

**PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING**

**WHO headquarters, Geneva  
Wednesday, 5 February 2020, scheduled at 18:00**

**Chair: Dr H.A.R. AL RAND (United Arab Emirates)**

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## SEVENTH MEETING

Wednesday, 5 February 2020, at 18:05

**Chair:** Dr H.A.R. AL RAND (United Arab Emirates)

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)**

#### **1. ACCELERATING THE ELIMINATION OF CERVICAL CANCER AS A GLOBAL PUBLIC HEALTH PROBLEM:** Item 9 of the agenda (document EB146/9)

The CHAIR drew attention to a draft resolution on accelerating the elimination of cervical cancer as a public health problem proposed by Australia, Bhutan, Brazil, Canada, Colombia, Costa Rica, Ecuador, Eswatini, Israel, Kenya, Malaysia, Monaco, Mozambique, Peru, the Republic of Moldova, Rwanda, South Africa, the United Kingdom of Great Britain and Northern Ireland, Uruguay, Zambia and the Member States of the European Union, which read:

The Executive Board,  
Having considered the report on accelerating the elimination of cervical cancer as a global public health problem,<sup>1</sup>

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,  
(PP1) Having considered the report on accelerating the elimination of cervical cancer as a global public health problem;

(PP2) Reaffirming resolution WHA66.10 (2013) which endorsed the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019) in which the Health Assembly requested the Director-General to propose updates to the appendices of the global action plan, resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach, resolution WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and resolution WHA69.22 (2016) in which the Health Assembly adopted the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;

(PP3) Recalling the political declaration of the high-level meeting on universal health coverage entitled "Universal health coverage: moving together to build a healthier world"<sup>2</sup> (2019), including the commitment to further strengthen efforts to address noncommunicable diseases as part of universal health coverage, and the recognition that people's engagement, particularly of women and girls, families and communities, and the

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<sup>1</sup> Document EB146/9.

<sup>2</sup> United Nations General Assembly resolution 74/2.

inclusion of all relevant stakeholders is one of the core components of health system governance, to fully empower all people in improving and protecting their own health;

(PP4) Recalling also the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018),<sup>1</sup> including the commitment to promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, including cervical cancer, as part of the comprehensive approach to its prevention and control;

(PP5) Recalling further decision EB144(2) (2019) in which the Executive Board noted that urgent action is needed to scale up implementation of proven cost-effective measures towards achieving the elimination of cervical cancer as a global public health problem, including vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers, and palliative care, which will require political commitment and greater international cooperation and support for equitable access, including strategies for resource mobilization;

(PP6) Emphasizing that effective interventions for the prevention (including vaccination and screening) early detection, diagnosis, treatment and care of cervical cancer support the realization of the indivisible goals and targets of the 2030 Agenda for Sustainable Development, especially Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 5 (Achieve gender equality and empower all women and girls) and Goal 10 (Reduce inequality within and among countries);

(PP7) Deeply concerned by the significant burden of mortality and morbidity from cervical cancer and the associated suffering and stigma experienced by women, families and communities, particularly in low- and middle-income countries, and concerned by the disproportionate burden in remote and hard-to-reach areas, on marginalized communities or those in vulnerable situations, and on women and girls living with HIV, who are more likely to develop cervical cancer;

(PP8) Recognizing the importance of a holistic health systems approach to cervical cancer prevention and control, with integration between vaccination programmes, screening and treatment programmes, adolescent health services, HIV and sexual and reproductive health services, and communicable disease and noncommunicable disease health services, as well as inclusive and strategic national, regional and global partnerships that extend beyond the health sector;

(PP9) Welcoming the prioritization of vaccination against human papillomavirus in girls as the most effective long-term intervention for reducing the risk of developing cervical cancer, and recognizing the critical importance of strengthening vaccine supply and access, including by improving affordability and reducing prices to facilitate its inclusion into national immunization programmes;

(PP10) Recognizing the urgent need to implement and scale-up cervical cancer screening and treatment programmes to reduce incidence and mortality; and to increase research and collaboration to develop cost-effective and innovative interventions for vaccination, screening, diagnosis, treatment and care in respect of cervical cancer, which could greatly increase the availability, affordability and accessibility of such interventions,

OP1. ADOPTS the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030;

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<sup>1</sup> United Nations General Assembly resolution 73/2.

OP2. URGES Member States<sup>1</sup> to implement the interventions recommended in the global strategy to accelerate the elimination of cervical cancer as a public health problem, adapted to national contexts and priorities, and embedded in strong health systems aimed at achieving universal health coverage;

OP3. CALLS UPON relevant international organizations and other relevant stakeholders:

- (1) to give priority within their respective roles and activities to supporting implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem, and to coordinate efforts in order to avoid duplication, close gaps and leverage domestic and international resources effectively;
- (2) to work collaboratively to avoid shortages and strengthen the supply of quality, safe, effective and affordable vaccines, tests and diagnostics, medicines, radiotherapy and surgery in respect of human papillomavirus in order to meet the growing demand, including by reducing prices and increasing global and local production, and to develop further cost-effective, and innovative interventions for vaccination, screening, diagnosis, treatment and care;

OP4. REQUESTS the Director-General:

- (1) to provide support to Member States, upon request, in implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem, including support to: develop integrated national plans and strategies with appropriate country-specific targets; ensure integration of human papillomavirus vaccine into national immunization programmes and engagement with the education sector and community stakeholders, including to address vaccine confidence; improve the availability, affordability, accessibility, utilization and quality of screening, vaccines, diagnostics, medical devices and medicines used in the prevention, treatment and care of pre- and invasive cervical cancer, including radiotherapy, surgery and palliative care; and build health workforce capacity and strengthen systems for monitoring and surveillance;
- (2) to prioritize support for high-burden countries to bring evidence-based interventions to scale, mindful of the particular challenges faced by low- and middle-income countries, and cognizant of the burden on vulnerable and marginalized communities, and on women and girls who are living with HIV;
- (3) to collaborate closely with relevant international organizations and other partners and strengthen stakeholder engagement, coordination, research, innovation and resource mobilization to support implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and to measure the impact of implementation, and to facilitate exchange of best practices among Member States;
- (4) to report on progress in implementation of this resolution in 2022 and 2025 as part of the consolidated report to be submitted to the Health Assembly through the Executive Board under paragraph 3(e) of decision WHA72(11) (2019), and to submit a final report in 2030 with lessons learned, best practices and recommendations for further acceleration towards elimination of cervical cancer as a public health problem.

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<sup>1</sup> And, where applicable, regional economic integration organizations.

The financial and administrative implications of the draft resolution for the Secretariat were:

<b>Resolution:</b> Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a global public health problem	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	<p><b>Output 1.1.1.</b> Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p><b>Output 1.1.2.</b> Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p><b>Output 1.3.2.</b> Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p><b>Output 4.2.1.</b> Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Zero.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	June 2020 to December 2030.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 162.1 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 19.9 million: US\$ 11.1 million for staff, US\$ 8.8 million for activities.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	US\$ 32.5 million: US\$ 15.1 million for staff, US\$ 17.4 million for activities.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	For future bienniums, until the end of 2030: a total of US\$ 109.7 million (US\$ 48.6 million for staff, US\$ 61.1 million for activities).

- 5. Level of available resources 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\$ 16.6 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 3.3 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Zero.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2020-2021</b> resources already planned	Staff	3.1	0.5	0.2	0.3	0.3	0.6	6.1	11.1
	Activities	2.0	0.5	0.4	0.4	0.3	0.7	4.5	8.8
	Total	5.1	1.0	0.6	0.7	0.6	1.3	10.6	19.9
<b>2020-2021</b> additional resources	Staff	-	-	-	-	-	-	-	-
	Activities	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-
<b>2022-2023</b> resources to be planned	Staff	4.6	0.9	0.5	0.7	0.6	0.9	6.9	15.1
	Activities	5.6	2.2	0.6	0.8	0.5	2.2	5.5	17.4
	Total	10.2	3.1	1.1	1.5	1.1	3.1	12.4	32.5
<b>Future bienniums</b> resources to be planned	Staff	16.1	3.3	2.4	3.1	2.7	3.3	17.7	48.6
	Activities	20.9	7.7	3.0	3.7	3.0	7.8	15.0	61.1
	Total	37.0	11.0	5.4	6.8	5.7	11.1	32.7	109.7

The representative of AUSTRALIA said that the tools for eliminating cervical cancer as a public health concern already existed but their implementation needed to be scaled up. Vaccination against human papillomavirus had dramatically reduced the incidence of human papillomavirus infection and disease in Australia, and the country's cervical cancer screening programme had begun testing for human papillomavirus. Cervical cancer was best managed through a comprehensive and holistic primary health care approach with clear linkages between key programmes and services, including sexual and reproductive health services. With concerted efforts by the Secretariat, Member States, key partners and all stakeholders, the goal of eliminating cervical cancer could be achieved.

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that although cervical cancer was a global and subregional public health problem, it could be eliminated through cost-effective interventions. Operational challenges would need to be addressed, including broadening access to human papillomavirus vaccine at the regional level, fully integrating early detection of pre-cancerous lesions into primary health care, establishing referral systems, providing effective treatment of pre-cancerous lesions and rapid access to treatment of invasive cancers, and improving the quality of data. The Region would develop a framework for the elimination of cervical cancer and would support Member States in adapting the framework to their national context. He requested the Secretariat and all partners to provide the necessary support to enable the effective implementation of national action plans. The draft global strategy to accelerate cervical cancer

elimination should prioritize the introduction of human papillomavirus vaccine in national vaccination programmes in order to meet the target of fully vaccinating 90% of girls by 15 years of age. He expressed support for the draft resolution.

The representative of SRI LANKA, welcoming the draft global strategy, said that his Government was committed to providing vaccination against human papillomavirus, screening for and treatment of pre-cancerous lesions, and diagnosis, treatment and palliative care of invasive cancer. The “90-70-90” targets contained in the draft global strategy could be achieved through those measures, together with the strengthening of specialized clinics in the primary health care system.

The representative of the UNITED STATES OF AMERICA said that she appreciated the draft global strategy’s emphasis on prevention and the critical need to scale up screening, detection, treatment and care for women. Her delegation would provide suggestions for strengthening the draft global strategy in writing and, although it would join the consensus on the draft resolution, it would dissociate itself from the eighth preambular paragraph and its language on sexual and reproductive health services. She urged Member States to work together to reach consensus on critical issues, including cervical cancer. Numerous specialized bodies in the United States continued to make valuable contributions to cervical cancer prevention and control, including among women living with HIV in sub-Saharan Africa. She urged the Secretariat, Member States and stakeholders to support research that would promote accelerated cervical cancer control and elimination and at a lower cost. The Secretariat should support Member States in setting realistic and feasible targets for cervical cancer control and strengthening of health data systems.

The representative of ZAMBIA said that he welcomed the draft global strategy, while noting that its targets could only be meaningfully measured and compared among Member States if health data and other reporting systems were fully harmonized and aligned. He fully supported the call to integrate vaccination against human papillomavirus, screening, treatment, early detection and palliative care into primary health care systems. He welcomed the support provided by Gavi, the Vaccine Alliance in introducing vaccination against human papillomavirus in the country’s routine immunization programme and called on all stakeholders to support countries in ensuring adequate coverage of the target population. His Government pledged to increase domestic funding for cervical cancer screening and treatment, and requested the Secretariat and partners to provide financial, material and technical support to strengthen implementation of the high-impact interventions outlined in the draft global strategy.

The representative of the UNITED REPUBLIC OF TANZANIA, welcoming the draft global strategy, said that the national cervical cancer prevention and control strategy had been revised to ensure alignment with the global agenda to eliminate cervical cancer. However, key obstacles would need to be overcome to ensure implementation of the actions contained in the draft global strategy, such as the shortage of skilled personnel and lack of equipment in primary health care facilities to enable early diagnosis, the high cost and inadequate production of human papillomavirus vaccine, and the need for enhanced community engagement. She expressed support for the draft resolution.

The representative of TONGA said that he fully supported the draft global strategy’s emphasis on the continuum of care, including prevention through vaccination against human papillomavirus, cervical screening, early treatment, management of invasive cervical cancer and palliative care. The draft global strategy, which was aligned with principles underpinning universal health coverage, would promote innovation and help to strengthen national health systems.

The representative of SINGAPORE outlined the steps taken at the national level to prevent cervical cancer, including vaccination against human papillomavirus. Enhanced subsidies had led to a reduction in the cost of screening and follow-up. It was important to make use of new technologies to increase access to screening services, such as home-based screening kits, that could encourage more women to be screened. He would welcome further guidance on the relevance and adoption of such technologies in the context of population-wide programmes.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. The draft global strategy and draft resolution were a major step forward in efforts to eliminate cervical cancer and would facilitate the reduction of a major health inequality. Member States and the Secretariat must work together to engage with the most affected countries and align efforts to eliminate cervical cancer more closely with actions to fight against HIV/AIDS. The success of such efforts would depend on the willingness of Member States to adopt and maintain a fully integrated and comprehensive approach to cervical cancer elimination, including through vaccination, testing, screening, treatment and care. Cervical cancer programmes should be an integral part of all health systems, and men and boys must be encouraged to contribute to prevention efforts.

The representative of CHINA, expressing support for the draft global strategy, said that her Government would continue to actively contribute to actions to eliminate cervical cancer. Global progress had so far been unbalanced. She hoped that WHO could take advantage of platforms and networks to promote vaccination against human papillomavirus, cervical cancer screening and other relevant measures to support developing countries.

The representative of AUSTRIA, expressing support for the draft resolution, said that her Government fully supported urgent action to eliminate cervical cancer. The challenges of reducing the burden of cervical cancer could be tackled by ensuring that boys and girls were vaccinated, taking into account vaccine hesitancy; preventing human papillomavirus-associated diseases in men, boys, women and girls; and addressing shortages in the global supply of human papillomavirus vaccine. Boys as well as girls were included in the vaccination programme in Austria. Extending vaccination against human papillomavirus to boys contributed to decreased virus transmission, indirect protection of non-vaccinated women and prevention of other cancers associated with human papillomavirus among boys and men.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global strategy. Based on regional consultations, she suggested setting the overarching target for the draft global strategy in terms of a relative reduction instead of the suggested flat global target of an age-standardized incidence rate of less than 4 per 100 000 women. That would ensure the engagement of all Member States in implementation efforts, including those with an incidence rate lower than the proposed target. She urged the Secretariat to work with all Member States to ensure access to affordable human papillomavirus vaccines, especially in low- and middle-income countries. There was a need for greater emphasis on communication throughout the draft global strategy; the development of a context-specific and culturally appropriate communication strategy was necessary to ensure adequate demand for and uptake of vaccination against human papillomavirus and screening activities. The Member States of the Eastern Mediterranean Region were committed to actively engaging in efforts to accelerate the elimination of cervical cancer in the Region and globally, and would request support from the Secretariat in specific areas, as needed.



The representative of ROMANIA, welcoming the draft global strategy, said that reintroduction of vaccination against human papillomavirus in his country had been coupled with secondary prevention measures. Raising awareness of cervical cancer among women, health care workers and policy-makers was essential, as was the need to ensure health care workers' support for vaccination programmes, provide ongoing training on specific vaccines and tackle vaccine hesitancy. Improved communication was required, with clear and unambiguous information on vaccination against and prevention of human papillomavirus. Effective communication was also needed between stakeholders, including ministries of health, medical organizations and patient organizations, to advocate for vaccination. Expanding the indications for vaccination against human papillomavirus and making greater use of cancer screening and human papillomavirus testing programmes could accelerate a decline in the incidence of cervical cancer. Maintaining and improving access to affordable human papillomavirus vaccines was essential to the success of the draft global strategy.

The representative of KENYA said that her country had made significant progress in tackling cervical cancer and enhancing early detection as a result of the prioritization of interventions through a multisectoral approach. She welcomed the draft global strategy and its proposed "90-70-90" targets and recognized that significant investment was needed to bridge gaps in response efforts. She called on the Secretariat to support Member States in strengthening mechanisms for human papillomavirus vaccine delivery and adherence; educating communities and securing appropriate technologies for screening; and strengthening health systems to deliver timely access to diagnostic tools and treatment.

The representative of ISRAEL said that the draft global strategy set clear, evidence-based and measurable goals. Scientific achievements and innovation had led to the development of effective vaccines. In Israel, all boys and girls aged 14 years were vaccinated against human papillomavirus. It was important to continue using screening and treatment measures while waiting for the results of long-term studies on the existing human papillomavirus vaccine. Additional prevention measures should be taken alongside vaccination, such as health education and early detection.

The representative of INDONESIA said that his Government was committed to the timely achievement of the cervical cancer prevention targets contained in the draft global strategy. However, some Member States might face difficulties in meeting those targets owing to factors such as sociocultural barriers, resource limitations or a lack of political commitment. Implementation of the WHO guidelines, which constituted a key global milestone, must be supported by the global community and prioritized by Member States. The deadline for achieving the "90-70-90" targets should be extended in order to take account of the situation of low- and low-middle-income countries.

The representative of GUYANA, welcoming the draft global strategy, said that her Government was scaling up screening coverage to at least 70% of the target population; challenging manufacturers of human papillomavirus vaccine to be operationally and ethically responsive to global vaccine supply needs; encouraging all countries administering vaccines to girls and boys to prioritize vaccination of girls; and implementing school-based vaccination against human papillomavirus and communication plans to accelerate vaccine uptake and maximize impact. She expressed concern regarding the sustainability of vaccination in the Caribbean region, especially in the light of misinformation and the voluntary nature of some vaccination programmes. Her Government supported the draft resolution.

The representative of ESWATINI outlined the action taken at the national level, with support from partners, to tackle cervical cancer. The "90-70-90" targets contained in the draft global strategy would be attainable only if Member States and other stakeholders collaborated transparently to correct inequities in accessing cervical cancer prevention services and care, including the high cost and shortages of vaccines. Urgent action was needed in that regard.

The representative of BRAZIL welcomed the development of the draft global strategy and looked forward to its implementation. There was a need to diversify producers and lower prices of vaccines to increase the scope of immunization efforts. High prices posed a significant challenge for developing countries not eligible for support from Gavi, the Vaccine Alliance. It was important to promote screening, diagnostic services and care, especially palliative care.

The representative of SUDAN said that it was essential to enhance access to human papillomavirus vaccine and introduce it into routine immunization programmes. There was an urgent need to establish referral pathways and people-centric linkages throughout the continuum of care. Governments should increase investment in improving access to diagnostic services and curative care, expanding capacity for surgical oncology, radiotherapy and chemotherapy, and ensuring good-quality palliative care. Such measures would protect women against catastrophic out-of-pocket expenditure. The Secretariat should provide technical support to Member States in developing national plans based on context-specific social mobilization interventions. It should also work towards eliminating the data gap for surveillance and monitoring so as to facilitate the response, provide a foundation for advocacy and coordinated action, and better inform decision-making.

The representative of ARGENTINA said that a broad approach was required to ensure effective implementation of the draft global strategy, encompassing vaccination, early detection, treatment and palliative care. There was a need to build partnerships at the regional and global levels to ensure sufficient supplies of human papillomavirus vaccine and screening at affordable prices. It was essential to work with local health services to extend vaccination and screening coverage, especially among vulnerable populations. The Secretariat should continue to work closely with Member States, particularly to ensure the availability of adequate resources to implement the draft global strategy.

The representative of BANGLADESH said that the draft global strategy should refer to the importance of ensuring adequate human resources. It was also important to define a clear strategy for integrating cervical cancer prevention and care into existing health services. Adequate, uninterrupted and affordable vaccine supply was also required to reach the 2030 cervical cancer elimination target. The Secretariat should prioritize and support high-burden countries, especially low- and middle-income countries, in their efforts to scale up evidence-based interventions. His Government supported the draft resolution.

The representative of GABON welcomed the draft global strategy and expressed support for the draft resolution. He drew attention to the need for increased engagement and more integrated and innovative approaches to tackling cervical cancer, as well as the need for additional treatment centres in rural areas. It was particularly important to enhance communication, mobilize resources for early detection and ensure vaccine availability among all countries, irrespective of their financial situation.

The representative of FRANCE,<sup>1</sup> speaking also on behalf of Australia, Austria, Belgium, Canada, Denmark, Finland, Georgia, Germany, Iceland, Ireland, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Portugal, Sweden and the United Kingdom of Great Britain and Northern Ireland, endorsed the observations and guidance outlined in the draft global strategy. Vaccination against human papillomavirus should be introduced within the framework of a global strategy targeting not only the prevention of cervical cancer but also other cancers caused by human papillomavirus. It should also highlight the importance of sex education for boys and girls in order to promote awareness of human papillomavirus. Prevention should focus on the dual importance of vaccination and screening, with appropriate treatment in cases of detection. With regard to the eighth preambular paragraph of the draft

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

resolution, he supported the reference to sexual and reproductive health services. It was crucial to promote sexual and reproductive health and rights, including the right for people to express their sexuality without discrimination and to choose the number of children they had. Full recognition of such rights was vital to overcome gender inequality.

The representative of PERU<sup>1</sup> said that awareness-raising campaigns should frame cervical cancer as a public health problem, with a focus on prevention and early detection. He supported the draft global strategy.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> said that his country had introduced a cervical cancer control programme, including prevention and early detection measures. He suggested that “prevalence of human papillomavirus infection” should be included as an indicator to measure progress towards the elimination of cervical cancer. He supported the draft resolution.

The representative of COLOMBIA<sup>1</sup> welcomed the draft global strategy, particularly its focus on effectiveness. Awareness-raising campaigns were needed to reduce risk factors and build confidence in human papillomavirus vaccine. There was also a need to promote early access to health services, as well as pooled procurement of tests to detect human papillomavirus infection and ensure their cost-effective use in screening programmes.

The representative of THAILAND<sup>1</sup> said that human papillomavirus vaccine was the most effective intervention for long-term outcomes. The draft global strategy should have a greater emphasis on effective social measures to tackle sexually transmitted infections such as human papillomavirus. There was currently too much emphasis on biomedical models. The Secretariat should not recommend the use of human papillomavirus vaccine in boys in view of the risk of aggravating vaccine shortages.

The representative of NORWAY<sup>1</sup> said that her Government wished to be added to the list of sponsors of the draft resolution. The evidence base regarding one-dose schedules for vaccination of younger children must be strengthened. There was an urgent need to secure adequate production and supply of vaccines globally, at affordable prices. Women who underwent screening should have access to appropriate treatment and care. It would be difficult to achieve the goals of the draft global strategy without establishing universal health coverage. She therefore encouraged the Secretariat and Member States to stay focused on health systems strengthening and universal access to essential health services.

The representative of POLAND,<sup>1</sup> outlining the national measures to target cervical cancer, recognized that vaccination against human papillomavirus was the most effective long-term intervention for reducing the risk of developing cervical cancer. Her Government welcomed the draft resolution and wished to be added to the list of sponsors.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that human papillomavirus affected both men and women. As a result, male adolescents and adults should be included in vaccination and education programmes. He agreed with calls to strengthen measures to eliminate cervical cancer at the primary care level. A comprehensive approach encompassing infectious disease prevention and control, national cancer control, and policies on sexual and reproductive health was required to tackle human papillomavirus.

The representative of INDIA<sup>1</sup> said that an action plan was needed to ensure that the necessary tools to eliminate cervical cancer were accessible, affordable and available. He called for collective

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

action to optimize the price and supply of human papillomavirus vaccine and incentivize more manufacturers to produce new vaccines. Transfer of technology for local production of affordable vaccines was also important, in addition to alternative sources of funding for lower- and middle-income countries.

The representative of BOTSWANA<sup>1</sup> welcomed the draft global strategy. It was particularly encouraging to note that the strategy took a public health approach, focusing on issues such as health promotion and vaccination. Achieving the “90-70-90” targets would require robust primary health care systems and an integrated disease management approach. Member States must receive adequate and timely support to implement the draft global strategy effectively. Particular consideration should be given to procurement and supply chain constraints, capacity-building for human papillomavirus testing and histopathology services in the implementation of the draft global strategy. He supported the draft resolution.

The representative of MEXICO<sup>1</sup> said that cervical cancer prevention, early detection, diagnosis, treatment and rehabilitation should form part of integrated health services, with a focus on improving the quality of services, optimizing resources, strengthening infrastructure, building the capacity of health workers and ensuring access for the most vulnerable populations. Countries should build unified information systems to measure progress. Cervical cancer was a reflection of social inequalities, which could be reduced by promoting access to information and building effective health services. Her Government supported the objectives of the draft global strategy.

The representative of CANADA<sup>1</sup> said that actions to prevent and control cervical cancer should be part of national efforts to achieve universal health coverage. Such actions had the potential to provide additional benefit to health systems, for instance by reinforcing monitoring procedures. Her Government supported the draft global strategy and found its comprehensive nature encouraging. It was critical that the draft global strategy included a full range of actions, including vaccination, health education and palliative care. She supported the emphasis placed on the social determinants of health. Prevention and control measures should focus on gender equality, health equity and access to quality health services.

The representative of MONTENEGRO<sup>1</sup> said that his Government wished to be added to the list of sponsors of the draft resolution. He fully supported the objectives of the draft global strategy. Tackling the challenge of cervical cancer required coordinated, multi-layered action and political commitment. Innovations in service delivery, testing, treatment and data systems, together with new training methods, would be crucial for scaling up interventions and meeting the proposed targets.

The representative of SLOVAKIA<sup>1</sup> said that her Government had put in place a number of measures to combat cervical cancer, including an awareness-raising campaign. Action had also been taken in her country to improve access to sexual and reproductive health care services for women from vulnerable populations, including through community engagement and culturally appropriate measures. She strongly supported evidence-based practice.

The representative of ECUADOR<sup>1</sup> supported the draft global strategy and encouraged Member States to implement it fully. She drew attention to several problems that could affect Member States of the Region in their implementation of the draft global strategy, including the lack of monitoring systems and the ability to ensure adequate vaccination coverage. A holistic, inclusive approach was required to

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

tackle cervical cancer, including through immunization programmes, health services for adolescents, and sexual and reproductive health services.

The representative of MALAYSIA<sup>1</sup> reiterated her support for the global call for action on the elimination of cervical cancer. Her Government would intensify efforts to achieve the “90-70-90” targets of the draft global strategy.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that it was important to implement a package of measures to eliminate cervical cancer, including vaccination, screening and treatment. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The observer of PALESTINE<sup>1</sup> endorsed the statement made on behalf of the Member States of the Eastern Mediterranean Region. The Palestinian health authority was working on improving its cervical cancer screening, diagnosis and treatment services, including vaccination, but more progress was necessary. He welcomed WHO’s technical support.

The observer of GAVI, THE VACCINE ALLIANCE said that scaling up cervical cancer prevention and control strategies, including holistic health system approaches, was the first step towards eliminating cervical cancer. Her organization was deeply concerned by the shortage of human papillomavirus vaccines. She called on Member States to implement the recommendations of the Strategic Advisory Group of Experts on immunization, namely to prioritize and mobilize support for human papillomavirus vaccine availability and the vaccination of girls and young women, particularly in low-income, high-burden countries. In the period 2021–2025, Gavi would accelerate the roll-out of human papillomavirus vaccines to girls and adolescents in such countries.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed concern that the current shortage of human papillomavirus vaccine could impede the introduction and sustainability of human papillomavirus vaccination programmes. She urged stakeholders to implement the recommendations of the Strategic Advisory Group of Experts on immunization. It was particularly important to prioritize the vaccination of young women and girls until equitable access for all could be assured. She urged Gavi, the Vaccine Alliance to accelerate the introduction of human papillomavirus vaccines in high-burden countries. Vaccine manufacturers should prioritize the protection of girls and young women.

The representative of UNAIDS supported the call for action on eliminating cervical cancer. She looked forward to the participation of Member States in the upcoming meeting of the UNAIDS Programme Coordinating Board on the theme of cervical cancer and HIV. Concerted efforts were needed to address gender and socioeconomic inequalities and challenges. It was essential to advance sexual and reproductive health and rights as well as to address HIV- and cervical cancer-related stigmatization and discrimination. There was a need to involve civil society and enhance community-focused efforts in the implementation of the draft global strategy, as well as to adequately resource those efforts. It was particularly important to include women living with HIV, young people and advocacy groups dealing with sexual and reproductive health and rights in the response, which in turn would strengthen advocacy, increase awareness and enhance creation, outreach and accountability.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of IAEA said that her organization had developed several tools and resources to support Member States, particularly low- and middle-income countries, in strengthening their cancer control capacity. She looked forward to continuing and expanding her organization's close collaboration with WHO.

The representative of the COMMONWEALTH SECRETARIAT said that the Commonwealth countries were disproportionately affected by cervical cancer due to issues such as lack of equipped treatment centres, lack of vaccination, screening and early detection and lack of awareness. Collective action was needed to address cervical cancer, including to reduce the cost and shortages of vaccines. She therefore supported the focus on accelerating the elimination of cervical cancer as a global health problem.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the draft global strategy. Her organization supported the recommendation to implement evidence-based clinical treatment guidelines which could improve patient outcomes and the efficient use of resources. She called on Member States to fully integrate the draft global strategy into national universal health coverage programmes.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft global strategy. His organization would continue working to scale up access to quality and comprehensive cervical cancer prevention, screening and treatment initiatives. He supported advocacy to ensure the availability of human papillomavirus vaccine and screening options. There was a need to address the stigmatization of cancer and improve access for women, girls and marginalized populations, including women living with HIV. WHO should accelerate mobilization and commitment among all stakeholders, including governments, health and education ministries, and manufacturers of vaccines, screening tests and treatment options.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIR, said that the draft global strategy needed to build on existing resources and opportunities as well as on innovations in technology and services, such as more affordable point-of-care test-and-treat technology for cervical lesions. His organization was concerned that the global shortage of biomedical laboratory scientists would impact on those efforts, particularly where testing could be performed outside the laboratory. The Board should keep sight of the need to ensure an adequate supply of appropriately trained biomedical laboratory scientists in addition to other health care workers who relied on their expertise.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that she would forward her statement to the Secretariat for placement on the appropriate website.

The representative of PATH, speaking at the invitation of the CHAIR, said that the draft global strategy was strong but could be further strengthened in several ways. First, an increased focus on political will, technical capacity and financing was needed. The draft global strategy should indicate that all vaccines, including human papillomavirus vaccine, were WHO best buys. He urged Member States to support each other in implementing integrated national immunization, screening and treatment programmes. Secondly, the draft global strategy should place greater emphasis on access to diagnostic tools. It was vital to introduce self-sampling for human papillomavirus testing, accelerated access to lower-cost point-of-care screening tests, and strategic procurement of commodities. The draft global strategy should explore the possibility of pooled or jointly negotiated procurement of cervical pre-cancer diagnostic tools, which was a powerful way to drive down prices and increase access. Lastly, efforts to

prevent cervical cancer should be accompanied by efforts to strengthen national health information systems.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the International Association for Hospice and Palliative Care Inc., the International Organization for Medical Physics, the International Planned Parenthood Federation, PATH, RAD-AID International and The Worldwide Hospice Palliative Care Alliance, called on Member States to work towards the “90-70-90” targets and mobilize national action. It was especially important to strengthen health systems and the health workforce, in particular by integrating HIV and reproductive health services, with a focus on social protection of those at highest risk. There was also a need to change public perceptions to encourage greater engagement with health systems to prevent disease. Building health services for adolescents and engaging with young people was also important.

The SPECIAL ADVISER ON STRATEGIC PROGRAMMATIC PRIORITIES, thanking Member States for their constructive engagement in the development of the draft global strategy, said that she had taken note of the concerns raised with respect to strengthening the draft global strategy, as well the broader strategic issues highlighted. She agreed that it was important to establish a culturally appropriate, context-specific advocacy and social mobilization strategy informed by communities and Member States themselves. The Secretariat would work closely to integrate the agenda on sexually transmitted infections with interventions on cervical cancer and HIV. Several actions had been taken to address the challenges related to vaccine supply. For example, WHO had been working closely with Gavi, the Vaccine Alliance and other partners and would soon convene a global access forum on human papillomavirus vaccine access and affordability, as recommended by the Strategic Advisory Group of Experts on immunization. A new human papillomavirus vaccine had been licensed recently and two products were currently in advanced clinical development. Single-dose trials were also being monitored. The Secretariat had been working closely with over 180 Member States on the issue of transparency and had developed a document entitled “Market Information for Access to Vaccines”, which listed vaccine prices. It had also taken steps to ensure the accessibility and affordability of diagnostic tests for screening and treatment. For instance, it had developed a technology landscape with Unitaïd that provided information on the diagnostic tests available and had produced guidelines on the technical specifications of those diagnostic tests. Artificial intelligence-based diagnostic tests were another tool that would help in that regard. Work was also under way to address the data gap. *The Lancet* had recently published a document on WHO’s work to underpin the draft global strategy. Answers to many of the questions raised, including those on mortality, could be found in that document. The draft global strategy provided a unique opportunity for the global health community to comprehensively address the persistent challenges posed by cervical cancer.

**The Board noted the report.**

The CHAIR took it that the Board wished to adopt the draft resolution.

**The resolution was adopted.<sup>1</sup>**

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<sup>1</sup> Resolution EB146.R6.

**2. ENDING TUBERCULOSIS:** Item 10 of the agenda (documents EB146/10 and EB146/11)

The CHAIR drew attention to a draft resolution on the draft global strategy for tuberculosis research and innovation proposed by Eswatini, Ethiopia, France, Indonesia, the Russian Federation, Slovakia, South Africa, Sri Lanka and the United States of America. The draft resolution replaced the draft decision contained in document EB146/11. The draft resolution read as follows:

The Executive Board,  
Having considered the report on ending tuberculosis: draft global strategy for tuberculosis research and innovation,<sup>1</sup>

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

(PP1) Concerned that tuberculosis remains the leading cause of death from a single infectious agent globally, including for people living with HIV, that the disease was responsible for an estimated 1.5 million deaths in 2018, and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a critical priority in the global response to antimicrobial resistance;

(PP2) Reaffirming resolution WHA67.1 (2014) in which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the “End TB Strategy”, including its third pillar of intensified research and innovation;

(PP3) Recognizing that the target of ending the tuberculosis epidemic by 2030 as set under the Sustainable Development Goals and the End TB Strategy, including through universal health coverage, will not be met without strengthening linkages between elimination of tuberculosis and relevant Sustainable Development Goal targets, as well as intensified research and innovation, including that linked to WHO collaborating centres;

(PP4) Recalling the commitments made in the United Nations General Assembly resolution 73/3 (2018) on the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis, as well as the Moscow Declaration to End TB,<sup>2</sup> and recalling resolution WHA71.3 (2018) in which the Health Assembly welcomed the Moscow Declaration’s commitments and calls to action on, inter alia, pursuing research and innovation efforts;

(PP5) Recalling also the request, in resolution WHA71.3 that the Director-General develop a global strategy for tuberculosis research and innovation, and make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development;

(PP6) Reaffirming commitments made through the political declarations adopted at the high-level meetings of the United Nations General Assembly on ending AIDS<sup>3</sup> and on universal health coverage,<sup>4</sup> which are critical also to ending TB, and advancing related research and innovation;

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<sup>1</sup> Document EB146/11.

<sup>2</sup> Available at [http://www.who.int/tb/Moscow\\_Declaration\\_MinisterialConference\\_TB/en/](http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/), accessed 4 February 2020.

<sup>3</sup> United Nations General Assembly resolution 70/266 (2016).

<sup>4</sup> United Nations General Assembly resolution 74/2 (2019).



(PP7) Recognizing that the reduction in illness and death from TB is being challenged by AMR and reaffirming the importance of the political declaration of the high-level meeting of the United Nations General Assembly on AMR and acknowledging that, owing to AMR, many other health achievements are also being gravely challenged;

(PP8) Cognizant that all policies on tuberculosis prevention, diagnosis, treatment and care need to be evidence based;

(PP9) Struck by the overwhelming urgency of the need to make new medicines, diagnostics, and vaccines for tuberculosis available;

(PP10) Acknowledging that the science, research and innovation needed to develop new tools and strategies to mitigate the human, social and economic consequences of the tuberculosis epidemic should consider national contexts and circumstances;

(PP11) Concerned that the pace of local innovation is often impeded by weak links between national tuberculosis programmes and public research institutes, and by a lack of adequate research infrastructure in many countries with a high burden of tuberculosis; noting the need both to create environments conducive to, and to increase investments in, research, development and deployment of new medicines, diagnostics and vaccines for tuberculosis; and recalling the importance of multisectoral and multistakeholder collaboration for research, development and innovation,

(OP)1. ADOPTS the global strategy for tuberculosis research and innovation, with its four strategic objectives:

- (1) Create an enabling environment for high-quality tuberculosis research and innovation;
- (2) Increase financial investments in tuberculosis research and innovation;
- (3) Promote and improve approaches to data sharing; and
- (4) Promote equitable access to the benefits of research and innovation;

(OP)2. URGES all Member States:<sup>1</sup>

- (1) to adapt and implement the global strategy for tuberculosis research and innovation, including the specific actions recommended in it, according to national context, and to provide adequate financial and other resources for implementation, including through international cooperation;
- (2) to embed the global strategy for tuberculosis research and innovation within overall actions to implement the End TB Strategy, country-specific tuberculosis research agendas, and national health research strategic plans under the core principles of affordability, effectiveness, efficiency and equity;
- (3) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased, and timely tuberculosis-related health information, and to promote tuberculosis-related sample-sharing;
- (4) to establish and strengthen tuberculosis research networks in collaboration with national tuberculosis programmes, relevant international organizations, as well as non-State actors, and aligned with the global strategy for tuberculosis research and innovation;
- (5) to promote an enabling environment for effective collaboration with non-State actors;
- (6) to strengthen efforts for tuberculosis research and innovation in complement to a broader cooperation to address antimicrobial resistance at all levels, including

<sup>1</sup> And, where applicable, regional economic integration organizations.

through national action plans on antimicrobial resistance, taking into account the work and report of the ad hoc inter-agency coordination group on antimicrobial resistance;

(7) to adapt and use the WHO multisectoral accountability framework to monitor and track progress to end tuberculosis;

(8) to increase investments according to national contexts in tuberculosis research and innovation;

(OP)3. CALLS UPON the global scientific community, international partners, non-State actors and other relevant stakeholders, as appropriate:

(1) to provide support for the conduct and use of research and innovation aligned with country needs and focused on achieving the goals and targets of the End TB Strategy, including those contained in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis;

(2) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased, and timely tuberculosis-related health information;

(3) to encourage the establishment of, and engage in, national, regional, and global research and innovation partnerships, including public–private partnerships, to accelerate the development of tuberculosis-related affordable, safe, effective and quality medicines, vaccines, diagnostics and other health technologies, and mechanisms for their equitable delivery;

(OP)4. REQUESTS the Director-General:

(1) to provide technical and strategic support to Member States in implementing the global strategy for tuberculosis research and innovation;

(2) to promote collaboration between WHO, and the United Nations system and other international agencies, as well as public and private organizations, and other relevant actors to help to implement the global strategy for tuberculosis research and innovation; and

(3) to submit a report on progress on the End TB Strategy, including progress on implementation of the strategy for tuberculosis research and innovation, for consideration by the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, to inform the comprehensive review by Heads of State and Government at a United Nations high-level meeting in 2023, as requested in United Nations General Assembly resolution 73/3; and then, given the urgent action needed to end this epidemic, to report on progress to the Seventy-seventh World Health Assembly in 2024, through the Executive Board, and every two years thereafter, combined with other existing reporting requirements on tuberculosis, until 2030.

The financial and administrative implications of the draft resolution for the Secretariat were:

<b>Resolution:</b> Global strategy for tuberculosis research and innovation	
<b>A. Link to the approved Programme budget 2020–2021</b>	
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</b>	<p><b>Output 1.1.1.</b> Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p><b>Output 1.1.2.</b> Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p><b>Output 1.3.4.</b> Research and development agenda defined and research coordinated in line with public health priorities</p>
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	10 years, consistent with the WHO End TB Strategy and the United Nations Sustainable Development Goals.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 12.62 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	US\$ 2.33 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b>	US\$ 2.42 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 7.87 million.

**5. Level of available resources 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\$ 1.8 million.

**– Remaining financing gap in the current biennium:**

US\$ 0.53 million.

**– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

US\$ 0.53 million, based on current projections.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020-2021 resources already planned	Staff	0.07	0.05	0.26	0.03	0.04	0.04	0.18	0.67
	Activities	0.19	0.17	0.79	0.1	0.1	0.09	0.22	1.66
	Total	0.26	0.22	1.05	0.13	0.14	0.13	0.4	2.33
2020-2021 additional resources	Staff	—	—	—	—	—	—	—	—
	Activities	—	—	—	—	—	—	—	—
	Total	-	-	-	-	-	-	-	-
2022-2023 resources to be planned	Staff	0.07	0.05	0.27	0.03	0.04	0.04	0.19	0.69
	Activities	0.20	0.18	0.82	0.10	0.10	0.10	0.23	1.73
	Total	0.27	0.23	1.09	0.13	0.14	0.13	0.42	2.42
Future bienniums resources to be planned	Staff	0.24	0.17	0.88	0.10	0.13	0.14	0.61	2.27
	Activities	0.64	0.57	2.67	0.34	0.34	0.30	0.74	5.60
	Total	0.88	0.74	3.55	0.44	0.47	0.44	1.35	7.87

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The representative of JAPAN welcomed the draft global strategy for tuberculosis research and innovation. It was vital to urgently address the rising number of multidrug-resistant patients, many of whom were not being diagnosed or receiving appropriate treatment. Japanese manufacturers had developed medicines for multidrug-resistant tuberculosis, a portable chest X-ray and rapid tuberculosis testing using urine. His Government had also launched the Global Health Innovative Technology fund to support research and development of medicines, vaccines and diagnostic tools for tuberculosis and other diseases. He called on Member States and non-State actors to contribute to ending tuberculosis.

The representative of ROMANIA supported the global targets set out in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis to be achieved by 2022. Member States should integrate the global targets and objectives into national plans. She also supported the Stop TB Partnership's Global Plan to End TB, 2016–2020: the Paradigm Shift. The United Nations Secretary-General's progress report on tuberculosis, to be issued in September 2020, must include clear indicators assessing progress towards the global targets. Inputs from civil society, tuberculosis communities and other key stakeholders must be included when assessing progress. She

endorsed the Stop TB Partnership's TB stigma assessment tool to evaluate how tuberculosis acted as a barrier to accessing and providing services.

The representative of the UNITED STATES OF AMERICA supported the draft global strategy. All stakeholders should engage in the fight against tuberculosis to meet treatment targets and mobilize resources. Monitoring the WHO multisectoral accountability framework was critical to achieving the goals of the draft global strategy. Diagnosis of and treatment for tuberculosis, including drug-sensitive and multidrug-resistant tuberculosis, were essential to combating the disease. Scaling up programmes to improve diagnosis of latent tuberculosis infection and tuberculosis preventive treatment were also important. Continued research and innovation were needed to develop point-of-care diagnostic tools and sputum-based testing that would diagnose all forms of tuberculosis. More effective, safe and affordable treatment regimens were urgently needed to shorten treatment for people with drug-sensitive and drug-resistant tuberculosis infections and for people living with HIV. Using safe and effective vaccines was a cost-effective strategy to prevent establishment of initial tuberculosis infection, stop progression to active tuberculosis disease, shorten treatment regimens or reduce recurrent risk. She applauded the commitment to improving data sharing and recognized that a similar high-level focus on specimen sharing must also be promoted.

The representative of INDONESIA said that more than 40% of global tuberculosis cases occurred in the South-East Asia Region. Despite many challenges, notably the increasing number of drug-resistant tuberculosis patients, Indonesia had seen an increase in early detection and treatment of tuberculosis cases between 2015 and 2018 owing to strong political commitment and support from multiple stakeholders, and was on track to achieve the targets and indicators adopted at the high-level meeting. She highlighted the need to ensure access to tuberculosis treatment and called on WHO to help to ensure availability of and access to quality and affordable tuberculosis medicines. The global elimination target could be achieved through multisectoral collaboration, including through intensified research and innovation.

The representative of SRI LANKA said that his country was committed to ending tuberculosis and outlined some of the efforts being made to improve detection of active and passive tuberculosis and treatment of multidrug-resistant tuberculosis, including rapid molecular diagnostic testing, primary health care reform and universal drug sensitivity testing. Multistakeholder engagement for tuberculosis prevention and control was also actively promoted. Noting that tuberculosis incidence would be reduced only by combining treatment of active tuberculosis with treatment of tuberculosis infection, he said that the South-East Asia regional action plan on the programmatic management of latent tuberculosis infection would be rolled out shortly across all countries in the Region. Although ensuring sustainable financing for tuberculosis research and innovation was a challenge, his Government would give due consideration to the recommendations set out in the draft global strategy.

The representative of AUSTRIA welcomed the draft global strategy, including the recommendations on improving approaches to data sharing. She thanked the Secretariat for its operational actions in countries affected by tuberculosis and highlighted the importance of a strengthened health care model with an integrated people-centred approach, training of health and social care professionals and improved infection prevention and control in reducing the burden of tuberculosis, HIV infection and viral hepatitis. She thanked the WHO European Region for its activities based on the updated assessment tool and expressed support for the draft resolution.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, expressed concern about the high level of tuberculosis-related morbidity and mortality. Drug-resistant tuberculosis remained a serious threat to health security and must be a priority in the global efforts to combat antimicrobial resistance. The objective of ending the tuberculosis epidemic by

2030 would be put at risk without intensified research and innovation. He welcomed the progress made in implementing the global strategy and targets for tuberculosis prevention care and control after 2015 (End TB Strategy), as reported in document EB146/10, and noted the efforts that would have to be made to put the Region on track to end tuberculosis by 2030. He also welcomed the objectives and recommendations of the draft global strategy for tuberculosis research and innovation set out in document EB146/11 and recognized the importance of implementation and monitoring progress. He called for cost surveys and reduction in the burden of costs on patients, increased investment, coordination and mobilization of contributions from the development sector; he also expressed support for the draft resolution.

The representative of CHINA said that tuberculosis, with its high-levels of drug resistance and mortality, remained a major public health challenge. His Government, which supported the End TB Strategy, acknowledged that much remained to be done to achieve the goal of ending tuberculosis by 2030. It urged Member States to meet their international commitments by scaling up implementation of the Strategy, promoting the use of molecular diagnostic techniques, strengthening programme management for drug-resistant tuberculosis, and supporting the development of new medicines and diagnostic tools. His country had adopted a people-centred approach to tuberculosis prevention and control, achieving good results within the Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that countries of the Region were building on the commitments made at the high-level meeting and had provided input on the draft global strategy at the 2019 session of the Regional Committee. Actions had been identified to implement the political declaration of the high-level meeting and adopt a multisectoral approach. The Secretariat should provide technical support, including with respect to national strategic plans, accountability frameworks, undiagnosed cases of tuberculosis, multidrug-resistant tuberculosis and sustainable financing, in order to build national capacities on tuberculosis research and innovation, ensure that research was tailored to the needs of each country, assist countries in upholding their commitments and achieve the targets of the End TB Strategy.

The representative of BANGLADESH reaffirmed his Government's commitment to ending the tuberculosis epidemic by 2030, achieving the targets set at the high-level meeting and developing a national multisectoral accountability framework. He thanked the Secretariat for its technical support for the introduction of new technologies and innovative integrated care delivery approaches. However, further efforts should be made – in tandem with the Stop TB Partnership and other partners – to promote technology transfer and capacity-building in order to improve case detection, notably of multidrug-resistant tuberculosis; expand the use of GeneXpert; and encourage the effective management of latent tuberculosis infection and tuberculosis in children. He endorsed the draft resolution.

The representative of BRAZIL welcomed the draft global strategy and the related draft resolution. He outlined national measures taken to combat tuberculosis, stressing the need for an approach to tuberculosis elimination that was grounded in human rights, universal health coverage and community consultation. His country had one of the lowest rates of drug-resistant tuberculosis, showing that the fight against antimicrobial resistance could only succeed if people had access to affordable medicines. Equally relevant were research and development; investment in new diagnostic tools, medicines and vaccines; and technology transfer and capacity-building involving the active participation of stakeholders in high-burden countries and other partners.

The representative of CHILE outlined the measures taken in his country to tackle tuberculosis, which aimed to guarantee equitable access to services through an approach that incorporated innovation and constant optimization of supply and procurement mechanisms. In view of the need to strengthen the

national network of research and innovation through collaboration with public and private organizations, his Government welcomed the draft global strategy and the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA endorsed the draft global strategy, notably the proposals on monitoring and evaluation. She underscored the importance of adequate research and innovation funding; the Secretariat should advocate for increased financial investment to close the funding gap and deliver the necessary innovations. It should also help Member States promote equitable access to new innovations by addressing the high price of essential medicines and technologies.

The representative of SUDAN, noting the uneven progress made towards ending the tuberculosis epidemic by 2030, urged Member States to strengthen their political commitment to, and financing for, tuberculosis care and prevention. Efforts in his country were aligned with the pillars and components of the End TB Strategy, and advances had been made. However, gaps remained in terms of case notification, including of multidrug-resistant tuberculosis, and the provision of preventive therapy. He therefore asked the Secretariat to provide additional support to strengthen the case notification system and promote effective use of information and communication technology. The provision of tuberculosis services in post-conflict areas, which had limited human resources and health service delivery systems, was a particular concern; his Government therefore urged the Secretariat and donors to support human resource development. Efforts also had to be made to tackle stigma, raise awareness and lower the cost of preventive treatment. Finally, he appealed to all governments to accelerate progress towards the targets by adopting the integrated patient-centred care and prevention approach.

The representative of AUSTRALIA welcomed the draft global strategy, noting the need for continued innovation in efforts to combat multidrug-resistant tuberculosis. She strongly supported the call to expand funding for new medicines and tools to combat tuberculosis, and for their effective operationalization through appropriate policies, effective research and training, and health systems strengthening. She reaffirmed her Government's commitment to ending the tuberculosis epidemic, as evidenced in both regional and global action, and expressed support for the draft resolution.

The representative of ARGENTINA expressed concern at the failure to reach key milestones by 2020 and called for redoubled efforts to attain the 2030 targets. Governments needed to adapt the End TB Strategy to their own national plans, and she therefore welcomed the formation of the Civil Society Task Force on TB and the inclusion of civil society representatives in guideline development groups and other bodies at global and regional level. While bold policies and systems were indeed key, successful treatment was not possible without social protection, and investment was therefore required in strong social measures as part of a comprehensive approach encompassing elements such as nutrition, housing and transport. Lastly, she commended the inclusion in the draft global strategy of social science research, which was fundamental to analyse the complex issues surrounding tuberculosis. Her Government supported the draft resolution.

The representative of GEORGIA stressed the important contribution of international partners to national efforts to combat tuberculosis, which were focused on access to medication, pharmacovigilance and innovative models to improve outcomes and the patient experience. The engagement of tuberculosis survivors and communities affected by tuberculosis had been a key success factor. Countries needed quality data to plan their tuberculosis response, and effective monitoring would enhance understanding of the barriers to service access. Her Government supported the draft global strategy and looked forward to implementing it at national level.

The representative of PERU<sup>1</sup> reaffirmed his Government's commitment to achieving the targets set at the high-level meeting and expressed support for the draft global strategy. As tuberculosis was not only a public health issue but also an obstacle to economic and social development, it was essential to tackle the social determinants of health by providing social support to those affected. Implementation of the draft global strategy would notably enable stronger interventions to combat drug-sensitive, drug-resistant tuberculosis and boost financing for research into new vaccines and medications, which had to be made available in developing countries.

The representative of INDIA<sup>1</sup> highlighted recent national progress regarding tuberculosis, which was largely due to more intensive active case-finding and stronger diagnostic services. Good supplies of medication, nutrition support and use of a comprehensive patient tracking system had also contributed. Research had to be accelerated in the fields of diagnostics, treatment and implementation, and he therefore expressed support for the draft global strategy and draft resolution.

The representative of FRANCE<sup>1</sup> said that health care costs were still too high for many households, especially for patients with drug-resistant tuberculosis. He highlighted the importance of WHO collaboration with civil society and other agencies, and welcomed the cooperation between WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Stop TB Partnership. He expressed support for the draft resolution and the work of Unitaid to advance tuberculosis research and develop new and more effective tools. Strengthening health systems and improving mental health care were essential to tackling pandemics.

The representative of THAILAND<sup>1</sup> said that ending tuberculosis should be an integral part of universal health coverage and could only be achieved with a strong commitment from health workers and robust and equitable health systems. Social innovations to ensure early detection and effective coverage were as essential for ending tuberculosis as technological innovations.

The representative of SENEGAL<sup>1</sup> outlined the measures taken by his Government to implement the End TB Strategy and expressed support for the recommendations set out in document EB146/11.

The representative of the RUSSIAN FEDERATION,<sup>1</sup> noting that the BRICS<sup>2</sup> TB Research Network played a key role in tuberculosis research and innovation, said that his Government was committed to ending tuberculosis and supported WHO's leadership role in that regard. WHO, the private sector and civil society had to engage in full cooperation in order to come up with innovative solutions for the prevention, diagnosis and treatment of tuberculosis, and scientific findings should be put into practice in a timely manner. He called on WHO to work with his Government in implementing the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that his Government supported in particular the recommendations on increasing and diversifying funding for tuberculosis research and development set out in document EB146/11 but not country-specific funding targets, as such targets were rarely met and did not encourage an effective and strategic use of funding.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that a society-centred, multisectoral approach needed to be taken to tuberculosis prevention, diagnosis and treatment, especially with regard to high-risk groups. Financial support for tuberculosis research and innovation should also be increased.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> Brazil, the Russian Federation, India, China and South Africa.



He encouraged WHO to pursue its efforts to develop rapid diagnostic tools and more effective treatment regimens, and expressed support for the draft resolution.

The representative of CANADA<sup>1</sup> said that her Government was working to address the continued presence of tuberculosis among indigenous populations in her country through a community-specific approach that sought to ensure community ownership of tuberculosis prevention and treatment. She encouraged other Member States with low incidences of tuberculosis to work with civil society and the communities concerned, with a view to ensuring more equitable access to health services and to addressing the social determinants of health, including stigma. Member States should also incorporate community- and gender-based approaches into their tuberculosis response.

The representative of MYANMAR<sup>1</sup> said that investment in the research, development and deployment of new medicines, diagnostic tools and vaccines for tuberculosis had to be stepped up. She encouraged WHO to continue to provide technical and financial support to high-burden countries and invited international partners to commit to investing more in tuberculosis research and innovation.

The representative of BOTSWANA<sup>1</sup> called for a sharper focus on the social determinants of health in order to improve the quality of life of those affected by tuberculosis, noting that document EB146/10 was silent on the issues of stigma and poverty and their impact on tuberculosis. An indicator that addressed the link between poverty and tuberculosis would therefore be a beneficial addition to the global targets of the End TB Strategy. She called on WHO to provide guidance and support for procurement and supply chain management and to promote a multisectoral approach to creating knowledge-sharing platforms on tuberculosis and HIV/AIDS at the country, regional and global levels.

The representative of SLOVAKIA,<sup>1</sup> reiterating the importance of focusing on the risk factors affecting certain groups of patients and of taking into account national contexts, said that further research and innovation was needed to mitigate the human, social and economic consequences of tuberculosis.

The representative of SPAIN,<sup>1</sup> highlighting her Government's planned contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, encouraged the Secretariat to maintain its support for countries with the heaviest disease burden. Efforts should be made to strengthen and promote access to new treatments for resistant forms of tuberculosis at prices health systems could afford and to help countries manage supply problems relating to combination drugs. Referring to a promising tuberculosis vaccine being developed in her country, she encouraged research and development of innovative new treatments.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIR, was pleased that the draft global strategy focused on needs-driven, evidence-based, affordable and accessible research, and on community involvement at every stage. Member States should ensure that incentives to stimulate innovation included the sharing of data and intellectual property, for example through the Medicines Patent Pool, to encourage and support new collaborative research models. Research and development funding should be transparent and collaborative, and Member States should urgently mobilize resources and outline concrete steps to accelerate progress towards achieving the goals of the End TB Strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, said that investment in tuberculosis research and development, coupled with efficient new technology and the evaluation of new tuberculosis products by WHO, were vital to control tuberculosis.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

She called on Member States to close the funding gap of US\$ 1.3 billion needed for tuberculosis research and development annually, expressing particular support for the recommendation to have a target Member State contribution. Capacity-building and accessibility to new tools and treatments were also essential.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that document EB146/11 failed to highlight the problem of lack of access to affordable tuberculosis medicines owing to patents and high costs; objective 4 of the draft global strategy should explicitly refer to the flexibilities set out in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the Doha Declaration on the TRIPS Agreement and Public Health. Frivolous patent claims filed in high-burden countries for combinations of rifapentine and isoniazid, which were old molecules undeserving of patents, should be withdrawn or rejected.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that he shared the concern raised by all speakers that the world was not on track to end the global tuberculosis epidemic by 2030; nevertheless, he was heartened that one global milestone – on the number of people diagnosed and registered for treatment – had been reached in 2018, thanks to the efforts and investment of Member States, the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners. Member States must set ambitious targets and plans, address funding gaps and increase domestic investment to achieve the tuberculosis targets by 2022 and 2030. Achievement of the 2030 target depended heavily on accelerated research and development to ensure the introduction of new and additional tuberculosis diagnostic tools, drugs and vaccines by 2025. In addition to providing WHO guidance and technical support, the Secretariat was helping some of the countries with the highest tuberculosis burden adapt and implement the WHO multisectoral accountability framework. Greater high-level engagement in those important areas was pleasing. WHO would continue promoting access to affordable medicines, including for the treatment of multidrug-resistant tuberculosis. Regarding the draft global strategy, he thanked Member States and partners for their input and for endorsing the relevant resolution. He looked forward to the adoption of the strategy at the Seventy-third World Health Assembly and its full implementation.

**The Board noted the reports contained in documents EB146/10 and EB146/11 and adopted the draft resolution.<sup>1</sup>**

**The meeting rose at 21:05.**

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<sup>1</sup> Resolution EB146.R7.