

Fourth report of Committee B

Committee B held its sixth and seventh meetings on 28 May 2016 under the chairmanship of Dr Phusit Prakongsai (Thailand) and Dr Mohsen Asadi-Lari (Islamic Republic of Iran).

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

15. Communicable diseases

15.3 Mycetoma

One resolution entitled:

- Addressing the burden of mycetoma

15.1 Draft global health sector strategies

One resolution entitled:

- Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021

16. Health systems

16.2 Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Report of the open-ended meeting of Member States

One resolution entitled:

- Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

16.1 Health workforce and services

One resolution as amended entitled:

- Strengthening integrated people-centred health services

16.4 Addressing the global shortage of medicines, and the safety and accessibility of children's medication

One resolution as amended entitled:

- Addressing the global shortage of medicines and vaccines

Agenda item 15.3**Addressing the burden of mycetoma**

The Sixty-ninth World Health Assembly,

Having considered the report on mycetoma,¹

Deeply concerned about the impact of mycetoma, especially among children and young adults of working age, and the public health and socioeconomic burdens that the disease places on poor, rural communities;

Aware that early detection and treatment minimize the adverse consequences of mycetoma;

Noting with satisfaction the progress made by some Member States with regard to research into mycetoma and management of cases of the disease;

Concerned that several factors, including late detection of cases of mycetoma and inadequacy of available tools for diagnosis, treatment and prevention of the disease, impede further progress;

Mindful that achievement of the United Nations Millennium Development Goals and the Goals of the 2030 Agenda for Sustainable Development,² particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including mycetoma,

1. CALLS UPON the international community and all stakeholders including, inter alia, international organizations, bodies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:

(1) to cooperate directly with countries in which mycetoma is endemic, upon the request of such countries, in order to strengthen control activities;

(2) to develop partnerships and foster collaboration with organizations and programmes involved in health system development in order to ensure that effective interventions can reach all those in need;

(3) to support institutions working on research into mycetoma;

2. ENCOURAGES Member States in which mycetoma is, or threatens to become, endemic:

(1) to assess the burden of mycetoma and, where necessary, establish a control programme;

¹ Document A69/35.

² United Nations General Assembly resolution 70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1.

- (2) to accelerate efforts for early detection and treatment of mycetoma cases;
- (3) to integrate, where feasible, efforts to control mycetoma with other relevant disease-control activities;
- (4) within the context of health-system development, to establish and sustain partnerships for control of mycetoma at country and regional levels;
- (5) to meet control needs, including in respect of improved access to treatment and rehabilitation services, by mobilizing national resources;
- (6) to provide training to relevant health workers on the management of mycetoma;
- (7) to intensify research in order to develop new tools to diagnose, treat and prevent mycetoma;
- (8) to promote community awareness of disease symptoms in support of early detection and prevention of mycetoma, and to intensify community participation in control efforts;

3. REQUESTS the Director-General:

- (1) to include mycetoma among the diseases termed “neglected tropical diseases”;
- (2) to continue to offer technical support to institutions working on research into mycetoma, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to support Member States in which mycetoma is endemic to strengthen capacities for improving early detection and access to treatment;
- (4) to foster technical cooperation among countries as a means of strengthening mycetoma surveillance, control and rehabilitation services;
- (5) through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, to support the strengthening of research capacity in order to meet the need for better diagnostics, treatments and preventive tools for mycetoma;
- (6) through the Strategic and Technical Advisory Group for Neglected Tropical Diseases, to define a systematic, technically-driven process for evaluation and potential inclusion of additional diseases among the “neglected tropical diseases”;
- (7) to report on progress in implementing this resolution to the Seventy-second World Health Assembly.

Agenda item 15.1**Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021**

The Sixty-ninth World Health Assembly,

Having considered the reports by the Secretariat on the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;¹

Recalling resolution WHA64.14 (2011) on a global health sector strategy on HIV/AIDS, 2011–2015, resolutions WHA63.18 (2010) and WHA67.6 (2014) on viral hepatitis, and resolution WHA59.19 (2006) on the prevention and control of sexually transmitted infections;

Noting the targets identified in Transforming our world: the 2030 Agenda for Sustainable Development² on HIV, viral hepatitis, sexual and reproductive health and universal health coverage,

1. ADOPTS the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;
2. URGES Member States to implement the proposed actions for Member States as outlined in the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, adapted to national priorities, legislation and specific contexts;
3. INVITES international, regional and national partners to implement the necessary actions to contribute to meeting the targets of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;
4. REQUESTS the Director-General:
 - (1) to implement the actions for the Secretariat as outlined in the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;
 - (2) to submit reports on the progress achieved in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, to the Seventy-first World Health Assembly in 2018 and the Seventy-fourth World Health Assembly in 2021.

¹ Documents A69/31, A69/32 and A69/33.

² Adopted by the United Nations General Assembly in resolution 70/1 in 2015, see http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1 (accessed 19 May 2016).

Agenda item 16.2

Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

The Sixty-ninth World Health Assembly,

Recalling WHA66.22 (2013) and subsequent Health Assembly decisions on the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, and noting progress made in the implementation of the strategic workplan endorsed in resolution WHA66.22;

Acknowledging that the 2030 Agenda for Sustainable Development includes the commitment to support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all;

Recalling the global strategy and plan of action on public health, innovation and intellectual property and its aims to promote innovation, build capacity, improve access and mobilize resources to address diseases that disproportionately affect developing countries;

Noting with particular concern that for millions of people the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote;

Noting the establishment of the High-Level Panel on Access to Medicines convened by the United Nations Secretary-General;

Underscoring that health research and development should be needs-driven and evidence-based and be guided by the following core principles: affordability, effectiveness, efficiency, and equity; and that it should be considered a shared responsibility;

Acknowledging the central role of the Global Observatory on Health Research and Development to consolidate, monitor and analyze relevant information on health research and development activities related to Type II and Type III diseases and on the specific research and development needs of developing countries in relation to Type I diseases, as well as needs for information on potential areas where market failures exist, and also on antimicrobial resistance and emerging infectious diseases likely to cause major epidemics, building on national and regional observatories (or equivalent functions) and existing data collection mechanisms, with a view to contributing to the identification and the definition of gaps and opportunities for health research and development priorities, and supporting coordinated actions on health research and development;

Expressing concern at the significant gap in funding the strategic workplan endorsed in resolution WHA66.22, including the six selected demonstration projects,

1. URGES Member States:¹

- (1) to make concerted efforts, including through adequate and sustainable funding, to fully implement the strategic workplan endorsed in resolution WHA66.22;
- (2) to create, operationalize and strengthen, as appropriate, national health research and development observatories, or equivalent functions for tracking and monitoring of relevant information on health research and development, and to provide regular information on relevant health research and development activities to the Global Observatory on Health Research and Development or to other existing data collection mechanisms that provide regular reports to the Global Observatory on Health Research and Development;
- (3) to provide support to the Director-General for the development of sustainable financing mechanisms for the full implementation of the strategic workplan endorsed in resolution WHA66.22;

2. REQUESTS the Director-General:

- (1) to expedite the full implementation of the Strategic Workplan endorsed in resolution WHA66.22;
- (2) to expedite the further development of a fully functional Global Observatory on Health Research and Development;
- (3) to submit terms of reference and a costed workplan of the Global Observatory on Health Research and Development to the Seventieth World Health Assembly, through the Executive Board at its 140th session, under the agenda item on the Consultative Expert Working Group on Research and Development: Financing and Coordination;
- (4) to expedite, as part of the development of the Global Observatory on Health Research and Development, the development of norms and standards for classification of health research and development, including common reporting formats, building on existing sources, in consultation with Member State experts and relevant stakeholders in order to collect and collate information systematically;
- (5) to promote the Global Observatory on Health Research and Development among all stakeholders, including through regular open-access publications and outreach activities, and encourage all stakeholders to regularly share relevant information on health research and development with the Global Observatory on Health Research and Development;
- (6) to support Member States in their endeavours to establish or strengthen health research and development capacities, including the monitoring of relevant information on health research and development;
- (7) to establish a WHO Expert Committee on Health Research and Development to provide technical advice on the prioritization of health research and development for Type II and Type III diseases and specific research and development needs of developing countries in

¹ And, where applicable, regional economic integration organizations.

relation to Type I diseases, as well as for potential areas where market failure exists based, *inter alia*, on the analyses provided by the Global Observatory on Health Research and Development, with the Expert Committee consulting, as needed, with all relevant stakeholders in carrying out its work as specified in its terms of reference, which will be formulated and submitted for consideration by the Executive Board at its 140th session;

(8) to take into account the study conducted by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and, on the basis of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, present a proposal with goals and an operational plan for a voluntary pooled fund to support research and development for Type III and Type II diseases and specific research and development needs of developing countries in relation to Type I diseases, to be submitted to the Seventieth World Health Assembly, through the Executive Board at its 140th session;

(9) to ensure that the plan describes how the WHO Global Observatory on Health Research and Development, the WHO Expert Committee on Health Research and Development and the Scientific Working Group of a pooled fund will work together, with specific disease examples, and in line with the core principles of affordability, effectiveness, efficiency, equity and the principle of delinkage; and that the plan provides options for sustainable funding;

(10) to promote and advocate for sustainable and innovative financing for all aspects of the strategic workplan endorsed in resolution WHA66.22 and to include, as appropriate, the strategic workplan in WHO financing dialogues for mobilizing sufficient resources to meet the objectives of resolution WHA66.22;

(11) to promote policy coherence within WHO on its research and development-related activities, such as those in relation to the Research and Development Blueprint for Emerging Pathogens and the Global Action Plan on Antimicrobial Resistance in terms of application of the core principles of affordability, effectiveness, efficiency and equity and the objective of de-linkage identified in resolution WHA66.22;

(12) to report to the Seventieth World Health Assembly, through the Executive Board at its 140th session, on the implementation of this resolution, and request the Seventieth World Health Assembly to consider convening another open-ended meeting of Member States in order to assess progress and continue discussions on the remaining issues in relation to monitoring, coordination and financing for health research and development, taking into account relevant analyses and reports.

Agenda item 16.1

Strengthening integrated people-centred health services

The Sixty-ninth World Health Assembly,

Having considered the follow-up of the report on the framework on integrated, people-centred health services;¹

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;

Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which urged Member States to continue investing in and strengthening health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

Reaffirming resolution WHA62.12 (2009) on primary health care, including health system strengthening, which requested the Director-General to prepare implementation plans for four broad policy directions, including putting people at the centre of service delivery, and also reaffirming the need to continue to prioritize progress on the implementation plans on the other three broad policy directions included in resolution WHA62.12 (2009): (1) dealing with inequalities by moving towards universal coverage; (2) multisectoral action and health in all policies; and (3) inclusive leadership and effective governors for health;

Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel and its recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services;

Recalling also resolution WHA64.7 (2011) on strengthening nursing and midwifery, which emphasized the implementation of strategies for enhancement of interprofessional education and collaborative practice as part of people-centred care, and WHA66.23 (2013) on transforming health workforce education in support of universal health coverage;

Reaffirming resolution WHA60.27 (2007) on strengthening health information systems, which acknowledged that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals;

¹ Document A69/39.

Recalling resolution WHA67.20 (2014) on regulatory system strengthening for medical products, resolution WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, resolution WHA67.22 (2014) on access to essential medicines, resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage and resolution WHA67.18 (2014) on traditional medicine,

1. ADOPTS the framework on integrated, people-centred health services;
2. URGES Member States:
 - (1) to implement, as appropriate, the framework on integrated, people-centred health services at regional and country level, in accordance with national contexts and priorities;
 - (2) to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, including with regard to primary health care as part of health system strengthening;
 - (3) to make health care systems more responsive to people's needs, while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;
 - (4) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health, and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;
 - (5) to integrate, where appropriate, traditional and complementary medicine into health services, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;
3. INVITES international, regional and national partners to take note of the framework on integrated, people-centred health services;
4. REQUESTS the Director-General:
 - (1) to provide technical support and guidance to Member States for the implementation, national adaptation and operationalization of the framework on integrated, people-centred health services, paying special attention to primary health services as part of health system strengthening;
 - (2) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are aligned, actively engaged and coordinated in promoting and implementing the framework on integrated, people-centred health services;
 - (3) to perform research and development on indicators to trace global progress on integrated people-centred health services;
 - (4) to report on progress on the implementation of the framework on integrated people-centred health services to the Seventy-first and Seventy-third World Health Assemblies and at regular intervals thereafter.

Agenda item 16.4**Addressing the global shortage of medicines and vaccines**

The Sixty-ninth World Health Assembly,

Having considered the report on global shortages of medicines, and the safety and accessibility of children's medication;¹

Recalling the Health Assembly resolutions WHA67.22 (2014) on access to essential medicines, WHA60.20 (2007) on better medicines for children, WHA67.20 on Regulatory system strengthening, WHA67.21 access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, WHA61.21 (2008) on global strategy and plan of action on public health, innovation and intellectual property, WHA65.19 (2012) on substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products, WHA65.17 on the global vaccine action plan, WHA68.7 (2015) on the global action plan on antimicrobial resistance, WHA67.25 on antimicrobial resistance, WHA64.9 (2011) on sustainable health financing structures and universal coverage, and Human Rights Council resolution A/HRC/RES/12/24 (2009) on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Noting with particular concern that, for millions of people, the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote;

Recognizing that the continuous supply of quality, safe, effective and affordable medicines is one of the building blocks of every well-functioning health system, which requires a reliable supply chain; and noting reports of global medicines shortages and stockouts that also infringe upon the right to the enjoyment of the highest attainable standard of health as envisaged by the WHO Constitution; that undermine the attainment of public health prevention and treatment goals; and that threaten governments' ability to scale up services towards achieving universal health coverage as well as their ability to adequately respond to outbreaks and health emergencies;

Recalling Goal 3, target 3.8 of the Agenda 2030 for Sustainable Development, which includes the commitment to achieve universal health coverage, financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable medicines and vaccines for all;

Acknowledging that the Agenda 2030 for Sustainable Development supports the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, to provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on

¹ Document A69/42.

Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all;¹

Noting that the challenges related to medicines shortages affect access to medicines; that they are complex and widespread, and increasing in frequency; that they affect citizens, procurement agencies and countries at every level of development; and that there is insufficient information to determine the magnitude and specific characteristics of the problem;

Noting also that the implications of these shortages in the case of infectious diseases impacts public health as a shortage/stockout of antibiotics, antituberculosis drugs, antiretrovirals, antimalarials, antiparasitic drugs and medicines for neglected tropical diseases and vaccines may result in the spread of infection beyond the individual patient;

Considering that there is a need for improved international collaboration on the management of shortages of medicines,

1. URGES Member States;²

to develop strategies that may be used to forecast, avert or reduce shortages/stockouts, in accordance with national priorities and contexts, including:

- (a) to implement effective notification systems that allow remedial measures to avoid medicine and vaccines shortages;
- (b) to ensure that best practices for medicines and vaccines procurement, distribution and contract management processes are in place to mitigate the risk of shortages;
- (c) to develop and/or strengthen systems that are capable of monitoring medicine and vaccine supply, demand, availability and alerting procurement departments to possible medicine and vaccine availability problems;
- (d) to strengthen institutional capacity to ensure sound financial management of procurement systems, to prevent funding shortfalls for medicines;
- (e) to prioritize, in the case of shortages, the health needs of the most affected groups and to ensure these groups have timely access to medicines;
- (f) to advance gradually regional and international cooperation in support of national notification systems including, but not limited to, sharing of best practices, training for human capacity building through regional and subregional structures where necessary;

2. CALLS upon manufacturers, wholesalers, global, and regional procurement agencies and other relevant stakeholders to contribute to global efforts to address the challenges of medicines and vaccines shortages, including through participation in notification systems;

¹ United Nations General Assembly resolution A/RES/70/1 (Goal 3, target 3.b).

² And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:

- (1) to develop technical definitions, as needed, for medicines and vaccines shortages and stockouts, taking due account of access and affordability in consultation with Member State experts in keeping with WHO established processes, and to submit a report on the definitions to the Seventieth World Health Assembly, through the Executive Board;
- (2) to develop an assessment of the magnitude and nature of the problem of shortages of medicines and vaccines;
- (3) to support Member States in addressing the global challenges of medicines and vaccines shortages by developing a global medicine shortage notification system that would include information to better detect and understand the causes of medicines shortages;
- (4) to report on progress on, and outcomes of, the implementation of this resolution to the Seventy-first World Health Assembly.

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