

Third report of Committee B

(Draft)

Committee B held its fourth and fifth meetings on 25 May 2018 under the chairmanship of Dr Feroz Firozuddin (Afghanistan) and Dr Stewart Jessamine (New Zealand).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of the attached decision and resolutions relating to the following agenda items:

12. Other technical matters

12.7 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

One decision as amended

12.8 Rheumatic fever and rheumatic heart disease

One resolution

12.10 Multilingualism: implementation of action plan

One resolution entitled:

– Multilingualism: respect for equality among the official languages

Agenda item 12.7

**Pandemic Influenza Preparedness Framework for the sharing of influenza viruses
and access to vaccines and other benefits**

The Seventy-first World Health Assembly, having considered the report by the Director-General on progress to implement decision WHA70(10),¹ approved the recommendations contained therein at paragraph 19, and reproduced in the Annex to this decision, and requested that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10) (2017), be submitted to the Seventy-second World Health Assembly, through the Executive Board at its 144th session.

¹ Document A71/24.

ANNEX

Recommendations on further action

(a) **Paragraph 8(a)**

Subject to completion of the analysis as specified in paragraph 8(b) below, the Secretariat aims to implement measures to complete all actions within its mandate before the Seventy-second World Health Assembly.

(b) **Paragraph 8(b)**

The Secretariat intends to complete the analysis in order to submit a comprehensive draft to the Seventy-second World Health Assembly through the Executive Board at its 144th session. The draft will reflect broad input from Member States and relevant stakeholders, notably the PIP Advisory Group and representatives of the Global Influenza Surveillance and Response System. Pursuant to the decisions of the Seventy-first World Health Assembly and any further work so entailed, a final text of the analysis will be submitted to the Seventy-second World Health Assembly through the Executive Board at its 144th session.

(c) **Paragraphs 8(c), (d) and (f)**

The Secretariat will continue to strengthen critical pandemic preparedness through, inter alia:

(i) implementation of the high-level Partnership Contribution Implementation Plan 2018–2023, which will support strengthening of laboratory, surveillance and regulatory capacities as well as burden-of-disease studies;

(ii) conclusion of more Standard Material Transfer Agreements 2;

(iii) regular engagement with the secretariats of the Convention on Biological Diversity and other relevant international organizations that are involved in implementation of access and benefit-sharing mechanisms;

(iv) reporting on the foregoing by the Director-General to Seventy-second World Health Assembly through the Executive Board at its 144th session.

(d) **Paragraph 8(e)**

The Secretariat will take measures to implement the recommendations of the External Auditor and report thereon to the Seventy-second World Health Assembly through the Executive Board at its 144th session.

Agenda item 12.8

Rheumatic fever and rheumatic heart disease

The Seventy-first World Health Assembly,

Reaffirming resolutions: WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; WHA68.7 (2015) on global action plan on antimicrobial resistance; WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health; and WHA69.25 (2016) on addressing the global shortage of medicines and vaccines, and the safety and efficacy of children's medicine; and the 2015 African Union Addis Ababa Communiqué on Eradication of Rheumatic Heart Disease in Africa;¹

Noting with concern that rheumatic heart disease is a significant, preventable cause of morbidity and mortality for people in all WHO regions which, even with incomplete data, is known to affect at least 33 million individuals and cause over 300 000 deaths annually, especially among vulnerable and marginalized groups including children, adolescents, pregnant women and poor and indigenous populations;²

Recognizing that rheumatic heart disease is a preventable condition arising from acute rheumatic fever, a secondary sequela of group A beta haemolytic streptococcal pharyngitis, and that early detection and diagnosis of this form of pharyngitis, acute rheumatic fever and rheumatic heart disease, with judicious antibiotic treatment of group A beta haemolytic streptococcal pharyngitis and appropriate antibiotic prophylaxis for those who have experienced acute rheumatic fever, can substantially reduce morbidity and mortality in a cost-effective way;

Concerned with a lack of reliable access to essential medicines for the prevention and treatment of group A beta haemolytic streptococcal pharyngitis, acute rheumatic fever and rheumatic heart disease;

Recalling that global initiatives can provide much-needed leadership, awareness and momentum to "beat" rheumatic heart disease, as demonstrated by the WHO global programme for the prevention and control of rheumatic heart disease (1984–2002);

Recognizing that rheumatic heart disease is a preventable disease of poverty, and pursuit of the Sustainable Development Goals to end poverty and achieve universal health coverage is therefore critical, and that reducing barriers to effective prevention and control is consistent with the WHO Constitution and priority work areas,

¹ Available at http://www.pascar.org/uploads/files/ADDIS_ABABA_COMMUNIQUE%20ON_ERADICATION_OF_RHEUMATIC_HEART_DISEASE_IN_AFRICA_-_Submission1.pdf, accessed 30 May 2017.

² The Global Burden of Disease Study 2010.

1. URGES Member States:¹

(1) to accelerate multisectoral efforts towards reducing poverty and improving socioeconomic standards by all means, tackling the known root determinants of rheumatic heart disease, including poor housing, overcrowding and reduced access to care;

(2) to estimate their burden of rheumatic heart disease, and, in the case of countries where the disease is endemic, in accordance with their national context and priorities, implement and resource rheumatic heart disease programmes that foster multisectoral work focused on prevention, improved disease surveillance and good-quality data collection and analysis that facilitate appropriate follow-up and contribute to a broader understanding of the global disease burden;

(3) to improve access to primary health care, including through investing in a community and primary health care workforce trained in prevention, diagnosis and evidence-based management of group A beta haemolytic streptococcal pharyngitis, acute rheumatic fever and rheumatic heart disease with its potential complications, alongside improving understanding of prevention and control of rheumatic heart disease among at-risk populations;

(4) to ensure timely, affordable and reliable access to cost-effective essential laboratory technologies and medicines for the diagnosis, prevention and treatment of acute rheumatic fever and rheumatic heart disease; and

(5) to strengthen national and international cooperation to address rheumatic heart disease, including through setting global and national measures for reducing the burden of disease, utilizing and sharing best practice methodologies for prevention and control, and creating national and regional networks for specialist diagnosis and treatment, when needed;

2. INVITES relevant international stakeholders such as nongovernmental organizations, academic institutions, private sector entities and philanthropic foundations, as appropriate, to assist in driving forward global efforts for the prevention and control of rheumatic heart disease, and collaborate:

(1) to put people living with rheumatic heart disease at the centre of the prevention and control agenda, and continue to advocate on behalf of communities at risk of, or affected by, rheumatic heart disease;

(2) to raise the profile of rheumatic heart disease and other noncommunicable diseases of children and adolescents on the global agenda, with a view to strengthening health systems in low- and middle-income countries, eradicating poverty, and addressing health inequities; and

(3) to facilitate timely, affordable and reliable access to existing and cost-effective new medicines and technologies for prevention and control of rheumatic heart disease by supporting research and development, including gaining a greater understanding of the pathogenesis and epidemiology of acute rheumatic fever and rheumatic heart disease, and by providing open-access resources;

¹ And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:

- (1) to reinvigorate engagement in, and lead and coordinate global efforts on, prevention and control of rheumatic heart disease, ensuring adequate resourcing, with rheumatic heart disease considered broadly across relevant WHO work areas, extending beyond the noncommunicable disease programme;
- (2) to support Member States in identifying rheumatic heart disease burden and, where appropriate, in developing and implementing rheumatic heart disease programmes and strengthening health systems in order to improve disease surveillance, increase the availability and training of the community and primary health care workforce, and ensure reliable access to affordable prevention, diagnostic and treatment tools;
- (3) to foster international partnerships for mobilizing resources, sharing best practice methodologies, developing and supporting a strategic research and development agenda, and facilitating access to existing and new medicines and technologies;
- (4) to assess and report on the magnitude and nature of the problem of rheumatic heart disease according to agreed measures, and monitor efforts for the prevention and control of rheumatic heart disease; and
- (5) to report on implementation of this resolution to the Seventy-fourth World Health Assembly.

Agenda item 12.10

Multilingualism: respect for equality among the official languages

The Seventy-first World Health Assembly,

Having considered the report by the Director-General, entitled “Multilingualism: implementation of action plan”;¹

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;

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;

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;

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;

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

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

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

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

1. 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;

¹ Document A71/50.

- (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, including through improved planning and coordination, 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.

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