



# **WORLD HEALTH ORGANIZATION**

**FIFTY-NINTH WORLD HEALTH ASSEMBLY**

**(Draft) A59/52  
27 May 2006**

---

## **Fourth report of Committee A**

**(Draft)**

Committee A held its eighth and ninth meetings on 26 May 2006. The eighth meeting was under the chairmanship of Dr Kimmo Leppo (Finland) and the ninth meeting was under the chairmanship of Dr A. Ramadoss (India) and later Dr P. Mazzetti Soler (Peru).

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

11. Technical and health matters

11.6 Prevention and control of sexually transmitted infections: draft global strategy

One resolution

11.4 Sickle-cell anaemia

One resolution

## Agenda item 11.6

### **Prevention and control of sexually transmitted infections: draft global strategy**

The Fifty-ninth World Health Assembly,

Having considered the draft global strategy for the prevention and control of sexually transmitted infections;<sup>1</sup>

Recalling resolution WHA46.37, which recognized the role of other sexually transmitted diseases in the spread of HIV; resolution WHA53.14, which requested the Director-General to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections; resolution WHA56.30, which took note of the global health sector strategy for HIV/AIDS; and resolution WHA57.12, which endorsed the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health;

Recognizing and reaffirming that, at the 2005 World Summit (New York, 14-16 September 2005), world leaders committed themselves to achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development (Cairo, September 1994), integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty, and recognizing further that attainment of the Millennium Development Goals require investment in, and political commitment to, sexual and reproductive health, which includes prevention and control of sexually transmitted infections,<sup>2</sup>

1. ENDORSES the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, recognizing that “age-appropriate” interventions are those that respond to people’s rights and health and development needs, and provide access to sexual and reproductive health information, life-skills, education and care, and, in the case of young people, in a manner consistent with their evolving capacities;

2. URGES Member States:

(1) to adopt and draw on the Strategy, as appropriate to national circumstances, in order to ensure that national efforts to achieve the Millennium Development Goals includes plans and actions, appropriate to the local epidemiological situation, for prevention and control of sexually transmitted infections, including mobilization of political will and financial resources for this purpose;

(2) to include prevention and control of sexually transmitted infections as an integral part of HIV prevention, and of sexual and reproductive health programmes;

---

<sup>1</sup> Document A59/11, Annex.

<sup>2</sup> United Nations General Assembly resolution 60/1.

(3) to monitor implementation of the national plans in order to ensure that populations at increased risk of sexually transmitted infections have access to prevention information and supplies, and to timely diagnosis and treatment;

3. REQUESTS the Director-General:

(1) to prepare an action plan, in collaboration with other organizations in the United Nations system, that sets out priorities, actions, a time frame, and performance indicators, for implementing the Strategy at global and regional levels, and to provide support for country-level implementation and monitoring of national plans for control and prevention of sexually transmitted infections;

(2) to raise awareness, among Member States, of the importance of drawing up, promoting and funding supportive legislation, plans and strategies for prevention and control of sexually transmitted infections;

(3) to provide support to Member States, on request, for adapting and implementing the Strategy in ways that are appropriate to the local epidemiology of sexually transmitted infections, and for evaluating its impact and effectiveness;

(4) to report to the Health Assembly through the Executive Board, in 2009, 2012 and 2015 on progress in implementing the Strategy.

## Agenda item 11.4

### Sickle-cell anaemia

The Fifty-ninth World Health Assembly,

Having examined the report on sickle-cell anaemia;<sup>1</sup>

Recalling resolution WHA57.13 on genomics and world health, and the discussion of the Executive Board at its 116th session on control of genetic diseases, which recognized the role of genetic services in improving health globally and in reducing the global health divide;<sup>2</sup>

Recalling decision Assembly/AU/Dec.81 (V) of the Assembly of the African Union at its Fifth Ordinary Session;

Noting the conclusions of the 4th International African American Symposium on sickle-cell anaemia (Accra, 26-28 July 2000), and the results of the first and second international congresses of the International Organization to Combat Sickle-Cell Anaemia (respectively, Paris, 25-26 January 2002 and Cotonou, 20-23 January 2003);

Concerned at the impact of genetic diseases, and of sickle-cell anaemia in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

Recognizing that the prevalence of sickle-cell anaemia varies between communities, and that insufficiency of relevant epidemiological data may present a challenge to effective and equitable management;

Deeply concerned at the absence of official recognition of sickle-cell anaemia as a priority in public health;

Recognizing the current inequality of access to safe and appropriate genetic services throughout the world;

Recognizing that effective programmes for sickle-cell anaemia must be sensitive to cultural practices, and appropriate for the given social context;

Recognizing that the pre-natal screening of sickle-cell anaemia raises specific ethical, legal and social issues that require appropriate consideration,

---

<sup>1</sup> Document A59/9.

<sup>2</sup> See document EB116/2005/REC/1, Summary record of the first meeting, section 4.

1. URGES Member States having sickle-cell anaemia as a public health problem:

- (1) to develop, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for the prevention and management of sickle-cell anaemia, including surveillance, dissemination of information, awareness-raising, counselling and screening, such programmes being tailored to specific socioeconomic, health systems and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with this genetic disease;
- (2) to work to ensure that adequate, appropriate and accessible emergency care is available to persons living with sickle-cell anaemia;
- (3) to develop their capacity to evaluate the situation regarding sickle-cell anaemia and the impact of national programmes;
- (4) to intensify the training of all health professionals and community volunteers in high-prevalence areas;
- (5) to develop and strengthen systematic medical genetics services and holistic care, within existing primary health care systems, in partnership with national and local government agencies, and nongovernmental organizations, including parent/patient organizations;
- (6) to promote community education, including health counselling, and associated ethical, legal and social issues;
- (7) to promote effective international cooperation in combating sickle-cell anaemia;
- (8) in collaboration with international organizations, to support basic and applied research on sickle-cell anaemia;

2. REQUESTS the Director-General:

- (1) to increase awareness of the international community of the global burden of sickle-cell anaemia, and to promote equitable access to health services for prevention and management of the disease;
- (2) to provide technical support and advice to national programmes of Member States through the framing of policies and strategies for prevention and management of sickle-cell anaemia;
- (3) to promote and support:
  - (a) intercountry collaboration to develop training and expertise of personnel and to support the further transfer of advanced technologies and expertise to developing countries;
  - (b) the construction and equipment of referral centres for care, training and research;

- (4) to continue WHO's normative functions in drafting guidelines, including good practices and practical models, on prevention and management of sickle-cell anaemia with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
- (5) to promote, support and coordinate the research needed on sickle-cell disorders in order to improve the duration and quality of life of those affected by such disorders.

= = =