

## **Fourth report of Committee A**

**(Draft)**

Committee A held its tenth meeting on 21 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 item:

12. Technical and health matters

12.5 Malaria, including proposal for establishment of Malaria Day

One resolution entitled:

- Malaria, including proposal for establishment of World Malaria Day

12.6 Tuberculosis control: progress and long-term planning

One resolution

## **Agenda item 12.5**

### **Malaria, including proposal for establishment of World Malaria Day**

The Sixtieth World Health Assembly,

Having considered the report on malaria, including a proposal for the establishment of Malaria Day;<sup>1</sup>

Concerned that malaria continues to cause more than one million preventable deaths a year;

Noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Global Strategy and Booster Program, the Bill & Melinda Gates Foundation, the Malaria Initiative of the President of the United States of America, and other donors have made substantial resources available;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the activities of the International Drug Purchase Facility (UNITAID);

Recalling that combating HIV/AIDS, malaria and other diseases is included in internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Mindful that the global burden of malaria needs to be decreased in order to reach the Millennium Development Goal of reducing the mortality rate among children under five by two thirds by 2015 and to help to achieve the Millennium Development Goals of improving maternal health and eradicating extreme poverty,

1. URGES Member States:

(1) to apply to their specific contexts the evidenced-based policies, strategies and tools recommended by WHO, and performance-based monitoring and evaluation in order to expand coverage with major preventive interventions in populations at risk and curative interventions for patients suffering from malaria and to assess programme performance and the coverage and impact of interventions in an effective and timely manner, particularly with use of the WHO country-profile database;

(2) to assign national and international resources, both human and financial, for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are effectively implemented and target populations are reached;

(3) to cease progressively the provision in both the public and private sectors of oral artemisinin monotherapies, to promote the use of artemisinin-combination therapies, and to implement policies that prohibit the production, marketing, distribution and the use of counterfeit antimalarial medicines;

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<sup>1</sup> Document A60/12.

(4) to intensify access to affordable, safe and effective antimalarial combination treatments, to intermittent preventive treatment in pregnancies, with special precautions for HIV-infected pregnant women who are receiving co-trimoxazole chemotherapy, to insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and indoor residual spraying for malaria control with suitable and safe insecticides, taking into account relevant international rules, standards and guidelines;

(5) to provide, whenever necessary, in their legislation for use, to the full, of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to pharmaceutical products;<sup>1</sup>

(6) to use all necessary administrative and legislative means, including, where appropriate, the use of provisions in international agreements, including the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to preventive technologies against malaria;

(7) to aim at reducing or interrupting malaria transmission, wherever feasible, through integrated vector management, promoting improvement of local and environmental conditions and healthy settings, and increasing access to basic health services, antimalarial medicines, diagnostics and preventive technologies in order to reduce the disease burden;

(8) to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation;

## 2. REQUESTS international organizations and financing bodies:

(1) to provide support for the development of capacities in developing countries in order to expand use of: reliable diagnostics, artemisinin-based combination therapies that are appropriate for local drug-resistance conditions, integrated vector management including long-lasting insecticide-treated nets and larvicidal measures, indoor residual spraying with appropriate and safe insecticides as indicated by WHO and in accordance with the Stockholm Convention on Persistent Organic Pollutants,<sup>2</sup> and monitoring and evaluation systems, including use of the country database developed by WHO;

(2) to increase funding for malaria control, so that the relevant agencies can continue providing support to countries, and to channel additional resources into technical support so that the financial resources can be absorbed and used effectively in countries;

(3) to provide support for malaria elimination in areas where feasible and sustainable;

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<sup>1</sup> “The WTO General Council in its Decision of 30 August 2003 on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health decided that “pharmaceutical product” means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included”.

<sup>2</sup> The Stockholm Convention on Persistent Organic Pollutants (Annex B, Part II, paragraphs 1–5) allows for temporary DDT use for the purpose of malaria vector control while maintaining the goal of reducing and ultimately eliminating the use of DDT and calls for the development of alternatives.

(4) to adjust their policies so as progressively to cease to fund the provision and distribution of oral artemisinin monotherapies, and to join in campaigns to prohibit the production, marketing, distribution and use of counterfeit antimalarial medicines;

3. REQUESTS the Director-General:

(1) to take steps to identify gaps in knowledge about malaria control and elimination; to provide support for the development of new tools for diagnostics, therapy, prevention and control, and strategies; to estimate more accurately the global burden of disease and determine trends; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to build up WHO's current research on malaria, including that of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; to provide technical support to countries for conducting operational and implementation research; and to mobilize resources and increase support for research in the development of new tools and strategies for prevention and control of malaria;

(2) to strengthen and rationalize human resources for malaria by deploying staff to country level, thus improving the capacity of WHO's country offices to provide technical guidance to national health programmes;

(2bis) to provide support to coordinating partners and countries for malaria control in refugee camps and in complex emergencies;

(3) to improve the coordination between different stakeholders in the fight against malaria;

(3bis) to support the sound management of DDT use for vector control in accordance with the Stockholm Convention on Persistent Organic Pollutants,<sup>1</sup> and to share data on such use with Member States;

(4) to report to the Health Assembly biennially through the Executive Board on progress made in implementation of this resolution;

4. RESOLVES that:

(1) World Malaria Day shall be commemorated annually on 25 April, or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) World Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas, and the occasion to inform the general public of the obstacles encountered and progress achieved in controlling malaria.

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<sup>1</sup> The Stockholm Convention on Persistent Organic Pollutants (Annex B, Part II, paragraphs 1–5) allows for temporary DDT use for the purpose of malaria vector control while maintaining the goal of reducing and ultimately eliminating the use of DDT and calls for the development of alternatives.

## Agenda item 12.6

### **Tuberculosis control: progress and long-term planning**

The Sixtieth World Health Assembly,

Having considered the report on tuberculosis control: progress and long-term planning;<sup>1</sup>

Noting the progress made since 1991 towards achieving the international targets for 2005, and more recently following the establishment, in response to resolution WHA51.13, of the Stop TB Partnership;

Aware of the need to build on this progress and overcome constraints in order to reach the international targets for tuberculosis control for 2015 set by the Stop TB Partnership – in line with the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration to “have halted by 2015 and begun to reverse the incidence of major diseases” – of halving tuberculosis prevalence and death rates by 2015 compared with 1990 levels;

Noting the development of the Stop TB strategy as a comprehensive approach to tuberculosis prevention and control that incorporates the internationally agreed tuberculosis control strategy (DOTS strategy) and represents a significant expansion in the scale and scope of tuberculosis-control activities;

Welcoming the Partnership’s Global Plan to Stop TB 2006–2015, which sets out the activities oriented towards implementing the Stop TB strategy and achieving the international targets for tuberculosis control for 2015;

Aware of the need to increase the scope, scale and speed of research needed to achieve the international targets for tuberculosis control for 2015 and the goal of eliminating tuberculosis as a global public-health problem by 2050;

Concerned that delays in implementing the Global Plan will result in increasing numbers of tuberculosis cases and deaths, including those due to multidrug-resistant (and extensively drug-resistant) tuberculosis and to the impact of HIV, and therefore in delays in achieving by 2015 the international targets for tuberculosis control and the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Recognizing the importance of the situation and the trends of multidrug-resistant and extensively drug-resistant tuberculosis as barriers to the achievement of the Global Plan’s objectives by 2015, and the need for an increased number of Member States participating in the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance and for the required additional resources to accomplish its task;

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<sup>1</sup> Document A60/13.

Recalling that resolution WHA58.14 encouraged Member States to fulfil their commitments to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Welcoming the contribution to the mobilization of resources for development by voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the International Drug Purchase Facility (UNITAID), the International Finance Facility for Immunisation and the commitment to launch a pilot project within the advance market commitments initiatives,

1. URGES all Member States:

(1) to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB 2006–2015, in the context of overall health development plans, in collaboration with other programmes (including those on HIV/AIDS, child health and strengthening of health systems), and through national Stop TB partnerships where appropriate, with the aim of:

(a) accelerating progress towards the international targets for tuberculosis control for 2015 through full and rapid implementation of the Stop TB strategy with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;

(b) accelerating improvement of health-information systems, both in general and for tuberculosis in particular, in order to serve the assessment of national programme performance;

(c) ensuring high-quality implementation of the DOTS strategy by tuberculosis programmes as the first and foremost step in full implementation of the Stop TB strategy;

(d) controlling the emergence and transmission of multi-drug-resistant tuberculosis, including extensively drug-resistant tuberculosis, by ensuring the high-quality implementation of the DOTS strategy and by prompt implementation of infection-control precautions;

(dbis) if affected, immediately addressing extensively drug-resistant tuberculosis and HIV-related tuberculosis as part of the overall Stop TB strategy, as the highest health priorities;

(e) enhancing laboratory capacity in order to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, where resources are available, and promote access to quality-assured sputum smear microscopy;

(f) increasing access to quality-assured second-line medicines at affordable prices through the Stop TB Partnership's Green Light Committee;

(g) accelerating collaborative interventions against HIV infection and tuberculosis;

(h) fully involving the private sector in national tuberculosis control programmes;

(2) to use all possible financing mechanisms in order to fulfil the commitments made in resolution WHA58.14, including that to ensure sustainable domestic and external financing, thereby filling the funding gaps identified in the Global Plan to Stop TB 2006–2015;

(3) to declare, where appropriate, tuberculosis as an emergency and to allocate additional resources in order to strengthen activities aimed at stopping the spread of extensively drug-resistant tuberculosis;

2. REQUESTS the Director-General:

(1) to intensify support provided to Member States in expanding implementation of the Stop TB strategy by developing capacity and improving the performance of national tuberculosis-control programmes, particularly the quality of DOTS activities, and by implementing infection-control precautions within the broad context of strengthening health systems in order to achieve the international targets for 2015;

(1bis) to continue to provide support for the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance by increasing the number of Member States in the network in order to inform the Global Plan to Stop TB 2006–2015 through determination of the extent and trend of multidrug-resistant and extensively drug-resistant tuberculosis;

(2) to strengthen urgently WHO's support to countries affected by multidrug-resistant tuberculosis and especially extensively drug-resistant tuberculosis, and to countries highly affected by HIV-related tuberculosis;

(3) to enhance WHO's leadership within the Stop TB Partnership in its coordination of efforts to implement the Global Plan to Stop TB 2006–2015 and to facilitate long-term commitment to sustainable financing of the Global Plan through improved mechanisms for increased funding;

(4) to strengthen mechanisms to review and monitor estimates of impact of control activities on the tuberculosis burden, including incidence, prevalence and mortality with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;

(5) to support Member States in developing laboratory capacity to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, to develop consensus guidelines for rapid drug-susceptibility test methods and appropriate measures for laboratory strengthening, and to mobilize funding;

(6) to enhance WHO's role in tuberculosis research in order to promote the applied research necessary to reach the international targets for tuberculosis control for 2015 and the basic research necessary to achieve the goal of eliminating tuberculosis by 2050; and to increase global support for those areas of tuberculosis research that are currently underresourced, especially enhancing research and development of new diagnostics, drugs and vaccines and the relevance of nutrition to, and its interaction with, tuberculosis;

(7) to report to the Sixty-third World Health Assembly through the Executive Board on:

(a) progress in implementation of the Global Plan to Stop TB 2006–2015, including mobilization of resources from domestic and external sources for its implementation;

(b) progress made in achieving the international targets for tuberculosis control by 2015, using the “proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)” (Millennium Development Goal indicator 24) as a measure of the performance of national programmes, and tuberculosis incidence and “prevalence and death rates associated with tuberculosis” (Millennium Development Goal indicator 23) as a measure of the impact of control on the tuberculosis epidemic.

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