

Second report of Committee A

(Draft)

Committee A held its sixth meeting on 12 November 2020, chaired by Dr Bjørn-Inge Larsen (Norway).

It was decided to recommend to the Seventy-third World Health Assembly the adoption of the attached resolutions and decision relating to the following agenda items:

Pillar 1: One billion more people benefitting from universal health coverage

11. Review of and update on matters considered by the Executive Board

11.3 Global vaccine action plan

One resolution entitled:

- Meningitis prevention and control

11.6 Epilepsy

One resolution entitled:

- Global actions on epilepsy and other neurological disorders

11.8 Neglected tropical diseases

One decision entitled:

- Neglected tropical diseases: road map 2021–2030 and its implications

Agenda item 11.3

Meningitis prevention and control

The Seventy-third World Health Assembly,

Recalling resolutions WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss; WHA70.14 (2017) on strengthening immunization to achieve the goals of the global vaccine action plan; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023;

Noting the reports by the Director-General on WHO's Thirteenth General Programme of Work¹ and the global vaccine action plan;² and the draft document, Defeating meningitis by 2030: a global road map;³

Recalling that meningitis remains a threat in all countries of the world that presents a major challenge for health systems, especially those that can be significantly disrupted in the case of epidemics, and recognizing in particular the burden of bacterial meningitis;^{3,4}

Further recalling that the burden of meningitis is greatest in developing countries, in particular in the sub-Saharan meningitis belt;

Recognizing that beyond the burden of the disease, and the severe sequelae and high mortality rate for which it can be responsible, meningitis has a heavy social and economic cost, especially because of the loss of productivity on the part of affected individuals and their families, and the very high costs of providing care and support to those with long-term sequelae, both within and outside the health sector;

Acknowledging that the prevention and control of meningitis require a coordinated and multidisciplinary approach, with equity and sustainability as core principles;

Recognizing the need to strengthen routine immunization, one of the most successful and cost-effective interventions in public health and a fundamental element of primary health care;

Acknowledging that efforts to prevent meningitis will also help to reduce the burden of other illnesses, such as sepsis and pneumonia, due to meningitis-causing pathogens;

Further acknowledging that meningitis control is a matter of emergency response, in the case of outbreaks, and that meningitis is also associated with impaired economic and social development where the disease is endemic;

¹ Document A71/4.

² Document A73/6.

³ Defeating meningitis by 2030: a global road map (<https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf>, accessed 12 November 2020).

⁴ Defeating meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf, accessed 12 November 2020).

Affirming that achieving the Sustainable Development Goals – particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – and Universal Health Coverage could reduce the prevalence and spread of meningitis;

Reiterating the obligation for all States Parties to fully implement and comply with the International Health Regulations (2005);

Acknowledging that, as meningitis has epidemic potential, strong national surveillance and reporting systems are needed for its effective management and control,

1. APPROVES the global road map on defeating meningitis by 2030;¹
2. URGES Member States:²
 - (1) as appropriate to national context, to identify meningitis as a political priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader health initiatives;
 - (2) to establish national targets and to develop and implement, in the context of national priorities, through an integrated meningitis control plan, multidisciplinary, selected, cost-effective prevention and control measures and provision of services, including equitable access to safe, effective, good-quality and affordable vaccines, and treatments, prophylactic measures, targeted control interventions, diagnostics, appropriate health care, including rehabilitation care, and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;
 - (3) to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas at high risk of meningitis transmission;
 - (4) in partnership with other groups involved in care for disabled persons, to develop and strengthen services aiming to reduce the burden of sequelae for individuals who previously contracted meningitis and who now live with disabilities;
 - (5) to establish, in line with national contexts and priorities, integrated national multidisciplinary meningitis prevention and surveillance mechanisms, to coordinate the implementation of the meningitis control plan, including representation of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;
 - (6) in order to reduce the public health, social and economic impact of meningitis, to strengthen national capacity for: preparedness, in compliance with the International Health Regulations (2005); early detection and treatment; laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

¹ Defeating meningitis by 2030: a global road map (<https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf>, accessed 12 November 2020).

² And, where applicable, regional economic integration organizations.

(7) to strengthen surveillance and early reporting of meningitis by national surveillance systems in line with the International Health Regulations (2005) and national priorities, and build capacity for data collection and analysis, including for sequelae;

(8) to strengthen community engagement, communication and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research and innovation to better prevent and control meningitis by means of: improved vaccines and vaccination strategies; better early diagnostics, treatment and medicines, and identification and management of sequelae; and monitoring of antimicrobial resistance;

(10) to consider the implementation of the points above in the light of the overall national context and the objective of health system strengthening and universal health coverage;

3. REQUESTS the Director-General:

(1) to reinforce advocacy, strategic leadership and coordination with partners at all levels including, as appropriate, by means of the Defeating Meningitis by 2030 Technical Taskforce;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative “Defeating Meningitis by 2030” and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement, within existing technical resources and in line with national contexts and priorities;

(4) to continue leading the management of the meningitis vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational) in consultation with Member States and in collaboration with partners and vaccine manufacturers, while promoting expansion and diversification of vaccine producers; and to promote equitable access, including by providing support to gradually transition from polysaccharide to safe, good-quality, effective affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate, supporting vaccination campaigns, in cooperation with relevant organizations and partners, including but not limited to the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and Gavi, the Vaccine Alliance;

(5) to monitor and support, upon request, long-term meningitis prevention and control programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and innovation agenda for meningitis, in particular in developing countries, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and

rehabilitation; and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

(7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;

(8) to submit a report to the Executive Board at its 150th session on progress in implementing this resolution, and a report to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, to review the global meningitis situation and assess efforts made in meningitis prevention and control.

Agenda item 11.6

Global actions on epilepsy and other neurological disorders

The Seventy-third World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recognizing that epilepsy and other neurological disorders are the leading cause of disability-adjusted life years and the second leading cause of death worldwide, and that epilepsy and other neurological disorders have a disproportionate impact on people living in low- and middle-income countries;²

Noting that neurological disorders are conditions of the central and peripheral nervous system that include epilepsy, headache disorders, neurodegenerative disorders, cerebrovascular diseases including stroke, neuroinfectious/neuroimmunological disorders, neurodevelopmental disorders and traumatic brain and spinal cord injuries;¹

Noting also, with concern, that the risk of premature death in people with epilepsy is three times higher than in the general population and that, over the past 30 years, the absolute number of deaths due to neurological disorders has increased by 39%;³

Acknowledging, as outlined in the WHO/International League Against Epilepsy/International Bureau for Epilepsy Global Epilepsy Report 2019, *Epilepsy: a public health imperative*,³ that epilepsy is one of the most common neurological disorders globally affecting an estimated 50 million people worldwide across all ages with increased rates in the young and the old;

Recognizing that epilepsy is a highly treatable condition and that over 70% of people with epilepsy could live seizure-free if they had access to appropriate anti-seizure treatment,³ the most cost-effective of which are included in the WHO Model List of Essential Medicines;

Recalling resolution WHA67.22 (2014) on access to essential medicines, in which the Health Assembly called for action to enhance access to essential medicines, and urged Member States, inter alia, to identify key barriers to access to affordable, safe, effective, and quality-assured essential medicines;

Noting that, despite the low cost of effective interventions for epilepsy (estimated at less than US\$ 5 per person per year), the current treatment gap is over 75% in most low-income countries and 50% in the majority of middle-income countries, and that lack of access to medicines and other effective interventions, and to specialist consultations, coupled with discrimination and stigma associated with

¹ Document A73/5.

² As per the Global Burden of Disease Study (Global, regional, and national burden of neurological disorders, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet Neurol 2019; 18: 459–80 Published Online 14 March 2019 doi: 10.1016/S1474-4422(18)30499-X).

³ Epilepsy: A public health imperative. Geneva: World Health Organization; 2019
<https://www.ilae.org/about-ilae/policy-and-advocacy/international-public-policy-activities/global-epilepsy-report-2019>.

this condition, is resulting in disability, mortality, social exclusion, economic disadvantage and negative mental health outcomes in people living with epilepsy; and noting further that tackling epilepsy is widely considered to be a public health imperative, as concluded in the WHO/International League Against Epilepsy/International Bureau for Epilepsy Global Epilepsy Report 2019, *Epilepsy: a public health imperative*;¹

Recognizing that approximately 25% of epilepsy cases and a significant proportion of other neurological disorders could be prevented if broader public health actions were taken to strengthen maternal and newborn health care, ensure effective noncommunicable disease control (including promotion of cerebrovascular health and prevention of traumatic brain injuries, as well as prevention of central nervous system infections), and to develop scientific research and training of health professionals;

Acknowledging the importance of addressing the preventable causes of epilepsy and other neurological disorders, including by: promoting healthy brain development and functioning over the life course;² the control of neurocysticercosis and its association with epilepsy;³ the provision of safe environments to avoid traumatic injuries due to accidents, violence or exposure to environmental pollutants;² and access to medicines to prevent neurological infections, such as tetanus, rabies, HIV-associated neurological disorders and cerebral malaria;⁴

Recognizing that epilepsy and other neurological disorders often co-exist and can be compounded by other health conditions, that epilepsy, for example, can occur following stroke and traumatic brain injury, that neurological disorders, including epilepsy, are commonly associated with infections such as malaria and meningitis, and that among people with intellectual disabilities one in every four also lives with epilepsy; and noting that the WHO global disability action plan 2014–2021 and WHO’s global action plan on the public health response to dementia 2017–2025 provide useful frameworks for taking a synergistic and complementary approach to tackling some of these co-existing conditions;

Noting with concern the significant mental health impact of neurological disorders on affected persons and their families and recalling, therefore, the importance of resolution WHA66.8 (2013), through which the World Health Assembly adopted the comprehensive mental health action plan 2013–2020;

Recalling United Nations General Assembly resolution 70/1 (2015) entitled “Transforming the world: the 2030 Agenda for Sustainable Development”, the outcome document of the United Nations Conference on Sustainable Development entitled “The Future We Want,”⁵ and the report of the Open Working Group on Sustainable Development Goals,⁶ established pursuant to United Nations General Assembly resolution 66/288, which includes Goal 3 (Ensure healthy lives and promote well-being for

¹ Epilepsy: A public health imperative. Geneva: World Health Organization; 2019 <https://www.ilae.org/about-ilae/policy-and-advocacy/international-public-policy-activities/global-epilepsy-report-2019>.

² See resolution WHA67.10 (2014) on the newborn health action plan; and resolution WHA57.17 (2004) on the global strategy on diet, physical activity and health.

³ See resolution WHA66.12 (2013) on neglected tropical diseases.

⁴ The Global Health Sector Strategy on HIV (2016–2021); the Global Technical Strategy for Malaria (2016–2030); and EB146(6) decision on Meningitis Prevention and Control.

⁵ The future we want. United Nations Conference on Sustainable Development (Rio de Janeiro, Brazil, 20–22 June 2012), outcome document. United Nations General Assembly resolution 66/288.

⁶ Document A/68/970.

all at all ages) and Target 3.4 (by 2030 reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being);

Recalling also that in order to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage;

Recalling further that we are committed to the prevention and treatment of noncommunicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development;

Recalling also the Political Declaration of the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases entitled “Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations”, at which Heads of State and Government recognized that mental health, epilepsy and other neurological disorders are important causes of morbidity necessitating provision of equitable access to effective programmes and health-care interventions;

Reaffirming resolution WHA68.20 (2015) on the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications, in which the Health Assembly urged Member States to address the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications, and requested WHO to provide technical support for epilepsy management, especially to countries with the lowest access to services and resources where the burden of epilepsy is greatest;

Acknowledging that, given the high global disability and mortality burden associated with epilepsy and other neurological disorders, achieving universal health coverage and the Sustainable Development Goals will not be possible without concerted intersectoral efforts to address the needs of people at risk of, or living with, epilepsy or other neurological disorders;

Recognizing therefore the urgent need for an intersectoral public health approach to epilepsy and other neurological disorders that places the needs of affected people at the centre, and which emphasises the critical role of tackling disease risk factors, primary health care, health system strengthening and sustainable access to affordable essential medicines in line with resolutions WHA62.12 (2009) on primary health care, including health system strengthening, WHA67.22 (2014) on access to essential medicines and WHA72.2 (2019) on primary health care;

Welcoming therefore, the reports contained in documents EB146/12, A71/41 Rev.2 and A73/5, which build on the achievements of WHO, the International League Against Epilepsy and the International Bureau for Epilepsy in raising awareness and advocating for action for epilepsy through the “Out of the Shadows” global campaign,¹ and through the International Epilepsy Day; and further welcoming the ongoing work, in response to decision EB146(8) (2020) on epilepsy to develop technical guidance (including in respect of health system strengthening and addressing the risk factors for disease) to accelerate country actions to address epilepsy and its comorbidities;

Recognizing that, given the challenges of discrimination and stigma associated with neurological disorders and, in particular, epilepsy, innovative strategies are also needed to strengthen international

¹ https://www.who.int/mental_health/management/en/GcaeBroEn.pdf?ua=1 (accessed 12 November 2020).

efforts and national leadership to support policies and laws for persons living with epilepsy and other neurological disorders, while fully respecting their human rights;

Reiterating additionally the multidimensional nature of epilepsy and other neurological disorders and, thus, the need for effective intersectoral partnerships and action plans that involve all stakeholders, including, though not limited to, health, social care, the education and employment sectors, civil society and people living with neurological disorders and their families;

Acknowledging the critical importance of adequate public financing to address the significant and often catastrophic out-of-pocket health- and social-care expenditures experienced by people living with epilepsy and/or other neurological disorders;

Noting the need for explicit incorporation into national budgets of funding costs to support the implementation of evidence-based, intersectoral plans of actions as well as ongoing research into effective prevention, detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders,

1. URGES Member States¹ to provide the appropriate support to WHO to develop the intersectoral global action plan on epilepsy and other neurological disorders referenced in paragraph 3(1) below;

2. CALLS UPON all relevant stakeholders to provide appropriate support to WHO and partners to develop the intersectoral global action plan on epilepsy and other neurological disorders referred to in paragraph 3(1) below;

3. REQUESTS the Director-General:

(1) to develop, in consultation with Member States,¹ and in full collaboration with United Nations organizations and relevant non-State actors, a 10-year intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage to address the current significant gaps in promotion of physical and mental health, and prevention, early detection, care, treatment and rehabilitation, as well as the social, economic, educational and inclusion needs of persons and families living with epilepsy and other neurological disorders, and the ongoing need for research to improve prevention, early detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders;

(2) to include in the intersectoral global action plan ambitious, but achievable, global targets on reducing preventable cases of, and avoidable deaths resulting from, epilepsy and other neurological disorders, strengthening service coverage and access to essential medicines, improving surveillance and critical research and addressing discrimination and stigma;

(3) to submit a draft intersectoral global action plan for consideration by the Executive Board at its 150th session, together with report on the progress achieved in implementing this resolution, with the intention of submitting the draft action plan to the Seventy-fifth World Health Assembly for endorsement.

¹ And, where applicable, regional economic integration organizations.

Agenda item 11.8

Neglected tropical diseases: road map 2021–2030 and its implications

The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases,¹ and recalling resolution WHA66.12 (2013) on neglected tropical diseases, and WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to Sustainable Development Goal target 3.3 (by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases), decided:

- (1) to endorse, and urge Member States to implement, the new road map for neglected tropical diseases 2021–2030, “Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030”;
- (2) to request the Director-General:
 - (a) to advocate for, and provide technical assistance and guidance to Member States and partners in the implementation of, the new road map for neglected tropical diseases 2021–2030 towards reaching Sustainable Development Goal target 3.3;
 - (b) to continue to monitor progress of the road map and under a substantive agenda item, to report biennially to the Health Assembly, through the Executive Board, on the implementation of the roadmap for Neglected Tropical Diseases 2021–2030, starting at the Seventy-fifth World Health Assembly until the Seventy-ninth World Health Assembly, and then from the Eighty-second World Health Assembly to the Eighty-fourth World Health Assembly.

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¹ Document A73/8.