

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

**Palais des Nations, Geneva
Tuesday, 30 May 2017, scheduled at 14:30**

**Chairman: Dr H.M. AL-KUWARI (Qatar)
later: Mr P. DAVIES (Fiji)
later: Dr H.M. AL-KUWARI (Qatar)
later: Mr P. DAVIES (Fiji)
later: Mr A. HURREE (Mauritius)**

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COMMITTEE A

THIRTEENTH MEETING

Tuesday, 30 May 2017, at 14:40

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later: Mr A. HURREE (Mauritius)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 16 of the agenda (continued)

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health: Item 16.3 of the agenda (document A70/37) (continued)

The representative of NAMIBIA said that while progress had been made regarding some aspects of adolescent health, much work still needed to be done in order to achieve the targets of the Sustainable Development Goals and ensure that no one was left behind. Member States and development partners must renew their commitment to implementing resolution WHA69.2 (2016). Further actions were required at the community level and accountability mechanisms must be strengthened and maintained. There was a lack of adolescent-friendly health services in many parts of the world, in particular in low- and middle-income countries, and even when they were available, access was often denied or hindered, in violation of their human rights. Young women in particular suffered as a result of a lack of targeted health services. Despite the adoption of resolution WHA61.16 (2008) on female genital mutilation nine years ago, many cases were still being reported in developing and underdeveloped countries. He therefore urged the Secretariat and Member States to continue working with community leaders and providing support to empower girls and encourage them to remain in school.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that strengthening health systems and improving the health of women, children and adolescents had been particularly challenging in the light of conflicts and a lack of human and financial resources in the Region. Women, children and adolescents were a particularly vulnerable group, and while they would remain a priority for governments in the Region, targeted health services were largely absent. The Member States of the Region were in the process of developing national strategic plans and implementing WHO guidelines to improve sexual and reproductive health care, particularly among women, children and adolescents. He requested the Secretariat to provide further guidance in that regard. To enable Member States to fulfil the objectives of the Cairo Declaration, including the reduction of maternal and child mortality rates, WHO should continue to provide technical support and improve coordination with United Nations entities and other partners to ensure that resources were used effectively. Health programmes should take demographic changes into account in order to effectively respond to the needs of the people in the Region.

The representative of the MALDIVES urged Member States to sharpen their focus, prioritize indicators and harmonize monitoring efforts at the country, regional and global levels in order to track

progress and accelerate action. Such efforts would in turn contribute to the achievement of the health-related Sustainable Development Goals. Her Government, with support from the Secretariat and partners, was implementing a national programme on adolescent health. She called on Member States to develop holistic health policies and education programmes for adolescents, in order to empower adolescents to make informed decisions.

The representative of GERMANY said that gender equality and the empowerment of women were key to improving women's, children's and adolescents' health. Her Government was committed to ensuring sexual and reproductive health and rights for all, in particular for vulnerable and neglected groups. Protecting and respecting the human rights of young people and adolescents, especially those of young women and girls, was essential to help them realize their full potential as adults and would enable them to make informed decisions relating to their sexuality and protect themselves against sexually transmitted infections and unintended pregnancies. Comprehensive sexual education was important in fostering positive attitudes towards women's rights, which in turn would help to end all forms of discrimination and violence against women and girls.

The representative of CANADA, speaking on behalf of Belgium, Chile, Denmark, Estonia, Finland, France, Mozambique, Namibia, the Netherlands, Norway, Portugal, Sweden, Switzerland, Thailand and Uruguay, reaffirmed the commitment of those Governments to implementing resolution WHA69.2 (2016). Healthy and empowered adolescents would be critical to implementing and achieving the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the Sustainable Development Goals. It was vital that all adolescents, including those living in marginalized communities and humanitarian and fragile settings, had access to information on quality sexual and reproductive health information and services in order to make informed decisions about their bodies and their futures. Prevention of, and response to, sexual and gender-based violence, child, early and forced marriage, and female genital mutilation and cutting were also critical. She welcomed the update in the report on the progress made in relation to the 16 key indicators, but said that some important data were lacking, including on access to and availability of safe abortion, on the birth rate among adolescents, and on the health and nutrition of adolescents between 10 and 14 years of age. WHO should ensure that reports supporting accountability towards the Global Strategy were properly disseminated among Member States. She firmly supported the recommendations of the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents and urged all stakeholders to work together to ensure their full implementation at the national level.

The representative of SRI LANKA highlighted her country's achievements in maternal and child health and the considerable progress made in promoting adolescent health, including through the development and implementation of a strategic plan on adolescent health. Efforts had also been made to keep children in education and prevent adolescent pregnancies. National programmes must ensure access to health care for adolescents in marginalized communities. She requested WHO to advocate for a greater focus on adolescents' health, specifically within the context of the attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), to ensure that no one was left behind. She acknowledged the support provided by UNFPA, UNICEF and WHO in improving adolescent health in Sri Lanka and requested continued support in implementing the Global Strategy for Women's, Children's and Adolescents' Health at the national level.

The representative of KENYA said that his country had made significant progress in maternal and child health, and had reviewed its policies and strategies as part of efforts to end preventable maternal, child, newborn and adolescent morbidity and mortality. His Government recognized the urgent need to address health inequities and reproductive health rights in order to ensure that women, children and adolescents led healthy and productive lives. A strong, multisectoral approach was

crucial in ensuring quality health care. His Government looked forward to sharing experiences at the regional and international levels and was fully committed to implementation of the Global Strategy for Women's, Children's and Adolescents' Health.

The representative of ECUADOR said that Member States must ensure full and equal access to health services for all people, including in relation to sexual and reproductive health. Her Government had implemented a range of measures, including the development of a national plan on sexual and reproductive health, and had strengthened primary-level care to enable access to quality, integrated health services. Efforts had also been made to improve maternal, newborn and children's health, including by developing guidelines and ensuring that health facilities had access to the necessary equipment. WHO should advance work in areas such as access to safe abortion, prevention of adolescent pregnancy, access to family planning services and access to integrated health services for persons with disabilities. She called on WHO to provide support at the national and regional levels to enhance research capacity, strengthen information systems and improve the quality of data.

The representative of JAPAN said that it was essential to monitor and continuously refine the indicators for implementing the Global Strategy for Women's, Children's and Adolescents' Health. Noting the importance of a multisectoral approach to improve adolescents' health, she requested the Secretariat and other United Nations organizations to support and accelerate implementation of national programmes to address adolescents' health. Her Government would continue to contribute funding to various United Nations organizations, including WHO, in order to promote better reproductive health and improve maternal, newborn and children's health around the world. She expressed her Government's commitment to ensuring gender equality and empowering and educating women.

The representative of the UNITED REPUBLIC OF TANZANIA said that adolescent health was of particular importance to the United Republic of Tanzania, where adolescents formed a significant segment of the population. His Government had developed a road map on reproductive, maternal, newborn and child health, and was in the process of developing a comprehensive national plan for the health of adolescents. However, despite efforts to implement adolescent health programmes and increase access to secondary education, fertility rates among adolescents had increased between 2010 and 2015 in his country. Efforts were being made to improve comprehensive and basic emergency obstetric and newborn care, in order to reduce maternal mortality. His Government was part of the Network for Improving Quality of Care for Maternal, Newborn and Child Health and would continue to work with all stakeholders in fulfilling the commitments set out in the Global Strategy for Women's, Children's and Adolescents' Health and the Sustainable Development Goals.

The representative of INDIA said that his country had made consistent progress towards the attainment of the objectives of the Global Strategy for Women's, Children's and Adolescents' Health, and had incorporated those objectives into the national health policy. His Government had implemented and scaled up the national adolescents' health programme as part of global efforts to reduce the adolescent mortality rate, and would continue to take action to promote the health of adolescents. He looked forward to the development of the guidance on implementing the Global Accelerated Action for the Health of Adolescents Framework.

The representative of CHINA said that his Government had worked proactively to address issues related to women's, children's and adolescents' health and would continue to implement the Global Strategy for Women's, Children's and Adolescents' Health, eliminate inequalities in women's, children's and adolescents' health and promote adolescents' health in line with the Sustainable Development Goals. WHO should play a leading role in joint efforts to implement the Global Accelerated Action for the Health of Adolescents, paying special attention to marginalized young

people and ensuring the quality, accessibility and equality of health services. The Secretariat should also help Member States to assess adolescents' needs and establish effective mechanisms to increase the participation of young people with a view to enabling countries to develop a youth index and related interventions according to national needs.

The representative of NIGERIA described the range of plans and policies implemented in her country to promote women's, children's and adolescents' health and achieve the targets of the Global Strategy for Women's, Children's and Adolescents' Health, including the development of a national strategic health development plan with a focus on reproductive, maternal, newborn, child and adolescents' health and nutrition, and a framework to support its implementation. She called on WHO to focus on strengthening health systems and allocating the required resources to help Member States to effectively implement and integrate interventions and monitor and evaluate high-impact activities within the scope of the Global Strategy.

The representative of URUGUAY, speaking also on behalf of Canada, Chile, Finland, Luxembourg, the Netherlands, Norway, Mexico, Slovenia and Sweden, welcomed the recommendations of the High-level Working Group on Health and Human Rights of Women, Children and Adolescents and the identification of key areas to be addressed to ensure that all women, children and adolescents could realize their right to the highest attainable standard of health. A human rights-based approach should be applied to the development of all health policies and programmes, which should take into account the distinctive needs of different age groups and the importance of a gender-sensitive life course approach. Addressing human rights as determinants of health could effectively help to reduce inequities and foster development. Indeed, the uneven enjoyment of human rights, particularly sexual and reproductive health and rights, risked reversing hard-won advances in preventable maternal and child mortality, undermining adolescents' health in particular. Stronger political leadership was needed to protect women's, children's and adolescents' needs, dignity and rights and remove harmful social, gender-based, cultural and structural norms and barriers. She expressed support for the establishment of a joint programme of work to support the implementation of the recommendations of the High-level Working Group and develop the necessary institutional capacity and expertise at the global, regional and country levels.

The representative of MEXICO said that despite implementation of a national health sector programme with the overarching aims of health protection, promotion and prevention, challenges in ensuring adolescents' access to health services remained. His Government would continue to work towards ensuring full access to preventive health services for adolescents, particularly with regard to sexual and reproductive health; eliminating barriers to access would require a multisectoral approach. The Government of Mexico was committed to implementing actions to support adolescents', women's and children's health.

The representative of the UNITED STATES OF AMERICA said that improvements in data would significantly help in monitoring progress towards achievement of the objectives of the Global Strategy for Women's, Children's and Adolescents' Health. Although significant progress had been made to strengthen health strategies and systems to improve maternal, newborn and child health outcomes, emerging health challenges such as Zika virus underlined the need for resilient health systems and functional mechanisms to systematically report, review and respond to key health indicators. Member States should continue to prioritize efforts to promote equitable access to quality health services, and prevent and end violence against women and girls. His Government did not support or recognize abortion as part of reproductive health services or as a method of family planning in the implementation of the Global Strategy. In that regard, the Global Strategy's targets relating to sexual and reproductive health services and rights were consistent with paragraph 8.25 of the

Programme of Action adopted at the 1994 International Conference on Population and Development and did not create any new legal rights or obligations for Member States.

The representative of NIGER said that his Government had adopted its fourth health development plan, which was aligned with the Sustainable Development Goals, and was accelerating action in the area of adolescents' health, including through additional investments. The Government of Niger had introduced a programme to reduce the rates of adolescent pregnancy and maternal mortality and end early marriage, with a particular focus on adolescents from poor and marginalized communities. His country was on track to achieve Millennium Development Goal 4 (Reduce child mortality) and had implemented innovative strategies to achieve the Sustainable Development Goals related to newborn and children's health. In addition, a national surveillance system had been established to collect data on maternal mortality. Remaining challenges included providing obstetric care coverage, improving contraceptive services and ensuring secure borders. He requested the Secretariat to mobilize the financial resources required to enable Member States to tackle the major challenges they faced.

The representative of NEPAL said that adolescents were a key target group for health initiatives since gaps in their health knowledge could foster unhealthy practices, leading to a high risk of developing infectious diseases. Addressing adolescents' health issues was crucial to achieving the Sustainable Development Goals and improving the overall health status of the population. The development of innovative programmes using information and communication technology and measures to increase health literacy would help to address adolescents' health needs and encourage healthy lifestyle choices. The South-East Asia Region had updated regional implementation guidance in line with the Global Strategy for Women's, Children's and Adolescents' Health and the Global Accelerated Action for the Health of Adolescents.

The representative of THAILAND underscored the importance of the Global Strategy for Women's, Children's and Adolescents' Health as part of efforts to improve the health of those population groups. Robust data collection, in particular through the civil registration system, was a vital tool for monitoring indicators such as adolescent pregnancy and safe abortion rates and evaluating progress, achievements and barriers in order to inform policy-making. The success of the Global Strategy would be measured in its translation into real action; integrated multisectoral efforts involving civil society, as well as sustained political commitment and implementation capacity, would be key in that regard. She described the measures taken by her Government to prioritize adolescents' health, in particular their sexual and reproductive health.

The representative of TUNISIA said that despite her country's efforts to promote maternal, newborn and child health, increase health coverage and reduce maternal and child mortality, disparities between districts and social groups remained. In recent years, the national health policies and strategies had increasingly targeted the population as a whole and had been developed through a multisectoral approach. Her Government had implemented a programme to promote maternal, newborn, children's and adolescents' health jointly with a number of United Nations entities in order to improve the quality of health provisions, address inequalities and strengthen the health information system. The Government of Tunisia was committed to addressing adolescents' health and would seek to implement the recommendations of the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents.

The representative of PANAMA said that although many countries had made significant efforts to improve the quality of life and health indicators among vulnerable groups, considerable challenges remained. The Global Strategy for Women's, Children's and Adolescents' Health was a guiding framework that would help countries to update their national plans and tools, and should be used

alongside multisectoral action, efforts to combat poverty and innovative strategies targeting vulnerable groups, in order to achieve universal health coverage and access. Among the initiatives implemented in her country, she highlighted the development of a rights-based master plan for children and adolescents, plans and guidelines on sexual and reproductive health, and strategies to provide health care services targeting adolescents. Her Government was also participating in regional initiatives such as the development of a regional strategic plan to prevent adolescent pregnancy in Central America and the Dominican Republic.

The representative of LESOTHO thanked the Secretariat for its technical and financial support, in particular with regard to the reproductive, maternal, newborn, child and adolescent health and nutrition programme review; the national emergency obstetrics and newborn care needs assessment; and the development of several interventions to strengthen maternal health services. Although her Government acknowledged the need to integrate gender-sensitive interventions into sexual and reproductive health strategies, Lesotho, like other countries, faced challenges including inadequate resources and weak health systems; WHO should therefore continue to provide technical support and advocacy to mobilize the necessary resources to strengthen those areas.

The representative of OMAN, underscoring her country's commitment to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, said that the activities undertaken in that regard included the strengthening of health care services provided to newborns and children. Despite progress in reducing the maternal mortality rate, reducing the neonatal mortality rate continued to be a challenge owing to genetic diseases and birth complications. Her Government had strengthened its activities in that area and was taking steps to improve health care services for pregnant women.

The representative of the SECRETARIAT of the WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that tobacco consumption continued to be a worldwide epidemic, with smoking rates among women and girls predicted to rise significantly. Women in low- and middle-income countries were fast becoming the largest at-risk group. The Secretariat of the WHO Framework Convention on Tobacco Control had worked closely with the WHO Secretariat and other partners to prepare a report entitled "Addressing gender-specific risks when developing tobacco control strategies". Two decisions had resulted from the related discussions at the seventh session of the Conference of the Parties, namely that WHO should prepare a report for submission to the eighth session of the Conference of the Parties on tobacco use and its consequences among girls and women, as well as boys and men, and on policy options to ensure that gender-specific aspects were addressed; and that Parties to the Convention should cooperate at the global level to address the issue of increased tobacco consumption by linking human rights and development to the fight against the global tobacco epidemic. The Secretariat of the WHO Framework Convention on Tobacco Control would continue to work with WHO, non-State actors and United Nations bodies to protect all people from the devastating consequences of the tobacco industry's strategies to increase the number of tobacco consumers worldwide, particularly among the most vulnerable groups.

The representative of UNFPA said that adolescents should be prioritized in plans and programmes in order to ensure that they had the necessary knowledge, skills and opportunities to lead healthy, productive lives. Confidential sexual and reproductive health services must be made fully accessible to adolescents without parental permission. Furthermore, health systems should be designed to respond to the specific needs of adolescents. Achieving the goals of the 2030 Agenda for Sustainable Development would require effective data collection, particularly on the social, economic and political conditions experienced by women, children and adolescents and in-country disparities; programmes to shift the focus to the objectives of thriving and transforming; and measures to strengthen the links between the Global Strategy for Women's, Children's and Adolescents' Health

and the recommendations of the High-level Working Group on Health and Human Rights of Women, Children and Adolescents. Extra attention should be paid to the difficulties facing girls in refugee contexts, where access to appropriate health information and services was reduced; UNFPA had developed a related set of interventions and was willing to share its successes and lessons learned in that regard. She looked forward to working with WHO in accelerating action on the Global Strategy.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the involvement of adolescents in the development of the content of the indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health. In future work, young people should be represented in all consultations. Moreover, data reflecting the complexity of young peoples' lives should be used effectively by governments, donors and youth groups. Youth organizations should be supported to ensure that they had the necessary resources to develop, scale up and sustain their capacity to implement programmes for and with young people. Governments and the international community should take steps to advance the engagement of young people as a key stakeholder group, as agents of change and as equal partners.

Mr Davies took the Chair.

The representative of the INTERNATIONAL ALLIANCE OF WOMEN, speaking at the invitation of the CHAIRMAN, said that the inclusion of adolescents in the Global Strategy for Women's, Children's and Adolescents' Health would help to end avoidable deaths and reduce preventable maternal morbidity. Young women faced a number of challenges; to enable them to become potential agents of change, basic education for all adolescents on their human rights, together with information on sexuality and family planning, was essential. She encouraged all governments to provide free access to counselling on family planning, to replenish stocks of free contraceptives, and to support such infrastructure at the community level. In countries where safe, legal pregnancy termination was not available, she called for the availability of emergency contraception for all women of childbearing age.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the focus on adolescent health issues, but said that streamlined efforts were needed to tackle the core issues that caused poor health outcomes for newborns, children and adolescents. Increased efforts were needed to remove barriers to accessing comprehensive sexual and reproductive health services and sexuality education for adolescents, and respond to the health needs of adolescents through the Global Accelerated Action for the Health of Adolescents Framework in order to advance country implementation of the Global Strategy for Women's, Children's and Adolescents' Health.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the recommendations of the High-level Working Group on Health and Human Rights of Women, Children and Adolescents and the proposal for the creation of a joint programme of work to support the implementation of those recommendations. Harmful social, gender and cultural norms and structural barriers persisted, with significant consequences for the lives, dignity and well-being of women, children and adolescents. A human rights-based approach to policies and programmes based on the WHO Constitution and relevant human rights instruments was therefore vital. The principles of gender equality, non-discrimination, non-violence, inclusiveness, participation and transparency should be the basis for health strategies at all levels; moreover, strong accountability mechanisms at all levels of decision-making, together with well-funded and robust data collection were also essential for effective monitoring and evaluation mechanisms and the development of policies that truly made a difference.

Civil society organizations needed a safe space in which to work, and partnerships with governments and bodies of the United Nations system should be developed.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that investment in universal coverage of quality health care around the time of birth and during the first month of life would save the lives of millions of women and children every year; The Save the Children Fund and its partners had recently launched an initiative in that respect. Welcoming the guidance for implementation of the Global Accelerated Action for the Health of Adolescents Framework, she said that particular attention needed to be given to the large numbers of girls aged 15–19 that gave birth every year and experienced significant discrimination.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that comprehensive work would be needed to evaluate the burden of cardiovascular disease on women's, children's and adolescents' health as part of efforts to implement the Global Strategy for Women's, Children's and Adolescents' Health. It was therefore important to invest in the strengthening of health information systems, civil registration and collection of vital statistics; ensure that clinicians, researchers and patients were able to access and contribute to sex- and age-specific data on cardiovascular disease in order to provide appropriate care; and provide screening for cardiovascular disease and lifestyle counselling to low-income and post-menopausal women.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the focus on adolescents' health should facilitate integration of the agendas on noncommunicable diseases and reproductive, maternal, newborn, children's and adolescents' health. She encouraged Member States to develop and implement integrated policies in that regard; develop sustainable strategies to maximize and increase the use of domestic resources for health guided by the Addis Ababa Action Agenda; strengthen the capacity of the Health Data Collaborative to include disaggregated data on noncommunicable diseases; and promote and support meaningful engagement with civil society on country-led multisectoral actions.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the recommendations of the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents, but regretted that a comprehensive approach addressing the wide spectrum of social determinants of health had not been clearly developed in the Global Strategy for Women's, Children's and Adolescents' Health. Efforts to address adolescents' health must include action to prevent suicide among adolescents, which was a leading cause of death among that age group. She noted with concern that the report did not refer to the important role played by physicians and other health professionals in terms of prevention, treatment and documentation. The Association looked forward to working with WHO on implementation of the Global Strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged Member States to develop evidence-based national strategies on adolescents' issues; strengthen civil registration, collection of vital statistics, and health information systems; adopt the Global Accelerated Action for the Health of Adolescents Framework; and integrate health and human rights, making special efforts to address the needs of vulnerable groups of adolescents.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed grave concern at the decision taken by the United States of America regarding funding for organizations that promoted or provided abortions. Sexual and reproductive

health rights were central to discussions on the human rights of women and adolescents and there was evidence that restrictions in that respect led to increased numbers of unsafe abortions, which in turn contributed to higher mortality rates and more health complications among women and adolescents. As such, the current funding situation was likely to stall progress in terms of achievement of the goals contained in the Global Strategy for Women's, Children's and Adolescents' Health. She encouraged Member States to request the Secretariat to prepare estimates of the anticipated morbidity and mortality burden subsequent to the change in funding. The World Health Assembly and WHO should issue a comment on the matter in order to reiterate their accountability to women, children and adolescents worldwide.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the development of guidance for implementation of the Global Accelerated Action for the Health of Adolescents Framework. Expressing concern at the increased medicalization of female genital mutilation, she welcomed the efforts of WHO in that sphere. Full implementation of the Global Strategy for Women's, Children's and Adolescents' Health should include greater attention to, and investment in, participatory monitoring and accountability mechanisms at all levels and in all contexts. Involving citizens, including children and adolescents, in the gathering and sharing of data, and in planning, monitoring and reviewing progress, was vital to ensure that global goals translated into tangible local change.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed disappointment that the revised Global Strategy for Women's, Children's and Adolescents' Health did not include palliative care, which was a key component of essential health care services as defined within the concept of universal health coverage. The majority of primary and secondary caregivers for people with communicable and noncommunicable diseases were women and girls, who were often unsupported and ill-prepared for such a demanding role. Community-based palliative care programmes were a useful tool for training and supporting caregivers. She encouraged Member States to implement resolution WHA67.19 (2014) on strengthening palliative care and to provide support to caregivers and their patients.

Dr Al-Kuwari resumed the Chair.

The DIRECTOR (Maternal, Newborn, Child and Adolescent Health) acknowledged the points raised by Member States on a number of topics, including quality of care for women; sexual and reproductive health; activities in humanitarian and conflict settings and during outbreaks of diseases; the importance of community services and gender empowerment; the need for further investment in antenatal care, skilled birth attendance, and maternal death surveillance and response; and the importance of partnerships, particularly with the Partnership for Maternal, Newborn and Child Health, the Global Financing Facility and UNESCO. In terms of the Global Accelerated Action for the Health of Adolescents Framework, he agreed that addressing the issues related to that initiative, such as road traffic accidents, dealing with stress, nutrition, physical activity, and alcohol and tobacco use, would have significant cross-generational economic benefits. Cutting noncommunicable diseases, most of which had their origins in childhood and adolescence, was vital, and it was important to develop a stronger evidence base for interventions for adolescents and to show the economic benefits of such activities. Regarding health and human rights, he acknowledged comments made by Member States on the importance of addressing violence, female genital mutilation and child marriage and the need to reach out to marginalized young people. Concerning the need for data, he reminded the Health Assembly that WHO had established an online portal on the Global Strategy for Women's, Children's and Adolescents' Health, with information on the indicators, and the Expert Review Group for Mother and Newborn Information for Tracking Outcomes and Results had been created. Lastly, concerning

the comments related to streamlined reporting, he explained that the Global Strategy covered a broad range of topics; each year the Secretariat's report would focus on a key area, such as adolescents' health. The Secretariat's report to the Seventy-first World Health Assembly would focus on early childhood development.

The Committee noted the report.

2. COMMUNICABLE DISEASES: Item 14 of the agenda (continued)

Global vector control response: Item 14.2 of the agenda (documents A70/26 Rev.1, A70/26 Rev.1 Add.1 and A70/26 Rev.1 Add.2)

The CHAIRMAN said that informal consultations had taken place to consider the draft resolution on the item, which was contained in document A70/26 Rev.1 Add.1. The financial and administrative implications for the Secretariat of the adoption of the draft resolution, contained in document A70/26 Rev.1 Add.2.

The representative of AUSTRALIA, speaking in his capacity as chair of the informal consultations, said that, following discussions on amendments to the draft resolution, the following revised text had been agreed on:

The Seventieth World Health Assembly,

PP1 Having considered the report on global vector control response;¹

PP2 Appreciating the work of the Secretariat in developing through broad consultation with Member States and members of the global health community a comprehensive global vector control response 2017–2030,² which served as the basis for the report;¹

PP3 Acutely aware of the burden and threat of vector-borne diseases to individuals, families and societies throughout the world, and the influence of social, demographic and environmental factors, including climate change and other climate- and weather-related factors, and increasing vector resistance to insecticides and the spread of mosquitoes and other vectors to unaffected areas;

PP3 bis Recognizing the need for cooperation to prevent, detect, report and respond to outbreaks of vector-borne diseases so as to avoid a public health emergency of international concern (PHEIC) under the International Health Regulations (2005);

PP3 ter Noting the recent gains which have been made against malaria, onchocerciasis, lymphatic filariasis, Chagas diseases, and others, as well as previous failures and existing challenges, and that lessons learnt could be used for other vector-borne diseases;

PP4 Recognizing the need for an integrated comprehensive approach to vector control that will enable the setting and achievement of disease-specific national and global goals and contribute to the attainment of the Sustainable Development Goals, to addressing the social determinants of health, and to tackling health inequities;

¹ Document A70/26 Rev.1.

² The full draft document can be accessed at <http://www.who.int/malaria/global-vector-control-response> (accessed 15 May 2017).

PP5 Deeply concerned by the current limited capacity and capability for vector control globally, and in particular the acute shortage in public health and development programmes of personnel with skills in public health entomology;

OP1 WELCOMES the strategic approach for the integrated global vector control and response, as articulated in the report and its annex;

OP2 URGES Member States:¹

- (1) to develop or adapt, as appropriate, existing national vector control strategies and operational plans to align them to the strategic approach on vector control, as summarized in the report;² and consistent with the International Health Regulations;
- (2) to build and sustain, as appropriate, adequate human-resource especially public health entomology, infrastructural and institutional capacity and capability at all levels of government and across all relevant sectors, based on a vector control needs assessment;
- (3) to promote basic research on vectors and their transmission of pathogens, and applied research on vector control tools including biological tools technologies and approaches to evaluate their impact on disease, socioeconomic development, human populations and the environment, and to assess how to integrate them with vaccines, medicines and other interventions;
- (4) to promote collaboration in line with One Health and integrated vector and communicable disease approach as appropriate across all levels and sectors of government including municipality and local administrative structures, and with engagement and mobilization of communities through organized stakeholder groups;
- (5) to strengthen national and subnational capacity, as appropriate, for vector surveillance, forecasting and intervention monitoring, including for vector pesticide resistance, and impact of pesticides on environmental and human health, and to integrate them with public health surveillance systems;
- (6) to strengthen and engage in cross-border and regional collaboration by means that include networks in line with the International Health Regulations (2005) in order to build adequate capacity for prevention, surveillance, control and response for vector-borne diseases;
- (7) to collaborate, as appropriate, with international, regional, national and local institutions and non-State actors from relevant sectors to support and contribute to the implementation of WHO's strategic approach on integrated vector and disease control;

OP3 REQUESTS the Director-General:

- (1) to continue to develop and disseminate normative guidance, policy advice and implementation guidance that provides support to Member States¹ to reduce the burden and threat of vector-borne diseases, including to strengthen human-resources capacity and capability for effective locally adapted sustainable and ethically sensitive vector control;
- (2) to continue to promote research on vector-borne disease systems and development of innovative products, methods, tools, technologies and approaches and to support the generation of evidence-based knowledge on their safety, efficacy and impact on disease, socioeconomic development, human populations and the natural environment;

¹ And, where applicable, regional economic integration organizations.

² Document A70/26 Rev.1.

- (3) to review and provide technical guidance on the ethical aspects and issues associated with the implementation of new vector control approaches in order to develop mitigating strategies and solutions;
- (3 bis) to review the ethical aspects and related issues associated with vector control implementation, and including social determinants of health in that review, in order to develop mitigating strategies and solutions to tackle health inequities;
- (4) to disseminate widely and update as appropriate technical guidance on integrated vector control for all relevant vector-borne diseases, especially as new evidence-based knowledge becomes available for improved and novel products, tools, technologies and approaches;
- (5) to strengthen the capacities and capabilities of the Secretariat at the global, regional and country levels and ensure that all relevant parts of the Organization across all three levels are actively engaged to lead a coordinated global effort that includes collaboration with other organizations of the United Nations system and other intergovernmental agencies for better implementation of vector control;
- (6) to develop, in consultation with Member States and through regional committees as appropriate, regional action plans aligned with WHO technical guidance on vector control including the priority activities as described in the report;¹
- (6 bis) to provide support to countries to develop and/or update National vector control and vector-borne disease control strategies aligned to the strategic approach of the Global Vector Control Response 2017–2030 and as appropriate, to other ongoing communicable disease control strategies and emergency response to outbreaks;
- (7) to monitor the implementation of the global vector control response 2017–2030, and report back on its impact and the progress made towards the milestones and targets at the Seventy-fifth, Eightieth and Eighty-fifth World Health Assemblies.

The representative of BAHRAIN described her country's comprehensive disease control programme and the progress achieved in that regard. She expressed support for the revised draft resolution and for the implementation of a comprehensive policy to combat vector-borne diseases.

The representative of the UNITED REPUBLIC OF TANZANIA said that vector-borne diseases were a major public health challenge in sub-Saharan Africa; however, most such diseases were preventable through the effective implementation of vector-control measures and strong political and financial commitment. He was pleased to note that the draft global vector control response 2017–2030 focused on interventions that targeted the vectors themselves and called for additional efforts and resources in that regard. He expressed support for the revised draft resolution and requested WHO to provide support to countries in developing and updating national vector control strategies in line with the draft global vector control response.

The representative of JAMAICA said that in the light of the rise in vector-borne disease outbreaks over the past decade, the Jamaican Government had established a mosquito control and research unit to conduct research and coordinate vector control activities for Jamaica and the wider Caribbean region. In addition, 67 sentinel sites had been set up for enhanced surveillance of *Aedes aegypti*, and an insecticide resistance monitoring programme had been launched as part of efforts to strengthen monitoring in Latin America and the Caribbean. Jamaica was also participating in an IAEA project to explore the use of a sterile insect technique component as part of integrated vector

¹ Document A70/26 Rev.1.

management programmes across Latin America and the Caribbean. She expressed support for the revised draft resolution.

The representative of TURKEY said that irregular migration, increased travel to and from endemic regions, and increased commercial activity with countries with a high incidence of vector-borne diseases had contributed to a growing burden of vector-borne diseases in his country. Vector control required a comprehensive approach covering the entire chain of infection; to that end, his Government promoted multisectoral actions and multistakeholder collaboration, for example in raising awareness and in promoting the appropriate use of biocidal products. National vector control strategies were vital, and he encouraged WHO to regularly assess country performance and share best practices.

The representative of the RUSSIAN FEDERATION expressed support for the priorities identified in the draft global vector control response. In the Russian Federation, vector control strategies were centred on entomological monitoring and preventive and rapid response measures, with a special focus on training specialists. Given the growing problem of importation of vector-borne diseases, enhanced international cooperation and preventive action were vital; an expert group should be established to develop WHO policies on those key issues. Her Government stood ready to support WHO efforts to that end, including by sharing its expertise. She expressed support for the revised draft resolution.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that vector-borne diseases were a major public health concern throughout the Region. Despite the progress made, in particular regarding malaria, other vector-borne diseases such as leishmaniasis and dengue persisted. Special measures had been taken to combat new threats posed by the re-emergence of certain diseases due to internal displacement and inadequate health services in refugee contexts. While the draft global vector control response called for actions to be aligned with local needs, more detailed needs assessments were required at the country level, especially with regard to leishmaniasis, and actions to tackle mosquitoes and specific vector-borne disease, as well as outbreaks, should be identified. Countries in emergency situations needed additional financial resources and support, including the establishment of emergency response mechanisms. It was essential to implement the draft global vector control response without delay.

The representative of the DOMINICAN REPUBLIC emphasized the importance of global vector control efforts. In 2013 and 2014 the Dominican Republic had reported the highest number of suspected cases of chikungunya in the Americas and Hispaniola was the only Caribbean island with indigenous transmission of malaria. As a result, her country had updated its policies and strategies in order to prioritize vector control measures. Migration, precarious settlements and insufficient financial and human resources for health further exacerbated the transmission of vector-borne diseases. Comprehensive vector control measures must: focus on cost-effective interventions that were proven, sustainable and adapted to the national context; promote the use of techniques such as sterile insect technique in national plans and strategies; support the correct use of monitoring systems and innovative entomological surveillance systems, including insecticide resistance monitoring and vector behaviour studies; and take account of international migration and the associated risk of introduction of new species as part of an integrated vector management approach. The draft global vector control response provided an excellent opportunity to restructure entomological systems, incorporate cutting-edge vector control technologies and conduct research and training activities, with the support of WHO.

The representative of PANAMA said that while progress had been made in controlling and eliminating vector-borne diseases, additional sustained and effective interventions were required, in

particular in developing countries, including Panama. Although the risk of malaria transmission in Central America had been greatly reduced, *Aedes aegypti*-related vector-borne diseases persisted. Her Government was committed to tackling vector-borne diseases and had introduced new vector control strategies, as well as measures to strengthen the health system and ensure adequate funding for the training of human resources. Community empowerment was a vital aspect of effective prevention, control and elimination activities, in view of the importance of addressing the social determinants of vector-borne and other diseases. WHO and other partners played a crucial role in providing guidance on appropriate and successful vector control measures. Her Government fully supported the draft global vector control response.

The representative of FRANCE expressed support for the integrated approach set out in the draft global vector control response that targeted vectors, rather than diseases. Vector control activities must be coordinated with existing WHO programmes, including the WHO Health Emergencies Programme, the International Health Regulations (2005), and the WHO research and development blueprint for action to prevent epidemics. A clearer definition was needed of the link between the draft global vector control response and the global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response and its role in policies to strengthen health systems. The research and development blueprint should drive the development of new tools and innovative preventive measures for vector control, with due respect for environmental and ethical considerations. In that regard, she commended UNITAID's call for proposals to accelerate access to and adoption of innovative vector control tools. Global vector control response efforts would only yield tangible results if the effectiveness of the proposed interventions was monitored closely.

The representative of NIGER said that effective, locally adapted vector control was crucial to the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Although important progress had been made in malaria control, the morbidity burden associated with other vector-borne diseases had increased in recent years. His Government had implemented three consecutive malaria control strategies, but remained vulnerable to transmission. Intersectoral cooperation, community empowerment and technical and financial support to strengthen vector control capacities at the international and national levels, were key to vector control efforts. He expressed support for the revised draft resolution.

The representative of BRAZIL said that social, demographic and environmental factors strongly influenced transmission patterns of vector-borne diseases. Expressing support for the global vector control response framework and the priorities outlined in the report, he described the vector control actions and strategies developed by his Government which were based on an integrated, multisectoral approach with community engagement to improve the efficacy, cost-effectiveness, sustainability and ecological viability of vector control measures. Brazil also strongly supported PAHO's Strategy for Arboviral Disease Prevention and Control. The report on the draft global vector control response should be discussed further at WHO regional committee meetings, taking account of region-specific circumstances. Vector-borne diseases did not respect borders; international cooperation was therefore important to enhance national, regional and global human resource and health surveillance capacities.

The representative of MALAYSIA said that her country had made significant progress towards the control and elimination of malaria and dengue as a result of surveillance, integrated vector management, improved human capacity and community empowerment. However, more evidence-based, flexible and locally tailored vector control strategies were needed, and recent advances in vector control and surveillance needed to be leveraged in order to reinvigorate vector control efforts. A comprehensive approach was essential to ensure a sustainable impact. In addition,

existing vector-borne disease control programmes should be realigned to better cope with multiple vectors and diseases. She expressed support for the global vector control response.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that the draft global vector control response would support countries in mounting coordinated and coherent efforts to counter the increasing burden and threat of vector-borne diseases. Enhanced vector control programming, more technical staff, stronger monitoring and surveillance systems and improved infrastructure were critical. Implementation of national strategies had led to important progress with regard to some vector-borne diseases, including malaria, onchocerciasis, lymphatic filariasis and Chagas disease, but the burden of many others had increased in recent years. Social, demographic and environmental factors had resulted in intensification, geographical spread, re-emergence or extension of transmission. Infrastructural improvements were also needed, in particular to ensure the provision of clean water and adequate sanitation in order to control diseases spread by mosquitoes. The Member States of the African Region supported the revised draft resolution.

The representative of IRAQ provided details of the national vector control action plan, as a result of which Iraq had been free of indigenous malaria for over nine years; effective surveillance of imported malaria was ongoing. His Government was also engaged in efforts to control leishmaniasis, including in emergency situations among internally displaced persons, and had integrated surveillance of communicable diseases with surveillance of environmental indicators. He called on WHO to provide more support to countries facing emergency situations, in the form of human resources and institutional capacity-building, in order to prevent and control vectors as part of primary health care.

The representative of NEW ZEALAND highlighted the impact of arboviral diseases in the Western Pacific Region. She commended the Secretariat for its timely response to Member States' request for the development of a global vector control response. The lessons learned from that response process should be replicated within WHO in future. She was pleased to note that implementation of an integrated approach to vector control, framed within the context of achieving the Sustainable Development Goals, had received broad support, and fully endorsed the revised draft resolution. Evidence-based, intersectoral, community-engaged and sustainable vector control efforts had the potential to significantly reduce the global burden of vector-borne diseases.

The representative of the MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, said that two countries in the Region, the Maldives and Sri Lanka, had recently been certified by WHO as being malaria-free, demonstrating strong political and financial commitment and substantial investments in health system capacities. Although the implementation of many regional and global health initiatives had helped to lower the incidence of, and number of deaths caused by, some vector-borne diseases, transmission was being affected by factors such as globalization of trade, international travel and the environment. The Member States of the South-East Asia Region therefore strongly supported the draft global vector control response, in particular pillar 2 (engage and mobilize communities), which would enhance the sustainability of interventions. The Member States of the Region supported the revised draft resolution, and were committed to implementing WHO strategies to reduce mortality, morbidity and the economic impact of vector-borne diseases in the Region.

The representative of ARGENTINA agreed with the four pillars outlined in the draft global vector control response, which were similar to those applied in her country's vector control programme. Her Government had engaged with academic experts researching new vector control technologies, and with other institutions, in order to promote and strengthen community mobilization for behavioural change. Much remained to be done, however, to enhance human, infrastructure and

health system capacity for vector control and surveillance in all relevant sectors; increase basic and applied research to optimize vector control; and innovate to develop new instruments, technologies and approaches. She supported the revised draft resolution on the global vector control response.

The representative of JAPAN welcomed the draft global vector control response and expressed support for the revised draft resolution. Community involvement was indeed a key factor of vector-borne disease control and prevention, as was the involvement of, for example, the education sector, to raise awareness in schools in the light of local conditions; the Secretariat was right to include that aspect in the draft global response. Other important aspects were robust surveillance of vector-borne diseases in each country and information-sharing between the countries in a region, to prevent cross-border transmission and epidemics. WHO and its regional offices were requested to continue showing strong leadership in coordinating vector-borne disease control at the global, regional and country levels.

The representative of ZIMBABWE expressed support for the revised draft resolution. History had shown that most vector-borne diseases could be prevented and even eliminated by properly implemented vector control measures, which boasted some of the highest cost-effectiveness ratios in public health but required political and financial commitment and substantial investment by governments and non-State actors. The measures applied for the successful control and elimination of malaria, trypanosomiasis, lymphatic filariasis, yellow fever and schistosomiasis – wide-scale household coverage of indoor residual spraying, larval source management and the widespread distribution and use of long-lasting insecticide-treated nets – had to be pursued with a view to maximizing the impact on all vector-borne communicable diseases within national health systems at all levels.

Weak communicable disease control programmes and public health systems hindered sustained access to and coverage by key vector control interventions. They had to be strengthened through more sustained investment, coordination and capacity-building in integrated disease surveillance and monitoring systems. In addition, steps had to be taken to integrate the impact of climate change on the re-emergence and distribution of vector-borne diseases into all projects implemented at national and regional level, and to address the challenge of resistance to insecticides.

The representative of SRI LANKA expressed support for the revised draft resolution. Malaria had been eliminated in Sri Lanka in 2016, and the Ministry of Health had received political commitment at the highest level to achieve effective, locally adapted and sustainable dengue vector control. Importantly, Sri Lankan communities were always encouraged and mobilized to take responsibility and demonstrate leadership in the implementation of vector control and surveillance activities.

The representative of SWITZERLAND thanked the Secretariat for having conducted a global consultative process on the draft global vector control response, which drew on synergies between different WHO departments, including the Special Programme for Research and Training in Tropical Diseases, and emphasized WHO's role as a standard setter. The draft global vector control response's strategic direction, in the establishment of which WHO had played a leading role, looked beyond the vector in question and put forward an evidence-based approach that encompassed the ethical aspects of implementing vector control. That broader perspective comprised action aimed at examining the determinants of health and equity, in line with the Sustainable Development Goals. Inter- and intrasectoral action was an essential component of effective vector control, as was stronger community mobilization, and their inclusion in the draft global vector control response was to be commended. The Secretariat was encouraged to cooperate closely with partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Partnership.

The representative of AUSTRALIA noted that effective vector control was central to achieving malaria elimination in the Greater Mekong Subregion, which was a priority for Australia and which it was supporting through regional mechanisms such as the Asia Pacific Leaders Malaria Alliance. Vector control was more imperative than ever because changing demographic, social and environmental risk factors for vector-borne disease, including climate change, were extending the reach of vector populations and influencing disease transmission patterns. Northern Australia, for example, had experienced outbreaks of dengue fever even though the disease was not endemic in the country.

The draft global vector control response was welcome, in that it provided comprehensive, strategic and timely guidance for strengthening vector control; adopted an integrated approach; positioned vector control as fundamental to long-term disease prevention and outbreak response; and focused on engaging and mobilizing communities. Its implementation would entail a number of practical challenges, such as integrating existing national malaria and dengue control programmes and coordinating intersectoral responses. Australia endorsed the revised draft resolution.

Mr Davies took the Chair.

The representative of GHANA said that vector-borne diseases, in addition to imposing a high disease burden and causing premature deaths, significantly reduced productivity and performance, a negative socioeconomic impact that was exacerbated by the high costs of treating the sick. Furthermore, the presence of infective agents in the vectors posed a global challenge for elimination and eradication initiatives. Pointing out that insecticide resistance and shifts in vector behaviour that reduced the efficacy of interventions threatened to undermine prevention approaches, she called on Member States and the global community to show greater political and financial commitment and to step up investment in vector control, moving beyond the more extensive deployment of insecticide-treated nets and indoor residual spraying against malaria vectors in particular, to reconsider the responsible and environmentally-friendly use of other insecticides. A world in which no one suffered from vector-borne diseases was achievable if all concerned worked together. She expressed support for the revised draft resolution.

The representative of CHINA said that, having proposed that WHO deliberate on vector control in 2016 and 2017, her country appreciated the Secretariat's swift decision to conduct extensive consultations, and the open and transparent process by which the revised draft resolution had been drawn up. The development of global vector control measures would help Member States and development partners effectively and efficiently control transmission by vectors, address the growing health burden of vector-borne diseases, strengthen health systems and achieve the 2030 Agenda for Sustainable Development. She expressed support for the revised draft resolution and called on all Member States to support its adoption. Member States should develop national vector control strategies adapted to their national circumstances and based on the draft global vector control response; strengthen multisectoral collaboration and public participation; and mobilize all available human, financial and material resources to prevent and control the transmission of vector-borne diseases. The Secretariat, for its part, should continue providing Member States with support for the development of national control strategies, monitoring and evaluation of vector control, and research into innovative control measures.

The representative of BARBADOS said that her country was affected in various ways by vector-borne diseases: as a major tourist destination, as a developing State, and as a small island developing State in the Americas. In response, it had adopted an integrated management strategy comprising optimum use of laboratory resources, epidemiology, implementation of a risk/crisis communication plan, clinical case management and integrated vector management. Those various activities had proven to be more effective when carried out in combination than in isolation. She

endorsed the draft global vector control response and said that her country would welcome support as it sought to strengthen its health and surveillance systems.

Mr Hurree took the Chair.

The representative of THAILAND expressed concern that, like other south-east Asian countries, his country had limited capacities to train public health entomologists in vector control. A further concern related to the consequences of the long-term use of chemicals for vector control, such as the emergence of pesticide-resistant vectors, contamination of the environment, food and soil, and the presence of pesticides throughout the food chain. Evidence had confirmed the correlation between exposure to chemicals and cancers in humans. Rapid technological development had resulted in several promising new biological interventions. WHO and the scientific community should scale up enquiries into the impact of chemicals on the environment and human health, and increase the use of biological interventions for vector control. He expressed strong support for the draft global vector control response and for the revised draft resolution.

The representative of the PHILIPPINES expressed support for the adoption of the draft resolution and for the two core elements of the draft global vector control response: to enhance vector control capacity and capability, and to increase basic and applied research and innovation. Together with the other Western Pacific countries, her country was accelerating the pace of its activities to eliminate malaria, with vector control currently focusing on the remaining endemic areas, accompanied by foci investigation and entomological surveillance. Its malaria programme continued to strengthen capacities at subnational level, specifically in vector surveillance, and to sustain research activities. Vector control activities to prevent other vector-borne diseases, such as dengue, Zika virus disease and chikungunya, had also been accelerated and emphasized advocacy to mobilize communities, schools and stakeholders on environmental control.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledging that vector control was vital to tackling a number of diseases, including malaria, neglected tropical diseases, dengue, yellow fever and Zika virus disease, commended the draft global vector control response for highlighting the importance of vector control and adopting a national, integrated health system and community-based approach to the matter. However, for certain areas of vector control, in particular for *Aedes aegypti*-borne diseases, no sufficient evidence or effective interventions were at present available. Other challenges included how best to introduce new tools with complicated and resource-intensive implementation requirements into national vector control programmes, and how to ensure community engagement. She asked what the Secretariat was doing to help address those challenges.

The representative of the UNITED STATES OF AMERICA expressed support for the goals of the draft global vector control response and for the draft resolution. The sustainability of efforts to scale up vector control globally would depend on long-term political commitment, advocacy, funding and intersectoral coordination, yet the budget estimates in the draft global vector control response covered only needs assessments, staffing, task force meetings and entomological monitoring, and not the implementation of vector control or research and development. The Secretariat should produce cost estimates for scaling up activities in priority areas, including surveillance and research and development in respect of arthropod-borne animal diseases. It should also set goals and targets for resource mobilization, and stipulate that Member States were expected to develop financial plans for implementation. Although the draft global vector control response set a target of 60% fewer deaths from vector-borne diseases, it included no disease-specific indicators. Concrete, realistic and measurable milestones were needed to enable Member States to assess their progress in controlling specific vector-borne diseases.

Recognizing that achieving the goals of the draft global vector control response would require substantial investment in research and development, including improved use of informatics tools and new mosquito-control technologies, he expressed support for interdisciplinary research on vector-borne disease systems and for the development of improved and novel vector-control tools, technologies and One Health approaches. Investing in the development of human capacities was merely the first step in scaling up vector control. Community engagement was also required: vector control efforts would be more sustainable and successful if local populations were involved.

The representative of INDONESIA said that vector-borne diseases remained a major threat to global health, particularly in light of emerging diseases such as Zika virus and the impact of climate change. Her Government continued to make vector control a priority, but greater synergy among the international community was needed to ensure that vector-borne diseases were eradicated. The draft global vector control response should be centred on strengthening human and institutional capacities, optimizing research and development capacities, encouraging innovation, and raising awareness of the importance of prevention among communities – with families and communities playing a more prominent role. She suggested using biomolecular methods to evaluate resistance and identify means and method of transmission, and urged the Secretariat and all Members States to continue to make global vector control a priority.

The representative of NIGERIA said that, despite recent progress in vector control, mosquitoes remained a vector of a number of diseases in parts of Africa, and Nigeria in particular. Her Government was committed to implementing the draft global vector control response and welcomed its innovative approach. Due to the growing threat of vector resistance, monitoring and management of vector resistance had been made a priority, along with capacity-building and operational research in malaria vector control. Entomological studies had been conducted, and insecticide resistance sentinel sites established across the country had confirmed that malaria resistance was spreading across Nigeria and to other endemic countries, creating an urgent need for an insecticide management plan with clear options and mitigation measures. She urged WHO and Member States to continue their efforts to mitigate insecticide vector resistance.

The representative of GEORGIA said that large-scale preventive measures were in place in Georgia to ensure vector control. Entomological monitoring was conducted every year; an operation response plan to Zika virus had been developed; and a vector control strategy was being drawn up. She expressed her support for the revised draft resolution.

The representative of GERMANY welcomed the draft global vector control response as a tool for preventing the spread of vector-borne diseases. Due to rising temperatures, vectors such as mosquitoes and ticks were likely to spread to new areas through assimilation. More routine surveillance was needed in areas identified as introduction sites for exotic vectors.

The representative of NICARAGUA said that, while dengue continued to be the most prevalent vector-borne disease in the Americas, other diseases, such as chikungunya and Zika virus, had spread in recent years, owing to a combination of dense vector populations and social, economic and environmental factors. His Government applied a family- and community-based approach to prevention and control, which it had made a national priority. Health care services were organized to ensure early detection and timely management of suspected cases and consultations with expert focal points at the departmental, regional and national levels. He commended the Secretariat for making vector control a priority and expressed support for the revised draft resolution.

The representative of COLOMBIA welcomed the Secretariat's efforts to consolidate the draft global vector control response and expressed her support for the draft resolution. The guidelines

provided would allow her Government to further strengthen its national vector control capacities, particularly with regard to developing tools and technologies to enhance vector control and human, infrastructure and health systems capacities. Despite the progress made, her Government still faced major challenges to maintaining capacity, implementing response plans and enhancing epidemic intelligence. The draft global vector control response needed to offer the required technical tools and strengthen actions aimed at managing risk and facilitating health promotion and disease prevention.

The representative of MEXICO said that her Government had built up its entomological surveillance and vector control capacities. Entomological, epidemiological and intervention-related data had been combined to improve decision-making, with regular surveillance, monitoring and evaluation. While action was being taken to increase funding and adapt prevention and control activities to different epidemiological and entomological contexts, migration, the impact of climate change and declining numbers of skilled health care workers represented major challenges. Priority should be given to strengthening the participation of sectors, institutions and communities. She expressed support for the draft global vector control response and said that her Government would continue to work towards fulfilling its national commitments.

The representative of BOTSWANA welcomed the draft global vector control response and expressed support for the revised draft resolution.

The representative of QATAR expressed support for the draft global vector control response and the revised draft resolution, which would guide Member States and encourage them to tackle vector-borne diseases through effective monitoring and surveillance, without losing sight of the importance of infrastructure. Although there were no cases of malaria in Qatar, monitoring and evaluation mechanisms were in place. His Government had developed a national vector control programme that focused on prevention and had provided support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and similar national funds.

The DIRECTOR (Control of Neglected Tropical Diseases) welcomed the support, input and constructive feedback from Member States regarding the draft global vector control response and the draft resolution. He thanked the representatives of Australia and New Zealand for chairing the informal consultations. The draft global vector control response 2017–2030 had been developed through a fast-track process after Zika virus had been declared an international public health emergency, alongside outbreaks of yellow fever, rising incidents of other vector-borne diseases and the massive burden of malaria. The key objectives had been to provide an integrated response to the growing global trend and to build political momentum to take urgent action. Immediately after the 139th session of the Executive Board, the Secretariat, led by the Global Malaria Programme, the Department of Control of Neglected Tropical Diseases and the Special Programme for Research and Training in Tropical Diseases, had begun to engage with Member States, United Nations agencies, technical experts and other partners in order to refine the draft global vector control response. At the 140th session of the Executive Board, Member States had asked the Secretariat to make some amendments to the draft global vector control response and to develop a draft resolution.

All Member States had welcomed the comprehensive, integrated approach set out in the draft global vector control response, which involved scaling up vector control interventions that were effective against multiple diseases and implementing environmental measures. The need for intersectoral cooperation, community engagement, and enhanced and sustained surveillance, including the monitoring of insecticide resistance, and the need for stronger peripheral capacities to carry out appropriate vector control interventions as part of community-based systems and services had been highlighted. The Secretariat had noted the recommendation to work closely with other ongoing initiatives and the importance of monitoring ethical aspects and the environmental impact and safety of interventions. The Secretariat would continue to promote, assess and guide the development of new

technologies and strategies through the vector control advisory group, particularly with regard to controlling *Aedes aegypti*. The Secretariat would also continue to work with the regional offices to support Member States in their implementation plans and further refine the costing of those plans. The Secretariat, working closely with its partners, looked forward to supporting a global scale-up of vector control efforts and finding effective, locally adapted and sustainable solutions.

The Committee noted the report.

The CHAIR took it that the Committee wished to approve the revised draft resolution on the global vector control response – an integrated approach for the control of vector-borne diseases.

The revised draft resolution was approved.¹

3. PROGRESS REPORTS: Item 17 of the agenda (document A70/38)

The CHAIRMAN invited the Committee to consider the progress reports submitted under item 17 of the agenda by thematic group.

Preparedness, surveillance and response

- L. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))**
- M. Enhancement of laboratory biosafety (resolution WHA58.29 (2005))**

The representative of EGYPT, referring to progress report L, highlighted the relevance of smallpox eradication for his Government. Resolution WHA60.1 (2007) remained valid until variola virus stocks were completely destroyed. He asked the Secretariat what action had been taken in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND noted the conclusion of the Independent Advisory Group on public health implications of synthetic biology technology related to smallpox that the risk of re-emergence of smallpox had increased. It was therefore important to complete ongoing research and further consider the implications of synthetic biology before reaching a decision on the destruction of variola virus stocks. She agreed that the issue should be added to the provisional agenda of the Seventy-second World Health Assembly.

The representative of JAPAN said that securing laboratory biosafety was essential, especially given the increasing threats of emerging and re-emerging infectious diseases and bioterrorism. There were worrying disparities between the levels of biosafety practiced by Member States, and WHO's work was essential in mitigating the related risks. He expressed support for the Secretariat's efforts to update biosafety manuals, publish technical documents and develop training programmes, and called for relevant departments' human and financial resources to be strengthened.

The representative of the UNITED STATES OF AMERICA expressed support for the conclusions of the WHO Advisory Committee on Variola Virus Research, mentioned in progress

¹ Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA70.16.

report L. Although synthetic biology was promising, it also brought potential threats and made possible the recreation of deadly viruses. It was therefore necessary to continue research on diagnostics and other medical countermeasures and expand research approaches for point-of-care, immunologically based assay systems. Emphasis should be placed on ensuring sufficient diagnostic capability in regions where other poxviruses could complicate early identification and differentiation from smallpox and other clinically related diseases. The Advisory Committee should continue to oversee and approve all research projects involving live variola virus.

The representative of BAHRAIN said that her country had introduced a number of measures to improve laboratory biosafety in collaboration with partners from both the public and private sector. Capacity-building for public and private sector institutions had also been undertaken. WHO should endeavour to fill the gaps and create a safety culture based on cooperation between actors from the public and private sectors.

The representative of GHANA, speaking on behalf of the Member States of the African Region on progress report M, commended WHO for scaling up efforts to ensure safe and secure laboratory operations, containment of biological hazards and prevention of natural, accidental or deliberate release. As a result of the fairly high rate of disease outbreaks and emergencies in the Region, enhancing laboratory biosafety was a key requirement and she expressed concern at the limited implementation of resolution WHA58.29. The main challenges faced included a lack of fundamental safety awareness and knowledge of good laboratory practices, inadequate supply of personnel protective equipment, low implementation of safety programmes that adhered to WHO guidelines, inadequate biosafety training programmes, inadequate biosecurity control, limited accountability for valuable biological materials within laboratories, and a lack of emergency response plans. She urged WHO to scale up its activities on implementation of the resolution.

The representative of IRAQ stressed the need for national workplans, supported by WHO, on the adoption of biosafety approaches to facilitate accreditation of public health laboratories. To ensure health security, a robust monitoring process was required to improve laboratory surveillance.

The representative of INDONESIA, recognizing the importance of enhancing laboratory biosafety and biosecurity, said that a national committee had been established within her country to contain poliovirus type 2. The committee had links to local laboratories with storage capacity for biological agents that adhered to WHO regulations.

The representative of CANADA said that she welcomed the redesignation of the Public Health Agency of Canada as a WHO Collaborating Centre for biosafety and biosecurity. However, despite the progress made, much remained to be done, particularly in resource-limited countries. For example, had correct measures been in place during the outbreak of Ebola virus disease in West Africa, the numbers of confirmed or probable cases of the disease among health care and laboratory workers would have been much lower. The continued absence of national frameworks for biosafety and biosecurity was a significant global risk; infectious diseases knew no borders and the accidental or deliberate release of an infectious agent from a laboratory could have significant global health impacts. As a result, her Government had created a tool to assist countries in the development and implementation of national frameworks for biosafety and biosecurity based on their specific country contexts; that tool was being tested in five locations and the feedback would contribute to the development of a stand-alone tool that could be used by WHO. More information was needed to provide an overview of the global biosafety and biosecurity situation; WHO had a key role to play in that regard through the review of Member States' reports on the International Health Regulations (2005) and should regularly report on the matter. She encouraged alignment with other relevant forums, such as the Convention on the Prohibition of the Development, Production and Stockpiling of

Bacteriological (Biological) and Toxin Weapons and the International Expert Group on Biosafety and Biosecurity Regulation, and said that WHO should continue to designate collaborating centres for biosafety and biosecurity in order to leverage the willingness and ability of Member States to advance global priorities on the subject.

The representative of AUSTRALIA welcomed the recommendation of the WHO Advisory Committee on Variola Virus Research on increased preparedness to deal with the potential consequences of the synthesis and possible re-emergence of variola virus, and the expansion of expertise in the area of laboratory biosafety, biosecurity and diagnostics in that regard. Australian national policy on the issue was aligned with the proposed risk reduction strategies; his Government considered the work of the WHO Advisory Committee on Variola Virus Research a critical part of public health protection. It was important to complete the agreed programme of research on the variola virus.

The representative of the REPUBLIC OF KOREA said that consideration should be given to strengthening Member States' capacities to respond to potential smallpox outbreaks, including by improving diagnostics and therapies. She welcomed the efforts of WHO to address the gaps in laboratory biosafety. Since the adoption of resolution WHA58.29, significant progress had been made in her country in that regard.

The representative of SAUDI ARABIA said that existing stocks of variola virus should be destroyed; a clear time frame was needed in that regard.

The representative of THAILAND agreed that existing variola virus stocks should be destroyed in a timely manner; he hoped for fruitful discussions on the issue at the Seventy-second World Health Assembly.

The representative of PANAMA said that her Government was endeavouring to strengthen biosecurity throughout the health system, with a particular focus on clinical and research laboratories. Nevertheless, much remained to be done in areas such as biosecurity practices, the safety culture, and management of biological risks. As a developing country with limited human and financial resources, Panama was reliant on support from WHO and other relevant actors in that regard.

The DIRECTOR (Country Health Emergency Preparedness and International Health Regulations) recalled that the Sixty-ninth World Health Assembly had decided to include a substantive agenda item on the destruction of variola virus stocks on the agenda of the Seventy-second World Health Assembly in 2019.

The representative of EGYPT asked whether the report of the eighteenth meeting of the WHO Advisory Committee on Variola Virus Research had been published and whether smallpox would be on the agenda of the Seventy-first World Health Assembly.

The DIRECTOR (Country Health Emergency Preparedness and International Health Regulations) explained that the Secretariat would prepare a progress report on smallpox eradication for the Seventy-first World Health Assembly. The report by the Advisory Committee on its eighteenth meeting was now available on the WHO website.

Communicable diseases

- D. Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- E. Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 (2014))**
- F. Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))**

The representative of the UNITED REPUBLIC OF TANZANIA, drawing attention to action taken in her country in collaboration with key stakeholders to tackle malaria, said that her Government would take steps to align its strategic plan on malaria with the recommendations contained in the Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region. Funding remained inadequate for some vector control interventions, such as indoor residual spraying and larviciding, despite their effectiveness, and she called for increased investment in such interventions.

The representative of the RUSSIAN FEDERATION, highlighting the progress made in her country on tuberculosis control, said that in order to achieve the full elimination of the disease by 2030, a number of challenges, such as the emergence of drug-resistant tuberculosis and tuberculosis and HIV coinfection, would need to be addressed. As such, new vaccines, quicker diagnostic tools and tests, and better medicines for tuberculosis were needed, together with improved access to such interventions. She drew attention to the first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, to be held in the Russian Federation in November 2017. That Global Ministerial Conference would involve not only Ministers of Health, but Ministers of Finance and Social Development, heads of United Nations agencies, and nongovernmental organizations and civil society. Any outcome document issued by the Global Ministerial Conference should be discussed at the United Nations General Assembly high-level meeting on tuberculosis to be held in 2018. Noting the intersectoral nature of the issue, she proposed that a report on the results and outcomes of the Global Ministerial Conference should be included in the documents for the Seventy-first World Health Assembly, together with a draft resolution in that regard.

The representative of MALAWI, speaking on behalf of the Member States of the African Region on progress report E, commended WHO for its efforts to address all forms of tuberculosis. Member States in the Region were committed to aligning their national plans on tuberculosis with the most recent WHO guidelines in order to achieve the objectives of the End TB Strategy. In order to do so, multisectoral action would be needed to achieve universal health coverage and expand research into the diagnosis and treatment of HIV-related tuberculosis. Increased collaboration was also needed on the cross-border control of HIV-related tuberculosis, the development of shorter, more effective and more affordable treatments for more multidrug-resistant and extensively drug-resistant tuberculosis, and improved availability of medicines to manage tuberculosis and HIV coinfection.

The representative of JAPAN said that the Global Ministerial Conference that would be held in November 2017 and the United Nations General Assembly high-level meeting planned for 2018 would mark a turning point for ending tuberculosis.

The representative of ITALY commended the action taken by WHO in the context of the global strategy and targets for tuberculosis prevention, care and control after 2015, the adoption of the End TB Strategy and Sustainable Development Goal 3. Tuberculosis remained a major cause of mortality and morbidity and more must be done to treat multidrug-resistant tuberculosis and update diagnostic tools and medicines. The Global Ministerial Conference scheduled for November 2017, and the United Nations General Assembly high-level meeting to be held in 2018, were commendable

initiatives in that regard. He requested that WHO should submit reports on the outcome of the Global Ministerial Conference and the preparations for the United Nations General Assembly high-level meeting to the Seventy-first World Health Assembly, and a report on the outcome of the high-level meeting to the Seventy-second World Health Assembly.

The representative of NIGERIA, acknowledging the guidance WHO provided to countries in the roll-out of the End TB Strategy and the progress made thus far, said that multidrug-resistant tuberculosis and the large number of undetected cases remained a tremendous challenge. Nigeria had embedded the End TB Strategy into its national sustainable development agenda and focused on closing the detection gap in particular. Sustaining Member State commitment and funding at all levels was crucial. The outcomes of the Global Ministerial Conference and the United Nations General Assembly high-level meeting should boost collective efforts to end the epidemic. She would appreciate reports on those two events.

The representative of THAILAND welcomed the progress made in the eradication of dracunculiasis. Good progress had also been made under the End TB Strategy, while the 3P Project was a laudable initiative. Multidrug-resistant tuberculosis remained a global challenge. Research and development should focus on more effective, safer and shorter treatment for new cases that could promote adherence and prevent the emergence of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. Malaria was endemic in certain areas of Thailand and other countries in the Greater Mekong Subregion, with artemisinin resistance a growing problem. Key challenges included data sharing and receiving timely information on outbreaks. Resource mobilization and improved value-for-money were crucial to eliminating the disease.

The representative of IRAQ said that, in his country, the problem of tuberculosis was compounded by the emergency situation and the presence of internally displaced persons. The Regional Office for the Eastern Mediterranean needed technical and logistical support to combat tuberculosis, which should be reflected in workplans at the country level that took into consideration all epidemiological and demographic variables. He highlighted the 3P Project and the need to strengthen the country-coordinating mechanism and public-private partnerships.

The representative of BAHRAIN supported the work of WHO in seeking to implement the global strategy and targets for tuberculosis prevention, care and control and recognized the importance of surveillance and indicators in that regard. The updated normative and policy guidance, tools and strategic approaches to help implement the End TB Strategy, in particular with regard to multidrug-resistant tuberculosis, were welcome.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND took note of the considerable achievement of the joint work of WHO and the Carter Center to reduce the number of individuals affected by dracunculiasis. It was important to stay committed to eradication in light of barriers such as conflict and insecurity, and guinea worm disease in dogs. While she commended WHO and Member States for the progress made towards the attainment of the End TB Strategy, multidrug-resistant tuberculosis remained a significant burden. Work to end tuberculosis should therefore be linked to work on the global response to antimicrobial resistance.

The representative of ZIMBABWE said that the Global Ministerial Conference would provide an opportunity to discuss the paradigm shift needed to end tuberculosis, the funding gap for new activities and strategies to engage with other stakeholders in the fight against tuberculosis. Given the prevalence of tuberculosis in Zimbabwe, diagnostic tools to enable the early detection of the disease were welcome. The introduction of user-friendly, point-of-care technology for the early detection of tuberculosis should be accelerated, since it would be particularly useful in remote communities in

African countries. The introduction of new medicines with fewer side effects and shorter regimens for multidrug-resistant tuberculosis was long awaited. Partners should continue to fund collaborative activities on tuberculosis and HIV.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the Member States of the Region of the Americas, said that he supported the End TB Strategy. Since the strategy's release, new data had revealed that the tuberculosis epidemic was larger than previously estimated, and while the burden of multidrug-resistant tuberculosis had not increased, it was still unacceptably high, while treatment success rates remained low.

The gap between WHO estimates of cases of multidrug-resistant tuberculosis and diagnoses of the disease highlighted the need for collaboration to create new tools and shorter, safer treatment regimens. Tuberculosis research lacked adequate funding to reach the goals outlined in the End TB Strategy. Progress on the collection and quality of data available would enable better research and tool design, intervention targeting and implementation. He welcomed the Stop TB Partnership and the acknowledgement of the need for a paradigm shift to achieve results.

The representative of SURINAME said that her Government had employed the End TB Strategy to complete its national strategic plan for tuberculosis for the period 2015–2020. WHO should advocate funding for resource-limited countries to sustain the success achieved thus far and make progress towards ending the tuberculosis epidemic? Declining donor funding would most seriously affect resource-limited countries, particularly those facing economic hardship and budget cuts due to the falling prices of international commodities.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region on progress report D, said that great strides had been made towards the elimination of dracunculiasis in that Region. He reiterated the progress outlined in the report, noting the support of the polio surveillance network in searching for dracunculiasis cases and the personal involvement of the Director-General in monitoring the eradication of the disease. In order to sustain and build on successes thus far, WHO and its partners should bridge the funding gap for the period 2017–2020 to achieve the goals of eradication and certification. He urged WHO to provide the necessary support in that regard.

The representative of PANAMA said that the work done under the End TB Strategy 2015 had brought to light the weaknesses faced by her country in meeting the goals established therein. Active and passive case finding and diagnostic capacity should be improved. With the guidance of WHO-PAHO and the collaboration of the Global Fund to Fight AIDS, Tuberculosis and Malaria, her Government was strengthening community participation in case screening and monitoring.

Turning to progress report F, she said that, thanks to the support and guidance provided by WHO, PAHO and the Global Fund, malaria incidence had been reduced in Central America. Its elimination by 2020 would require sustained application of the Global Technical Strategy for Malaria 2016–2030 and the draft global vector control response 2017–2030.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN on progress report E, said that, in view of the new medicines and diagnostics developed in recent years and the ongoing trials of new medicines and regimens, it was important for WHO to rapidly update its guidance. Member States should ensure that WHO guidance was rapidly adopted and implemented, in view of timely scale-up and access to new tools for tuberculosis prevention, diagnosis and treatment. She thanked WHO for its support for the 3P Project, and for working with the Stop TB Partnership to facilitate preparations for the United Nations General Assembly high-level meeting. She called on Member States to integrate psychosocial support as a routine aspect of tuberculosis care for individuals and families when

needed – poor mental health was both a risk factor for tuberculosis and a potential adverse effect of tuberculosis treatment – and to participate in the 2018 meeting at the highest level.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN on progress report F, suggested that Member States could take a number of steps to improve treatment outcomes for people with drug-resistant tuberculosis. They could act to secure the full roll-out of diagnostic tools; scale up access to optimized treatment regimens with new medicines; and implement efficient regulatory procedures to ensure timely access to new medicines, including the collaborative registration procedure for WHO-prequalified products, and early access mechanisms such as import waivers and compassionate use. She asked WHO to lend political, scientific and financial support to the 3P Project. Lastly, she called on specific pharmaceutical companies to lower the price of certain medicines and allow generic competition, and to release clinical trial data so that other developers would not have to repeat the trials unnecessarily.

(For continuation of the discussion, see the summary record of the fourteenth meeting, section 2.)

The meeting rose at 19:25.

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