

## **Second report of Committee A**

**(Draft)**

Committee A held its seventh and eighth meetings on 18 May 2007 under the chairmanship of Dr R.R. Jean Louis (Madagascar).

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

11. Draft Medium-term strategic plan, including Proposed programme budget 2008-2009

11.1 Draft Medium-term strategic plan 2008-2013

One resolution entitled:

- Medium-term strategic plan 2008-2013

11.2 Proposed programme budget 2008-2009

One resolution entitled:

- Appropriation resolution for the financial period 2008-2009

12. Technical and health matters

12.3 Control of leishmaniasis

One resolution

12.4 Poliomyelitis: mechanism for management of potential risks to eradication

One resolution

## **Agenda item 11.1**

### **Medium-term strategic plan 2008–2013**

The Sixtieth World Health Assembly,

Recalling resolution WHA59.4 on the Eleventh General Programme of Work 2006–2015;

Recognizing that the Eleventh General Programme of Work sets forth a global health agenda and charts the broad strategic framework and direction for the work of WHO;

Noting that the Medium-term strategic plan provides a flexible multibiennial framework to guide and ensure continuity in the preparation of biennial programme budgets and operational plans over three bienniums in line with the global health agenda established in the Eleventh General Programme of Work;

Acknowledging that more specific priorities are set out in the Medium-term strategic plan 2008–2013, defined as strategic objectives, and in the two yearly Programme budget, as expected results;

Noting the proposed programme budgets 2010–2011 and 2012–2013 will be submitted to the Sixty-second World Health Assembly and Sixty-fourth World Health Assembly, respectively, for decision;

Welcoming the cross-cutting nature of the strategic objectives that create synergies and promote collaboration between different programmes by capturing the multiple links among determinants of health, health outcomes, health policies, systems and technologies;

Acknowledging that the Medium-term strategic plan, by moving away from narrowly defined areas of work to strategic objectives, provides a more strategic and flexible programme structure that better reflects the needs of countries and regions, and facilitates more effective coordination and collaboration across the Organization and with Member States, organizations of the United Nations system and other stakeholders;

ENDORSES the Medium-term strategic plan 2008–2013;

CALLS UPON Member States to identify their role and actions to be taken in order to achieve the strategic objectives contained in the Medium-term strategic plan;

INVITES concerned organizations of the United Nations system, international development partners, and agencies, international financial institutions, nongovernmental organizations and private-sector entities to consider their contribution in supporting the strategic objectives contained in the Medium-term strategic plan;

DECIDES to review the Medium-term strategic plan 2008–2013 every two years in conjunction with the Proposed programme budget with a view to revising the Medium-term strategic plan, including its indicators and targets, as may be necessary;

REQUESTS the Director-General:

- (1) to use the Medium-term strategic plan in providing strategic direction for the Organization during the period 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work;
- (2) to use the Medium-term strategic plan to guide preparation of the three biennial programme budgets 2008–2009, 2010–2011 and 2012–2013 and operational plans through each biennium;
- (3) to collaborate with concerned organizations of the United Nations system, international development partners, and agencies, international financial institutions, nongovernmental organizations and private-sector entities in implementing the Medium-term strategic plan;
- (4) to recommend to the Health Assembly through the Executive Board, with the Proposed programme budgets 2010–2011 and 2012–2013, revisions to the Medium-term strategic plan as may be necessary;
- (5) to report to the Sixty-second World Health Assembly through the Executive Board at its 125th session on implementation of this resolution, and to report biennially thereafter on progress.

## Agenda item 11.2

### Appropriation resolution for the financial period 2008–2009

The Sixtieth World Health Assembly,

1. NOTES the total effective budget under all sources of funds of US\$ 4 227 480 000;
2. RESOLVES to appropriate for the financial period 2008–2009 an amount of US\$ 1 038 840 000, financed by net assessments on Members of US\$ 928 840 000, estimated Miscellaneous Income of US\$ 30 000 000, and transfer to Tax Equalization Fund of US\$ 80 000 000, as shown below:

| Appropriation<br>section | Purpose of appropriation  | Appropriations financed by net<br>assessments and Miscellaneous<br>Income<br>Amount US\$ |
|--------------------------|---|--|
| 1                        | To reduce the health, social and economic burden of communicable diseases   | 85 368 000   |
| 2                        | To combat HIV/AIDS, malaria and tuberculosis  | 48 996 000   |
| 3                        | To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, injuries and visual impairment   | 45 215 000   |
| 4                        | To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals | 55 909 000   |
| 5                        | To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact  | 17 631 000   |
| 6                        | To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex                                     | 39 077 000   |
| 7                        | To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches  | 14 427 000   |

| <b>Appropriation<br/>section</b> | <b>Purpose of appropriation</b>   | <b>Appropriations financed by net<br/>assessments and Miscellaneous<br/>Income<br/>Amount US\$</b> |
|----------------------------------|---|--|
| 8                                | To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health   | 32 736 000   |
| 9                                | To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development  | 23 054 000   |
| 10                               | To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research   | 139 630 000  |
| 11                               | To ensure improved access, quality and use of medical products and technologies   | 31 244 000   |
| 12                               | To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfill the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work | 139 448 000  |
| 13                               | To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively  | 286 105 000  |
|                                  | <b>Effective working budget</b>   | 958 840 000  |
| 14                               | Transfer to Tax Equalization Fund   | 80 000 000   |
|                                  | <b>Total</b>  | 1 038 840 000  |

3. FURTHER RESOLVES that:

(1) notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; all such transfers shall be reported in the financial report for the financial period 2008–2009; any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3;

(2) amounts not exceeding the appropriations voted under paragraph 1 shall be available for the payment of obligations incurred during the financial period 1 January 2008 to 31 December 2009 in accordance with the provisions of the Financial Regulations; notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2008–2009 to sections 1 to 13;

(3) the amount of the contribution to be paid by individual Members shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; the amount of such tax reimbursements is estimated at US\$ 11 284 310 resulting in a total assessment on Members of US\$ 940 124 310;

4. DECIDES:

(1) that the Working Capital Fund shall remain at the level of US\$ 31 000 000, as earlier decided under resolution WHA56.32;

5. NOTES that the expenditure in the programme budget for 2008–2009 to be financed by voluntary contributions is estimated at US\$ 3 268 640 000 as shown below:

|   | <b>Purpose</b>  | <b>Amount<br/>US\$</b> |
|---|---|------------------------|
| 1 | To reduce the health, social and economic burden of communicable diseases   | 808 675 000            |
| 2 | To combat HIV/AIDS, malaria and tuberculosis  | 657 936 000            |
| 3 | To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, injuries and visual impairment   | 112 889 000            |
| 4 | To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals | 303 924 000            |
| 5 | To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact  | 200 782 000            |
| 6 | To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex                                     | 122 980 000            |
| 7 | To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches  | 51 478 000             |
| 8 | To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health   | 97 720 000             |

|    | <b>Purpose</b>  | <b>Amount<br/>US\$</b> |
|----|---|------------------------|
| 9  | To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development  | 103 880 000            |
| 10 | To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research   | 374 424 000            |
| 11 | To ensure improved access, quality and use of medical products and technologies   | 102 789 000            |
| 12 | To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfill the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work | 74 896 000             |
| 13 | To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively  | 256 267 000            |
|    | <b>Total</b>  | <b>3 268 640 000</b>   |

## Agenda item 12.3

### Control of leishmaniasis

The Sixtieth World Health Assembly,

Having considered the report on control of leishmaniasis;<sup>1</sup>

Recognizing that leishmaniasis is one of the most neglected tropical diseases, and that more than 12 million people worldwide are currently infected, with two million new cases each year;

Noting with concern that 350 million people are considered at risk and the number of new cases is on the increase;

Recognizing the lack of accurate information on the epidemiology of the disease for better understanding of the disease and its control;

Noting with concern that the disease affects the poorest populations in 88 countries, placing a heavy economic burden on families, communities and countries, particularly developing countries;

Noting the burden that treatment can place on families;

Bearing in mind that malnutrition and food insecurity are often identified as major causes of disposition to, and severity of, leishmaniasis;

Acknowledging the significant support extended by Member States and other partners and appreciating their continuing cooperation,

Acknowledging that relevant Member States from the South-East Asia Region have committed themselves to collaborate in efforts to eliminate visceral leishmaniasis (kala-azar) from the Region by 2015,<sup>2</sup>

1. URGES Member States where leishmaniasis is a substantial public-health problem:
  - (1) to reinforce efforts to set up national control programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis;
  - (2) to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis in order to decrease the disease burden;

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<sup>1</sup> Document A60/10.

<sup>2</sup> Memorandum of understanding on Elimination of Kala-azar in the South-East Asia Region, 18 May 2005.



- (3) to strengthen the capacity of peripheral health centres to deliver primary and secondary care, so that they provide appropriate affordable diagnosis and treatment and act as sentinel surveillance sites;
- (4) to conduct epidemiological assessments in order to map foci, and to calculate the real impact of leishmaniasis through accurate studies of prevalence and incidence, socioeconomic impact and access to prevention and care, and the extent of the disease in those affected by malnutrition and HIV;
- (5) to strengthen collaboration between countries that share common foci or disease threats, to establish a decentralized structure in areas with major foci of disease, strengthening collaboration between countries that share common foci, increasing the number of WHO collaborating centres for leishmaniasis and giving them a greater role, and relying on initiatives taken by the various actors and interagency collaboration at national and international levels in all aspects of leishmaniasis control, detection and treatment, with national control programmes encouraging these initiatives with the private sector;
- (6) to promote the sustainability of surveillance and leishmaniasis control;
- (6 bis) to improve knowledge about, and skills to prevent, leishmaniasis, and improve knowledge about the socioeconomic status of people in rural areas;
- (7) to support studies on the surveillance and control of leishmaniasis;
- (8) to share experiences in the development of studies of, and technologies on, the prevention and control of leishmaniasis;

2. FURTHER URGES Member States:

- (1) to advocate high quality and affordable medicines, and appropriate national drug policies;
- (2) to encourage research on leishmaniasis control in order:
  - (a) to identify appropriate and effective methods of control of vectors and reservoirs;
  - (b) to find alternative safe, effective and affordable medicines for oral, parenteral or topical administration involving shorter treatment cycles, less toxicity, and new drug combinations, and to define appropriate doses and duration of therapy schedules for these medicines;
  - (c) to determine mechanisms to facilitate access to existing control measures, including socioeconomic studies and health-sector reform in some developing countries;
  - (d) to evaluate and improve sensitivity and specificity of serological diagnostic methods for canine and human visceral leishmaniasis, including assessment of standardization and effectiveness;
  - (e) to evaluate effectiveness of alternative control measures such as use of bednets impregnated with long-lasting insecticide;

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;
4. REQUESTS the Director-General:
  - (1) to raise awareness of the global burden of leishmaniasis, and to promote equitable access to health services for prevention and disease management;
  - (2) to draft guidelines on prevention and management of leishmaniasis, with emphasis on updating the report of WHO's Expert Committee on Leishmaniasis,<sup>1</sup> with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
  - (3) to strengthen collaborative efforts among multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of leishmaniasis control programmes;
  - (4) to frame a policy for leishmaniasis control, with the technical support of WHO's Expert Advisory Panel on Leishmaniasis;
  - (5) to promote research pertaining to leishmaniasis control, including in the areas of safe, effective and affordable vaccines, diagnostic tools and medicines with less toxicity as well as and dissemination of the findings of that research; notably thorough the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;
  - (6) to monitor progress in the control of leishmaniasis in collaboration with international partners, WHO regional offices and Member States affected by leishmaniasis;
  - (7) to report to the Sixty-third World Health Assembly on progress achieved, problems encountered and further actions proposed in the implementation of leishmaniasis control programmes;
  - (8) to promote action with the major laboratories in order to reduce the costs of medicines to developing countries;
  - (9) to promote and support:
    - (a) evaluation of the efficacy of new medicines,
    - (b) evaluation of dosage and length of treatment for existing medicines, and
    - (c) standardization of diagnostic reagents, in particular for visceral leishmaniasis;
  - (10) to facilitate improved coordination among multilateral institutions and international donors concerned with leishmaniasis;

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<sup>1</sup> WHO Technical Report Series, 1990, No. 793.

## Agenda item 12.4

### **Poliomyelitis: mechanism for management of potential risks to eradication**

The Sixtieth World Health Assembly,

Having considered the report on eradication of poliomyelitis;<sup>1</sup>

Recalling resolution WHA59.1, urging Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild poliovirus;

Recognizing that the occurrence of endemic poliovirus is now restricted to geographically limited areas in four countries;

Recognizing the need for international consensus on long-term policies to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era;

Recognizing that travellers from areas where poliovirus is still circulating may pose a risk of international spread of the virus;

Noting that the maintenance of high routine immunization coverage in poliomyelitis-free countries contributes to reducing the risk of outbreaks of disease due to wild poliovirus and minimizes the risk of outbreaks due to vaccine-derived poliovirus;

Noting that planning for such international consensus must commence in the near future,

1. URGES all Member States where poliomyelitis is still prevalent in certain geographical areas, especially the four countries in which poliomyelitis is endemic:

(1) to establish mechanisms to enhance political commitment to, and engagement in, poliomyelitis eradication activities at all levels, and to engage local leadership and members of the remaining poliomyelitis-affected populations in order to ensure full acceptance of, and participation in, poliomyelitis immunization campaigns;

(2) to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

2. URGES all Member States:

(1) to review and, if appropriate, update national recommendations on immunization against poliomyelitis in order to reduce the risk of international spread of disease;

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<sup>1</sup> Document A60/11.

- (2) to reduce the potential consequences of international spread of wild poliovirus by achieving and maintaining routine immunization coverage against poliomyelitis greater than 90% and, where appropriate, conducting supplementary poliomyelitis immunization activities through additional campaigns in close collaboration with mass media and involvement of the general public;
- (3) to strengthen active surveillance for acute flaccid paralysis in order rapidly to detect any circulating wild poliovirus and prepare for certification of poliomyelitis eradication;
- (4) to prepare for the long-term biocontainment of polioviruses by implementing the measures set out under phases 1 and 2 in the current edition of the WHO global action plan for laboratory containment of wild polioviruses;<sup>1</sup>

3. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining Member States where poliomyelitis is still prevalent in their efforts to interrupt the final chains of transmission of wild poliovirus, and to Member States at high risk of an importation of poliovirus;
- (2) to assist in mobilizing financial resources to eradicate poliomyelitis from the remaining areas where poliovirus is circulating, to provide support to countries currently free of poliomyelitis that are at high risk of an importation of poliovirus, and to minimize the risks of re-emergence of poliomyelitis in the post-eradication era;
- (3) to continue to work with other organizations of the United Nations system on security issues, through mechanisms such as “days of tranquillity”, in areas where better access is required to reach all children;
- (4) to continue to examine and disseminate measures that Member States can take for reducing the risk and consequences of international spread of polioviruses, including, if and when needed, the consideration of temporary or standing recommendations, under the International Health Regulations (2005), if such a recommendation were made, the financial and operational issues arising from its implementation, and lessons drawn, should be reported to the Health Assembly;
- (5) to submit proposals to the Sixty-first World Health Assembly with a view to minimizing the long-term risks of reintroduction of poliovirus or re-emergence of poliomyelitis in the post-eradication era, by establishing international consensus on the long-term use of poliomyelitis vaccines and biocontainment of infectious and potentially infectious poliovirus materials.

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<sup>1</sup> Document WHO/V&B/03.11 (second edition).