



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY

**(Draft) A58/57
23 May 2005**

Fifth report of Committee A

(Draft)

Committee A held its ninth meeting on 21 May 2005 under the chairmanship of Dr Bijan Sadrizadeh (Islamic Republic of Iran).

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

13. Technical and health matters

13.4 Sustainable financing for tuberculosis prevention and control

One resolution

13.8 Draft global immunization strategy

One resolution

Agenda item 13.4

Sustainable financing for tuberculosis prevention and control

The Fifty-eighth World Health Assembly,

Having considered the report on sustainable financing and tuberculosis control;

Aware of the need to diminish the global burden of tuberculosis and thereby lower this barrier to socioeconomic development;

Noting with concern the increasing number of cases of multidrug-resistant tuberculosis, and worsening morbidity and mortality among HIV-positive tuberculosis patients, especially in the African Region;

Welcoming the progress made towards achieving the global tuberculosis-control targets for 2005 following the establishment, in response to resolution WHA51.13, of the Stop Tuberculosis Initiative;¹

Noting the need to strengthen health systems development for the successful delivery of tuberculosis-control activities;

Stressing the importance of engagement of the full range of health providers in delivering the international standard of tuberculosis care in line with the strategy of directly observed treatment, short-course (DOTS);

Concerned that lack of commitment to sustained financing for tuberculosis control will impede the sound long-term planning necessary to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Encouraging the development of a global plan for the period 2006-2015, which will address the need for sustained financing in order to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration,

1. ENCOURAGES all Member States:

(1) to estimate the total resources required for prevention and control of tuberculosis, including HIV-related tuberculosis and multidrug-resistant tuberculosis, in the medium term, and the resources available from domestic and international sources in order to identify the funding gap;

(2) to fulfil the commitments made in endorsing resolution WHA53.1 and hence the Amsterdam Declaration to Stop Tuberculosis, including their commitment to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the

¹ Now known as the Stop TB Partnership.

internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

(3) to strengthen integration between financial, operational and social partners by setting up national Stop TB partnerships in each country and to ensure that such partnerships at country level provide a vehicle to support the implementation of long-term plans for expansion of DOTS through national interagency coordination committees;

(4) to ensure that all tuberculosis patients have access to the universal standard of care based on proper diagnosis, treatment and reporting consistent with the DOTS strategy by promoting both supply and demand;

(5) to strengthen prevention of, and social mobilization against, tuberculosis;

(6) to set up collaboration between tuberculosis and HIV programmes, in order to address more effectively the dual tuberculosis/HIV epidemic;

(7) to integrate the prevention and control of tuberculosis in the mainstream of their health development plans;

2. REQUESTS the Director-General:

(1) to intensify support to Member States in developing capacity and improving the performance of national tuberculosis-control programmes within the broad context of strengthening health systems in order:

(a) to accelerate progress towards reaching the global target of detecting 70% of new infectious cases and successfully treating 85% of those detected and to report to the Health Assembly in 2007 on the progress made by the end of 2005;

(b) to sustain achievement of that target in order to reach the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

(2) to strengthen cooperation with Member States with a view to improving collaboration between tuberculosis programmes and HIV programmes, in order:

(a) to implement the expanded strategy to control HIV-related tuberculosis;

(b) to enhance HIV/AIDS programmes, including delivery of antiretroviral treatment for patients with tuberculosis who are also infected with HIV;

(3) to implement and strengthen strategies for the effective control of, and management of persons with, drug-resistant tuberculosis;

(4) to take the lead in cooperation with national health authorities in working with partners to devise, strengthen and support mechanisms to facilitate sustainable financing of tuberculosis control;

- (5) to enhance WHO's support to the Stop TB Partnership in its efforts to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration and provide regular reports on the progress made to achieve the goals;
- (6) to recommend, at the high level plenary meeting on the outcome of the Millennium Summit of the United Nations General Assembly to review progress in fulfilment of commitments contained in the United Nations Millennium Declaration, that tuberculosis be specifically mentioned in Goal 6 and Target 8, instead of being included among other diseases;
- (7) to promote research and development for new control tools as part of the global plan to stop tuberculosis.

Agenda item 13.8

Draft global immunization strategy

The Fifty-eighth World Health Assembly,

Having considered the report on the draft immunization strategy;¹

Alarmed that globally and in some regions immunization coverage has increased only marginally since the early 1990s, and that in 2003 more than 27 million children worldwide were not immunized during their first year of life;

Recognizing that each year 1.4 million children under five years of age die from diseases preventable by currently available vaccines;

Further recognizing that each year an additional 2.6 million children under five years of age die because of diseases potentially preventable by new vaccines;

Acknowledging the contributions by WHO, UNICEF, GAVI and all partners in their efforts in strengthening immunization services, expansion of immunization coverage and introduction of new and underused vaccines in developing countries;

Welcoming the achievements of the accelerated disease-control initiatives against poliomyelitis, measles, and maternal and neonatal tetanus in immunizing previously unreached populations, and noting that these initiatives have established extensive networks on which surveillance for other disease and health trends can be built or expanded;

Concerned that, owing to financial, structural and/or managerial constraints, national immunization programmes fail to reach all who are eligible for immunization, particularly children and women, underuse many existing vaccines, and are not widely introducing new vaccines;

Emphasizing the need for all countries to strive towards achieving the internationally agreed development goal in the United Nations Millennium Declaration of reducing by two thirds, between 1990 and 2015, the under-five child mortality rate;

Recalling the target of the United Nations General Assembly's twenty-seventh special session on children (2002) to ensure full immunization of children under one year of age, with at least 90% coverage nationally, and at least 80% coverage in every district or equivalent administrative unit;

Recognizing that resolution WHA53.12 highlights immunization as a major factor in promoting child health;

Having considered the draft global immunization vision and strategy,

¹ Document A58/12.

1. WELCOMES the Global Immunization Vision and Strategy;
2. URGES Member States:
 - (1) to meet immunization targets expressed in the United Nations General Assembly special session on children;
 - (2) to adopt the Global Immunization Vision and Strategy as the framework for strengthening of national immunization programmes between 2006 and 2015, with the goal of achieving greater coverage and equity in access to immunizations, of improving access to existing and future vaccines, and of extending the benefits of vaccination linked with other health interventions to age groups beyond infancy;
 - (3) to ensure that immunization remains a priority on the national health agenda, and is supported by systematic planning, implementation, monitoring and evaluation processes, and long-term financial commitment;
3. REQUESTS the Director-General:
 - (1) to mobilize resources to promote the availability and affordability in countries of future new vaccines based on evidence of epidemiological profiles;
 - (2) to work closely with the Global Alliance for Vaccines and Immunization (GAVI), UNICEF and other partners to provide support to Member States in implementation of the Global Immunization Vision and Strategy;
 - (3) to strengthen relations at global, regional and subregional levels with UNICEF, GAVI and other partners in order to mobilize the needed resources for countries, in particular developing countries, to implement the Global Immunization Vision and Strategy;
 - (4) to report every three years to the Health Assembly on progress towards achievement of global immunization targets, including those expressed in the United Nations General Assembly special session on children.

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