintain progress and facilitate the gradual establishment of domestic financing mechanisms. He supported the strategy, emphasized the need for concerted action within a strengthened accountability framework and invited all concerned to participate fully in the United Nations General Assembly’s High-level Meeting on Ending AIDS in June 2016.

The representative of PAPUA NEW GUINEA supported all three draft strategies. They were vital for his country, which had one of the highest burdens of the three diseases in the Western Pacific Region, although good data were lacking. Some progress was being made against HIV, including prevention and treatment, but his country would need support to implement the strategies, whose adoption he supported.

The representative of VIET NAM supported the three draft global health sector strategies. With technical assistance from the Secretariat, the draft strategy on HIV would guide her country in its continuing efforts to tackle the epidemic. She requested support for setting up a viral hepatitis surveillance system, and urged the Secretariat to seek a mechanism that offered access to cheaper medicines for hepatitis B and C. Funding of the sexually transmitted infections strategy would be facilitated by showing that programmes were clinically effective and cost-effective in preventing cancer as well as sexually transmitted infections including HIV. She requested the Secretariat’s support also in finding cheaper human papillomavirus vaccines, and vaccines for other sexually transmitted infections.
The representative of JAMAICA said that, with significant support from international donor agencies, her country had made considerable progress in its response to HIV. Although investment in the HIV programme was a priority, economic constraints made its expansion impossible without external support. With regard to viral hepatitis, she urged the Secretariat to provide support to enable countries to assess their burden. Priority should be given to action under strategic direction 1: information for focused action. She endorsed the draft global health sector strategies.

The representative of BAHRAIN said that Bahrain had established a national committee to combat HIV/AIDS, which included representatives of both Government and other stakeholders, and had adopted a national programme on HIV/AIDS that was based on the relevant WHO and UNAIDS strategies. It had also taken action to prevent the spread of viral hepatitis and sexually transmitted infections; single use injections were the norm, blood products were screened and all newborn children were vaccinated against hepatitis B. All pregnant women were screened to prevent transmission to newborn children. Bahrain also screened couples intending to marry and conducted educational campaigns to raise awareness of viral hepatitis and sexually transmitted infections.

The representative of the PHILIPPINES emphasized that a strong combination of health system strengthening, cost-effective public health approaches and a continuum of services was essential in responding effectively to HIV, viral hepatitis and sexually transmitted infections. She expressed support for the three draft global health sector strategies, which would provide Member States with evidence-based interventions and guidance for their respective programmes, as appropriate to their national circumstances.

The representative of RWANDA, welcoming the three draft global health sector strategies, requested the Secretariat to support countries in implementing them as part of comprehensive and integrated patient-centred care. With regard to HIV, his country planned to begin the test and treat strategy nationally from July 2016. He drew attention to the reduction in international financial support being given to countries with limited financial and other resources to fight HIV and urged the Secretariat to advocate sustained financial support until sufficient domestic resources became available. He recommended moving from vertical to horizontal support, which had been proven to assist in building resilient and sustainable national health systems.

The representative of the UNITED STATES OF AMERICA said that domestic investment would be critical to the successful implementation of the three draft global health sector strategies, which were well aligned with the goals of the 2030 Agenda for Sustainable Development1 and to the fast-track approach of the UNAIDS 2016–2021 Strategy. She stressed the need for more efficient and differentiated service delivery models, greater adherence and retention across the treatment cascades, and a focus on reducing the risk of antiviral drug resistance. She also noted that untreated drug use and mental disorders could adversely affect adherence. Member States should clearly articulate how they would reach all key and vulnerable populations. Greater emphasis was needed on cost studies; optimal use of programme and financial data could lead to prioritization, implementation and forecasting. The issues involved were complex, and some of the methods advocated in the three draft strategies could result in unintended consequences. For instance, intellectual property was only one component of access, and it could be important in the development of new medicines; many other factors not addressed in the draft strategies should also be considered. WHO, as a neutral and trusted body, should advocate using the best available evidence and implementing guidelines.

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The representative of ESTONIA outlined the steps being taken in his country to tackle the considerable challenge posed by HIV and associated comorbidities. Harm-reduction services were fully funded from the State budget. The European Region was the only WHO region where the number of new HIV infections was still increasing, and injecting drug use accounted for almost half of all new HIV cases in eastern Europe and Central Asia. The epidemic would not be stopped without harm-reduction measures and access to health care and social services. He called on the Secretariat to support Member States in that regard. The unified format of the three draft global health sector strategies was a welcome innovation, which should be mirrored in other WHO policy documents. He expressed specific support for the draft strategy on HIV and urged adoption of the draft resolution.

The representative of SURINAME, expressing support for the draft global health sector strategy on HIV, underlined the importance of monitoring progress. She urged the Secretariat to provide country-specific guidance on adapting monitoring tools to national circumstances. Countries would also look to the Secretariat for guidance on integrating health services related to other diseases such as viral hepatitis, tuberculosis and noncommunicable diseases with HIV services. She further urged the Secretariat to support countries in securing the funding and technical assistance that would enable them to implement the draft strategy.

The representative of SENEGAL said that an integrated global management strategy was needed to tackle co-morbidities associated with HIV infection. Such a strategy should reflect the reality in each country and should serve as an example in dealing with hepatitis B and C co-infections. Additional measures were needed to diagnose viral hepatitis and provide access to treatment. He expressed support for the draft global health sector strategy on viral hepatitis, and suggested that a mechanism be established to monitor its implementation within the various WHO regions.

The representative of SLOVAKIA, expressing support for the comments made by the delegates of Japan, China and Malta, said that it was important to promote a healthy lifestyle, rather than focusing on dealing with the consequences of risky behaviour and promiscuity, which could lead to vulnerability, poverty and poor health. Creating a protective environment and instilling positive values in children and adolescents would help to prevent sexually transmitted infections and mental health issues in future generations. The Secretariat might consider collecting best-practice examples of approaches in that area, as healthy lifestyle and prevention solutions cost a fraction of treatment.

The representative of GREECE, emphasizing the dilemma his country faced in trying to uphold every person’s right to proper treatment when resources were limited by external constraints, said that plans to eliminate hepatitis C required a combination of prevention, harm reduction, inclusion criteria for new therapies, and measures to control the spread of the disease. In addition to political commitment, the participation of patients and society was needed in setting priorities. Exchange of expertise and experience among countries could also prove valuable. His country was committed to tackling hepatitis C, through the development of a national action plan and with support from the Secretariat.

The representative of NIGERIA described some of the steps his country had taken to tackle the diseases covered by the three draft strategies and emphasized the need for a comprehensive and integrated approach. Local capacity-building was needed to strengthen health systems, particularly for developing countries that were largely dependent on development partners. Political commitment to the full implementation of the 2001 Abuja Declaration was needed, along with adequate funding. Public–private partnerships should be explored, and social health insurance should be considered as a component of achieving universal health coverage. He expressed support for the draft resolution contained in document A69/59.
The representative of POLAND expressed full support for the three draft global health sector strategies submitted and echoed the comments made by the delegate of Slovakia.

The representative of CHILE expressed support for the draft global health sector strategy on viral hepatitis, noting that the epidemiological characteristics of viral hepatitis and its main causes of transmission varied from country to country. She outlined progress made in her country in tackling the disease and expressed appreciation to Brazil for its assistance in providing access to medicines.

The representative of INDIA noted with satisfaction that the draft global health sector strategy on HIV emphasized linkages with co-infections, such as tuberculosis and hepatitis. He called for the development of linkages with noncommunicable diseases, such as mental health. Emphasis should be placed on ensuring access to affordable medicines, and he highlighted India’s contribution to ensuring access to high-quality generic HIV medicines. The draft global health sector strategy on viral hepatitis should place greater emphasis on prevention, with development of a hepatitis C vaccine a priority. Regarding the draft global health sector strategy on sexually transmitted infections, he asked WHO to provide more scientific evidence on the effectiveness of human papillomavirus vaccination. In view of competing demands for funding for the health-related Sustainable Development Goals, ensuring availability of the resources required to achieve the ambitious milestones for 2020 would be challenging.

The observer of CHINESE TAIPEI outlined some of the steps being taken, progress made and challenges faced in dealing with viral hepatitis in Chinese Taipei, where treatment was still limited by high costs. With the aim of reducing discrimination, entry and residence restrictions on people living with HIV had been removed. Congenital syphilis was now a notifiable disease.

The representative of UNAIDS said that the core of the UNAIDS 2016–2021 Strategy, which was fully aligned with the Sustainable Development Goals, was to lay the foundations for an evidence- and rights-based approach to ending the AIDS epidemic. WHO’s draft global health sector strategy on HIV was a key component of the multisectoral AIDS response set out in the UNAIDS Strategy, with which it was fully aligned. Adoption of the draft strategy would send a strong signal of commitment to ending AIDS as a public health threat by 2030 and to addressing HIV-related discrimination in all societies. UNAIDS would continue to work closely with WHO as the draft strategy was implemented.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the draft global health sector strategy on HIV. The final version should include clear targets and commitments on the needs and rights of each key population group; reducing HIV transmission among people who inject drugs; specific ways to involve people living with HIV, communities and affected groups in future action and to remove barriers; the need for affordable HIV treatment; and the need for commitment from Member States and donors to fund the global AIDS response fully.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft global health sector strategy on HIV, noting with satisfaction the priority attached to eliminating vertical transmission. She strongly encouraged countries to increase their efforts in that regard and to obtain certification of elimination. She welcomed the focus on paediatric treatment and would support differentiated care and service delivery models, but added that such models should be differentiated by age group, in view of the specific risks associated with infants, children and adolescents.
The representative of the INTERNATIONAL AIDS SOCIETY, speaking at the invitation of the CHAIRMAN, welcomed all three draft global health sector strategies but emphasized that their successful implementation would depend, in part, on a motivated and trained health workforce. With regard to the draft strategy on HIV, he called for a continued focus on key populations and on ensuring access to scientific advancements in the area of protection. Advances could be achieved with respect to the ambitious draft strategy on viral hepatitis through linkages with other programmes. For the draft strategy on sexually transmitted infections, it was important to ensure that men and boys had access to sexual and reproductive health and HIV-related services. WHO should focus on the linkages between the three draft global health sector strategies and supported their implementation.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the three draft global health sector strategies, which offered a framework for a people-centred and human-rights based approach to health care for those with, or at risk of contracting, HIV and other sexually transmitted infections. She opposed any action by Member States to restrict young people’s access to education and information on sexual and reproductive health, and noted the importance of broad intersectoral partnerships and civil society involvement in achieving the target of ending the AIDS epidemic by 2030.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the three draft global health sector strategies, in particular the draft global health sector strategy on sexually transmitted infections. He praised the emphasis given to such aspects as equity, financing, innovation, gender equality and human rights. The linkage to sexual and reproductive health was encouraging; greater integration of related services and programmes had the potential to reduce costs and lead to better outcomes. Implementation of the draft strategies would require political support, financial investment and integration in existing health systems. He called on Member States to show the leadership required in all forums, particularly at the United Nations General Assembly’s High-level Meeting on Ending AIDS in June 2016 and the Fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria in September 2106. He supported the draft resolution.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft global health sector strategy on HIV. She would welcome provision of antiretroviral therapy to all people with HIV on diagnosis, emphasizing that test-and-treat programmes should be provided to all, not just specific populations or hardest hit regions. She also welcomed the draft global health sector strategy on viral hepatitis, but its goals could be achieved only if governments implemented ambitious immunization programmes, took action against overpriced medicines, reduced the regulatory lag time for registration of new medicines, refused pharmaceutical companies’ unethical anti-diversion policies, and guaranteed universal access to high-quality diagnostic tools and generic medicines. She urged Member States to endorse the draft strategies and provide the resources necessary for their timely and large-scale implementation.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, welcomed the draft global health sector strategies on HIV and viral hepatitis, which highlighted the need to ensure quality and affordable medicines, for instance through voluntary licences. His organization’s work with originator and generic companies had enabled more affordable access to WHO-recommended treatments for HIV in more than 100 countries, and its recent action on hepatitis C would permit manufacture of a generic version of a WHO-recommended treatment for supply to more than 112 countries. His organization was willing to continue to collaborate with the Secretariat and Member States to increase access to affordable treatments for HIV and viral hepatitis in developing countries.
The representative of MEDICUS MUNDI INTERNATIONAL (INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE), speaking at the invitation of the CHAIRMAN, said that the three draft global health sector strategies failed to explain how key barriers would be overcome, notably: how low- and middle-income countries would raise the domestic resources necessary to expand their response to HIV; the high costs of trademarked diagnostic tools and medicines for hepatitis B and C; and inadequate provision of clean drinking water and sanitation. She urged the Secretariat to provide technical support to Member States on using the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights to introduce generic versions of new treatments for hepatitis C. The opportunity cost of adding the human papillomavirus vaccine to the routine immunization schedule must be carefully considered, given that low-income countries were already struggling to maintain current immunization schedules.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIRMAN, said that the draft global health sector strategy on viral hepatitis was the single most important document ever on viral hepatitis. It went further than Sustainable Development Goal 3 by moving to eliminate, rather than merely combat, hepatitis B and C as a public health threat by 2030, and included clear targets to drive action that would also strengthen health systems. Its ambitious objective could be achieved with clear political will from Member States, and he called for adoption of the draft strategy.

The ASSISTANT DIRECTOR-GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases) thanked speakers for their positive comments. HIV and viral hepatitis continued to present a major threat to public health, and the draft global health sector strategies maintained a clear focus on disease while providing a roadmap for the greater integration of high-impact, disease-specific interventions and services into national health programmes and systems. With regard to cost, he recalled that the draft resolution urged Member States to implement the proposed actions “adapted to national priorities, legislation and specific contexts”. Although the strategies introduced ambitious targets and called for increase overall investment in health, major opportunities existed to reduce the cost of diagnosis, medicines and services, by means of, for instance, comprehensive price-reduction strategies and decentralized services. The high cost of hepatitis C treatment was challenging, particularly in resource-limited contexts, but was being significantly reduced in a number of low- and middle-income countries as a result of the introduction of generic medicines. Resolutions adopted by the Health Assembly would also help to increase access to and affordability of medicines and provide new platforms to address the high prices of such treatment. Prevention of antimicrobial resistance was critical to the draft global health sector strategies on HIV and viral hepatitis. There was a need to ensure that issues relevant to HIV and viral hepatitis were adequately reflected in work on antimicrobial resistance, and an action plan on addressing HIV drug resistance, which was closely linked to the global action plan on antimicrobial resistance, was under development. The Secretariat would continue to work closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners to ensure that the three global health sector strategies were widely promoted and implemented.

The ASSISTANT DIRECTOR-GENERAL (Family, Women’s and Children’s Health) said that the three draft global health sector strategies were based on the concept of universal health coverage. Some success had already been achieved from the integration of activities addressing sexually transmitted infections, such as the elimination of mother-to-child transmission of HIV and syphilis in Brazil and Cuba. Integration of the draft strategies with the adolescent health programme was also important, particularly with respect to prevention activities and human papillomavirus vaccination. The Secretariat would be pleased to provide the evidence that Member States required to make policy decisions; more than 30 countries had already introduced human papillomavirus vaccination for adolescent girls, and much had been learnt about the best service delivery model. The cost of the
vaccine — a critical limitation — was continuing to decrease. Regarding the important link to antimicrobial resistance, she reported that the results of WHO’s work on additional diagnostic tools and recommendations for surveillance, including with respect to gonorrhoea, were due to be published in July 2016. The draft strategies should, first and foremost, be financed by Member States, but funding could and should be supplemented by the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, the GAVI Alliance and others. The Secretariat was actively exploring ways of working more effectively with such funding instruments to provide the resources required.

The draft resolution was approved.¹

2. THIRD REPORT OF COMMITTEE B (document A69/74)

The RAPPORTEUR read out the draft third report of Committee B.

The report was adopted.

The meeting rose at 12:40.

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA69.22.