



WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

(Draft) A56/63
26 May 2003

Third report of Committee A

(Draft)

Committee A held its sixth meeting on 24 May 2003 under the chairmanship of Dr Y. Seignon (Benin) and later Dr J. Larivière (Canada).

It was decided to recommend to the Fifty-sixth World Health Assembly the adoption of the attached three resolutions relating to the following agenda items:

14. Technical and health matters

14.14 Influenza

One resolution entitled:

- Prevention and control of influenza pandemics and annual epidemics

14.7 Strategy for child and adolescent health and development

Two resolutions entitled:

- Reducing global measles mortality
- Strategy for child and adolescent health and development

Agenda item 14.14

Prevention and control of influenza pandemics and annual epidemics

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.47 and WHA48.13;

Recognizing that influenza viruses are responsible for seasonal epidemics that sicken millions worldwide and cause fatal complications in up to one million people each year;

Further recognizing that many of these deaths could be prevented through increased use, particularly in people at high risk, of existing vaccines, which are safe and highly effective;

Welcoming the contribution of global influenza surveillance, coordinated by WHO, to the annual determination of the antigenic composition of influenza vaccines and to early recognition of conditions conducive to a pandemic, and the assistance provided by WHO to timely manufacturing of influenza vaccines;

Expressing concern that the health burden and economic impact of influenza in developing countries are poorly documented, and that recent evidence suggests higher rates of fatal complications associated with poor nutritional and health status and limited access to health services;

Further concerned by the general lack of national and global preparedness for a future influenza pandemic, particularly in view of the recurrence of such pandemics and the high mortality, social disruption and economic costs that they invariably cause and which may be exacerbated by rapid international travel, the recent worldwide increase in the size of at-risk populations and the development of resistance to first-line antiviral drugs;

Recognizing the need for improved vaccine formulations, increased manufacturing capacity for vaccines, more equitable access to antiviral drugs, and strengthened disease surveillance as part of national and global pandemic preparedness;

Noting that better use of vaccines for seasonal epidemics will help to ensure that manufacturing capacity meets demand in a future pandemic, and that pandemic preparedness plans will help to make the response to seasonal epidemics more rational and cost-effective as well as preventing numerous deaths;

Noting with satisfaction the consensus reached by the WHO Consultation on Global Priorities in Influenza Surveillance and Control (Geneva, May 2002) on the first Global agenda on influenza surveillance and control, which provides a plan for coordinated activities to improve preparedness for both seasonal epidemics and a future pandemic;¹

¹ Global agenda on influenza – adopted version. Part I. *Weekly Epidemiological Record* 2002; 77:179-182. Adoption of Global agenda on influenza – Part II. *Weekly Epidemiological Record* 2002; 77:191-195.

Further noting with satisfaction WHO's work on influenza pandemic preparedness planning and its intention to draw up a model plan,

1. URGES Member States:

(1) where national influenza vaccination policies exist, to establish and implement strategies to increase vaccination coverage of all people at high risk, including the elderly and persons with underlying diseases, with the goal of attaining vaccination coverage of the elderly population of at least 50% by 2006 and 75% by 2010;

(2) where no national influenza vaccination policy exists, to assess the disease burden and economic impact of annual influenza epidemics as a basis for framing and implementing influenza prevention policies within the context of other national health priorities;

(3) to draw up and implement national plans for preparedness for influenza pandemics, giving particular attention to the need to ensure adequate supplies of vaccine, antiviral agents, and other vital medicines, as outlined in the Global agenda on influenza surveillance and control;

(4) to contribute to heightened preparedness for epidemics and pandemics through strengthening of national surveillance and laboratory capacity and, where appropriate, increased support to national influenza centres;

(5) to support research and development on improved influenza vaccines, and also effective antiviral preparations, particularly concerning their suitability for use in developing countries, in order to obtain an influenza-vaccine formulation that confers long-lasting and broad protection against all influenza virus strains;

2. REQUESTS the Director-General:

(1) to continue to combat influenza by advocating new partnerships with organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and the private sector;

(2) to continue to provide leadership in coordinating the prioritized activities for epidemic and pandemic preparedness set out in the Global agenda on influenza surveillance and control;

(3) to provide support to developing countries in assessing the disease burden and economic impact of influenza and in framing and implementing appropriate national policies for influenza prevention;

(4) to continue to strengthen global influenza surveillance as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;

(5) to provide technical support to Member States in the preparation of national pandemic preparedness plans, including guidance on estimating the demand for vaccines and antiviral drugs;

- (6) to search jointly with other international and national partners, including those in the private sector, for solutions to reduce the present global shortage of, and inequitable access to, influenza vaccines and antiviral drugs, and also to make them more affordable, both for epidemic and global pandemic situations;
- (7) to keep the Executive Board and Health Assembly informed of progress.

Agenda item 14.7

Reducing global measles mortality

The Fifty-sixth World Health Assembly,

Alarmed by the unacceptable burden of nearly 800 000 measles deaths annually, occurring mostly in infants and young children living in developing countries;

Recognizing that the current disease burden of measles is the result of underutilization of measles vaccine caused by inadequately supported immunization programmes and disease surveillance systems;

Stressing the importance of achieving the goal adopted by the United Nations General Assembly special session on children (2002) to reduce deaths due to measles by half by 2005, compared with the 1999 level, and the target contained in the United Nations Millennium Declaration to reduce the under-five child mortality rate by two-thirds by the year 2015;

Recognizing the availability of safe, effective and inexpensive measles vaccines and proven strategies to reduce measles mortality;

Welcoming the remarkable progress that has been made by the Measles Initiative partnership to reduce measles deaths in Africa;

Noting the critical importance of routine immunization services as the foundation of a strategy to reduce measles deaths in a sustainable manner, and the essential role of integrated epidemiological and laboratory surveillance for measles in guiding control efforts;

Having considered the report on the strategy for child and adolescent health and development, which identifies measles as one of the five preventable communicable diseases that account for the vast majority of childhood deaths,

1. URGES Member States:

(1) to implement fully the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 in countries with high measles mortality within their national immunization programmes;

(2) to provide the financial support necessary for full implementation of national immunization programmes in which the strategy to reduce measles mortality is embedded, including measles vaccine for routine and supplementary immunization activities and strengthening of epidemiological and laboratory surveillance for measles and other vaccine-preventable diseases;

(3) to use the strategic approach of reducing global measles mortality as a tool for strengthening national immunization programmes, with special emphasis on improving access to immunization services, ensuring safe immunization practices, and enhancing human-resource capability, laboratory networks, epidemiological surveillance and cold-chain systems;

2. REQUESTS the Director-General:

- (1) to work with Member States through regional offices to strengthen national immunization programmes and disease-surveillance systems, using the status of measles control as one of the leading indicators of progress in reducing child mortality;
- (2) to strengthen partnerships at global, regional and subregional levels with UNICEF and other international bodies, nongovernmental organizations and the private sector to mobilize the additional resources needed to implement fully the WHO-UNICEF strategy for the expanded programme on immunization and measles mortality-reduction strategies;
- (3) to report to the Fifty-seventh World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

Agenda item 14.7

Strategy for child and adolescent health and development

The Fifty-sixth World Health Assembly,

Having considered the report on the strategy for child and adolescent health and development;¹

Recognizing the right of children and adolescents to the highest attainable standard of health and access to health care as set forth in internationally agreed human-rights instruments;

Recalling and recognizing the outcomes of the World Summit for Children (New York, 1990), the Declaration on the Elimination of Violence against Women (1993),² the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), the Fourth World Conference on Women (Beijing, 1995), the World Food Summit (Rome, 1996), the Millennium Summit (New York, 2000), the United Nations General Assembly special session on HIV/AIDS (2001), and the United Nations General Assembly special session on children (2002), their recommendations and respective follow-ups and reports;

Welcoming formulation of the Strategic directions for improving the health and development of children and adolescents;³

Concerned that the specific needs of neonates and adolescents have not been adequately addressed and that additional efforts will be needed to achieve international goals for maternal, child and adolescent health and development;

Recognizing that children and adolescents are the basic fundamental resources for human, social and economic development;

Further recognizing the right of children, including adolescents, to freedom of expression, and to having their views taken into account in all matters affecting them, in accordance with the age and maturity of the child;

Also recognizing that parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children, and must be supported in the performance of their child-rearing responsibilities;

Mindful that interventions exist to meet the health needs of pregnant women, mothers, neonates, children and adolescents, and concerned that in developing countries these population groups have limited access to such interventions;

¹ Document A56/15.

² United Nations General Assembly resolution 48/104.

³ Document WHO/FCH/CAH/02.21.

Acknowledging that the Convention on the Rights of the Child contains a comprehensive set of international legal standards for the protection and well-being of children, and also that it is an important framework for addressing child and adolescent health and development,

1. URGES Member States:

(1) to strengthen and expand efforts to meet international targets for the reduction of maternal and child mortality, and malnutrition;

(2) to make improvements in neonatal health, child survival and adolescent health and development a priority through advocacy at the highest level, scaling up programmes, increasing allocation of national resources, creating partnerships, and assuring sustained political commitment;

(3) to strive for full coverage of their maternal, neonate, child and adolescent populations with interventions known to be effective, especially interventions that help parents, other caregivers, families and communities to care for their young and that improve the quality of health services and health systems;

(4) to promote access by children and adolescents, parents, families, legal guardians, and other caregivers to a full range of information and services to promote child health and survival, development, including psychological development, protection and participation, recognizing that many children live without parental support and that special measures should be taken to support such children and to build and strengthen their own abilities;

2. REQUESTS the Director-General:

(1) to give the fullest possible support to achievement of the internationally agreed child-health and development goals;

(2) to continue to advocate a public-health approach to reduction of common diseases, including the simple and effective strategies of immunization, Integrated Management of Childhood Illnesses, improved maternal, adolescent and child nutrition, and supply of water and sanitation;

(3) to promote needed research, including on the determinants of behaviour, and to prepare guidelines and best practices for use by Member States in the full implementation of cost-effective approaches to achieving international goals for neonate, child and adolescent health;

(4) to maintain the Organization's commitment to, and support for, achieving and sustaining high levels of coverage with proven interventions, through efficient, integrated or combined delivery mechanisms;

(5) to advocate higher priority for maternal and neonatal health and adolescent health and development;

(6) to provide support for further research into determinants of adolescents' life styles and efficient interventions leading to better health for adolescents;

(7) to report to the Fifty-ninth World Health Assembly in 2006, through the Executive Board, on WHO's contribution to implementation of the strategy for child and adolescent health and development, with particular emphasis on actions related to poverty reduction and the attainment of internationally agreed child-health and development goals.

= = =