

TWELFTH MEETING

Monday, 27 May 2013, at 14:30

Chairman: Dr W.T. GWENIGALE (Liberia)

1. NONCOMMUNICABLE DISEASES: Item 13 of the Agenda (continued)

Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases: Item 13.1 of the Agenda (Documents A66/8 and A66/8 Add.1) (continued)

Draft action plan for the prevention and control of noncommunicable diseases 2013–2020: Item 13.2 of the Agenda (Documents A66/9 and A66/9 Corr.1) (continued)

Mr KLEIMAN (Brazil), welcoming the revisions to the draft global monitoring framework and the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, said that approval of the nine voluntary global targets was of fundamental importance. The agreed set of global targets and indicators took into account national and regional realities and aimed to strengthen health systems and expand access to care. In that connection, he highlighted the importance of the global strategy and plan of action on public health, innovation and intellectual property and the work of the related Consultative Expert Working Group on Research and Development: Financing and Coordination in ensuring access to treatment and medication for noncommunicable diseases. By adopting the action plan, the Health Assembly would be taking a major step forward in the battle against such diseases. Although the plan was voluntary in nature, he trusted that Member States would implement it fully, with the support and leadership of the Secretariat. His delegation was proud to cosponsor the draft resolution, which fulfilled the mandate entrusted to the Organization by the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and looked forward to participating in future discussions on the comprehensive global monitoring framework and the related indicators.

Mr SODNOM (Mongolia), also welcoming the draft action plan, reaffirmed his Government's view that the problem of harmful use of alcohol was not being adequately addressed. He encouraged Member States to consider the possibility of developing a convention on the issue as part of the implementation of the draft action plan on noncommunicable diseases.

Dr NABEEL (Pakistan) thanked the members of the drafting group for their work and the Secretariat for its unstinting support. Once the action plan was adopted, it would be the collective duty of all to ensure its adequate implementation at national, regional and global levels.

Mr KULIKOV (Russian Federation) welcomed the draft resolution, which aimed to fulfil the commitments made under the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases. Through its development of the comprehensive global monitoring framework and the action plan, WHO had once again played a leadership role in global health. The next steps would be to develop draft terms of reference for a global coordination mechanism and to establish a United Nations task force on noncommunicable diseases within the framework of the United Nations Economic and Social Council. His Government was preparing a draft resolution to that effect, which would shortly be distributed to Member States of the United

Nations. It was important to strengthen and support WHO's efforts for the prevention and control of noncommunicable diseases, and the Russian Federation had therefore earmarked more than US\$ 7 million for that purpose in 2012–2013; he hoped that partners would also support the Organization's work.

The CHAIRMAN said that, in the absence of any further comment, he took it that the Committee was ready to approve the draft resolution, as amended by the informal drafting group.

The draft resolution, as amended, was approved.¹

2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 14 of the Agenda (continued)

Monitoring the achievement of the health-related Millennium Development Goals and Health in the post-2015 development agenda: Item 14.1 of the Agenda (Documents A66/13 and A66/47) (continued from the sixth meeting, section 2)

The CHAIRMAN drew attention to a revised version of the draft resolution on health in the post-2015 development agenda, which had been prepared by a drafting group and which replaced the draft resolution put forward by the Member States of the African Region during the Committee's sixth meeting. The new draft resolution read:

The Sixty-sixth World Health Assembly,

PP1 Reaffirming the WHO Constitution which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

PP2 Reaffirming the principles of the United Nations Millennium Declaration A/RES/55/2, including human dignity, equality and equity, and stressing the need for their reflection in the post-2015 development agenda;

PP3 Recalling United Nations General Assembly resolution 64/299 on "Keeping the promise: united to achieve the Millennium Development Goals", which requested the "Secretary-General to report annually on progress in the implementation of the Millennium Development Goals until 2015 and to make recommendations in his annual reports, as appropriate, for further steps to advance the United Nations development agenda beyond 2015";

PP4 Recalling United Nations General Assembly resolution 66/288 "The future we want" which recognized "health as a precondition for and an outcome and indicator of all three dimensions of sustainable development" and which requested, inter alia, the establishment of an open working group which will submit a proposal for sustainable development goals for consideration by the United Nations General Assembly;

PP5 Recognizing the global health and foreign policy resolution A/RES/67/81 which, inter alia, recommends "that consideration be given to including universal health coverage in the discussion on the post-2015 UN development agenda in the context of global health challenges";

PP6 Noting the outcome of the Global Thematic Consultation on Health in the post-2015 UN development agenda, which culminated in a High Level Dialogue on Health in Gaborone, Botswana in March 2013;

¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA66.10.

PP7 Acknowledging the many global, regional and national consultations on health in the post-2015 UN development agenda which are now under way;

PP8 Concerned that while some countries have made good progress towards the achievement in attaining some of the health related Millennium Development Goals (MDGs) many others are not on track to fully attain some or all of the health related MDGs by 2015;

PP9 Appreciating the need to sustain current achievements and accelerate efforts in those countries where it is needed to make more rapid progress towards achievement of the health related MDGs by 2015,

1. URGES Member States:¹

- (1) to ensure that health is central to the post-2015 UN development agenda;
- (2) to strengthen country ownership in articulating national plans and priorities and aligning efforts and resources towards the achievement of the current health related MDGs building towards sustainable progress on health outcomes;
- (3) to actively engage in discussions on the post-2015 UN development agenda respecting the processes established by the United Nations General Assembly;
- (4) to honour their commitments towards agreed health targets and goals and to sustain and accelerate efforts towards the achievement of the health related MDGs.
- (5) to accelerate international cooperation to support countries that may not achieve health related MDGs by 2015;

2. CALLS UPON the Director-General:

- (1) to ensure that WHO consultations on health in the post-2015 UN development agenda are inclusive and open to all regions, subregions and Member States,¹ and that these discussions are adequately informed by other ongoing processes;
- (2) to continue active engagement with ongoing discussions on the post-2015 UN development agenda and to work with the UN Secretary General to ensure the centrality of health in all relevant processes;
- (3) to advocate for intensified mobilization of financial and technical resources, in the spirit of the Busan Declaration on development effectiveness, to assist member states in accelerating attainment of the health related MDG targets by 2015;
- (4) to include the discussion of this agenda item, Health in the post-2015 UN development agenda, in the 2013 meetings of the WHO Regional Committees and to present a report to the Sixty-seventh World Health Assembly through the 134th Executive Board in January 2014 on these discussions.

Ms EL-HALABI (Botswana), speaking in her capacity as chair of the drafting group, said that the group had reached consensus on several underlying principles, which were reflected in the proposed amendments to the draft resolution. Switzerland and 27 Member States of the European Union had indicated that they wished to cosponsor the draft resolution, as had Brazil, subject to the inclusion of a reference in the preamble to the Rio Political Declaration on Social Determinants of Health. That amendment was acceptable to the other sponsors. She thanked the drafting group participants for their input and the Secretariat for its support.

Mr McIFF (United States of America), speaking on behalf of the Member States of the Region of the Americas, thanked the African Region for tabling the resolution and requested that the Member States of the Region of the Americas be added as cosponsors of the draft resolution, including the amendment proposed by the delegation of Brazil.

¹ And, where applicable, regional economic integration organizations.

Ms PENIĆ-IVANKO (Croatia) said that her country would also like to cosponsor the draft resolution.

Following a request from the CHAIRMAN, Mr McIFF (United States of America) read out the new preambular paragraph *6bis* proposed by Brazil: “Further recalling the Rio Political Declaration on Social Determinants of Health, endorsed by World Health Assembly resolution WHA65.8 in May 2012”.

The CHAIRMAN said that, in the absence of any objection, he took it that the Committee wished to approve the draft resolution as amended.

The draft resolution, as amended, was approved.¹

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

Neglected tropical diseases: Item 16.2 of the Agenda (Documents A66/20 and EB132/2013/REC/1, resolution EB132.R7) (continued from the tenth meeting, section 2)

The CHAIRMAN drew attention to a revised version of the draft resolution on neglected tropical diseases, which read:

The Sixty-sixth World Health Assembly,

PP1 Having considered the report on neglected tropical diseases,² and recalling the previous World Health Assembly resolutions listed therein;

PP2 Recognizing that increased national and international investments in prevention and control of neglected tropical diseases have succeeded in improving health and social well-being in many countries;

PP2(bis) Recognizing the importance of the Global Plan to Combat Neglected Tropical Diseases 2008–2015; [Brazil]

PP3 Noting WHO’s roadmap to accelerate the work to overcome the global impact of neglected tropical diseases ~~and the subsequent London Declaration on Neglected Tropical Diseases endorsed by a community of partners; [Zimbabwe/India]~~

PP4 Acknowledging the linkages between, and mutual supportiveness of, control and elimination of neglected tropical diseases and the global strategy and plan of action on public health, innovation and intellectual property;

PP5 Acknowledging that expansion of activities to prevent and control neglected tropical diseases will need adequately resourced national programmes functioning within effective health, education and other sectors in order to provide for an uninterrupted supply and delivery of quality-assured commodities and services;

PP6 Realizing that current approaches to the prevention and control of neglected tropical diseases, when implemented in an integrated manner and across all relevant sectors, are highly effective and contribute to stronger health systems and the achievement of the health-related Millennium Development Goals, but that there are still many challenges;

PP7 Appreciating the generous contribution of pharmaceutical companies in donating sufficient quantities of quality-assured essential medicines for the prevention and treatment of

¹ Transmitted to the Health Assembly in the Committee’s fifth report and adopted as resolution WHA66.11.

² Document A66/20.

neglected tropical diseases, while acknowledging the need to ensure their continuous availability and affordability;

PP8 Recognizing the contribution of bodies in the United Nations system, intergovernmental and nongovernmental organizations, academic institutions and civil society;

PP9 Recognizing the diversity of neglected tropical diseases, their causative agents and relevant vectors and intermediate hosts, their epidemic potential (such as for dengue, Chagas disease, human rabies of canine origin and leishmaniasis), and their morbidity, mortality and associated stigmatization,

1. URGES Member States:

(1) to ensure **continued [India]** country ownership of programmes for neglected tropical disease prevention, control, elimination and eradication;

(1bis) to further strengthen the disease surveillance system especially on neglected tropical diseases targeted for eradication; [Thailand]

(2) to expand and implement, as appropriate, interventions against neglected tropical diseases in order to reach the targets agreed ~~by all partners in the Global Plan to Combat Neglected Tropical Diseases 2008–2015, taking into account [Brazil]~~ the London Declaration on Neglected Tropical Diseases and set out in WHO's roadmap for accelerating work to overcome the global impact of neglected tropical diseases by:

(a) ensuring that resources match national requirements and flow in a sustainable manner as a result of thorough planning and costing of prevention and control activities and detailed analysis of associated expenditures;

(b) enabling improvement of the management of the supply chain, in particular through forecasting, timely procurement of quality-assured goods, improved stock-management systems, and facilitating importation and customs clearance;

(c) integrating neglected tropical diseases control programmes into primary health care services and vaccination campaigns, or into existing programmes where feasible, in order to achieve greater coverage and reduce operational costs;

(d) ensuring appropriate programme management and implementation through the development, sustenance and supervision of a cadre of skilled staff (including other sectors than health) at national, district and community levels;

(3) to advocate predictable, long-term, international financing for the control of neglected tropical diseases; to enhance and sustain national financial commitments, including resource mobilization from sectors other than health; and to strengthen capacity for prevention and control of neglected tropical diseases, strengthening research, in order to accelerate implementation of the policies and strategies designed to achieve the targets set by the Health Assembly in various resolutions related to specific neglected tropical diseases as well as in the roadmap and the London Declaration;

(4) to strengthen national capacity for monitoring and evaluation of the impact of interventions against neglected tropical diseases;

(5) to devise plans for achieving and maintaining universal access to and coverage with interventions against neglected tropical diseases, notably:

(a) to provide prompt diagnostic testing of all suspected cases of neglected tropical diseases and effective treatment with appropriate therapy of patients in both the public and private sectors at all levels of the health system including the community level;

- (b) to implement and sustain coverage with preventive chemotherapy¹ of at least 75% of the populations in need, as a prerequisite for achieving goals of disease control or elimination;
 - (c) to improve coordination for reducing transmission and strengthening control of neglected tropical diseases **taking into account social determinants of health, [India]** through provision of safe drinking-water, basic sanitation, health promotion and education, vector control and veterinary public health; **taking into consideration One Health [Thailand];**
2. CALLS upon WHO's international partners, including intergovernmental, international and nongovernmental organizations, financing bodies, academic and research institutions, civil society and the private sector:
- (1) to support Member States, as appropriate:
 - (a) to provide sufficient and predictable funding to enable the targets for 2015 and 2020 to be met and efforts to control neglected tropical diseases to be sustained;
 - (b) to harmonize the provision of support to countries for implementing a national plan based on WHO-recommended policies and strategies and using commodities that meet international quality standards;
 - (c) to promote universal access to preventive chemotherapy, and diagnostics, case management, and vector control and other prevention measures, as well as effective surveillance systems;
 - (2) to encourage initiatives for the ~~discovery~~ **research [India]** and development of new diagnostics, medicines, vaccines, and pesticides and biocides, improved tools and technologies and other innovative instruments for vector control and infection prevention and to support operational research to increase the efficiency and cost-effectiveness of interventions, taking into account the global strategy and plan of action on public health, innovation and intellectual property;
 - (3) to collaborate with WHO in order to provide support to Member States in measuring progress towards, and in accomplishing, their goals of elimination and eradication of selected neglected tropical diseases;
3. REQUESTS the Director-General:
- (1) to sustain WHO's leadership in the drive to overcome neglected tropical diseases;
 - (2) to support the development and updating of evidence-based norms, standards, policies, guidelines and strategies and research for prevention, control and elimination of neglected tropical diseases in order to chart a course for reaching the related targets set in resolutions of the Health Assembly;
 - (3) to monitor progress in achieving the targets for neglected tropical diseases set in WHO's roadmap for accelerating work to overcome the global impact of neglected tropical diseases, and to provide support to Member States in their efforts to collect, validate and analyse data from national surveillance systems;
 - (4) to provide support to Member States to strengthen human resource capacity for prevention, diagnosis and control of neglected tropical diseases, including vector control and veterinary public health;
 - (5) to encourage and support initiatives to discover and obtain new diagnostic tools, medicines and ~~insecticides~~ **vector control measures, [India]** and to support operational research to increase the efficacy and cost-effectiveness of interventions;

¹ Preventive chemotherapy means large-scale preventive treatment against helminthiases and trachoma with safe, single-dose, quality-assured medicines.

(6) to report to the Sixty-eighth World Health Assembly on progress towards the elimination and eradication of targeted diseases, through the Executive Board.

Mr DJOULDE (Cameroon), speaking on behalf of the Member States of the African Region, voiced strong support for the revised draft resolution. He drew attention to the devastating impact of noma on people in Africa and also in Asia and Latin America, noting not only its link to malnutrition but also its association with poverty, in common with other neglected tropical diseases. He therefore recommended that WHO accord higher priority to the issue of noma and that the Secretariat draw up a report on the subject for consideration by the next Health Assembly.

Dr BUSUMANI (Zimbabwe) proposed amending subparagraph 1(2) by deleting “taking into account the London Declaration on Neglected Tropical Diseases” after “2008–2015”.

Mr PUSP (India) expressed support for the amendment proposed by the delegate of Zimbabwe. If the Committee was not able to accept that amendment, however, he would propose replacing “taking into account” with “noting” and changing the order of the words in order to refer first to WHO’s roadmap and then to the London Declaration.

Dr LANE (United Kingdom of Britain and Northern Ireland) said that his delegation could not agree to the amendment proposed by the delegate of Zimbabwe but would accept the wording proposed by the delegate of India.

Dr BUSUMANI (Zimbabwe) agreed to the amendment proposed by the delegate of India.

Responding to a request from the CHAIRMAN, Mr PUSP (India), said that subparagraph 1(2) as amended would read: “... 2008–2015, as set out in WHO’s roadmap for accelerating work to overcome the global impact of neglected tropical diseases and noting the London Declaration on Neglected Tropical Diseases by:”.

The CHAIRMAN said that, in the absence of any objection, he took it that the Committee was ready to approve the draft resolution as amended.

The draft resolution, as amended, was approved.¹

The meeting was suspended at 15:00 and resumed at 15:45.

4. FIFTH REPORT OF COMMITTEE A (Document A66/73)

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

The CHAIRMAN said that, in the absence of any objection, he took it that the Committee wished to adopt the report.

The report was adopted.²

¹ Transmitted to the Health Assembly in the Committee’s fifth report and adopted as resolution WHA66.12.

² See page 310.

5. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

The meeting rose at 15:50.