

TENTH MEETING

Saturday, 25 May 2013, at 09:35

Chairman: Dr W.T. GWENIGALE (Liberia)

1. FOURTH REPORT OF COMMITTEE A: (Document A66/70)

Dr CUBA ORÉ (Peru), Rapporteur, read out the draft fourth report of Committee A.

The report was adopted.¹

2. COMMUNICABLE DISEASES: Item 16 of the Agenda (continued)

Global vaccine action plan: Item 16.1 of the Agenda (Document A66/19) (continued from the ninth meeting, section 2)

Mr BLAIS (Canada) acknowledged the significant progress made in operationalizing the global vaccine action plan, particularly the alignment of the proposed framework for monitoring, evaluation and accountability with the Accountability Framework for the United Nations Secretary-General's Global Strategy for Women's and Children's Health. He was in favour of adding an indicator for the price of vaccines to the framework and underscored the importance of ensuring equity if the benefits of immunization were to be fully realized.

Dr LEI Zhenglong (China) said that his country had maintained zero polio status in 2012, reduced the HBsAg carrier rate to less than 2%, and eliminated neonatal tetanus. He suggested stepping up promotion of the global vaccine action plan in order to attract more government attention and support. He also suggested strengthening grassroots immunization work; fostering technology transfer to developing countries; guaranteeing local production of inactivated poliovirus vaccine; harmonizing and reducing vaccine prices; and supporting Member States in the formulation of relevant policies, with an emphasis on data collection and analysis, in order to promote evidence-based decisions on the use of vaccines.

Dr DE ROSAS-VALERA (Philippines) said that, as the first country in the Western Pacific Region to have introduced rotavirus vaccines into its expanded immunization programme, the Philippines was also strengthening its vaccine vigilance system. Noting that immunization was a public good, she urged the Secretariat to support the efforts of low- and middle-income countries to procure vaccines at more affordable prices and to conduct analyses of the cost-effectiveness of other health technology interventions. She encouraged Member States to share their studies on the cost-effectiveness of vaccines.

Professor Pei-Jer CHEN (Chinese Taipei) said that, in accordance with the global vaccine action plan, Chinese Taipei had established a comprehensive immunization programme, a vaccine fund for

¹ See page 310.

the purchase of new vaccines and an advisory committee on immunization practices. The 13-valent pneumococcal conjugate vaccine had been introduced for children aged between two and five years of age and would be incorporated into routine childhood immunization in 2014. Unstable supplies of some composite vaccines over the previous two years had nevertheless caused scheduling and compatibility problems, which had an impact on disease prevention. He therefore urged WHO to secure greater commitment from stakeholders and to harmonize vaccine manufacturing in order to stabilize vaccine supplies.

Ms SLOATE (GAVI Alliance), speaking at the invitation of the CHAIRMAN, said that the GAVI Alliance's programmes were central to the success of the global vaccine action plan. A massive acceleration was under way in the roll-out of several vaccines. Over the previous decade the number of countries using the pentavalent vaccine, for example, had risen from seven to 70, resulting in more secure supplies and significantly lower prices. New pneumococcal and rotavirus vaccines were being introduced in developing countries. The sharp rise in the number of countries using those vaccines demonstrated the importance of national leadership and of the country-driven approach inherent in the global vaccine action plan. The combined measles-rubella vaccine would be introduced in 49 countries by 2020 and there was high demand in developing countries for the human papillomavirus vaccine. Nevertheless, although coverage rates were climbing, one in five children was not immunized. The GAVI Alliance strongly supported the proposed monitoring framework and stood ready to play an integral part in its implementation.

Dr BIGGER (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that meeting vaccination coverage targets and sustaining the use of vaccines over the next decade would prevent millions of deaths and generate many billions of dollars in health care savings. The Federation had helped to develop vaccines for diseases originally considered to be non-preventable and had worked with the GAVI Alliance to improve access to vaccines and upgrade immunization services. Vaccines to reduce the burden of cervical cancer, pneumonia, meningitis and rotavirus disease were available globally, and more than 200 vaccines were being developed for preventable diseases such as dengue, cholera, malaria and tuberculosis. The success of the global vaccine action plan would depend on a holistic approach to vaccine access, balancing considerations of availability and continuity of supply. It was also important to maintain research and development incentives in order to foster innovation. Greater recognition by policy-makers and communities of the broad socioeconomic benefits of immunization would encourage investment, and governments should raise awareness of those benefits. The Federation fully supported the global vaccine action plan.

Ms ELDER (MSF International), speaking at the invitation of the CHAIRMAN, expressed concern that the proposed framework for monitoring, evaluation and accountability under the global vaccine action plan omitted two essential targets. First, the framework was not ambitious enough, and the target of one new platform delivery technology by 2020 should be increased to five. Secondly, Member States should insist on the inclusion in the framework of indicators to track vaccine prices, which had risen by 2700% since 2001, bearing in mind that greater affordability was one of the key goals of the Decade of Vaccines. The disproportionately high cost of the newest vaccines had a direct impact on MSF International which, under GAVI Alliance policy, was denied access to GAVI-negotiated prices. Indeed, MSF International, like other nongovernmental organizations, was not able to participate in price negotiations and was thus prevented from fulfilling health ministry requests to help countries vaccinate their most vulnerable children.

Mr KANWAGI (World Vision International), speaking at the invitation of the CHAIRMAN, recalled that the report from the Global Thematic Consultation on Health in the post-2015 United Nations development agenda had concluded that development goals should emphasize health enablers such as immunization. The persistence of coverage gaps between and within countries meant that

millions of children born each year remained unimmunized or incompletely immunized, especially in lower-middle-income countries that were not eligible for GAVI Alliance support or preferential pricing. His organization therefore called on Member States to ensure funding for lower-middle-income countries to provide complete immunization for all women and children, intensify efforts to reduce the drop-out rate, and ensure that indicators related to the fully immunized child were included in the post-2015 development agenda.

Mrs BARRIA (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, expressed concern that the proposed framework for monitoring, evaluation and accountability did not provide for indicators related to specific vaccination targets that took account of the social, economic and environmental determinants of health. Noting with concern the pressures on countries to adopt a uniform global schedule of immunization, she said that the cost-effectiveness of vaccines and immunization campaigns should be evaluated on a case-by-case basis by the individual countries concerned, with WHO support. In addition, the global vaccine action plan did not give due weight to the development of vaccine research and production technology in developing countries, and failed to mention the importance of technology transfer and the need to strengthen health systems in order to ensure delivery of immunization services. The availability of donor funding for vaccination, while other important areas of work languished for want of funds, illustrated the dangers of WHO's over-reliance on donor funding.

Dr BUSTREO (Assistant Director-General) expressed appreciation for Member States' commitment and actions to strengthen routine immunization and related support systems, as well as for the progress made towards the goals of eradicating poliomyelitis and eliminating neonatal tetanus. Although there had been some setbacks in meeting measles elimination targets, the global response to the recent outbreak had been swift and effective. There had been increased momentum towards achieving coverage with three doses of diphtheria-tetanus-pertussis vaccine and introducing the new vaccine. She thanked Member States for introducing pneumococcal and rotavirus vaccines, which should lead to significant progress in reducing the under-five mortality rate in line with Millennium Development Goal 4 and the objectives of the global vaccine action plan.

She welcomed Member States' endorsement of the proposed framework for monitoring, evaluation and accountability. Because it was closely aligned with the Accountability Framework for the United Nations Secretary-General's Global Strategy for Women's and Children's Health, progress on immunization would be considered within the broader context of women's and children's health and health system strengthening. The annual independent review process and reporting to the WHO governing bodies would provide an opportunity to monitor progress and hold the relevant stakeholders accountable. The targets were intended to be ambitious but not unrealistic; they should not overburden countries and they would make use of existing reporting systems. The working group of the Strategic Advisory Group of Experts on immunization, which was monitoring implementation of the global vaccine action plan, would be apprised of the valuable comments made by the delegates of Canada, Thailand and the United States of America about improving the proposed set of indicators. Regarding the issue of access to affordable vaccines, she pointed out that the prices of vaccines varied according to countries' income levels and their different procurement mechanisms. As a result, the determination of a single indicator to monitor the affordability of vaccines had thus far proved challenging. A special working group had been established to study that issue more closely and the 2014 progress report to the governing bodies would include an assessment of trends in vaccine prices. Noting Member States' request that the Secretariat continue to provide support for the immunization programme and the associated actions defined in the plan, she said that the Director-General fully supported that request and would continue to ensure that efforts across all teams, regions and partners were enhanced and accelerated.

The Committee noted the report.

Neglected tropical diseases: Item 16.2 of the Agenda (Documents A66/20 and EB132/2013/REC/1, resolution EB132.R7)

The CHAIRMAN drew attention to the draft resolution recommended by the Executive Board in resolution EB132.R7.

Dr MOHAMED (Maldives, representative of the Executive Board) said that, at its 132nd session, the Executive Board had considered the report on neglected tropical diseases. During the discussions, Members had highlighted the need to scale up control, elimination and eradication measures in countries where neglected tropical diseases were endemic and had called for strengthened country capacity. The Board had recommended to the Sixty-sixth World Health Assembly the adoption of the revised draft resolution incorporating amendments proposed by Member States, as contained in resolution EB132.R7.

Dr AL-TAAE (Iraq) said that Member States and the Secretariat should collaborate on epidemiological and laboratory surveillance activities related to all neglected tropical diseases, focusing in particular on vector, entomological and geographical surveillance and pharmacovigilance. Operational research was needed on all such diseases that presented a similarity of risk factors. He stressed the importance of sharing expertise and building capacity at the national level, as well as within and between regions, with support from WHO.

Dr ETOUNDI MBALLA (Cameroon), speaking on behalf of the Member States of the African Region, commended the Secretariat's work on neglected tropical diseases, which was reflected in the draft resolution. Noting that some 50% of all persons affected by such diseases lived in Africa, he said that national programmes in the Region focused on strategic public health interventions to enhance the efficiency and effectiveness of prevention, control, elimination and eradication activities. In order to finance those activities, additional resources had been allocated through national budgets, together with generous donor funding from the international community, for which he expressed particular appreciation. As a result, considerable progress had been made over the previous 10 years. However, a number of challenges remained, including the continued inadequacy of national budget allocations. It was also necessary to direct resources to countries and areas with high morbidity and mortality rates; to improve the visibility of programmes on neglected tropical diseases at both national and international levels; to enhance effective intersectoral collaboration; and to ensure integrated surveillance and follow-up of the progress and impact of health system interventions. His Region therefore fully supported the draft resolution, in particular its emphasis on community-based interventions, coordinated funding and the need for an integrated approach to control programmes, where feasible, in order to achieve greater coverage and reduce operational costs.

Dr LOKMAN HAKIM SULAIMAN (Malaysia), while expressing support for the draft resolution, called for greater attention to be paid to dengue, the global incidence of which had increased dramatically in recent years. There was no effective vaccine for dengue and no effective medication to treat it; vector control strategies were the only available option and even those were fraught with challenges. In view of the global importance of dengue and its effect on the lives of many populations, the member countries of ASEAN observed ASEAN Dengue Day on 16 June every year and dedicated significant resources to dengue-control activities, the results of which had thus far proved disappointing. Global investment in dengue research and development must be enhanced in order to identify and develop effective, practical and affordable surveillance, diagnostic, treatment, prevention and control tools. Those tools would also be needed to implement the recommendations contained in paragraph 18 of the report and in the draft resolution. Without urgent, coordinated action spearheaded by the Organization and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, dengue might become the most important global health problem in the next decade.

Dr KAFA (Solomon Islands) said that his country continued to be affected by the re-emergence and reinfection of several neglected tropical diseases, including the current outbreak of dengue haemorrhagic fever, the scale of which was considerable in relation to the size of the population. He thanked WHO and development and donor partners for their technical and financial support during the outbreak. The Secretariat must continue to support health system strengthening in Member States, to prevent, control, eliminate and eradicate neglected tropical diseases as well as to alleviate poverty. Acknowledging that a common, integrated approach was needed to prevent and control neglected tropical diseases, he endorsed the principle, as defined in the WHO road map to accelerate work on neglected tropical diseases and the London Declaration on Neglected Tropical Diseases, that prevention and control activities should form an integral part of universal health coverage. He fully endorsed the draft resolution.

Mr HIRAOKA (Japan) said that the WHO road map to accelerate work on neglected tropical diseases defined clear but achievable targets for 2015 and 2020 and incorporated a range of disease control strategies into one clear framework. He congratulated the Secretariat and the expert working groups on developing the road map and hoped that it would be used effectively by Member States. Clarification of the roles and responsibilities of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases would promote synergy between the Special Programme and the Secretariat's Department of Control of Neglected Tropical Diseases, in order to provide effective support for control activities at global, regional and country levels.

Mr GAYIPOV (Turkmenistan) said that his country was committed to supporting global efforts to combat neglected tropical diseases and had taken steps towards the goals set out in the London Declaration on Neglected Tropical Diseases. Commending WHO's support for eradication and elimination efforts, he endorsed the draft resolution and urged other Member States to do the same.

Dr CICOONA (Italy) said that current and future activities in the area of neglected tropical diseases, including those in the post-2015 United Nations development agenda environment, should be built on solid, robust technical systems and guided by the clear and well-balanced WHO road map to accelerate work on neglected tropical diseases. Noting the link between those diseases and social justice, he remarked on their disproportionate effect on women and children and their adverse impact on poverty and the socioeconomic development of populations. He fully supported and wished to sponsor the draft resolution.

Dr SMIRNOVA (Russian Federation), noting the link between neglected tropical diseases and poverty, said that remedial action must focus primarily on socioeconomic development and universal access to health care. She underscored the importance of preventive measures and enhancing access to safe drinking-water and sanitation. Her country had welcomed the adoption of the London Declaration on Neglected Tropical Diseases and was committed to meeting its obligations thereunder. Disease-endemic countries should incorporate strategic planning measures into their national programmes, ensure adequate financing for the implementation of preventive measures, the provision of health care and epidemic surveillance, and establish a comprehensive monitoring and control framework. In recent years, her Government had invested in work to combat neglected tropical diseases, including the development of laboratories and the training of medical health professionals, as well as support to developing countries. She endorsed the draft resolution.

Dr FREDERICKS-JAMES (Saint Lucia) expressed support for the draft resolution. The frequency of dengue outbreaks, including dengue haemorrhagic fever and dengue shock syndrome, had recently increased in the member countries of the Caribbean Community. Observing that leprosy and schistosomiasis were still present in her country, she said that Saint Lucia and other disease-endemic countries of the Caribbean Community would welcome additional support from

PAHO in their efforts to eradicate those and other neglected tropical diseases. She also looked forward to forthcoming support from the Caribbean Public Health Agency.

Ms RIGHETTI (Switzerland), endorsed the draft resolution and commended the WHO road map to accelerate work on neglected tropical diseases and related initiatives, such as the London Declaration on Neglected Tropical Diseases. Given the disproportionate impact of neglected tropical diseases on the poor, her country was actively engaged in efforts to achieve the targets set out in the WHO road map. It was important to ensure that adequate financing mechanisms were established to support the development of new treatments. She pointed out that preventive measures, and measures to combat stigmatization and mental health issues caused by neglected tropical diseases, were equally as important as control, elimination and eradication measures. In that connection, she encouraged Member States to step up country-level prevention programmes, including through the provision of safe drinking-water and sanitation, health promotion and education, and community participation. Neglected tropical diseases must be integrated into the package of essential primary health care services.

Dr SADRIZADEH (Islamic Republic of Iran) said that neglected tropical diseases mostly affected the poor and underprivileged in low-income countries and thus often failed to attract the necessary attention from high-level decision-makers and politicians. In addition, the lack of a profitable market deterred academic and research institutions and the pharmaceutical industry from developing relevant diagnostic tools, medicines and vaccines. However, the WHO road map to accelerate work on neglected tropical diseases had successfully mobilized global multisectoral action. He called for the implementation of a wide range of measures to address the remaining challenges, including ensuring country ownership of programmes; allocating adequate resources; integrating control programmes into primary health care services; advocating predictable, long-term international financing, and strengthening national monitoring and evaluation capacity.

Ms ORTEGA CRESPO (Spain) expressed support for the draft resolution. The prevention and control of neglected tropical diseases was an integral component of universal health coverage and required both solid, effective health systems and multisectoral engagement. Access to the knowledge and innovations generated through research should be facilitated and the production, availability and sustainable provision of quality medicines should be ensured. Her country was engaged in a range of global and regional initiatives aimed at discovering and developing new vector control products, diagnostic tools and medicines and promoting innovative research. Spain was also involved in a number of bilateral programmes to strengthen health systems, especially in relation to the management and monitoring of national prevention, control and awareness-raising programmes in order to break the link between disease and poverty. In addition, her country had established an epidemiological surveillance programme to prevent and control congenital transmission of Chagas disease and was collaborating closely with a number of signatories to the London Declaration on Neglected Tropical Diseases in that connection. In view of its knowledge, technical experience and links with Latin America, Spain could play an important role in the fight against neglected tropical diseases and would continue to offer its support.

Dr LEI Zhenglong (China) expressed support for the comprehensive draft resolution, which would guide global efforts to prevent, control, eliminate and eradicate neglected tropical diseases. All countries, particularly those that bore a heavy burden of neglected tropical diseases, should incorporate prevention and control measures into their national strategies and strategic planning. Observing that the Secretariat should coordinate the sharing of experience and best practices among Member States, he said that China stood ready to share its experience in tackling neglected tropical diseases, especially its efforts to prevent and control schistosomiasis.

Dr LANE (United Kingdom of Great Britain and Northern Ireland) expressed strong support for the draft resolution. His Government had invested heavily in programmes to tackle neglected tropical diseases and had been honoured to host the January 2012 meeting at which the London Declaration on Neglected Tropical Diseases had been adopted. Expressing appreciation for the establishment of national commitments by disease-endemic countries, he welcomed in particular the African Region's commitment to increase national funding for neglected tropical diseases and health care in general. His country looked forward to continuing its collaboration with the Secretariat and all Member States in the control and future elimination of neglected tropical diseases.

Dr BUSUMANI (Zimbabwe) noted with concern that the draft resolution contained references to the London Declaration on Neglected Tropical Diseases, which had not been endorsed by all Member States, but did not acknowledge in the work done on developing the Global Plan to Combat Neglected Tropical Diseases 2008–2015. He also expressed concern at the possible influence of industrial vested interests in that regard. He therefore recommended that the draft resolution should contain references only to the WHO road map to accelerate work on neglected tropical diseases and the action agreed to by Member States.

Mr ELMARDI (Sudan) expressed appreciation of WHO's efforts to control and eradicate neglected tropical diseases and thanked donors and partners for their support. Highlighting the devastating impact of mycetoma, which mostly affected poor populations, he remarked that his country had organized a side event on that disease, jointly with the Drugs for Neglected Diseases initiative, at the current Health Assembly.

Mr RAZAFINDRAZAKA (Madagascar) said that his country's actions to combat neglected tropical diseases were carried out at both national and district levels and focused on communicable diseases; they included a campaign for the distribution of generic medicines. However, in view of Madagascar's limited resources, which were already stretched by the double burden of communicable and noncommunicable diseases, additional support from international health partners would be welcomed. Noting that neglected tropical diseases mostly affected developing countries, he said that technical support was required from WHO and financial support from international health partners. He supported the draft resolution.

Dr BLOKLAND (Suriname) said that his country had developed a draft action plan with the support of PAHO and WHO to combat neglected tropical diseases, including schistosomiasis, leprosy, intestinal helminth infections, leishmaniasis and Chagas disease. The success of the plan would depend on the implementation of surveys, the strengthening of surveillance, and the availability of diagnostic tools, and in that connection continued technical and financial support from WHO was needed. He expressed support for the draft resolution.

Mr HIEN (Burkina Faso) drew attention to the increasing incidence of noma, which mainly affected children from disadvantaged communities in developing countries as a result of malnutrition and poor oral hygiene. A national programme to combat noma, in operation since 2002 had received technical and financial support from the Winds of Hope Foundation, WHO and several nongovernmental organizations and associations, but no reliable data existed on the national prevalence and incidence of the disease. He recommended the inclusion of noma in the list of neglected tropical diseases under consideration by the Organization and thanked the permanent missions of various African Member States for their work in support of that goal.

Mr DESIRAJU (India), speaking on behalf of the Member States of the South-East Asia Region, said that tropical diseases, which were diseases of the poor, had been neglected in terms of policy support, prioritization, resource allocation and effective implementation. Leprosy, lymphatic filariasis, leishmaniasis and dengue in particular were major public health problems in his Region, and

yaws was a focalized problem in India, Indonesia and Timor-Leste. A five-year regional strategic plan had been launched in 2012; some countries were on track to achieve regional and global targets; and further impact goals had been included in WHO's Twelfth General Programme of Work. Given the proposed reduction in budget allocations to the Regional Office for communicable diseases and preparedness, surveillance and response, however, additional resources would have to be mobilized.

Turning to the draft resolution, he said that greater emphasis should be placed on dengue in view of the increasing global impact of that disease. Furthermore, the repeated references to the London Declaration on Neglected Tropical Diseases were inappropriate, as it had not arisen from a process involving the participation of Member States; they should be replaced by references to the Global Plan to Combat Neglected Tropical Diseases 2008–2015. He proposed that the word "continued" should be inserted in subparagraph 1(1), between "to ensure" and "country ownership"; the words "taking into account social determinants of health" should be inserted in subparagraph 1(5)(c), after "neglected tropical diseases"; the word "discovery" in subparagraph 2(2) should be replaced by "research"; and the word "insecticides" in subparagraph 3(5) should be replaced by "vector control measures". Subject to those proposed amendments, the Member States of his Region would support adoption of the draft resolution.

Dr ABDULLA (Maldives) said that, although leprosy had been brought under control in Maldives and lymphatic filariasis was close to elimination, dengue remained a major challenge on account of the need for intensive management. Despite being targeted in WHO's road map to accelerate work on neglected tropical diseases, the global incidence of dengue had increased dramatically, putting 40% of the world's population at risk, and its control called for adequate levels of funding and a multisectoral approach with extensive community participation. Her delegation therefore expressed concern about the inadequate priority given to the disease in the draft resolution.

Meanwhile, countries that had met their targets to eliminate and control neglected tropical diseases must remain alert to their possible reintroduction, which called for stringent monitoring, preparedness and response, and the development of strong, multi-stakeholder, cross-border collaboration at the regional and global levels.

Dr MALECELA (United Republic of Tanzania) welcomed the draft resolution. Several neglected tropical diseases were highly endemic in his country and in others in the Region, and the resolution could accelerate the significant progress already being made towards their elimination. Sufficient resources had to be made available to ensure the success and sustainability of integrated national programmes, which should be carried out in conjunction with other development efforts.

Ms CALDERÓN DE COPETE (Panama) strongly supported the draft resolution. Cutaneous leishmaniasis was endemic in parts of her country and, although the preferred treatment with pentavalent antimonials was effective, they had a number of pharmacological disadvantages, and treatment was often abandoned on grounds of pain. Efforts to control the disease included laboratory-based diagnosis; timely provision of treatment to affected populations; enhanced epidemiological surveillance in endemic areas, and awareness-raising for health professionals. Her Government was in the process of updating its guidelines with the support of PAHO and would continue sharing its experience with others.

Dr SAOWAPAK HINJOY (Thailand) said that neglected tropical diseases were pushing people deeper into poverty even though the cost of treatment was relatively low.

She supported the draft resolution. To emphasize the need for countries close to eradicating a disease to remain committed to continuing surveillance, however, a new subparagraph 1(1)*bis* should be added, to read: "to further strengthen the disease surveillance system especially on neglected tropical diseases targeted for eradication;". Furthermore, given that the control of tropical diseases called for a multidisciplinary approach and effective implementation of the One Health concept,

subparagraph 1(5)(c) should end with the following additional wording: “with the application of the One Health concept to neglected tropical diseases and effective coordination across different sectors;”.

Dr DE ROSAS-VALERA (Philippines) said that neglected tropical diseases prevented many poor people in her country from leading healthy and productive lives, and that most of those affected lived in hard-to-reach, resource-poor communities. Her Government was committed to implementing programmes for the prevention, control and elimination of those diseases, deriving guidance from WHO and the London Declaration on Neglected Tropical Diseases. It was in the process of developing context-specific policies, standards and guidelines, in conjunction with actions to combat other high-priority diseases, and it would continue to scale up its efforts in the areas of resource mobilization, capacity-building, research and intersectoral partnerships, among others. The improvement of water and sanitation services would be one of the key factors in that regard. She fully supported the draft resolution and the amendments proposed by the delegates of India and Thailand.

Ms LÓPEZ DE LLERGO CORNEJO (Mexico) said that Mexico had made significant advances in the prevention, control and elimination of neglected tropical diseases such as rabies, leprosy and onchocerciasis, but that more needed to be done to combat dengue, Chagas disease and leishmaniasis. Her Government would continue to promote the participation of affected communities and civil society as a whole, and regarded the support of WHO and PAHO as a key element of success. She endorsed the draft resolution.

Dr HO (Brunei Darussalam), commending WHO’s emphasis on the need for collective action to combat neglected tropical diseases, said that Brunei Darussalam was committed to the global goal of eradicating those diseases by 2020 and supported the draft resolution. Her Government had embarked on a programme to eliminate lymphatic filariasis, which persisted in small pockets of the population, and supported the proposal of Saint Lucia and Member States of the South-East Asia Region to tackle the problem of dengue, reported cases of which had increased fivefold in Brunei Darussalam in the previous year. Other mosquito-borne diseases such as chikungunya should also be taken into consideration.

Mr KLEIMAN (Brazil) stressed the need to strengthen national health systems, especially at the primary care level, and to mainstream health-related measures into social and economic policies aimed at eliminating extreme poverty, in order to break the link between neglected tropical diseases and poverty. Particular emphasis should be placed on capacity-building, research and development incentives, and transfer of technology to developing countries. Brazil was stepping up efforts to combat diseases such as visceral leishmaniasis, and had recently launched a national campaign for the detection and treatment of leprosy and helminthiasis.

Expressing appreciation for WHO’s leadership and for the road map to accelerate work on neglected tropical diseases, he said that the world needed a strong alliance to move the agenda forward, in line with implementation of the Global Plan to Combat Neglected Tropical Diseases 2008–2015. He therefore proposed adding a new preambular paragraph to the draft resolution, before the second preambular paragraph, with the following wording: “Recognizing the importance of the Global Plan to Combat Neglected Tropical Diseases 2008–2015;”. Furthermore, in subparagraph 1(2), the words “by all partners in” should be replaced by “in the Global Plan to Combat Neglected Tropical Diseases 2008–2015, taking into account”. Brazil supported the amendments proposed by the delegate of India and emphasized the importance of approving the draft resolution.

Dr NABEEL (Pakistan) expressed support for efforts aimed at the prevention, control and elimination of neglected tropical diseases, especially leishmaniasis, parasitic diseases and dengue. The latter was a significant public health problem in Pakistan, and vigorous and effective measures had been taken to tackle the recent outbreak. Thanking WHO for its support, he urged the Organization to

increase its emphasis on the disease and to continue its leadership role in promoting the necessary enhanced partnerships.

Dr NSAKASHALO SENKWE (Zambia) commended and supported the draft resolution, which provided a framework for leveraging resources to eliminate such diseases through the engagement of relevant stakeholders. Her country was plagued by lymphatic filariasis, however, and she was concerned about pharmaceutical companies withholding donations of ivermectin on the grounds that onchocerciasis was not endemic in Zambia. She therefore urged WHO to engage those companies so as to assist it in meeting the goal of eliminating the disease by 2020.

Ms GÓNGORA TORRES (Colombia) drew attention to the fact that her Government's 10-year public health plan included actions for the prevention and control of neglected tropical diseases such as trachoma, Chagas disease and soil-transmitted helminthiasis, as part of its programme focusing on risk factors and the social determinants of health. Targets for eliminating morbidity and interrupting the transmission of onchocerciasis had been met through continuous work with local authorities and communities in isolated, hard-to-reach areas.

She supported the draft resolution and the amendments proposed by Brazil and the Member States of the South-East Asia Region. Particular emphasis should be placed on enhanced coordination for the development of effective and affordable technologies, and WHO should strive to make further progress in disseminating the criteria for the elimination of trachoma; in expanding the list of neglected tropical diseases; in developing guidelines and in focusing attention on and prioritizing dengue, given its increasing prevalence in countries most affected by climate change and extreme weather conditions.

Ms GIBB (United States of America) supported the draft resolution. Recognizing that achievement of the goals for 2020 outlined in the WHO road map to accelerate work on neglected tropical diseases would depend on more rapid treatment of those diseases through integrated country-level programmes, she called for more attention to be paid to capacity-building and implementation at country level. Furthermore, she recommended that the Secretariat should take steps to finalize its critical disease-specific guidelines. She had no objection to the amendments proposed by the delegates of India and Brazil but could not accept those proposed by the delegate of Thailand, as they were extensive and introduced new concepts proposed at the last minute.

Professor Pei-Jer CHEN (Chinese Taipei) said that his delegation would welcome the adoption of the draft resolution. Although certain tropical diseases had been brought under control in Chinese Taipei, following improvements in general hygiene and medical resources, dengue was an emerging challenge requiring effective vector control and case management. The elimination of mosquito breeding sites had been adopted in Chinese Taipei as the main vector-control measure. There was also greater collaboration at the local level and use of trained community volunteers in the implementation of preventive strategies. In the previous decade, fever screening at international airports and seaports in Chinese Taipei had helped detect about half of all imported dengue cases. In order to achieve effective control of dengue, however, a safe vaccine was needed.

Dr KNOPF (The Global Alliance for Rabies Control Inc.), speaking at the invitation of the CHAIRMAN, said that rabies caused about 60 000 preventable human deaths per year, more than any of the other neglected tropical diseases. The majority of rabies victims were children and marginalized populations in rural areas of Asia and Africa. The disease had been brought under control in some parts of the world but was still endemic in others owing to underreporting, misdiagnosis and scarce resources. Tools for the prevention of the disease were available and its elimination was feasible. Greater collaboration between stakeholders and the development of several regional road maps for rabies elimination had contributed to recent progress in combating the disease. The Alliance was working with WHO on a global strategy for the elimination of canine-mediated human rabies by 2030.

Mr OTTIGLIO (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that continued leadership by WHO was fundamental to winning the fight against neglected tropical diseases. The pharmaceutical industry was actively researching and developing medicines for treating those diseases and was increasing access to treatment through medicine donation programmes. Within the framework of the London Declaration on Neglected Tropical Diseases, the industry had undertaken to donate 14 billion treatments by 2020 to control or eliminate nine major neglected tropical diseases. In addition, the industry had entered into partnerships with other stakeholders to strengthen health system capacity and had increased the number of research and development programmes by 40% within the past year. Industry efforts were not sufficient by themselves, however; improved sanitation, access to safe water, education and investment in health systems required the engagement of all health stakeholders, particularly governments.

Miss IVERSEN (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, welcomed the recognition reflected in the draft resolution that action was required to tackle the root causes of disease, including environmental, social, economic and political factors. Access to clean water, education and primary health care facilities needed to become realities on the ground. Drug donation programmes covered at most 10 neglected tropical diseases, while innovative solutions were still needed for others, including Chagas disease, leishmaniasis and human African trypanosomiasis. Global investment in research and development for neglected diseases was dwarfed by their global burden. There was an urgent need for innovative approaches that were aligned with public health priorities. Action on neglected tropical diseases was inextricably linked to the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. She urged Member States to support open knowledge innovation that produced global public goods for preventing, diagnosing and treating the neglected health needs of the poor.

Mr COMMAR (The Royal Commonwealth Society for the Blind (Sightsavers)), speaking at the invitation of the CHAIRMAN, said that the draft resolution added to the positive momentum generated by the London Declaration on Neglected Tropical Diseases and the WHO road map to accelerate work on neglected tropical diseases. It also demonstrated the recognition that increased investment in neglected tropical diseases had improved health and social well-being in many countries. Partnership and collaboration, involving governments, nongovernmental organizations, donors and pharmaceutical companies, must form the bedrock of efforts to end neglected tropical diseases. Programmes must target the poorest and most marginalized populations and tackle structural determinants, in particular water, sanitation and hygiene services, in order to achieve lasting change. Neglected tropical diseases were diseases of poverty; their elimination would contribute to greater economic productivity and reduce social inequalities.

Ms VELLEMAN (WaterAid), speaking at the invitation of the CHAIRMAN, said that in order to reach the ambitious elimination targets set for many of the neglected tropical diseases, efforts must go beyond the traditional approaches that relied on medical interventions. The draft resolution was a key step in that direction. There had been insufficient and uneven progress with respect to water, sanitation and hygiene, which were crucial to the prevention, control and elimination of neglected tropical diseases. About one third of the world's population did not have access to adequate sanitation. Greater coordination between Member States was needed in order to reduce transmission of neglected tropical diseases and reach the poorest and most marginalized communities, who carried the heaviest burden of disease and lacked access to basic services. She urged WHO to embed water, sanitation and hygiene in its disease control plans and strategies, to encourage all stakeholders to work together and to channel resources in such a way as to encourage collaboration.

Dr NAKATANI (Assistant Director-General) expressed appreciation of speakers' comments and their general support for the draft resolution. Neglected tropical diseases affected the poorest of the poor, and survivors often suffered from deformities and disabilities that gave rise to social stigma and discrimination. Issues relating to those diseases should therefore be considered from the three angles of health, development and human rights.

Although there was no licensed dengue vaccine, research was ongoing and clinical trials were under way. The Strategic and Technical Advisory Group for Neglected Tropical Diseases had concluded that existing tools could be used to reduce deaths from dengue by 50% and morbidity by 25%. WHO's global strategy for dengue prevention and control, comprising the four components of vector control, emergency response, case management and surveillance, treated dengue as a serious global problem, affecting countries with a variety of climates.

Following a strategic realignment process, the secretariat of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases had become smaller but more focused. The role of the WHO Programme Secretariat was to advise Member States on evidence-based norms and standards and global statistics, while that of the Special Programme was to generate evidence and build country capacity. The Special Programme's integration with the neglected tropical diseases department was fully reflected in the Programme budget 2014–2015. Noting that it was unrealistic to expect individual Member States to have access to specialists for every disease, he stressed that integration was central to the Organization's approach to neglected tropical diseases.

Responding to comments on the importance of improving health systems and access to quality-assured medicines, he said that partnerships involving Member States, the Secretariat, industry and other development partners were crucially important. Industry partners supplied massive amounts of medicines in support of that work.

Referring to disease-specific issues, he said that, although each country had its own unique epidemiological situation, the approach adopted should be one that promoted synergies while remaining country-focused. Leprosy, for example, had been eliminated as a public health problem (except in one country), but there were a few hot spots requiring action on a case-by-case basis. In response to the concerns raised by the delegate of Zambia, he said that, of the two medicines used in the treatment of lymphatic filariasis, ivermectin was only provided in areas where onchocerciasis was also endemic, which was not the case in Zambia. However, one manufacturer of diethylcarbamazine had agreed to provide the medicine starting in 2014.

The DIRECTOR-GENERAL said that her commitment to neglected tropical diseases dated back to her previous role as Assistant Director-General for Communicable Diseases. She had been struck by the scale of the problem and the silent suffering of more than 1 billion faceless and voiceless victims, who struggled with inequality and social stigma associated with the diseases. Although some of the medicines necessary for treating the diseases only cost pennies, the poorest of the poor could not afford them. The resulting market failure, arising from the lack of demand and the lack of supply, posed a major challenge, as did the limited capacity of overwhelmed health systems and the limited awareness of the problem in some Member States.

Neglected tropical diseases had been a priority for the Organization from the beginning of her tenure as Director-General. Without tackling neglected tropical diseases, Member States could not celebrate Millennium Development Goal achievements. Having witnessed the ways in which countries grouped certain diseases together in order to combat them more effectively, she had concluded that a new approach to public–private partnerships was needed. Such partnerships required the support, leadership and commitment of Member States, the input of the world's researchers and the support of major pharmaceutical companies. The meeting that had produced the London Declaration on Neglected Tropical Diseases had been a watershed event, at which pharmaceutical companies had been challenged to collaborate in providing continuous donations of medicines, engage in technology transfer and make long-term commitments. Donations in 2010 and 2011 had totalled US\$ 94 million and were expected to reach US\$ 150 million in 2014 and 2015. Such long-term commitments enabled

the Secretariat to step up its ability to build health system capacities and support Member States in their efforts to deliver medicines to people living in remote areas.

Recognizing the importance of North–South and South–South collaboration, WIPO had established a new open access platform for innovation to promote collaboration between Member States, industry representatives and scientific institutions. WHO had been unable to join the initiative because of conflict-of-interest concerns, but Member States were encouraged to do so.

She urged Member States to provide further advice and guidance on follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination and on ways to redress the injustices affecting the victims of neglected tropical diseases.

Dr LANE (United Kingdom of Great Britain and Northern Ireland) commended the Director-General's remarks concerning the importance of the meeting at which the London Declaration on Neglected Tropical Diseases had been adopted. He was anxious that the draft resolution should not be opened up to a lengthy redrafting process but was willing, in a spirit of compromise, to accept the amendment concerning the London Declaration proposed by the delegate of Brazil. Noting the concerns expressed by the delegate of the United States of America with respect to the amendments proposed by the delegate of Thailand, which contained important points, he suggested that they could be redrafted to make them more acceptable and to ensure that they did not introduce new concepts.

Professor HALTON (Australia) noted with appreciation and supported the passionate and eloquent statement made by the Director-General. Concerning the extensive amendments proposed by the delegation of Thailand, which contained new concepts of some complexity, she aligned herself with the remarks made by the delegate of the United States of America. On the other hand, in the interests of moving forward on the item, she was willing to accept the minor and helpful amendments proposed by the delegates of India and Brazil.

Dr THAKSAPHON THAMARANGSI (Thailand) said that the amendments proposed by his delegation were minor and did not introduce new concepts. The new subparagraph 1(1)*bis* proposed by his delegation contained wording of a general nature that could not be construed as objectionable. The amendment to subparagraph 1(5)(c) concerned safe drinking-water, basic sanitation, health promotion, vector control, and veterinary and public health, all of which were aspects of key importance for tackling neglected tropical diseases. His delegation strongly believed that environmental, animal and human health should be considered together under the heading of One Health, which was not new to the Health Assembly: in 2008 WHO, together with FAO and OIE, had produced a report on the subject. He proposed changing the wording of the second proposed amendment, so as to add, at the end of subparagraph 1(5)(c), the words “taking into consideration the One Health concept”.

The CHAIRMAN said that a revised version of the draft resolution, incorporating the proposed amendments, would be circulated later for consideration at a subsequent meeting.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the twelfth meeting, section 3.)

The meeting rose at 12:15.