

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

**Palais des Nations, Geneva
Wednesday, 31 May 2017, scheduled at 09:00**

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

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COMMITTEE A

FOURTEENTH MEETING

Wednesday, 31 May 2017, at 09:15

Chairman: Dr H.M. AL-KUWARI (Qatar)

later: Mr P. DAVIES (Fiji)

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1. SIXTH REPORT OF COMMITTEE A (document A70/77)

The RAPPORTEUR read out the draft sixth report of Committee A.

The report was adopted.¹

2. PROGRESS REPORTS: Item 17 of the agenda (document A70/38) (continued from the thirteenth meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of the progress reports submitted under item 17 of the agenda, by thematic group.

Noncommunicable diseases

- A. WHO global disability action plan 2014–2021: better health for all people with disability (resolution WHA67.7 (2014))**
- B. Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results (resolution WHA69.7 (2016))**
- C. Towards universal eye health: a global action plan 2014–2019 (resolution WHA66.4 (2013))**

The representative of the UNITED REPUBLIC OF TANZANIA, referring to progress report C on eye health, outlined the extent and impact of blindness and visual impairment in his country and measures taken to tackle the issue. Particular challenges included the lack of accurate country estimates of the burden of blindness and visual impairment and inadequate coverage for eye care services in primary health care and many insurance schemes. He requested support to conduct a rapid assessment of avoidable blindness.

The representative of AUSTRIA said that preventing blindness and providing eye care helped people to lead independent lives and could contribute to achieving several Sustainable Development

¹ See page [...].

Goals, at the same time improving education and promoting gender equality. He recognized the progress made in implementing the global action plan 2014–2019 despite many challenges.

The representative of NORWAY, referring to progress report B on road safety, said that a comprehensive approach, including traffic regulations, technical standards for road profiles and motor vehicles, learning from accident analyses, and proper enforcement of regulations, was necessary to achieve results. He emphasized the linkages with drink driving and the WHO global strategy to reduce the harmful use of alcohol.

The representative of THAILAND, while applauding progress made in the area of road safety, expressed concern at the remaining actions to be taken by the Secretariat, which should be more proactive in supporting evidence-based policy-making by Member States. The Organization and other United Nations bodies should work faster and more strategically together as the end of the Decade of Action for Road Safety approached. Turning to progress report C, he noted the limited progress made in implementing resolution WHA66.4 (2013) on universal eye health and expressed support for the role of World Sight Day in raising awareness of the prevention and treatment of eye disease. Using cataract surgery rates as a proxy indicator for eye service provision was a sensible step, as cataracts were the most common cause of visual impairment. The Organization and Member States should redouble their efforts to meet the targets set out in the global action plan on eye health by 2019.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, referring to progress report A on the WHO global disability action plan 2014–2021, said that many people in his country had been left with disabilities as a result of violence by militias. The United Nations Convention on the Rights of Persons with Disabilities had been ratified in 2015 and implementing legislation was before parliament. Standardized clinical evaluation and data collection tools would help in obtaining reliable data and evidence as a basis for action. He requested WHO support in introducing rapid evaluation tools to assess the needs of persons with disabilities in emergency situations and a database on disabilities.

The representative of IRAQ emphasized the importance of early detection of disabilities, surveillance for birth defects and disability prevention through reproductive and maternal health care integrated into strategic workplans for the prevention and control of noncommunicable diseases. With regard to progress report B, he stressed the need for surveillance of road accidents to assess the scale of the problem, the creation of high-level intersectoral committees, and joint work to tackle all issues affecting road safety. On progress report C, he said that measures to tackle cataracts, such as reducing the surgery backlog, and improve early detection of glaucoma and other types of retinopathy should be integrated with preventative eye care from birth, including preschool and school eye checks. Community eye care was important in dealing with cases referred by primary health care services. Refractive errors should be given attention in all age groups, with a particular focus on those of school and university age.

The representative of INDONESIA, referring to progress report A, expressed her country's commitment to promoting and protecting the rights and dignity of all persons with disabilities, and to incorporating the issue into national development priorities. Regulations on accessible health facilities had been introduced. Early detection and referral systems were in place and support was given to the families of persons with disabilities to equip them with skills in care-giving, parenting and community-based rehabilitation care. With regard to progress report C, she outlined the steps taken to implement the global action plan on eye health at national level, including a rapid assessment of avoidable blindness to collect data in 15 provinces. Eliminating cataracts, which was the leading cause of blindness in Indonesia, was a priority. Sustainable private sector support would contribute to improving cataract surgery coverage.

The representative of ZAMBIA, referring to progress report A, said that his Government had adopted various laws and policies pertaining to people with disabilities, among other things establishing the right to productive and decent work and health services. Primary health care services were provided free of charge to people with disabilities and other support and services were in place. Health information was not yet disaggregated by disability, which made planning a challenge, while inadequate transport and staffing hindered community-based rehabilitation. Technical assistance from the Organization and other partners would help to improve the health of persons with disabilities, and he called on the Organization to assist Member States in accessing assistive technology to that end.

The representative of ITALY, referring to progress report C, said that capacity building, advocacy and the development of new tools were essential to the implementation of the global action plan on eye health. WHO technical assistance to Member States was also fundamental. Reaffirming his country's commitment to working with the Organization on universal eye health and the prevention of blindness, he drew attention to the activities of the WHO Collaborating Centre based in Rome, which dealt not only with prevention but also with rehabilitation, an aspect which deserved more attention and support.

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that most countries in the Region had national eye health plans and had concluded cooperation agreements, receiving support from eye health medical missions. In Benin, eye health mapping had been carried out in four out of 12 regions, revealing a blindness rate of 0.63%. He reaffirmed the Region's commitment to implementing resolution WHA66.4.

The representative of the UNITED STATES OF AMERICA, referring to progress report B, said that reducing road traffic deaths and injuries was a global health imperative and welcomed the Organization's work to tackle road safety. Multisectoral collaboration in that regard was vital, particularly in the development of proposed voluntary global performance targets on key risk factors and service delivery mechanisms.

The representative of VIET NAM, referring to progress report B on road safety, said that the rate of road traffic accidents and injuries remained high in her country. She therefore requested additional WHO technical and financial assistance to improve road safety.

The representative of BANGLADESH, referring to progress report A on persons with disabilities, described the measures taken in his country to ensure better health outcomes for persons with disabilities. He recognized the importance of improving access to general health services for persons with disabilities and standardizing the approaches used to collect data on disability. He therefore called for additional WHO support to enable further progress to be made in that regard.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that progress had been made in the region in decreasing the number of road traffic accidents, pursuant to the Brasilia Declaration on Road Safety. Measures had been taken to build capacity, encourage intersectoral action and raise awareness in respect of road safety. Further investments would, however, be required to address the new road safety requirements and take into account the latest technological advancements. She called on Member States to strengthen their efforts towards reducing deaths, injuries and disabilities associated with road traffic accidents.

The representative of ZIMBABWE, referring to progress report A on better health for persons with disabilities, welcomed the establishment of tools to guide Member States on the integration of rehabilitation into national health systems. He noted, however, that only 5–15% of persons with

disabilities from low-income countries had access to assistive technologies owing to their prohibitively high cost. He therefore urged WHO to advocate for lower prices in order to rectify that situation.

The representative of ECUADOR, referring to progress report A on better health for persons with disabilities, described the measures taken in his country to improve access to appropriate health care services for persons with disabilities. Additional technical and financial assistance would be required, however, to make further progress. His Government, in collaboration with other delegations, intended to submit a draft resolution relating to the WHO Priority Assistive Products List at the 141st session of the Executive Board.

Promoting health through the life course

- G. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (resolution WHA67.11 (2014))**
- H. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))**

The representative of URUGUAY, referring to progress report G on the implementation of the Minamata Convention, described the measures taken in her country to address the public health impacts of exposure to mercury and mercury compounds, including the strengthening of drinking water quality standards and the training of health workers on mercury exposure and handling mercury waste. She urged the Secretariat to provide regular updates on the global progress made towards the implementation of the Minamata Convention as part of reports on resolution WHA69.4 (2016).

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed the progress made to integrate gender analysis into the work of WHO, pursuant to resolution WHA60.25 (2007). The Region had made efforts to address gender inequality and had witnessed a reduction in the regional maternal mortality rate. However, progress had been slow and further work was required to address the burden of morbidity which continued to disproportionately affect women and girls. Further support was also required to improve the availability of data disaggregated by sex. He therefore called on WHO to provide additional technical and financial assistance to Member States to enable them to strengthen their respective programmes and data collection systems on gender equality.

The representative of MALAYSIA, referring to progress report G on the implementation of the Minamata Convention, called for WHO to support Member States in the elaboration and implementation of strategies and programmes to identify and protect populations at risk of exposure to mercury and mercury compounds, which should include evidence-based health guidelines relating to mercury exposure, targets for mercury exposure reduction and public awareness-raising activities on the dangers of exposure to mercury and mercury compounds.

The representative of ZAMBIA, referring to progress report G on the implementation of the Minamata Convention, urged WHO to work closely with Member States to accelerate awareness-raising activities about the Convention, provide capacity building, technical and logistic support in devising programmes to identify and protect populations at risk of mercury exposure, and guarantee the availability of more affordable non-mercury containing devices and technology, especially in low to middle-income countries.

The representative of THAILAND, referring to progress report G on mercury exposure, said that steps should be taken to strengthen Member States' capacity to implement the Minamata Convention, particularly in the health sector, and increase the availability, affordability and accessibility of alternative materials to replacing mercury and mercury compounds. She called on WHO to work in close cooperation with the United Nations Environment Programme to ensure the effective implementation of the Convention at the country level.

The representative of IRAQ, referring to progress report G on the implementation of the Minamata Convention, said that reporting mechanisms should be established to monitor the implementation of the Convention at the global, regional and national levels. Further research into mercury exposure should also be undertaken. As for integrating gender analysis and actions into WHO's work, he described the various steps taken by his country to give effect to resolution WHA60.25, including the introduction of gender empowerment measures and the adoption of Security Council resolution 1325 on women, peace and security (S/RES/1325). He urged WHO to provide support to countries experiencing emergencies or conflict so that they had the tools to implement the provisions of resolution WHA60.25 effectively.

The representative of PANAMA, referring to progress report G on the implementation of the Minamata Convention, said that her Government had been taking initial steps to give effect to the provisions of the Convention, such as training health workers on the handling of mercury waste and prohibiting certain hazardous forms of mining. Noting the complex nature of evaluating and assuaging the public health impacts of exposure to mercury and mercury compounds, she called on WHO to provide Member States with the necessary guidelines and recommendations for the effective implementation of the Minamata Convention.

The representative of SURINAME described the measures taken in her country to meet the requirements of the Minamata Convention, notably the conducting of a national inventory of mercury releases. In accordance with paragraph 3(a) of Article 7 of the Convention, her Government must further adopt a national action plan to address the exposure risks to mercury in the artisanal and small-scale gold mining sectors. She therefore sought WHO's support in conducting a study on the impact of artisanal and small-scale gold mining on health and in devising an appropriate public health strategy.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, welcomed the steps taken by the Secretariat to support countries in their implementation of the Minamata Convention. WHO should continue activities to raise awareness of the Convention and build the capacity of the national health institutions responsible for implementing its provisions. His Region fully supported the Mercury-Free Health Care by 2020 initiative and called for concerted efforts to be made to lower the cost of alternatives to mercury-containing devices. WHO should address the major sources of mercury exposure in a multisectoral manner, paying particular attention to the artisanal and small-scale gold mining sectors.

The representative of MEXICO, referring to progress report G, said that her Government had conducted awareness-raising campaigns to advocate the use of alternatives to mercury-containing devices and had taken action to reduce the use of amalgam and other mercury compounds in accordance with the Minamata Convention. Further efforts would however be required to build the capacity of the national health sector and implement the provisions of the Convention fully. She therefore called for additional WHO support to that end.

The representative of INDONESIA, addressing progress report G, said that his Government had established a mercury response team and had devised a national action plan to monitor the health

impact of mercury exposure. It was also in the process of replacing mercury-containing devices and promoting alternatives to mercury in hospitals. To enable Member States to implement the Minamata Convention effectively, WHO should provide additional support and establish a mercury surveillance mechanism to assist in the early detection of the symptoms related to mercury exposure.

As for progress report H, his Government had implemented the Innov8 approach and the Health Equity Assessment Toolkit and was finalizing its first national report on health inequities. Continuous monitoring and evaluation of strategies to integrate gender analysis and action into WHO work would be pivotal to the successful implementation of gender mainstreaming in all policies and programmes.

The representative of CANADA, referring to progress report H, welcomed WHO's efforts to address gender parity in staffing, but emphasized that gender mainstreaming, equity and human rights must play a central role in all aspects of the Organization's work. WHO should therefore adopt a more consistent and systematic approach to integrating those issues into its policies, planning and reporting across programme areas and at the national, regional and global levels. She called for further intersectoral collaboration in that regard.

The representative of VIET NAM said that her Government was in the process of ratifying the Minamata Convention. In order to strengthen the implementation of the Convention at the global level, Member States should focus on increasing the availability and accessibility of information on, and assessments of, the health effects of mercury and mercury compounds. WHO should provide financial and technical support to assist that work.

The representative of ECUADOR, referring to progress report H on integrating gender analysis and actions into the work of WHO, described the measures taken in his country to mainstream gender and make health services more accessible to women. His Government remained fully committed to removing the barriers that stood in the way of women's equitable access to health care. He called on WHO to include gender perspectives systematically in all global health policies and programmes and to take further action to increase the number of women in leadership roles within the Organization.

The representative of JAPAN said that his Government remained fully committed to the Minamata Convention and had taken steps to reduce the public health impact of exposure to mercury and mercury compounds. For example, Japan had co-organized a regional workshop to share information on the implementation of the Convention to be held in June 2017. He invited Member States from the WHO Western Pacific Region to attend the event and urged WHO to support Member States in the implementation of the Convention in an efficient manner and without any duplication of efforts.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, urged WHO to uphold the provisions of resolution WHA60.25 and guarantee the equal participation of women and men in decision-making roles at all levels of the Organization. Achieving gender equality in global health leadership would send a strong message to the world that it was time to empower women.

The representative of the GLOBAL HEALTH COUNCIL, INC., said that women were still woefully underrepresented in global health leadership positions. She therefore called on WHO to take action and devise a detailed and fully-costed plan for attaining gender parity. To that end, the Director-General should appoint a gender parity champion to drive change and include indicators on gender equality in the annual performance plans of the regional directors. Steps should also be taken to achieve gender parity in global health panels and in the delegations attending the Health Assembly and regional meetings.

Health systems

- I. Progress in the rational use of medicines (resolution WHA60.16 (2007))**
- J. Regulatory system strengthening for medical products (resolution WHA67.20 (2014))**
- K. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))**

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region on progress report I, welcomed the inclusion of medicines for cancer, hepatitis C and tuberculosis on the WHO Model Lists of Essential Medicines. Progress towards the rational use of medicines in the African Region remained slow. To date, only 17 out of 47 countries in the Region had taken the necessary steps to improve the selection, prescribing, dispensing and use of medicines and further efforts were required. To ensure better access to and more rational use of medicines, measures must be taken to control prices more effectively, promote the availability and affordability of generic medicines, and accelerate the registration of certain essential medicines. Reliable data on the average cost to treat the most common illnesses were also needed. She therefore urged WHO to increase the amount of technical support provided to Member States in that regard, particularly in respect of health system strengthening.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region on progress report K, commended the Secretariat for its work to promote surgical care and anaesthesia as a component of universal health coverage and to advocate the development of national surgical, obstetric and anaesthesia care plans. The African Region called on WHO to establish a framework for the implementation of resolution WHA68.15 (2015) so as to encourage further discussion on the matter at the next session of the WHO Regional Committee for Africa. The Secretariat should also review the global progress made towards the implementation of the resolution and report its findings to the Health Assembly.

The representative of ZIMBABWE, referring to progress report J, welcomed the technical support provided by WHO to launch the African Medicines Regulatory Harmonization initiative. His country relied on the work of such regulatory networks to facilitate knowledge transfer and improve the regulation of medical products. He therefore called on WHO to continue its effort to facilitate such effective approaches to strengthening national regulatory systems.

Mr Davies took the Chair.

The representative of THAILAND, addressing progress report I, said that WHO should develop guidelines on disease management, with particular regard to sepsis in accordance with resolution WHA70.7 (2017). National health information systems should be strengthened in order to better analyse data and devise effective policies on the rational use of medicines. Good governance and transparency were also needed in the pharmaceutical and health systems. At the country level, the WHO Ethical Criteria for Medicinal Drug Promotion should be actively implemented. Regarding progress report J, WHO should continue to strengthen and expand its prequalification programme to ensure a high-quality, safe and effective supply of medical products; build on Member States' capacities to regulate the management of complex biological products, such as those used in cell therapy, gene therapy and tissue engineering; and encourage collaboration and cooperation among regulatory authorities at the regional and subregional levels.

The representative of the UNITED REPUBLIC OF TANZANIA, referring to progress report I, outlined the progress made in his country regarding the rational use of medicines since the adoption of

resolution WHA60.16 (2007). Noteworthy measures had included the launch of a national action plan on antimicrobial resistance, the preparation and implementation of a national strategy on the rational use of medicines, the publication of new editions of the national standard treatment guidelines and essential medicines list, and the development of health technology assessment techniques. Addressing the rational use of medicines required multisectoral collaboration, as well as continuous professional training for, and awareness-raising efforts among, suppliers and the medical community. He requested further support from WHO in that regard.

The representative of MALI, speaking on behalf of the Member States of the African Region on progress report J, said that viable regulatory frameworks were needed in the African Region to regulate the production and distribution of medical products, the quality of which was often undermined by the circulation of substandard medical products. Much progress had been made in the Region since the adoption of resolution WHA67.20 (2014), particularly with regard to global, regional and subregional cooperation, and its Member States were working, *inter alia*, towards the implementation of the Regional Strategy on Regulation of Medical Products in the African Region, 2016–2025, adopted at the Sixty-sixth session of the WHO Regional Committee for Africa. Many challenges remained, however, particularly concerning the efficiency of relevant legislation and criminal justice systems, the harmonization of standardization procedures for medical products, and the engagement of the regional economic community.

The representative of GHANA, referring to progress report I, said that his country had found that monitoring the rational use of medicines significantly reduced system waste. His Government had greatly improved efficiency in that regard through its clinical audit programme. The multifaceted nature of the inappropriate use of medicines called for effective cooperation between patients, health care providers, and industry, insurance and supply-chain professionals. He drew attention to a report on essential medicines published by the Lancet in 2016 and urged WHO to explore that report's recommendation to establish independent pharmaceutical analysis units which would generate information for action on the good-quality use of medicines, as part of a wider effort to improve the quality of data on the use of medicines and to support countries with weak data systems. He further urged WHO to continue its work on governance and transparency, to engage with the appropriate stakeholders to improve the availability of dosage forms, especially in the African Region, and to widen its surveillance of the consumption and use of antimicrobial medicines.

The representative of IRAQ, referring to progress report I, said that his Government's approach to the rational use of medicines focused on the establishment of appropriate health policies, capacity-building for health care staff and institutions, the publication of relevant, instructive guidelines and the rational use of antimicrobials. With regard to progress report J on regulatory system strengthening, his country was concentrating on quality assurance and accreditation processes for medical products. Concerning progress report K, his Government had established mobile hospitals and trauma stabilization points, and capacity building was being provided to ambulance staff to ensure effective coordination between ambulances, trauma stabilization points and receiving hospitals.

The representative of NEPAL, referring to progress report K, said that providing emergency surgical care and anaesthesia was particularly challenging in his country's rural areas. To that end, health care workforces comprising specialist postgraduate students had been deployed to a number of districts in order to provide surgical care and anaesthesia in rural settings. Resident postgraduate students had also been providing training and support to local health care providers to ensure the continuity of those services. He requested support from WHO to facilitate the mobilization of such workforces in the region.

The representative of JAPAN, welcoming progress report J, said that strengthening regulatory systems was crucial to guaranteeing access to medicines and to tackling substandard and falsified medical products. His Government would continue to contribute to capacity building for national regulatory authorities, both regionally and globally.

The representative of BANGLADESH, referring to progress report K, outlined the measures taken in his country to implement resolution WHA68.15 and strengthen the national emergency surgical care system. He urged WHO to provide further guidance and assistance in the monitoring and evaluation of emergency and essential surgical care and anaesthesia, as well as in the development and implementation of appropriate policies in that regard to ensure that skilled health workers drawn from different clinical disciplines met minimum standards.

The representative of ZAMBIA, addressing progress report K, said that his Government had recently completed and launched a national strategic plan on surgical care, obstetric services and anaesthesia, which was fully integrated into the country's national health sector strategic plan. He invited non-State actors and WHO Member States to support the implementation of the plan and offered his Government's technical support to other Member States seeking to develop their own strategies on the issue. He looked forward to discussing the item at the Sixty-seventh session of the WHO Regional Committee for Africa.

The representative of SENEGAL, referring to progress report J, said that the national regulatory body in his country had made great strides with the support of WHO and the EU/ACP/WHO Renewed Partnership. Furthermore, Senegal was taking part in a number of regulatory standardization and coordination measures at the African regional level. Regulatory authorities must be granted greater autonomy if they were to fulfil their role fully and transparently. He therefore invited WHO Member States to take the necessary steps to guarantee the autonomy of their national regulatory systems and to prepare a report on their progress in that regard prior to the Seventy-second World Health Assembly.

The Committee noted the reports.

Dr Al-Kuwari resumed the Chair.

3. CLOSURE OF THE MEETING

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

The meeting rose at 11:10.

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