PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Friday, 25 May 2018, scheduled at 14:30

Chairman: Dr F. FEROZ (Afghanistan)
later: Dr S. JESSAMINE (New Zealand)

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COMMITTEE B

FIFTH MEETING

Friday, 25 May 2018, at 14:40

Chairman: Dr F. FEROZ (Afghanistan)
later: Dr S. JESSAMINE (New Zealand)

1. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued) [transferred from Committee A]

**Rheumatic fever and rheumatic heart disease:** Item 12.8 of the agenda (documents A71/25, A71/25 Add.1 Rev.1 and EB141/2017/REC/1, resolution EB141.R1)

The representative of NEW ZEALAND said that the burden of rheumatic fever and rheumatic heart disease disproportionately affected Maori people and people from the Pacific islands in New Zealand. The adoption and implementation of the draft resolution, which he supported, would facilitate concerted global action across all levels of prevention and care, including simple diagnosis and treatment options. Effective prevention and control of the fever and the disease presented an opportunity to demonstrate the priorities of the Thirteenth General Programme of Work 2019–2023, including promoting health, serving vulnerable populations and achieving health equity. There was a need for cooperation within WHO and collaboration with non-State actors. Community empowerment and cross-government efforts were also essential. His Government was committed to providing technical support where required.

The representative of SRI LANKA said that free health care and improvements in the quality of life of the population had helped to reduce the incidence of rheumatic fever and rheumatic heart disease in her country. The draft resolution should urge Member States to develop national programmes for secondary prevention of rheumatic heart disease and should encourage a move towards primary prevention strategies.

The representative of SAUDI ARABIA endorsed the draft resolution. There was an urgent need to update epidemiological data and technical guidelines on the diagnosis, treatment, prevention and clinical management of rheumatic diseases. Expressing his deep concern at the chronic shortage of quality-assured benzathine benzylpenicillin, he urged countries in which rheumatic heart disease was endemic to give the disease greater strategic importance and include it in national response plans for noncommunicable diseases.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the overall response to tackling the burden of rheumatic heart disease in the Region had been mixed. Welcoming the draft resolution, she said that the disease should be included in country responses to noncommunicable diseases and efforts should be made to align actions with the Sustainable Development Goals. The Secretariat should provide technical support and guidance on implementing national programmes and strengthening health systems by improving disease surveillance, training, and access to affordable prevention, diagnostic and treatment tools.
The representative of MALAYSIA said that the burden of rheumatic heart disease was currently very low in her country, with well-established treatment procedures and prevention available. She welcomed the draft resolution and committed to supporting efforts in accordance with national priorities.

The representative of JAPAN, expressing great concern regarding rheumatic fever and rheumatic heart disease, strongly supported the draft resolution.

The representative of UGANDA said that the limited capacity to diagnose rheumatic heart disease early resulted in preventable deaths in his country. Having introduced a registry to increase secondary prevention, his Government would move towards primordial and primary prevention by improving the socioeconomic status of at-risk populations. He asked for his Government to be added to the list of sponsors of the draft resolution, which proposed practical measures to help endemic countries achieve primordial, primary and secondary prevention.

The representative of ZIMBABWE called for support from WHO to strengthen primary health care and medical supply chains to improve prevention, detection and intervention; develop national policies to address rheumatic heart disease; increase domestic financial investment in coverage schemes; and reduce out-of-pocket payments. Existing tools should be better utilized, and primary prevention should be a part of routine health care for children. He expressed support for the draft resolution.

The representative of VANUATU, speaking on behalf of the Pacific island countries, said that measures undertaken in those countries to address rheumatic heart disease included screening programmes, patient monitoring, awareness campaigns, national registers and steering committees. At the Pacific Health Ministers Meeting in 2017, Ministers had agreed to integrate rheumatic heart disease programmes into universal health coverage; include monitoring of the disease in health information systems; and ensure that national guidelines were implemented and actively followed. As significant challenges remained, he acknowledged the support from development partners and other non-State actors in tackling the disease. He welcomed the draft resolution.

The representative of AUSTRALIA supported the actions recommended for Member States and WHO, thanking New Zealand for its leadership to galvanize action against rheumatic heart disease and noting that rheumatic heart disease was a significant issue not only in the Western Pacific Region, but also globally. She reaffirmed her Government’s co-sponsorship of the resolution adopted at EB141. Efforts to achieve the Sustainable Development Goals and ensure access to good quality health services for all would be fundamental in reducing the prevalence of rheumatic heart disease. She encouraged Member States to implement the actions recommended in the report. In Australia, primary prevention activities were being incorporated into the rheumatic fever strategy and steps were being taken to address the social determinants of health, particularly in indigenous communities.

The representative of IRAQ emphasized the need to strengthen rheumatic heart disease prevention by introducing the disease into integrated primary maternal, newborn and child health interventions; strengthening surveillance, including pre-school enrolment screening; and implementing school-based educational programmes.

The representative of BRAZIL said that action on the social determinants of health was key to combating rheumatic heart disease. Access to primary health care and early detection would substantially reduce morbidity and mortality in a cost-effective manner. It was also necessary to ensure a consistent and readily available supply of injectable benzathine benzylpenicillin for those with a history of rheumatic fever and rheumatic heart disease.
The representative of THAILAND called for coordinated global efforts to achieve effective primary and secondary prevention of rheumatic fever and rheumatic heart disease. Research was needed to develop a safe and effective group A streptococcal vaccine and a long-acting penicillin formulation. Accurate epidemiological evidence of the disease should also be improved. She expressed her full support for the draft resolution.

The representative of CANADA, expressing support for the draft resolution, said that multisectoral measures to eliminate inequality would reduce the prevalence of rheumatic heart disease, facilitating the prevention and effective management of the disease.

The representative of TIMOR-LESTE said that his Government was currently finalizing an action plan on rheumatic heart disease to develop guidelines for the prevention, diagnosis and control of rheumatic fever and rheumatic heart disease; improve understanding of the relevant epidemiology; better equip health professionals; and raise awareness of the disease. He supported the draft resolution.

The representative of the UNITED STATES OF AMERICA recommended that the Secretariat and Member States implement and support rheumatic heart disease prevention and control programmes in countries where the burden of the disease was greatest. Expressing concern about the inconsistent supply of benzathine benzylpenicillin, he encouraged WHO to work with partners to ensure a reliable source of the medicine. He expressed strong support for the development of vaccines against group A streptococcal infections and affordable rapid tests to diagnose group A streptococcal pharyngitis.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, said that although medical and surgical treatments had become highly successful, even in low-resource settings, Member States should prioritize primary and secondary prevention, through the development of national programmes and strategies. He expressed support for the draft resolution.

The representative of PAPUA NEW GUINEA fully endorsed the draft resolution. More epidemiological evidence was required for countries in which the extent and impact of rheumatic heart disease was unknown, including Papua New Guinea. While surgery performed by non-State actors was appreciated, he called for immediate, collective efforts to achieve a comprehensive approach to addressing rheumatic fever and its complications.

The representative of NAMIBIA said that rheumatic heart disease was a concealed epidemic, and expressed support for the call for the prevention, control, elimination and ultimately the eradication of the disease. Rheumatic heart disease should be included on the agenda of the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, with a view to reducing the incidence of the disease by at least 20% by 2025. That goal could only be achieved by introducing comprehensive community-based awareness and prevention campaigns in all Member States; training primary care physicians; and making treatments more accessible and affordable. He expressed support for the draft resolution.

The representative of KYRGYZSTAN said that early detection, screening and epidemiological monitoring of school children could help to prevent rheumatic fever and rheumatic heart disease, particularly as the group A streptococcal infection that caused the disease could be detected through oral examinations. He requested that WHO support research and expressed support for the draft resolution.
The representative of PARAGUAY said that her Government’s national action plan on the prevention and control of noncommunicable diseases included the secondary prevention of rheumatic heart disease and training for primary health care professionals. She expressed support for the draft resolution.

The representative of TONGA said that an expanded screening programme had been launched in his country and heart failure among children was now rare, which showed that rheumatic heart disease could be addressed in countries with limited resources through close collaboration with partners. He expressed strong support for the resolution.

The representative of MEXICO said that the lack of a register and reliable data was of concern, as the underestimation of the epidemiological burden impeded prevention and control efforts. Programmes should focus on the social determinants of health. Moreover, building human resources capacity would facilitate early detection and treatment. She supported the recommended actions for the Secretariat contained in paragraph 20 of document A71/25.

The representative of FIJI reiterated the disproportionate impact of rheumatic heart disease on the Pacific island diaspora.Welcoming the support his Government had received from the Government of New Zealand and non-State actors, he said many Pacific island countries did not have such support, which was sorely needed. He described the steps taken in his country to further reduce the burden of rheumatic heart disease, including the use of penicillin, development of a patient management system, and school-based interventions. He endorsed the draft resolution, emphasizing the need to provide technical and financial support towards the eventual elimination of the disease.

The representative of the ISLAMIC REPUBLIC OF IRAN said that substantial improvements had been made to preventative, diagnostic and treatment measures in his country. However, despite initial success, the number of cases had begun to increase. A study of the incidence trend of rheumatic heart disease in different regions and a common research road map may improve epidemiological understanding. He underscored the role of people-centred primary health care services and community health workers in efforts to eradicate rheumatic heart disease.

The representative of TUVALU expressed support for the recommendations contained in the report, particularly the need for a coordinated global response and the development of a group A streptococcal vaccine, and looked forward to future dialogue on their implementation. In order to address the high incidence of rheumatic fever and rheumatic heart disease in his country, early screening and preventive measures would be needed, and his Government would rely on WHO’s technical support in that regard.

The representative of CÔTE D’IVOIRE, speaking on behalf of the Member States of the African Region, highlighted the burden of rheumatic heart disease in his Region, particularly among the vulnerable sectors of the population. Furthermore, the lack of reliable data meant that the burden of that disease was underestimated. International cooperation was required to combat the disease, including under the 2015 Addis Ababa Communique on Eradication of Rheumatic Heart Disease in Africa, through the creation of regional and national networks and strategies. He expressed his support for the draft resolution.

The representative of ALZHEIMER’S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed her support for the draft resolution. She called on WHO to strengthen health systems by building the capacity of health professionals; integrating the prevention and treatment of rheumatic heart disease into existing health strategies and community programmes;
and improving surveillance. WHO should allocate sustainable financial resources to the prevention of rheumatic heart disease and other noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on Member States to adopt the draft resolution and to prioritize and fund the recommendations contained in the report appropriately. In order to combat rheumatic heart disease: protocols and training should be expanded to include the diagnosis and management of the disease and other severe noncommunicable diseases; global resources and training for cardiac surgery should be developed; and WHO’s definition of noncommunicable diseases should be widened to include noncommunicable diseases not attributable to metabolic risk factors.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that the attainment of targets relating to rheumatic heart disease would indicate the degree of progress towards achieving the Sustainable Development Goals and universal health coverage. WHO should develop global guidelines for the prevention, diagnosis and evidence-based management of rheumatic heart disease; support training of health care workers; and increase awareness of the efficiency of primary prevention. Investment in the health workforce, particularly nurses, would help to address the social determinants of health. Highlighting the increased burden of rheumatic heart disease in vulnerable population groups, he said that populations who were most at risk should be placed at the centre of policies and strategies.

The representative of the WORLD MEDICAL ASSOCIATION INC., speaking at the invitation of the CHAIRMAN, noted that rheumatic heart disease had a disproportionate impact on populations affected by poor access to health care and education and poor nutrition, particularly women and children. WHO had a role to play in addressing such inequalities, with particular regard to equal access to health care.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended WHO for its leadership in proposing a coordinated global response to rheumatic heart disease. His organization was willing to work with WHO to ensure the participation of people living with the disease, and those working in prevention and control, in the development of that response, and its evaluation. Despite progress under the previous WHO global programme to prevent and control rheumatic heart disease, the programme had not continued, and he urged WHO to implement the draft resolution and sustain the proposed intersectoral approach until the disease had been eliminated.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged the adoption of the draft resolution. Rheumatic heart disease deserved the same level of attention as other public health priorities with a similar burden, and she welcomed the support of Member States in developing a coordinated response. Member States should ensure the continuous supply of quality-assured, affordable penicillin and prioritize the development of a long-acting group A streptococcal vaccine. Similarly, strengthening health systems and ensuring health equity would begin to address the root socioeconomic determinants of the disease. Refugees and migrants should be included in strategies and initiatives for the control of the disease.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for highlighting the issue of rheumatic fever and rheumatic heart disease and for the call to prioritize prevention. WHO had started work on a group A streptococcal vaccine, defining preferred characteristics and priority research and development activities. Although vaccine availability was still some years away, WHO was working to overcome important barriers and build
the engagement of stakeholders in the field. She called on donors to support that important work. The draft resolution was timely and the Secretariat would work with Member States, partners and civil society in its implementation. Given that rheumatic fever and rheumatic heart disease was a cross-cluster issue, it had been decided that the Family, Women, Children and Adolescents Cluster would coordinate efforts in the future.

The CHAIRMAN took it that the Committee was ready to approve the draft resolution on rheumatic fever and rheumatic heart disease contained in resolution EB141.R1.

The draft resolution was approved.¹

Dr Jessamine took the Chair.

Eradication of poliomyelitis: Item 12.9 of the agenda (documents A71/26, A71/26 Add.1 and A71/26 Add.2) (continued)

The CHAIRMAN said that the draft resolution on poliomyelitis – containment of polioviruses, contained in document A71/26 Add.1, had been the subject of ongoing consultations. The current text, which should form the basis of the Committee’s discussion read:

The Seventy-first World Health Assembly,
PP1. Having considered the report on eradication of poliomyelitis;²
PP2. Recalling resolution WHA65.5 (2012) on poliomyelitis: intensification of the global eradication initiative and WHA68.3 (2015) on poliomyelitis, and in which the Health Assembly urged all Member States inter alia to implement appropriate containment of all polioviruses starting with the serotype 2;
PP3. Noting the eradication of wild poliovirus type 2 globally, declared by the Global Commission for the Certification of the eradication of poliomyelitis in September 2015;
PP4. Acknowledging the continued progress in eradicating poliovirus types 1 and 3;
PP5. Recognizing the successful globally synchronized switch in April 2016 from the use of trivalent to bivalent oral polio vaccine, active only against poliovirus types 1 and 3;
PP6. Noting the development of the Polio Eradication and Endgame Strategic Plan 2013–2018, including objective 3 – containment and certification, considered by the Sixty-sixth World Health Assembly;³
PP7. Commending the work of WHO and the Global Commission for the Certification of the eradication of poliomyelitis in promoting the containment of all polioviruses, starting with type 2, the first serotype being eradicated;
PP8. Noting with alarm delays in implementation and certification of poliovirus containment for type 2 polioviruses planned for 2016, as well as the accidental release of wild poliovirus type 2 from a vaccine-production facility in 2017;
PP9. Underscoring the urgent need to accelerate globally activities to implement and certify containment of polioviruses;
PP10. Underlining that successful containment of all polioviruses will ensure the long-term sustainability of the eradication of poliomyelitis,

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA71.14.
² Document A71/26.
³ Document WHA66/2013/REC/3, summary records of the ninth meeting of Committee A, section 1.
OP1. URGES all Member States:¹ [EU]
(1) to fully implement all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018;
(2) to intensify efforts to accelerate the progress of poliovirus containment certification as outlined in national requirements as well as in [Russian Federation] bio-risk management international standards and requirements as well as in the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII)² or its most recent adjustments as endorsed by the Containment Advisory Group;² [Russian Federation]
(3) to complete inventories for type 2 polioviruses, destroy unneeded type 2 materials and to begin inventories and destruction of unneeded type 1 and 3 materials in accordance with the latest available published WHO [EU] guidance;
(4) to ensure that any confirmed event associated with a breach in poliovirus containment is immediately reported to the National IHR Focal Point;

OP2. URGES all Member States retaining polioviruses:
(1) to reduce to an absolute [Russian Federation] minimum the number of facilities designated for the retention of polioviruses, prioritizing facilities performing critical national or international functions;
(2) to appoint [as soon as possible and no later than the end of 2018] [Russian Federation] a competent National Authority for Containment⁴ as soon as possible and no later than by the end of 2018 and to that will [Russian Federation] process containment certification applications submitted by the facilities designated to store and/or handle polioviruses post-eradication as soon as possible and no later than by the end of 2018, and to communicate its the contact details of the National Authority to WHO by 31 March 2019 [EU];
(3) to make available for [EU] the National Authority for Containment all necessary resources, including technical, personnel and financial, required for the full and successful certification of implementation of appropriate poliovirus containment measures;
(4) to request facilities designated to retain poliovirus type 2 to formally engage in the Containment Certification Scheme⁵ by submitting to their National Authorities for Containment their applications for participation that is the first step of the global certification process [Russian Federation] as soon as possible and no later than 30 June 31 December 2019 [EU];⁴

¹ And Regional Economic Integration Organisations where applicable [EU].
⁵ Available at http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/.
(5) to initiate steps for the containment for type 1 and 3 materials so that, by the time of global certification of eradication, all facilities retaining poliovirus meet containment requirements;
(6) to prepare a national response protocol framework [Russian Federation] for use in the event of a breach of poliovirus containment and risk of community exposure and to conduct a polio-outbreak simulation exercise that covers the risk of poliovirus release from a facility;

OP3. REQUESTS the Director-General:
(1) to provide technical support to Member States in their efforts to implement poliovirus containment safeguards and certify that facilities retaining poliovirus meet bio-risk management international standards and [Russian Federation] requirements outlined in the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPII) or its most recent adjustments as endorsed by the Containment Advisory Group [Russian Federation];
(2) to facilitate the harmonization of certification mechanisms for the long-term sustainability of the implementation of poliovirus containment in the post-eradication era;
(3) to update all WHO’s recommendations and guidance on poliovirus containment, as and when needed;
(4) to report regularly to the Executive Board and the Health Assembly on progress and status of global poliovirus containment, aligned with other polio reporting requirements [EU].

The representative of IRAQ said that a process for evaluating the eradication of poliomyelitis should be incorporated into the Thirteenth General Programme of Work, 2019–2023. He called for WHO to work with Member States to build surveillance capacity. Moreover, national immunization days should be supplemented with immunization campaigns in areas bordering regions that had experienced cases of poliomyelitis and had particularly vulnerable populations, including in areas liberated from Daesh control. Advocacy, communication and social mobilization would improve routine immunization coverage.

The representative of INDONESIA said that her Government remained committed to the eradication of poliomyelitis, but highlighted the need to strengthen national capacities in case of any future outbreak. Thus, the Government had established a poliomyelitis immunization programme for those travelling abroad and increased environmental surveillance. Two laboratories were awaiting designation as poliovirus-essential facilities. She expressed her support for the draft resolution on the containment of polioviruses.

The representative of SENEGAL said that, while her country had been declared free of indigenous wild poliovirus in 2004, there had been one imported case, which had been quickly controlled. Her Government was implementing the recommendations contained in the Polio Eradication and Endgame Strategic Plan 2013–2018 and had updated its national response plan in accordance with standard operating procedures. Epidemiological surveillance and routine immunization programmes should be strengthened, and inactivated poliovirus vaccine should remain available in all countries.

The representative of the ISLAMIC REPUBLIC OF IRAN reiterated the need to strengthen poliomyelitis surveillance, especially in countries where poliomyelitis remained endemic. Populations living in border regions should be given particular attention. Subnational and targeted immunization campaigns should have definite protocols, outlining activities and surveillance measures. The
involvement of tactical advisory groups in such campaigns in Afghanistan, Pakistan and neighbouring countries would improve their efficacy. He asked the Secretariat for further clarification on the strategies to scale up environmental surveillance and prioritize testing healthy individuals as they left inaccessible areas, which were referred to in the report, with particular regard to funding and countries with significant migrant populations. He expressed support for conducting mop-up immunization campaigns at key cross-border points. He said that his country had established an advisory group on poliomyelitis containment.

The representative of TIMOR-LESTE said that her Government was working to sustain high population immunity against poliomyelitis, maintain quality detection and surveillance, and respond to any cases of wild poliovirus importation. Although it had completed containment activities under the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) and immunization campaigns, her Government would continue to require technical assistance and financial support from WHO to ensure that Timor-Leste remained polio-free.

The representative of PAKISTAN said that there had been a significant reduction in the total number of cases of poliomyelitis in her country since 2014, and that the Government remained committed to eradicating poliomyelitis. An improved eradication strategy, greater financial commitment, and enhanced protection for frontline workers had contributed to that success. In particular, strategic environmental surveillance indicated that significant immunity gains had been made against wild poliomyelitis type 1 in all areas of concern. A careful analysis of the remaining challenges had enabled appropriate priorities and risk mitigation measures to be identified, including acute flaccid paralysis surveillance. Regarding the challenges of virus circulation in shared corridors, strong links were being maintained between the poliomyelitis eradication programmes in Pakistan and Afghanistan, and she noted in particular the focus on vaccinating all departing travellers, which had prevented the exportation of poliovirus over the last three years.

The representative of ANGOLA called upon all Member States to renew their commitment to eradicating poliomyelitis by fully implementing the strategic approaches outlined in the Polio Eradication Endgame Strategic Plan 2013–2018, including by introducing inactivated poliovirus vaccine and accelerating poliovirus containment certification. She requested WHO’s continued support until poliomyelitis had been eradicated.

The representative of GUINEA said that one case of vaccine-derived poliovirus had been registered in December 2015 during the Ebola virus disease outbreak. Efforts in his country to eradicate poliomyelitis had led to the interruption of poliovirus transmission in the target population. However, there were immunity gaps in hard-to-reach areas, particularly in mining areas with highly mobile populations. He encouraged the Secretariat to continue its technical support for affected countries and increase efforts to mobilize innovative resources.

The representative of CANADA said that continued high-level focus on eradication within WHO was necessary to sustain momentum towards that goal. She underscored the importance of applying a gender equality approach and urged the Global Polio Eradication Initiative to increase gender analysis and include empowerment strategies for women and girls in its work. The progress made by the Global Polio Eradication Initiative, its partners and endemic countries was impressive but fragile. Therefore, she urged the Governments of endemic countries and those that had reported circulating vaccine-derived poliovirus to maintain strong political leadership towards the sustained eradication of poliomyelitis. She looked forward to hearing about innovative efforts to be deployed over the coming months to interrupt transmission of wild poliovirus in all remaining pockets. She expressed support for the revised draft resolution on poliovirus containment.
The representative of SAUDI ARABIA welcomed the progress made to eradicate wild poliovirus, which was an attainable goal. However, there were still many challenges, particularly in relation to preventing the spread of poliomyelitis during mass gatherings such as the hajj pilgrimage. Urging Member States to remain committed to ending the disease, he underlined the need for risk mitigation; a focus on immunization and emergency response programmes and surveillance; and strengthening of the international laboratory network.

The representative of CHINA noted the significant progress made globally towards the eradication of poliomyelitis. He said that his Government was continuing to work towards the containment of poliovirus type 2. WHO should continue to provide financing and technical support for countries experiencing outbreaks of poliovirus.

The representative of MALTA drew attention to national achievements against polio, including the vaccination of refugees and asylum seekers without immunization documents within 48 hours of arriving in the country. Acute flaccid paralysis and environmental surveillance were ongoing. Moreover, her Government had pledged to contribute to the Global Polio Eradication Initiative. She welcomed the integration and transition of essential polio functions into other programmatic areas and the draft strategic action plan on polio transition. Efforts to maintain immunization coverage levels and vigilance for possible re-emergence of poliomyelitis must continue. She expressed support for the adoption of the revised draft resolution, calling for intensified containment in places where the virus was still present, including laboratories. Each Member State should do what was necessary to achieve poliomyelitis eradication.

The representative of AFGHANISTAN reported that seven cases of poliovirus had been identified in her country so far in 2018. Despite conflict and development issues, her Government was committed to interrupting circulation of poliovirus by the end of 2018 and was investing in sustainable immunization programmes. She expressed confidence that such an achievement would be possible with support from international partners and cooperation with the Government of Pakistan. However, obstacles to success included the inaccessibility of hard-to-reach areas, refusal of vaccinations, and cross-border population movement. In that regard, the Ministry of Public Health had adopted a cluster-specific approach, involving local communities and access negotiators and leveraging existing coordination with partners in Pakistan to reach those children that had not been vaccinated. Additionally, emergency operations centres had been established at the national and regional levels and progress was being monitored by the Ministry of Public Health through the polio transition steering committee.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed WHO’s sustained efforts towards poliomyelitis eradication. His Government was committed to the implementing the recommendations contained in the Polio Eradication Endgame Strategic Plan 2013–2018 and supported the adoption of the revised draft resolution. His country remained at risk of poliovirus importation and had made efforts to strengthen routine immunization and surveillance in border zones. Resources allocated to acute flaccid paralysis surveillance were also used to monitor other vaccine-preventable diseases.

The representative of SOUTH AFRICA expressed concern that, despite global efforts, poliovirus type 1 continued to circulate in three countries, and that countries in conflict were experiencing outbreaks of circulating vaccine-derived poliovirus type 2. Considering current high levels of migration, she stressed the need for vigilance. She called on WHO and UNICEF to work with manufacturers to ensure an uninterrupted supply of poliovirus vaccines.
The representative of JAPAN welcomed the revised draft resolution. She commended the remaining three endemic countries on their progress. However, considering the instability and high levels of migration in those countries, surveillance was required in case of any re-emergence of poliovirus. She also stressed the importance of promoting routine vaccination with the inactivated poliovirus vaccine. The shortage of that vaccine was a concern as a stable supply was key to poliomyelitis eradication. It was crucial that WHO work with the GAVI Alliance to formulate a plan on securing inactivated polio vaccines, including Sabin strains.

The representative of VIET NAM said while the switch to bivalent oral polio vaccine had been completed, the introduction of the inactivated poliovirus vaccine had been delayed due to the global shortage, leaving the country at risk of poliovirus type 2 transmission. She requested supplies of the vaccine in order to carry out routine immunization in 2018 and prevent re-emergence. All countries should maintain effective poliovirus surveillance capacities through poliomyelitis eradication and beyond.

The representative of REPUBLIC OF KOREA noted that the shortage of inactivated poliovirus vaccines would be resolved after the first quarter of 2018. However, shortages could reoccur and, as such, WHO should allocate the resources needed to predict the supply and demand of vaccines and coordinate with manufacturers accordingly. She expressed the hope that plans for production of an inactivated poliovirus vaccine from the Sabin strain in 2019 in her country would contribute to the successful implementation of the Global Polio Eradication Initiative. While critical to eradication efforts, the establishment of national authorities for containment was complex as it required the involvement of multiple ministries or national organizations. A plan to establish one such authority had been finalized in her country. She asked WHO to provide more tailored country-specific guidance on the operation of national authorities for containment, and on training auditors in GAPIII and the Containment Certification Scheme.

The representative of BAHRAIN outlined the various actions that her Government had undertaken in relation to planning for the eradication of poliomyelitis, including the adoption of preparedness and containment plans. She commended the efforts made under the Endgame Strategic Plan 2013–2018 and endorsed the draft resolution. Underlining the importance of poliovirus containment, she called for the number of facilities retaining the virus to be minimized to reduce poliovirus facility-associated risk and for countries with such facilities to step up their compliance with international standards and virus containment requirements.

The representative of PARAGUAY supported the revised draft resolution. WHO should support efforts to ensure that all countries had access to the programmes and financial resources needed to achieve the required level of poliovirus containment within the stipulated time frame. The shortage of vaccines had delayed national immunization programmes, and the use of fractional-dose inactivated poliovirus vaccine should only be a temporary solution. Despite vaccine shortages, her Government was pursuing efforts to implement its polio eradication plan, and would continue to rely on technical assistance from WHO regional offices and to examine the possibility of interorganizational cooperation to reduce risks. She expressed the hope that WHO had mechanisms in place to ensure supply of the correct dosage of polio vaccines in order to maintain progress made in poliomyelitis eradication.

The representative of the UNITED STATES OF AMERICA said that it was important to maintain the focus on stopping the circulation of wild poliovirus, as the premature implementation of transition plans could endanger efforts to achieve eradication. He urged Member States to complete poliovirus containment certification, and called on WHO to provide technical support to Members States in that regard. He noted remaining challenges with concern and looked forward to working with
global partners on the draft strategic action plan on polio transition to sustain progress in poliomyelitis eradication.

The representative of the PHILIPPINES expressed support for the revised draft resolution. Efforts to further strengthen childhood immunization coverage, surveillance systems for acute flaccid paralysis, and laboratory containment were central to poliomyelitis eradication. His Government remained committed to poliomyelitis eradication, including through the containment of materials infected or potentially infected with poliovirus and the inclusion of more types of facilities in the online survey for the laboratory containment of polioviruses. WHO should provide guidance on monitoring low- to moderate-risk facilities.

The representative of MALAYSIA expressed support for the revised draft resolution and urged WHO to monitor its implementation.

The representative of MEXICO expressed the hope that polio-essential functions would be maintained beyond eradication. Her Government remained committed to eradication, through immunization and surveillance. She reiterated the importance of keeping the oral polio vaccine in immunization programmes until polio had been eradicated. She underscored the need for a flexible polio transition period, so as not to endanger outbreak control, epidemiological surveillance or certification processes.

The representative of SPAIN shared concerns regarding the continued existence of wild poliovirus in certain areas. His Government had already met its containment responsibilities in 2017 by destroying materials potentially infected with poliovirus and documenting that process. He urged the Secretariat, Member States and civil society to remain focused on the final phase of poliomyelitis eradication.

The representative of the SYRIAN ARAB REPUBLIC said that new cases of poliomyelitis had been registered in her country after an 18-year absence, chiefly because of the presence of foreign fighters. The outbreak had been quickly contained thanks to the Ministry of Health’s quick response and cooperation from WHO and UNICEF. As a result, acute flaccid paralysis surveillance was being stepped up. Following the globally coordinated withdrawal of the type 2 component of oral polio vaccine in April 2016, 26 cases of poliomyelitis had been detected in 2017 and the Ministry of Health was responding in accordance with WHO guidelines and recommendations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND recognized the work that remained to be done to achieve poliomyelitis eradication, including the implementation of sufficient containment measures. However, she expressed concern that political will and efforts towards eradication may wane as the number of cases continued to decrease. She requested that WHO reassure Member States that it was doing its utmost to reiterate the importance of continued engagement.

The representative of PANAMA said that her country was at high risk of the importation of disease due to its geographical location. Mindful of the risk of re-emergence of poliovirus type 2 after the switch to bivalent oral polio vaccine or the importation of wild poliovirus from endemic countries, her Government was updating surveillance and response plans; maintaining immunization coverage; and following the recommendations of the Regional Certification Commission, with particular regard to laboratory practices and management of biological materials. Any poliomyelitis outbreak should be considered a health emergency, and managed in accordance with the International Health Regulations (2005).
The representative of AUSTRALIA said that her Government was firmly committed to the global polio eradication effort, and encouraged WHO, Member States and partners to maintain efforts until poliomyelitis had been eradicated, focusing on the three remaining endemic countries. Immunization and surveillance efforts should be stepped up in hard-to-reach populations. She welcomed the indication that the shortage of inactivated poliovirus vaccine would be resolved in early 2018. Her Government was exploring how to adopt and implement the principles of GAPIII in Australia. Welcoming the revised draft resolution, she noted that the timeframe for the submission of containment applications may not be achievable for all Member States.

The representative of CHAD said the occurrence of cases of poliomyelitis in the neighbouring Borno State, Nigeria, in 2016 threatened his country’s polio-free status. His Government had adopted a polio transition plan in 2017, under which surveillance and immunization activities would be expanded. Maintaining the country’s polio-free status would require continued funding and technical support from partners, and mobilizing resources to meet the funding gap. He asked for the Global Polio Eradication Initiative to be extended to allow countries in difficult economic situations to keep to the deadline for eradication.

The representative of FRANCE recognized the urgent nature of poliomyelitis containment and certification, and the importance of conforming to the certification standards for poliovirus containment. Turning to the revised draft resolution, which had only been distributed in English, she asked for confirmation that in paragraph 2(2), the reference to “the end of 2018” only referred to the deadline for appointing a national authority for containment and not for processing containment certification applications. That should be clarified in the summary record. Subject to that clarification, she called for the adoption of the revised draft resolution.

The representative of THAILAND said that WHO should closely monitor areas at risk of poliomyelitis outbreaks. Prior to the withdrawal of the oral polio vaccine, WHO should guarantee the availability and affordability of the inactivated poliovirus vaccine to all Member States. She urged WHO and Member States to ensure that effective acute flaccid paralysis surveillance was in place, as that was crucial for the early detection of cases. She asked the Secretariat to clarify what was meant by “unneeded type 2 materials” in paragraph 1(3) of the revised draft resolution, and requested that the draft resolution be amended to include that definition.

The representative of the RUSSIAN FEDERATION said that achieving eradication within the next few years would be difficult, despite progress made. Fragile progress would only be sustained with a focus on immunization and surveillance. Immunization and surveillance gaps had led to the re-emergence of cases of wild poliovirus type 1 and vaccine-derived poliovirus type 2 in a number of areas. That was of particular concern given the shortage of inactivated poliovirus vaccine since the switch to the bivalent oral polio vaccine. As a result, cross-border transmission was a risk for all countries. He noted recommendations to accelerate poliovirus containment and certification. However, it was not yet known how long the virus would continue to circulate. He supported the revised draft resolution, and asked when the text would be distributed so that Member States could study the proposed amendments. He reminded the Committee that the establishment of a deadline for certification applications should not be seen as a restriction, but rather as a catalyst for the work required. He noted that the requirements under GAPIII would have to be harmonized with existing national requirements, which would take time.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that for poliomyelitis to be eradicated, governments and communities should work together to interrupt transmission. Poliomyelitis continued to affect the poorest and most vulnerable
populations in Africa and Asia, and the draft strategic action plan on polio transition was insufficient in realizing the goal of a polio-free world. Efforts must also include addressing the social determinants of health, and he emphasized the importance of actions to ensure access to safe water and sanitation for all, immunization campaigns, and investment in strong health systems that paid particular attention to marginalized groups and communities in areas affected by conflict and extremism. A human rights-based approach to health would ensure that the final stage of global poliomyelitis eradication was successful.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the progress made in poliomyelitis eradication since the previous Health Assembly inspired hope. She noted the commitment of the global community, which included financial support from relevant stakeholders. Noting continued political will, she encouraged the G7 and G20 to highlight global poliomyelitis eradication at their summits in 2018. Member States should continue to focus on stopping transmission and sustaining progress, including through routine immunization campaigns. She appreciated the efforts of frontline health workers, and the improvements in surveillance, including the expansion of environmental sampling. Acknowledging the work to transition polio-related assets, she emphasized the need for continued focus on interruption of transmission.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives) reaffirmed that eradication was closer than ever. Cases resulting from wild polioviruses had all but disappeared, with only nine cases having been reported in 2018, in Afghanistan and Pakistan. In Pakistan there had only been one case, meaning that that country was on the brink of historic public health success. Afghanistan was also close to becoming polio-free; the virus was currently only circulating in a handful of high-risk areas. No cases had been detected in Africa since 2016, and surveillance had continued to improve. However, he took note of the concerns expressed regarding cross-border transmission resulting from migration. Closing the remaining immunity gaps in Afghanistan, and eradicating the virus once and for all in Pakistan, would constitute a significant step towards ultimate success.

The aim was not simply to eradicate wild polioviruses, but to ensure that no child would ever again be paralysed by any poliovirus, whether wild or vaccine-derived. Detections of such strains in the past 12 months in the Syrian Arab Republic, the Democratic Republic of the Congo and the Horn of Africa subregion underscored the dangers they posed, and the appropriateness of the strategy to stop the use of oral polio vaccines. He recognized the global effort to successfully switch from the trivalent to bivalent oral polio vaccine, despite several challenges. There was still a need for surveillance in volatile areas. Once the remaining strains of wild poliovirus had been eradicated, the routine use of all oral polio vaccines would be stopped in order to eliminate any long-term risk associated with such strains, and the inactivated poliovirus vaccine would be the only vaccine available for routine immunization. The global supply of that vaccine had improved in 2018, as a result of industry efforts and the wide adoption of the fractional-dose schedule. Together with its partners, WHO continued to explore new solutions, including use of Sabin strains and virus-like materials.

With regard to containment, the poliomyelitis virus would be retained in a limited number of facilities to serve critical national and international functions, for the production of the poliomyelitis vaccine and for research purposes. It was crucial that such materials were appropriately contained under strict handling and storage conditions to ensure that the virus would not be released into the environment, either accidentally or intentionally. As such, he urged Member States to adopt the draft resolution to ensure that poliomyelitis eradication would be sustained in the long term. Responding to the request for clarification, he said that the end date in paragraph 2(2) referred only to the appointment of a national authority for containment and not to the deadline for processing containment certification applications. Regarding paragraph 1(3), he said that “unneeded type 2 materials” were materials not needed by laboratories or manufacturers for essential functions.
Together with partners on the Global Polio Eradication Initiative, WHO stood ready to support the final efforts towards the achievement of poliomyelitis eradication, which remained a top priority.

The CHAIRMAN suggested that the discussion should be deferred to enable the Committee to consider the revised draft resolution.

It was so agreed.

**Multilingualism: implementation of action plan: Item 12.10 of the agenda (document A71/50)**

The CHAIRMAN drew attention to a draft resolution on the item, submitted by the delegations of Ecuador, Panama and the Russian Federation, which read:

The Seventy-first World Health Assembly,

(P1) Having considered the report by the Director-General, entitled “Multilingualism: implementation of action plan”;

(P1 bis) Recalling United Nations General Assembly resolution 71/328 that calls for multilingualism to be addressed in a cost-neutral practical, efficient and cost-effective manner;

(P2) Mindful that the universality of WHO is based, inter alia, on multilingualism and on the respect for the parity and plurality of the official languages chosen by the Member States;

(P3) Recalling the resolutions and rules governing language arrangements at WHO, especially resolution WHA50.32 (1997) on respect for equality among the official languages, resolution WHA51.30 (1998) on method of work of the Health Assembly, which requested the Director-General to make WHO governing body documents available on the Internet, and resolution EB105.R6 (2000) on the use of languages in WHO;

(P4) Convinced of the importance of respect for the diversity of cultures and the plurality of international languages for improving health policies in the world, especially in the developing countries, and for giving all Member States access to information and to scientific and technical cooperation;

(P5) Regretting that the various official languages and the working languages are still used unequally within WHO;

(P6) Reaffirming the need to ensure high-quality translation of documents into all official languages of the Organization;

(P7) Considering that the preparation and distribution of the essential technical information of the Organization, as such as the WHO guidelines, in the six official languages is one of the fundamental conditions for equality among Member States;

(P8) Stressing the need to achieve full parity among the six official languages including on the WHO Internet site,

OP1. REQUESTS the Director-General:

(1) to take into account recommendations contained in United Nations General Assembly resolution 71/328 and to work in cooperation with the United Nations Secretary-General’s language services, including to develop cost-neutral approaches;

(2) to apply the rules of the Organization that establish linguistic practice within the Secretariat in a cost-neutral practical, efficient and cost-effective manner;

(3) to ensure that all language services are given equal treatment and are provided with equally favourable working conditions and resources, with a view to achieving maximum quality of services;

(4) to promote multilingualism in the daily work of the Secretariat and encourage staff to take advantage of technical and scientific literature generated in the maximum number of languages, both official and non-official, in a cost effective manner;
(5) to ensure that job descriptions specify the need for multilingual skills, including a working language of the Secretariat;
(6) to appoint an officer who can serve as Coordinator for Multilingualism, who will be responsible, inter alia, for supervising and supporting the overall implementation of multilingualism, and to call upon all WHO departments to fully support the work of the Coordinator in the implementation of the relevant mandates on multilingualism;
(7) to continue to improve and update in a cost-effective manner the WHO Internet site in all official languages to make it more widely accessible and to develop a multilingual public communication strategy;
(8) to take the necessary steps to ensure, even at the planning stages, that the timely translation into all official languages of the essential technical information of the Organization and WHO guidelines, whether in written, audiovisual or digital form, making such information more widely accessible without undue delay;
(9) to develop a report on the previous practices, possible technical options and solutions, including cost-effective, innovative measures and all programme and budgetary implications, to improve the current situation and ensure availability of the essential technical information of the Organization and WHO guidelines, whether in written, audiovisual or digital form in the six official languages, to be submitted for consideration by the Seventy-second World Health Assembly, through the Executive Board at its 144th session.

The financial and administrative implications for the Secretariat of the adoption of the decision were:

<table>
<thead>
<tr>
<th>Resolution:</th>
<th>Multilingualism: respect for equality among the official languages</th>
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<tbody>
<tr>
<td><strong>A. Link to the programme budget</strong></td>
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<tr>
<td><strong>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</strong></td>
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<tr>
<td><strong>Programme areas:</strong></td>
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<tr>
<td>4.4. Health systems, information and evidence</td>
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<tr>
<td>6.1. Leadership and governance</td>
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<td>6.5. Strategic communications</td>
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<tr>
<td><strong>Outcomes:</strong></td>
<td></td>
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<tr>
<td>4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities</td>
<td></td>
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<tr>
<td>6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people</td>
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<td>6.5. Improved public and stakeholders’ understanding of the work of WHO</td>
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<tr>
<td><strong>Outputs:</strong></td>
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<tr>
<td>4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge</td>
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<tr>
<td>6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas</td>
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<tr>
<td>6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices</td>
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</table>
2. **Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:**
   Not applicable.

3. **Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:**
   Russian-language translations, printing and distribution of technical publications; website and journal content, digitization, citation analyses and glossary of terms.

4. **Estimated implementation time frame (in years or months) to achieve the resolution:**
   Four years, for the time-limited actions in the resolution. Ongoing corporate language services will require continuous implementation.

## B. Resource implications for the Secretariat for implementation of the resolution

1. **Total resource requirements to implement the resolution, in US$ millions:**

2.a. **Estimated resource requirements already planned for in the Programme budget 2018–2019, in US$ millions:**
   US$ 41.60 million.

2.b. **Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US$ millions:**
   Not applicable.

3. **Estimated resource requirements in the Programme budget 2020–2021, in US$ millions:**
   US$ 42.34 million.

4. **Estimated resource requirements in future programme budgets, in US$ millions:**
   US$ 42.34 million.

5. **Resources available to fund the implementation of the resolution in the current biennium, in US$ millions**
   - **Resources available to fund the resolution in the current biennium:**
     US$ 40.00 million.
   - **Remaining financing gap in the current biennium:**
     US$ 1.60 million.
   - **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**
     Zero.
Table. Breakdown of estimated resource requirements (in US$ millions)\textsuperscript{a}

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Headquarters</th>
<th>Region</th>
<th>Total</th>
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<td></td>
<td></td>
<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
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<tr>
<td>2018–2019 resources</td>
<td>Staff</td>
<td>19.73</td>
<td>2.60</td>
<td>3.10</td>
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<tr>
<td>already planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Activities</td>
<td>8.26</td>
<td>0.03\textsuperscript{b}</td>
<td>2.00</td>
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<td></td>
<td></td>
<td>27.99</td>
<td>2.63</td>
<td>5.10</td>
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<tr>
<td>2018–2019 additional resources</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<td></td>
<td>Activities</td>
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<tr>
<td>2020–2021 resources to be planned</td>
<td>Staff</td>
<td>20.00</td>
<td>2.60</td>
<td>3.10</td>
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<tr>
<td></td>
<td>Activities</td>
<td>8.00</td>
<td>0.50</td>
<td>2.00</td>
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<td></td>
<td></td>
<td>28.00</td>
<td>3.10</td>
<td>5.10</td>
</tr>
<tr>
<td>Future biennium</td>
<td>Staff</td>
<td>20.00</td>
<td>2.60</td>
<td>3.10</td>
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<tr>
<td>resources to be</td>
<td></td>
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<tr>
<td>planned</td>
<td>Activities</td>
<td>8.00</td>
<td>0.50</td>
<td>2.00</td>
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<td></td>
<td></td>
<td>28.00</td>
<td>3.10</td>
<td>5.10</td>
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\textsuperscript{a} Preliminary costing, which does not necessarily include the full cost of publishing in official languages in all major offices or the full cost from a human resources perspective.

\textsuperscript{b} Activity cost for language service unit only.

The representative of BRAZIL, speaking on behalf of the Community of Portuguese-Speaking Countries, said that multilingualism was a major asset, ensuring cultural diversity, dialogue, inclusiveness, and the mobilization of political will. Languages were instrumental in the work of WHO, helping to guide public health practices, reach international audiences and achieve improved health outcomes worldwide. WHO must discuss how multilingualism could be implemented systematically across the Organization. Efforts to improve public health and capacity-building in lusophone countries could greatly benefit from Portuguese being an official language at WHO. Portuguese was already an official working language at the WHO Regional Offices for the Americas and Africa. The Community of Portuguese-Speaking Countries was ready to discuss implementation methods with the Secretariat, including mechanisms such as the ePORTUGUESe platform. The Governments of the Community requested that they be added to the list of sponsors of the draft resolution.

The representative of MONACO supported the statement made by the representative of Brazil. The United Nations must be a place of cultural diversity where Member States could listen to one another. Respect for the official languages of WHO was highly important, and the culture of the Organization must not be based solely on the Anglo-Saxon model. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of the RUSSIAN FEDERATION said that the translation of WHO materials into official United Nations languages was priceless in terms of global access to knowledge and expertise on health and health care. However, most WHO publications were drafted and issued in English and there was a bias towards using English as a working language, which could be a barrier to benefiting from the work of the Organization. His Government had contributed to helping the Organization increase the number of publications available in Russian and the online distribution of WHO publications in Russian. He expressed the hope that the draft resolution he had introduced would lead to a broad-ranging discussion at the next World Health Assembly. In the meantime, the Secretariat should further develop the plan of action on multilingualism adopted in 2008.
The representative of BULGARIA, speaking on behalf of the European Union and its Member States, proposed amending paragraph 1(8) of the draft resolution by replacing the words “even at the planning stages” with “including through improved planning and coordination”.

The representative of MEXICO said that despite the progress made in the implementation of the plan of action on multilingualism, there were still significant challenges to achieving the full application of the principles of multilingualism within the Organization. That would improve global health policies and promote access to information and technical and scientific collaboration among all Member States. She asked for her Government to be added to the list of sponsors of the draft resolution. Finally, she requested that all documents were submitted in all official languages in a timely manner, especially for governing body meetings, to ensure that they could be properly considered.

The representative of FRANCE said that her Government was firmly committed to the principle of multilingualism, particularly with regard to translation and interpretation and the regular updating of website content in all official languages. Multilingualism must not be considered a constraint or expense, but rather a way of enabling everyone to participate fully in discussions. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of THAILAND said that multilingualism enabled more people to access critical information, contributing to the promotion and protection of the right to health for all and increasing health literacy. WHO should take a cost-neutral approach to upholding the principle of multilingualism and take advantage of technology for the translation, communication and dissemination of health-related information. WHO should facilitate the process for translating technical documents into non-official languages in order to assist Member States in implementing WHO norms, guidelines, tools and recommendations at the national and local levels.

The representative of the DOMINICAN REPUBLIC welcomed the progress made, particularly the efforts to increase multilingual content on the WHO website. She asked for her Government to be added to the list of sponsors of the draft resolution and encouraged others to do the same. She advocated for the availability of timely, high-quality information in the official languages. She firmly believed that the draft resolution would improve Member States’ access to higher quality technical information, which would contribute to the improvement of health policies, especially in developing countries.

The representative of CHINA said that she supported the draft resolution. Protection of multilingualism and respect for all languages were the foundations of the universality of the Organization. WHO had made progress in terms of multilingualism, but still fell short of equal usage of the official languages, as seen in the content on the WHO website, which should be rectified. English was currently the only working language in governing body meetings, failing to meet the needs of all delegates. He hoped that the Secretariat could provide solutions to the issue for the next governing body meeting.

The representative of SPAIN said that multilingualism was inherent to multilateralism, and being able to work in different languages was fundamental within the United Nations system. However, the equality of the six official languages was not always upheld in WHO, and the Organization’s tendency to work in just one language was unfair for speakers of the other official languages and speakers of non-official languages. Technological developments meant that it had never been easier to work in multiple languages and to translate documents, which should reduce the cost of translation and interpreting, and should allow the use of a number of different languages both in the Secretariat and in governing body meetings. Inequality was particularly apparent in recruitment
practices, with recruitment notices often appearing only in English, meaning that some candidates had an advantage. Data on diversity among staff members was confirmation of the imbalance. In order to fulfil its mission, WHO must be able to communicate with all people in their own language. Multilingualism was not a luxury; it was a basic principle. He asked for his Government to be added to the list of sponsors of the draft resolution.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA supported the draft resolution and considered it to be highly important in the context of the United Nations. It was important for Member States that documents for meetings should be translated in a timely manner. He asked for his Government to be added to the list of sponsors of the draft resolution.

The representative of the UNITED STATES OF AMERICA, emphasizing her full support for multilingualism at WHO, said that the draft resolution contained repeated references to a cost-neutral, cost-effective approach to implementation. However, the document setting out the financial and administrative implications, which had only been published that morning, had revealed an expected total cost of US$ 83.94 million, which could make the draft resolution the most expensive on record. Despite existing funding allocated to multilingualism, she expressed concern that the remaining financial gap in the current biennium was US$ 1.6 million and that an additional US$ 40 million would be required for the 2020–2021 biennium. She asked the Secretariat to provide clarification of the financial implications of the draft resolution and explain whether any further savings would be possible.

The representative of ARGENTINA said that it was crucial for all documents to be available in the Organization’s official languages. She called upon WHO to step up its efforts to promote multilingualism, including in its remote learning programmes, which were essential resources for developing countries. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of NIGER, speaking on behalf of the Member States of the African Region, cited previous World Health Assembly resolutions calling for the equality of the official languages and the online publication of governing body documents in all languages on the internet, and United Nations General Assembly resolution 71/328 (2017), which called for multilingualism to be implemented in the most practical, efficient and cost-effective manner, from within existing resources. Respect for cultural and linguistic diversity would improve health policies and access to scientific information and cooperation, especially in developing countries. Recognizing the many challenges facing multilingualism, the Member States in his Region supported the draft resolution. The Secretariat should implement corrective measures, and submit a report to the Seventy-second World Health Assembly detailing past practice and the programme and budget impacts of guaranteeing the availability of essential technical information in all six official languages.

The representative of CANADA agreed with the appointment of a Coordinator for Multilingualism at WHO. The Organization should make use of best practices and resources developed by the United Nations, including the recommendations contained in General Assembly resolution 71/328 (2017), and work closely with the United Nations Coordinator for Multilingualism. Technological advances should also be used to improve the efficiency of translation and interpretation services. She requested the Secretariat to provide an explanation of the financial implications of the draft resolution, particularly regarding how the Organization planned to provide better services without surpassing existing resources. She asked for her Government to be added to the list of sponsors of the draft resolution.
The representative of PANAMA thanked Member States who had expressed support for the draft resolution. Language equality had to be achieved in all parts of the United Nations system, particularly in side events, where those without a good command of English had trouble participating.

The representative of PARAGUAY said that she supported the statement made by the representative of Mexico. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of ECUADOR said that all WHO reports, documents and guidelines must be made available in all six official languages. Moreover, negotiations, communications, recruitment and similar processes should also be conducted in those languages. Respect for multilingualism and diversity was the foundation of any inclusive, equitable and democratic organization. She therefore called upon Member States to support the draft resolution.

The representative of JAPAN said that he supported multilingualism in principle. However, as a representative of a country that did not use one of WHO’s official languages, he called for efficiency and cost neutrality when implementing the draft resolution.

The ASSISTANT DIRECTOR-GENERAL (External Relations) reaffirmed the Secretariat’s ongoing support for multilingualism as enshrined in WHO’s Constitution. Indeed, the Director-General regularly expressed support for multilingualism and cultural diversity, including in recruitment and the overall organizational culture. It was true that more than half of the world’s population did not speak one of WHO’s official languages, nor one of the two working languages. It would be important to establish priorities and partnerships in addressing the issue of non-official languages, as the Secretariat could not handle the task alone.

The projected cost of implementing the draft resolution covered two bienniums and the Secretariat had taken due note of recommendations to apply a cost-neutral approach wherever possible, maximize efficiency and remain stable. The draft resolution touched on nearly all of WHO’s activities, including recruitment, staff training, composition of expert groups, and communications. It was important to note that while translation of governing body materials was centralized, responsibility for the translation of technical documents lay with the units that produced them and was thus subject to the finances available to each unit. The Secretariat had contacted the language services of the United Nations regarding the use of their information technology tools, including a new computer-assisted translation tool, to keep costs low while producing documents of increasing quality in an efficient manner. Reducing the number and length of publications would also free up funding for more translations. Governing body documentation would continue to be produced within the existing budget.

As the Organization moved towards paperless governing bodies in 2020, documents would be more widely available, easier to access and more cost-efficient to produce in the six official languages. The Secretariat also aimed to increase the linguistic diversity of the website, for example by publishing documents about World Health Day in ten languages. The Secretariat would do its best to increase diversity for the sake of better health results while keeping costs low. In that regard, it should be noted that the cost of creating a high-level coordinator post was not included in the current financial implications and would add to the total cost.

The representative of the UNITED STATES OF AMERICA, supported by the representative of SPAIN, asked for confirmation that, although the financial impact would increase if the post of Coordinator for Multilingualism were to be created, most of the additional costs could be absorbed into the existing programme budget during the current biennium. She enquired whether the costs associated with the draft resolution in the next biennium would also be covered, or whether the next programme budget would increase in consequence.
The ASSISTANT DIRECTOR-GENERAL (External Relations) said that most costs in the current biennium would be covered by the current programme budget. Further detail on future financial implications would be provided in the Secretariat’s next report.

The CHAIRMAN took it that the Committee wished to approve the draft resolution, as amended by the representative of Bulgaria.

The revised draft resolution was approved.

2. MATTERS FOR INFORMATION: Item 20 of the agenda

Progress reports: Item 20.3 of the agenda (document A71/41/Rev. 2)

Communicable diseases

A. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (resolution WHA69.22 (2016))
B. Eradication of dracunculiasis (resolution WHA64.16 (2011))
C. Elimination of schistosomiasis (resolution WHA65.21 (2012))

The representative of UGANDA, speaking on behalf of the Member States of the African Region and referring to progress report A on HIV, viral hepatitis and sexually transmitted infections, said that the three global health sector strategies on those diseases were interconnected and more effort was needed to build synergies between them. Although the rapid scale-up of HIV treatment was welcome, WHO should provide better support in countries where young women of childbearing age were reluctant to use dolutegravir as a first-line therapy. The falling price of hepatitis medicines thanks to patent expirations was welcome, and he recommended that universal vaccination against hepatitis B should be made a priority. Diverse and innovative financing solutions must be found to fund responses to HIV, viral hepatitis and sexually transmitted infections. He called on WHO to prioritize and increase funding for the three global strategies under the Thirteenth General Programme of Work, 2019–2023.

The representative of IRAQ said that strategic activities on HIV and sexually transmitted infections ought to be integrated into primary health care interventions. Epidemiological and laboratory surveillance should be strengthened to better tackle HIV, sexually transmitted infections and viral hepatitis; that required capacity-building for staff and institutions. The three global health sector strategies should be incorporated into the Thirteenth General Programme of Work to advance progress towards universal health coverage.

The representative of THAILAND, referring to progress report A, expressed concern regarding the high cost of viral hepatitis treatment and urged WHO to accelerate and monitor the development of the hepatitis C vaccine and transfer the technology to developing countries to increase vaccine availability. Regarding progress report B on dracunculiasis, she thanked Member States for their commitment to eradicating the disease and advocated for effective, community-based surveillance in those countries that had not yet eradicated it, with WHO support. Referring to progress report C on

1 Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA71.15.
schistosomiasis, she said the focus should be on improved field diagnostics and surveillance of animal vectors. It was also important to develop partnerships with the pharmaceutical industry to increase the number of donations of praziquantel. WHO and other partners should also fund research on preventive chemotherapy and its side-effects.

The representative of PARAGUAY, referring to progress report A, said that his Government was committed to reaching the 90–90–90 target for HIV and detailed the steps being taken to do so, particularly among vulnerable population groups. Continued technical support from PAHO was needed, however, to improve adherence to treatment and acquire medicines through strategic funds. Increased support was also needed in terms of pharmacovigilance and pharmacoresistance. He also outlined his Government’s approach to viral hepatitis, which included a national multisectoral plan, health-throughout-the-life-course approach, and collaboration with other countries in the Region to provide effective, low-cost medicines.

The representative of the UNITED STATES OF AMERICA, referring to progress report A, said that programme integration, coordination of services, and support for quality antenatal care and delivery were important factors in preventing mother-to-child transmission of HIV and syphilis. WHO should facilitate the provision of higher quality, country-level surveillance data on sexually transmitted infections, including on antimicrobial-resistant gonorrhoea and syphilis in key populations. New diagnostic technologies appropriate for settings with limited laboratory capacity would help in that effort. WHO should ensure that all stakeholders were involved in improving benzathine penicillin availability worldwide. Despite reductions in new HIV infections, more work was needed to understand who was being left behind and how to reach them.

Continued multisectoral collaboration was also needed to increase the availability of low-cost antiviral treatments for hepatitis B and C. It was worrying that only one third of the 87 countries with national strategic plans for viral hepatitis had dedicated funding for implementation. WHO should work with Member States to increase coverage of the birth dose of hepatitis B vaccine and engage with partners to develop global guidelines for hepatitis B elimination.

The representative of CHAD, speaking on behalf of the Member States of the African Region, highlighted a number of issues raised by the African Leaders Malaria Alliance in relation to schistosomiasis, including the need to increase treatment coverage, expand the target population beyond school-age children, and foster intersectoral collaboration on access to clean water and sanitation. He outlined the progress made in the Region in terms of mapping neglected tropical diseases like schistosomiasis, developing national control plans and mobilizing additional domestic financing. However, not all countries had obtained the positive results described in the report. Resolution WHA65.21 (2012) remained relevant in the face of mounting challenges.

The representative of ALGERIA said that the HIV prevalence rate was low in his country, and programmes were focused on key populations and received domestic financing. All patients diagnosed with viral hepatitis C in his country had access to an innovative treatment developed and manufactured in Algeria. The Government had also begun the certification process for the elimination of schistosomiasis. In addition, the Government was implementing a national plan on mental health.

The representative of the INTERNATIONAL AIDS SOCIETY, referring to progress report A, said that a focus on universal health coverage was not incompatible with disease-specific programmes. Rather, closer collaboration between stakeholders was needed to rethink how such programmes were designed and delivered. She urged Member States to strengthen their commitment to implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, and provide the necessary financial and human resources to do so. WHO should continue to treat the strategies on HIV, viral hepatitis and sexually transmitted infections as interconnected, especially when developing
service delivery models for key populations, and frontline health care workers should be involved in their implementation.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked Member States for their comments and suggestions as to how WHO could best support the implementation of the global health sector strategies. The Secretariat was developing an integrated, people-centred approach to service delivery at the country level. A comprehensive global report on HIV, viral hepatitis and sexually transmitted infections would be finalized in December 2018, which would refer to of universal health coverage, addressing key populations, and the principle of leaving no one behind. The Thirteenth General Programme of Work, 2019–2023 provided overarching guidance in that regard. There had been good progress on schistosomiasis, but more remained to be done at the country level. Political commitment would be essential for keeping up momentum on the issue.

Noncommunicable diseases

D. Public health dimension of the world drug problem (decision WHA70(18) (2017))
E. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (resolution WHA69.5 (2016))
F. Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications (resolution WHA68.20 (2015))
G. Comprehensive mental health action plan 2013–2020 (resolution WHA66.8 (2013))
H. Comprehensive and coordinated efforts for the management of autism spectrum disorders (resolution WHA67.8 (2014))

The representative of the NETHERLANDS, referring to progress report D on the world drug problem, said she was pleased to see cooperation between WHO and the UNODC, including the link made between substance use and communicable diseases – in particular, HIV, hepatitis and tuberculosis – which was of particular significance for prisons. Better cooperation between United Nations agencies on drug policy was needed. UNAIDS and the Office of the United Nations High Commissioner for Human Rights also had relevant mandates in that regard. The extent of that cooperation needed to be further addressed and more attention should be focused on female drug users. Upcoming high-level meetings would enable stakeholders to share progress made and address challenges.

The representative of SWEDEN, referring to progress report D, said that smooth cooperation between WHO, UNODC and the International Narcotics Control Board was vital to strengthen the public health perspective in drug policy. She urged WHO to continue its efforts, as a balanced, international response to the world drug problem was greatly needed. Her Government stood ready to support WHO and UNODC, and she urged WHO to contribute to preparations for the ministerial segment of the United Nations Commission on Narcotic Drugs to be held in 2019.

The representative of the REPUBLIC OF KOREA said that while cooperation with the United Nations and other intergovernmental organizations was crucial for the success of noncommunicable disease strategies, close collaboration within WHO was also important. Therefore, she asked the Secretariat whether there was a mechanism within WHO that allowed for periodic joint discussions between WHO bodies and intergovernmental organizations on each noncommunicable diseases mentioned in the progress reports.
The representative of HONDURAS, referring to progress report F on epilepsy, said that progress made in implementing resolution WHA68.20 (2015) should be reported on at the Seventy-fourth World Health Assembly, and that an action plan for epilepsy prevention and control should be developed. She requested the Secretariat to present more information on the global burden of epilepsy at the 144th session of the Executive Board.

The representative of IRAQ outlined efforts made by his Government to combat gender-based violence, provide mental health support to those affected by emergencies and crisis situations, and detect and treat autism early. Epilepsy should be included in noncommunicable disease interventions given the magnitude of the problem, which called for a more robust approach. Steps should be taken to integrate mental health interventions within primary health care.

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region on progress reports G and H on mental health and autism spectrum disorders, appreciated the technical support provided by the Secretariat on mental health, substance use disorders, neurological conditions, suicide prevention and advocacy efforts for mental health. However, availability of resources and services for mental health remained extremely limited in lower-income countries. The number of mental health workers was also insufficient. Further, data on the prevalence of autism spectrum disorders in sub-Saharan Africa was limited. Noncommunicable diseases, particularly neurodevelopmental disorders, were likely to become a greater health burden in African countries. Strategies were needed to improve the diagnosis and management of autism spectrum disorders in culturally diverse and low-resource settings across Africa. She supported the development of a comprehensive strategy on mental health in the African Region and said that care for individuals with autism spectrum disorders needed to be scaled up.

The representative of THAILAND, referring to progress reports D and E on the world drug problem and interpersonal violence, said that efforts in those areas should focus more on community-based treatment and multisectoral collaboration to ensure effective strategies to combat drug use that could reduce violence. Turning to progress report G on mental health, she noted that no significant progress had been made in implementing the comprehensive mental health action plan 2013–2020. There were still limited resources for mental health and the number of mental health workers had remained unchanged globally since 2013. Efforts should be made in those areas through mechanisms such as WHO’s Mental Health Gap Action Programme (mhGAP). She asked the Secretariat to clarify the exact percentage of countries with functioning prevention and promotion programmes referred to in paragraph 48 of the report in order to compare it with the 41% indicated in the Mental Health Atlas 2014. She looked forward to the full report on the Mental Health Atlas 2017.

The representative of CHINA, referring to progress report F on epilepsy, said that the Secretariat should report on the implementation of resolution WHA68.20 (2015) in 2021 and encourage all Member States to adopt preventive measures. He outlined his Government’s efforts to tackle epilepsy in rural areas, including training primary care personnel and reducing discrimination. His Government stood ready to work closely with other Member States to share treatment results and advance epilepsy care.

The representative of AUSTRALIA, referring to progress report E on interpersonal violence, thanked the Secretariat for its research and assistance on the issue of violence against women and children, but said that national responses needed to become truly multisectoral in order to tackle the problem. Health systems provided unique opportunities for the identification of gender-based violence, including domestic, family and sexual violence. It was important to understand the risks faced by vulnerable groups, and WHO should help Member States to further tailor health system responses to support them.
The representative of the RUSSIAN FEDERATION, referring to progress report F on epilepsy, said that many countries had taken significant steps forward in providing care and treatment to people living with epilepsy. She called on the Secretariat to actively work to reduce the medical and social burden of epilepsy and requested that a report on resolution WHA68.20 (2015) be presented at the Seventy-fourth World Health Assembly. A global action plan for the prevention and control of epilepsy and related diseases was needed, and the issue should be considered at the 144th session of the Executive Board.

The representative of the UNITED STATES OF AMERICA, referring to progress report D on the world drug problem, supported WHO’s efforts and encouraged its collaboration with UNODC, with particular regard to the field testing of the International Standards for the Treatment of Drug Use Disorders. She also supported the implementation of the operational recommendations made during the 2016 United Nations General Assembly Special Session on the World Drug Problem, including evidence-based demand-reduction initiatives on prevention, treatment and recovery. New psychoactive substances presented an alarming health threat in the United States of America and around the world. She encouraged WHO to continue to prioritize the public health-related challenges of new psychoactive substances, and to share information on a regular basis with the United Nations Commission on Narcotic Drugs and UNODC.

The representative of ZIMBABWE, referring to progress report F, said that epilepsy management had been integrated into primary health care in her country, but that full implementation of resolution WHA68.20 (2015) was being impeded by resource constraints, lack of correct knowledge and stigma. She welcomed financial and technical support from partners to help with the implementation of the actions contained in subparagraphs 1(1) to 1(8) of that resolution. WHO should help Member States to develop strategies and frameworks on epilepsy so as to address existing gaps in responses.

The representative of COLOMBIA, speaking on behalf of Australia, Guatemala, Mexico, Norway, Panama, South Africa and Switzerland on progress report D on the world drug problem, recognized WHO’s crucial role in promoting the public health dimension of the world drug problem, and the importance of stepping up efforts to mobilize resources and strengthen WHO’s capacity to address that problem. He welcomed WHO’s efforts to strengthen coordination and collaboration with other United Nations agencies and partners, in particular UNODC and the International Narcotics Control Board, and to keep the Health Assembly and the United Nations Commission on Narcotic Drugs informed on the progress made in implementing the operational recommendations on health-related issues stemming from the United Nations General Assembly Special Session on the World Drug Problem. He urged WHO to actively participate in the ministerial segment of the United Nations Commission on Narcotic Drugs in 2019. He thanked the Secretariat for designating a focal point for that purpose and for providing Member States with technical support and information.

The representative of PANAMA, referring to progress report G on mental health, said that the comprehensive mental health action plan 2013–2020 needed to be strengthened in order to provide greater visibility for the issue and ensure that mental health was effectively addressed, leaving no one behind.

The representative of BURKINA FASO commended the Secretariat’s efforts in tackling noncommunicable diseases but called for greater cooperation in developing technical and financial tools for countries with limited resources.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN on progress report D on the
world drug problem, took note of the global medicine shortage and said that WHO should pay particular attention to access to anaesthetic medicines, especially ketamine and opioids, that were essential to improving public health. That was especially important since 30% of the global burden of disease could be treated using surgical interventions.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN on progress report D, expressed concern that morphine was unavailable to 75% of the global population, which was a violation of the right to adequate medical care. That was particularly concerning given the increasing prevalence of medical conditions requiring pain management, especially in low- and middle-income countries. It was important to improve the availability of prescription opioids and provide on-the-job training to nurses, physicians and pharmacists. His organization was working with WHO, regional partners and national palliative care associations in that regard. He called for balanced regulatory systems and better supply chain management in order to prevent the misuse of medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN on progress report D, said that policy should provide a balance between the availability and misuse of controlled substances. He called on Member States to: view drug abuse disorders as diseases that required concrete public health solutions; involve the pharmaceutical workforce in the development of related policies; and further recognize the pharmaceutical workforce’s pivotal role in delivering mental health services and promoting mental health for all.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIRMAN on progress report F on epilepsy, called for a new report on the implementation of resolution WHA68.20 (2015) to be discussed at the Seventy-fourth World Health Assembly and for the development of a global action plan on epilepsy. WHO was the only global organization capable of overcoming the barriers preventing equal access to effective epilepsy medicines.

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIRMAN on report F, said that it was unacceptable that 75% of people living with epilepsy in low- and middle-income countries did not have access to treatment, especially given the affordability of most medicines. Governments should commit to making epilepsy a public health priority as progress towards achieving the goals set out in resolution WHA68.20 (2015) had been slow. As such, he also called for a new report on the implementation of that resolution to be prepared for discussion at the Seventy-fourth World Health Assembly and for the development of a global action plan on epilepsy.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIRMAN and referring to progress report F, said that while progress had been made in promoting epilepsy awareness, care and research in recent years, implementation of resolution WHA68.20 (2015) was far from complete, highlighting issues relating to the accessibility and affordability of antiepileptic medicines and the discrimination and social stigma surrounding those living with epilepsy. She called for a new report on the implementation of the resolution to be prepared for discussion at the Seventy-fourth World Health Assembly; for the development of a global action plan on epilepsy; and for the topic to be included on the agenda of the 144th session of the Executive Board.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN on progress report G on mental health, urged WHO to: recognize the ongoing
negligence of and underinvestment in mental health; strengthen political will to tackle mental health disorders; and adopt a mental health framework that recognizes the connections between mental health and other health issues. Future guidelines on mental health and noncommunicable diseases should be discussed and formulated together to promote intersectoral action.

The DIRECTOR (Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention) confirmed that Member States would be provided with additional technical support where requested. The Secretariat would step up its efforts in the areas under discussion, which were all included in the Thirteenth General Programme of Work, 2019–2023. Regarding WHO’s collaboration with intergovernmental organizations, he said that WHO had signed memorandums of understanding with a number of organizations, such as UNODC, UNICEF and the World Bank, and was collaborating with other organizations through task forces, partnerships and other coordination mechanisms, including the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, the Global Partnership to End Violence against Children, and the Violence Prevention Alliance.

The DIRECTOR (Mental Health and Substance Abuse) said that WHO was working very closely with UNODC in that regard and was implementing the Memorandum of Understanding between the two organizations. WHO had established clear focal points for activities relating to the world drug problem, and would participate in preparations for the ministerial segment of the United Nations Commission on Narcotic Drugs in 2019. He noted requests for a discussion on epilepsy at the 144th session of the Executive Board and the Seventy-fourth World Health Assembly, and that a global action plan on epilepsy should be developed. He welcomed the suggestions made regarding action on mental health and the mental health action plan. The Mental Health Atlas 2017 would be available on 6 June 2018 and 63% of countries currently had functioning prevention and promotion programmes. A flagship mental health project was being prepared as part of the Thirteenth General Programme of Work, 2019–2023. Finally, the Secretariat would follow up on the various suggestions made by Member States regarding autism spectrum disorders.

Promoting health through the life course

I. Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life (resolution WHA69.3 (2016))

J. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))

The representative of IRAQ, referring to progress report I on ageing and health, called for greater support for the action plan and a sharpened focus on appropriate interventions for elderly people in primary health care, particularly health care facilities, and capacity building. Referring to progress report J on reproductive health, he said that, in order to achieve universal health coverage, reproductive health strategies should be incorporated into strategies and workplans on noncommunicable disease and nutrition and asked whether any steps had been taken in that regard.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region on progress report I on ageing and health, said that, if the Sustainable Development Goals were to be attained, Member States needed to address the rapid ageing of the population by providing long-term care and a sustainable quality of life for elderly people, particularly in sub-Saharan Africa, given the projected population growth in that subregion.
The representative of QATAR, referring to progress report I, applauded the progress made in implementing the Global strategy and action plan on ageing and health, 2016–2020 and its contribution towards achieving Sustainable Development Goal 3. The national health strategy for 2018–2020 prioritized health in old age, seeking to improve older people’s health, independence and quality of life, and tackle dementia.

The representative of THAILAND, referring to progress report J on reproductive health, said that reproductive services for men and women were essential for a good quality of life. Unsafe abortion, unintended pregnancy and inadequate antenatal care warranted greater attention. Referring to progress report I on ageing and health, she said that elderly people should be seen as assets rather than burdens. Knowledge and experience gained through health policy and systems research could provide strategic information for evidence-based policy decisions. Health systems should be prepared to address the burden of caring for elderly people, and all relevant WHO resolutions should take the ageing population into account. Finally, there was a need to raise awareness of the dignity of elderly people, and to combat the abuse of older persons in all its forms.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN on progress report I, appreciated the steps taken to review regional strategies and develop national strategies on ageing and health, commending the support provided by WHO. Guidelines on integrated care should be developed, recognizing the need to support caregivers, including those caring for older people with dementia. She welcomed the work done to develop indicators to measure healthy ageing, in line with the efforts of the new Titchfield City Group on Ageing, which had been endorsed by the United Nations Statistical Commission.

The DIRECTOR (Ageing and Life Course) welcomed the comments from Member States, in particular for highlighting the links with the Sustainable Development Goals. He said the Secretariat was working on a global capacity-building programme, which he hoped would be delivered by the end of 2018. WHO was exploring how it could better help Member States identify equitable and sustainable systems of long-term care.

Health systems

K. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))
L. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))
M. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children (resolution WHA69.20 (2016))
N. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))
O. Availability, safety and quality of blood products (resolution WHA63.12 (2010))
P. Human organ and tissue transplantation (resolution WHA63.22 (2010))
Q. WHO strategy on research for health (resolution WHA63.21 (2010))
R. Workers’ health: global plan of action (resolution WHA60.26 (2007))

The representative of SIERRA LEONE, speaking on behalf of the Member States of the African Region on progress report O on blood products, said that the quality of transfused blood remained a concern in the Region although efforts were under way to address that. In most countries, blood was primarily collected from immediate family members and not all transfused blood units were screened for the transfusion-transmissible infections, compromising the availability of safe blood for patients requiring transfusion. Challenges included the lack of policy commitment, lack of regulatory oversight, low government funding and reliance on external funding.
The representative of THAILAND said that, in order to achieve universal health coverage, WHO should provide technical support to Member States on the implementation of strategic purchasing so that high-quality, affordable health benefits could be provided on a limited health budget. Research was the key to developing evidence-based policies. WHO should continue to support health systems research and ensure adequate financing for implementation of the WHO strategy on research for health. She appreciated that issues relating to refugees and migrants were given priority in the Thirteenth General Programme of Work, 2019–2023.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region on progress report K on the health of refugees and migrants, outlined some of the challenges faced in her Region, and the activities that had been undertaken, which included providing humanitarian assistance for the Rohingya community, interrupting poliomyelitis transmission, and establishing inbound health assessments for communicable diseases. Moreover, several governments from the Region had participated in regional and global consultations on migrant health. She noted that WHO, IOM and UNHCR had participated in international discussions on the proposed health component of the global compact on refugees and the global compact for safe, orderly and regular migration. However, the concept of health across borders warranted further discussion and WHO should promote the health agenda.

The representative of COMOROS, speaking on behalf of the Member States of the African Region on progress report L on integrated, people-centred health services, welcomed the progress made in implementing resolution WHA69.24 (2016) as part of efforts to achieve the health-related Sustainable Development Goals. Twelve countries had made noteworthy progress in their national strategic plans and policies. However, much remained to be done. In a number of Member States, implementation was hindered by weak investment, the poor quality of services rendered, and poor community engagement.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, referring to progress report N on health financing, commended WHO on its work in that area, with particular regard to the generation of new evidence; the strengthened monitoring of progress towards universal health coverage; and the provision of technical assistance to Member States. Going forward, WHO should adequately consider the optimal mix of public and non-State health care providers based on each country’s context. She urgently called on WHO to strengthen both global and in-country collaboration and coordination on health systems strengthening. Common global frameworks should be developed and used to monitor progress in that regard.

The representative of ITALY, referring to progress report K on refugees and migrants, said that migrants did not represent an emergency, but rather had become a structural element in the global universal health coverage architecture. He urged WHO to meet the priorities on refugee and migrant health set out in resolution WHA70.15 (2017) and the Thirteenth General Programme of Work, 2019–2023; provide technical support and guidance; and ensure that work at all levels of the Organization took migrant health into account. WHO could not fail to act when the global compact for safe, orderly and regular migration seemed to ignore health. WHO should liaise with Member States, and lead the development of an ambitious global plan of action.

The representative of IRAQ said that the resilience of health systems, including the role of governance and leadership, in addressing the health of refugees and migrants was important. WHO should seek to develop evidence-based practices in family health, in collaboration with other stakeholders. Poor health financing capacity affected the ability of some Governments to engage in financial planning and appropriately invest their resources. A more collaborative approach was
required to research for health, which should be strengthened. Finally, more focus should be placed on occupational health, including the work environment and ergonomics.

The representative of JAPAN, with regard to progress report L, said that strategic purchasing, based on a health technology assessment and impact assessment, should be used to select health services to move towards universal health coverage. Sustainable financing for health systems strengthening could be achieved through expanding the resource base through tax revenue and insurance fees. WHO should cooperate with other development partners at the country level and help to align national road maps to achieve universal health coverage. To secure stable and sustainable financing, high-level political commitment was required in each country, alongside cooperation between the Ministries of Health and Finance. He asked WHO to utilize the United Nations high-level meeting on universal health coverage, planned for 2019, to gain high-level commitment and obtain sufficient and stable financial resources for promoting universal health coverage. His country would continue to support WHO’s efforts to achieve universal health coverage worldwide.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region on progress report P on human organ and tissue transplantation, said that not all countries, particularly in the African Region, possessed the regulatory framework, equipment or technical expertise required for the transplantation of human organs and tissues. She called on WHO and technical and financial partners to assist Member States in the elaboration and implementation of such services.

The representative of QATAR, referring to progress report K on refugee and migrant health, supported efforts to implement resolution WHA70.15 (2017). He encouraged Member States to respond to WHO’s request to identify best practices, experiences and lessons learned relating to the health of refugees and migrants. National initiatives in that regard included the reunification of refugees with their families, and access to free public health care services.

The representative of SAO TOME AND PRINCIPE, speaking on behalf of the Member States of the African Region regarding progress report Q on research for health, said that it was essential to build research capacity in the public sector given the importance of research for health. The public and private sectors could work together to develop life-saving strategies and interventions. There was a need to better coordinate WHO’s research activities and share research results with Member States and other partners. To achieve the goals of the Thirteenth General Programme of Work, 2019–2023, including universal health coverage, particular attention should be paid to research needs in low-income countries. Those needs included technology transfer; investment in infrastructure and human resources development, and access to research on social determinants of health. He urged WHO to promote technical cooperation between developing countries.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION, referring to progress report K on refugee and migrant health, welcomed the inclusion of migrant and refugee health services in the Thirteenth General Programme of Work, 2019–2023, emphasizing the need for multisectoral collaboration. IOM had worked with WHO on the framework of priorities and guiding principles to promote the health of refugees and migrants, and welcomed the ongoing collaboration to prepare the proposed health component of the global compact for safe, orderly and regular migration, as well as the inclusion of health in the global compact on refugees. IOM would continue to work with WHO and other stakeholders to develop the draft global action plan on the health of refugees and migrants, which would be submitted to the Seventy-second Session of the World Health Assembly.

The representative of the INTERNATIONAL LABOUR ORGANIZATION, referring to progress report R on workers’ health, noted the inclusion of workers’ health and decent work
conditions in the Thirteenth General Programme of Work, 2019–2023, and the support for the integration of occupational health into strategies on health, environment and climate change. ILO would continue to work with WHO to improve data on work-related injuries and occupational disease; the protection and promotion of the health of migrant workers; coordinated responses and guidance on occupational safety and health in public health emergencies; the protection of health workers from occupational hazards and risks; and the development of a global coalition on safety and health at work.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN on progress report K on refugee and migrant health, expressed his concern that recent migration flows had increased the prevalence of genes responsible for thalassemia and sickle cell disease in areas of northern and western Europe. He urged Member States to identify refugees and migrants with chronic and hereditary diseases in order to plan for their treatment.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN on progress report L on integrated, people-centred health services, said that although services provided by pharmacists had the potential to reach underserved populations and provide cost-effective continuity of care, pharmacists lacked the support, resources and legislation they needed to deliver patient-centred services in many countries. Member States should expand the role of pharmacists to improve services and health outcomes.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN and referring to progress report L, urged WHO to consider establishing a working group to develop a framework convention on global health. Such a convention would serve as a vital tool to ensure people-centred health services, and should contain standards on inclusive participation at all stages of policy-making and lead to the development of comprehensive, multisectoral action plans on health equity.

The meeting rose at 19:40.