

First report of Committee A

(Draft)

Committee A held its fifth meeting on 20 May 2015 under the chairmanship of Dr Eduardo Jaramillo (Mexico).

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

12. Programme and budget matters

12.2 Proposed programme budget 2016–2017

One resolution, as amended, entitled:

– Programme budget 2016–2017

16. Communicable diseases

16.2 Malaria: draft global technical strategy: post 2015

One resolution, as amended, entitled:

– Global technical strategy and targets for malaria 2016–2030

Agenda item 12.2

Programme budget 2016–2017

The Sixty-eighth World Health Assembly,

Having considered the Proposed programme budget 2016–2017;¹

Recognizing the exceptional circumstances relating to the Ebola crisis, the additional work that will be required to ensure that WHO is ready to respond effectively to health emergencies, and to deliver reforms to enhance WHO's accountability, transparency, financial management, efficiency and results reporting,

1. APPROVES the programme of work, as outlined in the Proposed programme budget 2016–2017;
2. APPROVES the budget for the financial period 2016–2017, under all sources of funds, namely, assessed and voluntary contributions of US\$ 4385 million;
3. ALLOCATES the budget for the financial period 2016–2017 to the following categories and other areas:

- (1) Communicable diseases US\$ 765 million;
- (2) Noncommunicable diseases US\$ 340 million;
- (3) Promoting health through the life course US\$ 382 million;
- (4) Health systems US\$ 594 million;
- (5) Preparedness, surveillance and response US\$ 380 million;
- (6) Enabling functions/corporate services US\$ 734 million;

Other areas:

Polio, Tropical disease research, and Research in human reproduction US\$ 986 million;

Outbreak and crisis response US\$ 204 million;

4. RESOLVES that the budget will be financed as follows:
 - (1) by net assessments on Member States adjusted for estimated Member State non-assessed income for a total of US\$ 929 million;

¹ Document A68/7.

(2) from voluntary contributions for a total of US\$ 3456 million;

5. FURTHER RESOLVES that the gross amount of the assessed contribution for each Member State shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that the reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; the amount of such tax reimbursements is estimated at US\$ 27 million, resulting in a total assessment on Members of US\$ 956 million;

6. DECIDES that the Working Capital Fund shall be maintained at its existing level of US\$ 31 million;

7. AUTHORIZES the Director-General to use the assessed contributions together with the voluntary contributions, subject to the availability of resources, to finance the budget as allocated in paragraph 3, up to the amounts approved;

8. FURTHER AUTHORIZES the Director-General, where necessary, to make budget transfers among the six categories, up to an amount not exceeding 5% of the amount allocated to the category from which the transfer is made. Any such transfers will be reported in the statutory reports to the respective governing bodies;

9. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the outbreak and crisis response component of the budget beyond the amount allocated for this component, subject to availability of resources, and requests the Director-General to report to the governing bodies on availability of resources and expenditures in this component;

10. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the polio, Tropical disease research, and Research in human reproduction components of the budget beyond the amount allocated for those components, as a result of additional governance and resource mobilization mechanisms, as well as their budget cycle, which inform the annual/biennial budgets for these special programmes, subject to availability of resources, and requests the Director-General to report to the governing bodies on availability of resources and expenditures in these components;

11. REQUESTS the Director-General to submit regular reports on the financing and implementation of the budget as presented in document A68/7 and on the outcome of the financing dialogue, the strategic allocation of flexible resources and the results of the coordinated resource mobilization strategy, through the Executive Board and its Programme, Budget and Administration Committee, to the World Health Assembly.

Agenda item 16.2

Global technical strategy and targets for malaria 2016–2030

The Sixty-eighth World Health Assembly,

Having considered the report on malaria: draft global technical strategy: post 2015,¹

Recalling resolutions WHA58.2 on malaria control, WHA60.18 on malaria, including proposal for establishment of World Malaria Day and WHA64.17 on malaria, and United Nations General Assembly resolutions 65/273, 66/289, 67/299 and 68/308 on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015;

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases), and towards the targets set by the Health Assembly in resolution WHA58.2;

Recognizing that these gains, when complemented by further investments in new cost-effective interventions, provide an opportunity to further reduce the high burden of malaria and accelerate progress towards elimination;

Noting that approximately 200 million cases of malaria are estimated to have occurred in 2013; that the disease led to more than 580 000 deaths in 2013, mostly in children under five years of age in Africa, and imposes a significant burden on households, communities and health services in high-burden countries; and that the number of cases and deaths will increase unless efforts to reduce the disease burden are intensified;

Recognizing that malaria interventions are highly cost-effective, yet there is a need to urgently address and overcome the barriers that hinder universal access of at-risk populations to vector-control measures, preventive therapies, quality-assured diagnostic testing and treatment for malaria;

Recognizing also that malaria-related morbidity and mortality throughout the world can be substantially reduced with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic;

Deeply concerned by the regional and global health threat posed by the emergence and spread of insecticide and drug resistance, including artemisinin resistance, and the systemic challenges impeding further progress, including weak health and disease surveillance systems in many affected countries;

Cognizant of the grave economic and social burden that malaria inflicts on the most vulnerable and poorest communities in countries in which malaria is endemic, and of the disproportionate burden that is borne by countries in sub-Saharan Africa, and high-risk groups, including migrant and mobile populations;

¹ Document A68/28.

Cognizant also that a reduction in the malaria burden can improve social conditions and lift communities out of poverty, and that it has a positive economic and social impact;

Acknowledging that recent successes in malaria prevention and control are fragile and that further progress depends on action within and beyond the health sector, which requires long-term political and financial commitments, strong regional collaboration, the strengthening of health systems, and investments in innovation and research;

Recognizing that in the interconnected and interdependent world, no country is risk-free in respect of malaria, including countries that have recently eliminated the disease and countries that are non-endemic for malaria,

1. ADOPTS the global technical strategy for malaria 2016–2030, with:
 - (1) its bold vision of a world free of malaria, and its targets to reduce malaria incidence and mortality rates globally by at least 90% by 2030, to eliminate the disease in at least 35 new countries, and to prevent its re-establishment in countries that were free of malaria in 2015;
 - (2) its associated milestones for 2020 and 2025;
 - (3) its five principles addressing: acceleration of efforts towards elimination; country ownership and leadership, with the involvement and participation of communities; improved surveillance, monitoring and evaluation; equity in access to health services; and innovation in tools and implementation approaches;
 - (4) its three pillars of: ensuring universal access to malaria prevention, diagnosis and treatment; accelerating efforts towards elimination and attainment of malaria-free status; and transforming malaria surveillance into a core intervention;
 - (5) its two supporting elements of: harnessing innovation and expanding research; and strengthening the enabling environment;
2. URGES Member States:¹
 - (1) to update national malaria strategies and operational plans consistent with the recommendations of the global technical strategy for malaria 2016–2030;
 - (2) to intensify national and regional efforts to reduce malaria morbidity and mortality in high-burden countries and accelerate progress towards elimination, and, where appropriate, maintain malaria-free status;
 - (3) to strengthen health systems, including both the public and private sectors, and devise plans for achieving and maintaining universal access on the part of at-risk populations to WHO-recommended core malaria interventions;

¹ And, where applicable, regional economic integration organizations.

- (4) to intensify national, cross-border, regional and subregional efforts to address the threat posed by rising insecticide and drug resistance, including artemisinin resistance;
 - (5) to promote multisectoral collaboration, educational programmes, and community involvement in order to strengthen efforts for malaria control and elimination;
 - (6) to establish and strengthen, as appropriate, national malaria surveillance and response systems in order to improve the quality of data and the effectiveness and efficiency of national malaria responses;
 - (7) to develop a comprehensive cross border malaria control and treatment model, where appropriate, strengthen cross border collaboration, improve the effectiveness of malaria elimination using primary health care as the main platform, and integrate the model into broader health delivery systems;
 - (8) to promote basic and applied research into malaria and accelerate the rapid development and adoption of good-quality and cost-effective new tools, in particular vaccines, medicines, diagnostics, surveillance, insecticides and vector control tools to prevent and control malaria, and to collaborate on new approaches;
 - (9) to strengthen human resource capacity and infrastructure to improve the effectiveness, efficiency and sustainability of malaria responses, while ensuring integration and synergies with the wider health system;
 - (10) to consider the financial implications of this resolution in the broader context of health sector development, and increase national, regional and international funding for malaria interventions, and for cross-border and regional initiatives;
3. INVITES international, regional and national partners from within and beyond the health sector, in particular those in the Roll Back Malaria Partnership, to engage in, and support, the implementation of the global technical strategy for malaria 2016–2030;
 4. CALLS UPON WHO's international partners, including intergovernmental and international organizations, financing bodies, academic and research institutions, civil society and the private sector to support Member States,¹ as appropriate:
 - (1) to mobilize sufficient and predictable funding to enable an accelerated reduction of the malaria burden, particularly in high-burden countries, and progress towards elimination, in line with the milestones and targets proposed in the global technical strategy for malaria 2016–2030;
 - (2) to support knowledge generation, research and innovation to speed up the development of new vector-control tools, diagnostics, medicines and vaccines, and of new surveillance, data management, operational delivery and implementation solutions;
 - (3) to harmonize and integrate the provision of support to national malaria programmes for adopting and implementing WHO-recommended policies and strategies and promoting the long-term sustainability of malaria responses;

¹ And, where applicable, regional economic integration organizations.

5. REQUESTS the Director-General:

- (1) to provide technical support and guidance to Member States¹ for the implementation, national adaptation and operationalization of the global technical strategy for malaria 2016–2030;
- (2) to update technical guidance on malaria prevention, care and elimination regularly, as new evidence is gathered and new innovative tools and approaches become available;
- (3) to monitor the implementation of the global technical strategy for malaria 2016–2030 and evaluate its impact in terms of progress towards set milestones and targets;
- (4) to strengthen the Secretariat's capacities to enable it to increase its technical support to Member States,¹ in order to meet the global milestones and targets;
- (5) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are actively engaged and coordinated in promoting and implementing the global technical strategy for malaria 2016–2030;
- (6) to report on the progress achieved to the Seventieth and Seventy-second World Health Assemblies, and at regular intervals thereafter, through the Executive Board.

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¹ And, where applicable, regional economic integration organizations.