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SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/11**
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COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2022, scheduled at 14:30

Chair: Dr T. GABUNIA (Georgia)
Later : Dr H. NAKATANI (Japan)

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ELEVENTH MEETING

Friday, 27 May 2022, at 14:30

Chair: Dr T. GABUNIA (Georgia)
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PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued)

Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 14.1 of the agenda (documents A75/10 Rev.1, A75/10 Rev.1 Add.1, A75/10 Rev.1 Add.2, A75/10 Add.1, A75/10 Add.2, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.4, A75/10 Add.5, A75/10 Add.6, A75/10 Add.8, A75/INF./8 and EB150/2022/REC/1, decision EB150(4) (continued)

(g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage (continued)

(h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (continued)

The CHAIR invited the Committee to resume its consideration of the report contained in document A75/10 Add.4, and the relevant section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases contained in document A75/10 Rev.1.

The representative of NAMIBIA outlined the measures being taken in her country to combat noncommunicable diseases and reduce the harmful use of alcohol and other substances, which included the implementation of the SAFER initiative. She commended the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of COLOMBIA welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which would help Member States to enhance institutional and community responses and strengthen the capacities of individuals, families and communities to reduce the consumption and harmful use of alcohol. The harmful use of alcohol was one of the main obstacles to achieving the Sustainable Development Goals, and as such should be a high-level priority. She called on the Secretariat to develop an operational plan, which would provide details about how the proposed actions set out under each of the six action areas would be implemented. Finally, she emphasized that the draft action plan should enhance, not oppose, national efforts to reduce the harmful use of alcohol.

The representative of ICELAND welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Despite recent progress in the field of medical science, health systems were still not adequately responding to the burden of neurological disorders, including programmes to improve the quality of life for people living with those disorders. The draft intersectoral action plan addressed important issues, such as human rights, care, treatment and potential cures, and provided a road map for real progress.

She also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of the REPUBLIC OF KOREA said that, given the heavy health and economic burden of neurological disorders, it was hoped that the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 could serve to raise awareness. To ensure effective action, it was essential to develop evidence-based guidelines and policies adapted to the specific epidemiological situation in each Member State.

Drawing attention to the harmful impact of alcohol on the health of individuals and on society, she noted that regulations on the online sale of alcohol had been relaxed during the coronavirus disease (COVID-19) pandemic. Highlighting some measures introduced by her Government, she urged the Secretariat to develop policy guidance on the harmful use of alcohol.

The representative of INDONESIA, noting the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, drew attention to gaps in treatment and data in relation to epilepsy and other neurological disorders, especially in low- and middle-income countries. WHO should continue to support Member States in collecting evidence-based data using an intersectoral approach, to enable them to adopt appropriate policies and procedures at the national level.

She welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. The effective labelling of alcohol required proper enforcement and monitoring. WHO should ensure that the assistance it provided to implement the draft action plan took into account existing regulations and practices in each Member State, as well as other multilateral cooperation platforms, including the Codex Alimentarius.

The representative of ISRAEL said that her Government endorsed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Emphasizing the importance of high-quality, early rehabilitation after traumatic brain injury or illness, she requested the Secretariat to prioritize work on rehabilitation, which was often under-resourced and remained inaccessible or unaffordable to many people. Such action would improve the quality of life of people living with neurological disorders.

The representative of AUSTRIA welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. While treatment options had improved for some neurological disorders, many of those affected lived with a long-term disability. It was therefore important to ensure an integrated response that included rehabilitation services, a range of treatment options and specialized programmes, and efforts to strengthen the public health approach to neurological disorders.

She welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and emphasized the importance of measures to sustainably reduce consumption. WHO should ensure that the draft action plan was cohesive with other strategies and took advantage of synergies, and it should promote the exchange of best practices.

The representative of the RUSSIAN FEDERATION expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which was comprehensive and vital. He also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, the adoption and implementation of which could serve as an important public health tool. He outlined the measures taken by his Government to reduce the harmful use of alcohol, including within the framework of the work of the WHO European Office for the Prevention and Control of Noncommunicable Diseases.

The representative of SEYCHELLES said that the public health concerns related to the harmful use of alcohol were often forgotten because it was a legal substance. She supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public

health priority, which should be implemented as vigorously as the WHO Framework Convention on Tobacco Control. To protect children and adolescents, it was vital to address the production and marketing of, and the access to, alcohol. Restricting marketing required a bold and persistent approach; however, the potential benefits were worth the effort.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, and emphasized the need to raise awareness of patients' rights and to combat their stigmatization and isolation. He said that it was important to fully integrate mental health services, including for patients with epilepsy, into the primary health care system, to provide education to caregivers, to ensure access to basic medication, and to establish standard follow-up and referral pathways.

The representative of the UNITED STATES OF AMERICA, recognizing the burden of neurological disorders, expressed support for goals of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

His Government also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. Recognizing that addressing the broad scope of the harmful use of alcohol would require intersectoral measures, he welcomed the draft action plan's focus on prevention and harm-reduction through evidence-based strategies. Policy-makers should have the appropriate tools to adapt the draft action plan to their national contexts and consumers should have access to data to enable them to make informed decisions about alcohol consumption. With regard to the proposed action for the Secretariat to develop technical guidance on the labelling of alcoholic beverages, the appropriate multilateral body – the Codex Alimentarius – should be contacted for further advice. He expressed concern that some of the proposed actions under the draft action plan, including those relating to trade agreements, could fall outside the remit of WHO's work. He encouraged the Secretariat to pursue actions that were consistent with the Organization's mandate, such as facilitating the exchange of information, conducting capacity-building activities, disseminating good practices, and promoting evidence-based guidance to reduce the harmful use of alcohol.

Finally, he said that consolidated reporting across agenda items relating to noncommunicable diseases limited Member States' ability to consider diverse topics, including new proposed strategies and action plans. He encouraged the Secretariat to revise the approach to reporting for the forthcoming governance cycle.

The representative of ESTONIA welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, in light of the high disease burden attributable to alcohol consumption. There was no safe limit for such consumption. It was essential to publish global guidance on science- and evidence-based policy measures and to support the development of effective national policies that were integrated with public health systems. WHO should acknowledge the inherent conflict of interest of engaging with the alcohol industry and develop global guidelines to avoid industry interference. She called on the Secretariat to provide regular updates on the implementation of the draft action plan.

The representative of ECUADOR welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. Member States should strengthen efforts to reduce alcohol consumption and meet the targets set out in the draft action plan, as well as effectively monitor progress towards its implementation. The regional and global lessons learned from implementing the WHO Framework Convention on Tobacco Control could be leveraged to enhance the draft action plan. He encouraged Member States to adopt a cross-cutting approach, involving all stakeholders.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority and its ambitious targets, but said that it was incorrect to state

that only some uses of alcohol were harmful. WHO should ensure adequate resources for the full implementation of the draft action plan and a the biennial review of progress towards its implementation. It should launch a global initiative for alcohol taxation and develop guidance to guard against interference from the alcohol industry in policy-making and in the implementation of the draft action plan. She commended the focus in the draft action plan on best buys, the SAFER initiative and improvements to the alcohol policy infrastructure at all levels.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that little tangible progress had been made in reducing the total global alcohol consumption per capita and the associated mortality rate, and urged WHO to enhance efforts to reduce the harmful use of alcohol. Welcoming the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, she called on Member States to reduce alcohol use by young people by implementing progressive best buys, monitoring existing legislation and ensuring meaningful youth engagement. Moreover, she urged WHO to issue a public statement of disapproval regarding the involvement of the alcohol industry in WHO projects.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, encouraged the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, especially as even small amounts of alcohol could increase the risk of cardiovascular disease. His organization recommended: strengthening restrictions on the availability of alcohol; introducing additional measures to combat driving after the consumption of alcohol; facilitating access to screening, interventions, and treatment; implementing bans on advertising; increasing prices through taxation; discouraging uptake; establishing a minimum legal drinking age; and mandating prominent health warnings.

The representative of the INTERNATIONAL FEDERATON OF MEDICAL STUDENTS' ASSOCATIONS, speaking at the invitation of the CHAIR, welcomed the comprehensive and ambitious draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority, which highlighted the role of all stakeholders in that work. She called on Member States to ensure the transfer and sharing of knowledge, expertise and best practices and to refrain from engagement with the alcohol industry during programme planning or implementation. The Secretariat should monitor the implementation of the draft action plan at the global, regional and national levels and provide technical support in that regard.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, encouraged Member States to implement the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public priority. However, she said that the draft action plan did not provide advice on how to overcome the commercial barriers to effective alcohol control measures and regulate or mitigate the role of the alcohol industry. The draft action plan should provide for additional actions to tackle the social and economic drivers of alcohol-related harm. Adequate resources should be invested in the provision of care and support to people and communities most severely affected by the harmful use of alcohol.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to adopt the draft intersectoral action plan on epilepsy and other neurological disorders 2022–2031, while not forgetting their commitment to the global action plan on the public health response to dementia 2017–2025, which included the development of national dementia plans.

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIR, commended the draft intersectoral action plan on epilepsy and other neurological disorders 2022–2031, which would strengthen the public health approach to epilepsy, close

the unacceptable treatment gap, protect the human rights and socioeconomic and educational needs of a stigmatized community, and enhance patients' health and quality of life. WHO should build on the existing infrastructure and interventions and engage with relevant civil society stakeholders.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIR, welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Intersectoral action to achieve the goals of the draft action plan could transform millions of lives, and she emphasized the need to address the global treatment gap and combat discrimination against people with epilepsy.

The representative of the WORLD FEDERATIONAL OF NEUROLOGY, speaking at the invitation of the CHAIR, said that the global burden of neurological disorders was expected to increase over the next decade. He therefore encouraged Member States to approve the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which would promote access to care and treatment for people living with neurological disorders, prevent the development of such disorders, and promote brain health throughout the life course.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

Health systems had, to date, failed to adequately address the burden of neurological disorders. The vast majority of people with epilepsy lived in low- and low-middle-income countries, and significant treatment gaps remained. The ongoing COVID-19 pandemic had highlighted the relevance of neurology to public health, especially given the potential neurological complications of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Disruptions to medical and mental health services, access to medicines and vaccine programmes as a result of the COVID-19 pandemic had added to the burden of neurological disorders. The draft action plan was an unprecedented opportunity to address the impact of neurological disorders through a comprehensive response across the life course through an intersectoral approach, which emphasized well-being and overall health, the prevention and treatment of neurological disorders and the rehabilitation of patients living with them.

The burden of alcohol-related disease remained unacceptably high, and she highlighted the need to accelerate action to reduce the harmful use of alcohol. In that regard, she looked forward to continued cooperation with Member States and engagement with all relevant stakeholders, and took note of all comments made concerning the harmful use of alcohol.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States and other stakeholders for their support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, and said that all comments and suggestions would be taken into account. Neurological disorders were a global leading cause of mortality, disability and an adjusted life course. Likewise, mortality linked to alcohol use remained high. Both had a high cost for families and communities.

The health burden of neurological disorders was compounded by health inequalities in poor countries and affecting vulnerable population groups. Worldwide, people with neurological disorders faced discrimination, stigma and human rights violations.

With regard to the draft action plan on the harmful use of alcohol, he noted that the document allowed for economic cooperation but highlighted the need to protect policies from commercial interests. It was up to Member States to define the parameters of their engagement with private sector entities. He noted the requests from Member States and non-State actors for the Secretariat to provide guidance on interaction with the alcohol industry and other industries and to guard against industry interference. The Secretariat would develop guidance in that regard.

Close international collaboration, adequate resources and an intersectoral approach were required to implement the two draft action plans and achieve their objectives.

The DIRECTOR-GENERAL emphasized that it was imperative to take action against noncommunicable diseases. The COVID-19 pandemic had added to the challenges faced by people with those diseases, owing to an increased risk of complications or death from COVID-19 and disruptions to the services on which they relied. The growing burden of noncommunicable diseases reflected current threats to health relating to food, water, air and working environments, often rooted in social inequalities. The Secretariat would continue to help Member States to integrate interventions on noncommunicable diseases into their primary health care systems, reduce tobacco use, tackle obesity and diabetes, address air pollution and promote healthy lifestyles. As many noncommunicable diseases were preventable and treatable, Member States must prioritize integrating services relating to those diseases into primary health care as part of efforts to achieve universal health coverage. Recognizing that the draft strategies, road maps and recommendations to be adopted by the Health Assembly could be adapted to local contexts, he emphasized that only their full implementation would create the necessary change to prevent and manage noncommunicable diseases.

The CHAIR took it that the Committee wished to note the report contained in document A75/10 Add.4 and the relevant section of the report on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, contained in document A75/10 Rev.1.

The Committee noted the reports.

The CHAIR recalled that the Committee had before it a draft decision contained in Executive Board decision EB150(4) on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which had been amended by the Secretariat in response to requests submitted by Member States at the 150th Session of the Executive Board to update the references contained in that draft decision. The amended draft decision was contained in document A75/INF./8. In addition, the Committee had before it a second draft decision contained in document A75/10 Rev.1 in relation to the report contained in document A75/10 Add.6 concerning reporting progress made towards the achievement of global obesity targets. She proposed that the two draft decisions should be combined into a single draft decision on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

The CHAIR invited the Committee to approve the draft decision, as amended in documents A75/10 Rev.1 and A75/INF./8.

The draft decision, as amended, was approved.[1]

Dr Nakatani took the Chair.

[1] Transmitted to the Health Assembly in the Committee's fifth report and adopted as decision WHA75(11).

The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections: Item 14.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R3)

Global strategy for tuberculosis research and innovation: Item 14.3 of the agenda (document A75/10 Rev.1)

Road map for neglected tropical diseases 2021–2030: Item 14.4 of the agenda (document A75/10 Rev.1)

The CHAIR drew attention to the section of the report on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, contained in document A75/10 Rev.1, and the draft resolution contained in resolution EB150.R3 on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted, contained in document EB150/2022/REC/1.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia, Albania, as well as Bosnia and Herzegovina and Moldova aligned themselves with his statement. The fight against infectious diseases required strong, resilient and agile health systems. It was vital to remove all barriers to access to health care for vulnerable, high-risk and key population groups, including by repealing legislation that criminalized those groups and eliminating stigma. He commended the integrated, comprehensive consultations to develop the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, noting the references contained therein to the social and structural determinants of health. It was regrettable that some Member States were reluctant to respect the technical focus of the draft strategies, despite the fact that they were based on scientific data and that all Member States would be able to adapt them to their national contexts. The draft strategies would complement the new Global AIDS Strategy 2021–2026, which had a strong focus on human rights and equality. He also emphasized the need to ensure universal access to high-quality, comprehensive sexual and reproductive education, information and health care services. He highlighted that the draft strategies before the Committee constituted a compromise, but urged all Member States to support them.

The COVID-19 pandemic had severely slowed progress towards ending tuberculosis, and multidrug-resistant strains of the disease remained a major concern. Policies to combat tuberculosis should be inclusive and sustainable, and should leverage the treatment of other infectious diseases. Strategies should focus on early detection, prevention, the provision of high-quality treatment, and investment in research and development. The successful implementation of the End TB Strategy would require long-term funding and political commitment alongside efforts to tackle antimicrobial resistance. WHO should support Member States in adapting tuberculosis strategies to national and regional contexts by fostering international cooperation, including to provide care to people who had been forcibly displaced owing to the invasion of Ukraine by the Government of the Russian Federation.

He welcomed the guidance developed by the Secretariat on neglected tropical diseases in the context of the COVID-19 pandemic, and said that the impact of the pandemic on progress to combat those diseases and to achieve the Sustainable Development Goals was regrettable. Activities to combat neglected tropical diseases and COVID-19 should leverage synergies, for example with regard to awareness-raising and contact tracing. It was vital to develop a global, One Health approach to such diseases, incorporating surveillance, vector control and water, sanitation and hygiene programmes. He called for the continued allocation of financial and human resources, including for research and development, to strengthen activities to combat neglected tropical diseases.

The representative of PAKISTAN, speaking on behalf of Member States of the Eastern Mediterranean Region, noted that in his Region there was a growing epidemic of HIV, hepatitis

responses were nascent in the majority of countries, and sexually transmitted infections remained a neglected domain. With regard to the draft global health sector strategies, he commended the integration of testing and treatment services into primary health care, efforts to improve cross-programmatic efficiencies and the inclusion of HIV, viral hepatitis and sexually transmitted infections in the universal health coverage essential benefit package. Welcoming the consultation process on the draft strategies, he encouraged Member States and the Secretariat to take on board concerns relating to non-consensual terminology, including in relation to gender, sexual orientation and rights, and comprehensive sexual education.

He highlighted efforts by the Member States in his Region to develop national strategies to achieve global targets relating to tuberculosis, to strengthen research and innovation and to identify and fill programmatic gaps. He noted that Member States had benefited from WHO regional training courses in that regard. However, it was still necessary to increase domestic financing for tuberculosis programmes.

He outlined successful efforts in tackling neglected tropical diseases in his Region, including the elimination of trachoma in Saudi Arabia. Nevertheless, there was a need to enhance political commitment, allocate more resources to national control and elimination programmes, scale up case management, and engage with community health workers to implement interventions that would minimize out-of-pocket expenditure for neglected tropical diseases.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, outlined the progress made in his Region in the fight against HIV, viral hepatitis, sexually transmitted infections and tuberculosis, including the development of national strategic plans and vaccination campaigns. He noted that the draft global health sector strategies took into account recent epidemiological, technological and contextual changes, and would enable Member States to define at-risk populations and implement strategically focused responses.

Recognizing the burden of tuberculosis in his Region, he said that multidrug-resistant tuberculosis posed a major threat to health security and could jeopardize the gains made in the fight against tuberculosis as a whole. Expressing support for the global strategy for tuberculosis research and innovation, he reaffirmed the commitment of Member States in the African Region to addressing funding challenges and accelerating progress towards achieving global tuberculosis targets.

Turning to the road map for neglected tropical diseases 2021–2030, and taking note of the impact of the COVID-19 pandemic on services in that field, he said that Expanded Special Project for Elimination of Neglected Tropical Diseases had contributed to the eradication of some neglected tropical diseases in his Region. In order to accelerate progress, a regional framework for the elimination and control of tropical and vector-borne diseases had been developed. Given the current scarcity of resources, Member States should focus on implementing the strategy at the national level and in the field, providing integrated health services, and adopting country-specific approaches. He welcomed the support provided to his Region by partners, including The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Emergency Plan of the President of the United States of America for AIDS Relief.

The representative of SURINAME, speaking on behalf of Australia, Austria, Albania, Argentina, Belgium, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Germany, Greece, Italy, Ireland, Israel, Japan, Latvia, Lithuania, Luxembourg, Malta, Mexico, Moldova, Monaco, New Zealand, Netherlands, North Macedonia, Norway, Paraguay, Peru, Poland, Portugal, Philippines, Republic of Korea, Romania, Slovenia, Slovakia, Spain, Sierra Leone, Sweden, Switzerland, South Africa, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Ukraine and Uruguay, expressed support for the adoption of the draft global health sector strategies. He welcomed the comprehensive and transparent consultation process and recognized the compromise that had been reached in order to balance national and global priorities and contexts. He supported the Secretariat's role in assisting Member States to develop science-based strategies, highlighting the need to regularly adjust and update interventions, on the basis of data and evidence, in order to reach key and vulnerable population groups. Effective approaches must promote equity, gender equality, human rights and human dignity.

The representative of ARGENTINA said that, in order to end the HIV epidemic by 2030, it was vital to: address inequalities and inequities; place people and communities at the centre of HIV response; mobilize resources and funding; promote gender equality and the right to bodily autonomy; guarantee sexual and reproductive rights; and empower women and girls. It was also important to address the impact of the COVID-19 pandemic and to take on board the lessons learned in order to better prepare for future emergencies. Informal consultations should tackle issues relating to gender equity, gender identity and sexual and reproductive health rights. She welcomed the progress made at the national and regional levels to implement the road map for neglected tropical diseases, outlining some of the measures introduced in Argentina to combat Chagas disease.

The representative of EGYPT said that it was regrettable that the current version of the draft global health sector strategies failed to grasp the position of many Member States and insisted on fixed definitions of key populations, despite differences in national contexts. He said that the draft strategies lacked tools to enhance the prevention of HIV, viral hepatitis and sexually transmitted infections. Instead, they focused on decriminalizing sexual behaviours and advocating for sexual rights, which fell outside WHO's remit. Moreover, the draft strategies contained terms such as "intimate partner violence", which were not reflected in many national and legal contexts; and he said that the term "gender" could only refer to the two sexes – male and female. In addition, while he strongly rejected all forms of violence and discrimination, he said that there was no definition under international law of the evolving concept of "sexual orientation". Finally, the WHO international technical guidance on comprehensive sexuality education contained controversial concepts and had not been negotiated in consultation with Member States. In conclusion, the draft strategies should be amended to take those concerns into account if a consensus was to be reached regarding their adoption.

The representative of SPAIN expressed support for draft global health sector strategies, which had been developed on the basis of scientific evidence and which could be adapted to local contexts. She commended the inclusion of stigma and discrimination as key elements of the draft strategies, and recognized the need for multisectoral responses to address structural and other forms of discrimination.

The representative of VANUATU supported the draft global health sector strategies. Highlighting some of the measures taken by his Government to address the prevalence of viral hepatitis in his country, he asked the Secretariat to continue providing support for the development and implementation of the national plan for viral hepatitis, and for the mobilization of resources to scale up prevention, diagnosis and treatment capacity. His Government also supported the road map for neglected tropical diseases.

The representative of GERMANY welcomed the comprehensive, integrated and multisectoral nature of the draft global health sector strategies. Nevertheless, he expressed concern that the consultative development process had led to draft strategies that, in parts, favoured political sensitivities over science and evidence. The global strategies must remain technical documents that included proven, efficient and effective approaches for Member States to adapt to their national contexts. He asked the Secretariat how it would ensure that future WHO strategies and guidelines remained evidence-based, so as to enable the Organization to fulfil its normative function. He urged the bold implementation of the draft strategies, including through the development of WHO guidance.

On the road map for neglected tropical diseases, he called for continued sustainable financing, and efforts to strengthen local production capacities and supply chains to ensure access to vital medical supplies. He welcomed the integration of the One Health approach.

The representative of the PHILIPPINES expressed support for the draft global health sector strategies, welcoming the timely recognition of shared and disease-specific actions, and the emphasis on sustainability, health system strengthening and unified action. He urged the Secretariat and Member States to continue to develop normative guidance to create enabling environments for cross-cutting programmes. The draft strategies could, in the future, be extended to other communicable and

noncommunicable diseases. He emphasized the importance of equitable access to medical technology and other life-saving commodities.

The representative of the UNITED STATES OF AMERICA expressed support for the draft global health sector strategies, and called for their adoption without delay. She underscored the Secretariat's important role in developing global strategies. Effective approaches should promote equity and gender equality and uphold human rights and dignity and strategies must be based on the most up-to-date science and respond to the needs of all populations. Concessions had been made throughout the consultation process on the draft strategies in the interest of reaching consensus, including on comprehensive sexuality education, gender identity, gender-responsive approaches, intimate partner violence not limited to heterosexual relationships, and gender-based violence. Although the draft strategies were not in full alignment with the Global AIDS Strategy 2021–2026, the importance of core interventions and a focus on key populations had been preserved.

The representative of SLOVAKIA drew attention to the negative impact of the COVID-19 pandemic on gains in eliminating tuberculosis, combating neglected tropical diseases and attaining the Sustainable Development Goals. Migration was a driver of tuberculosis outbreaks, and she highlighted the need to address the spread of tuberculosis in the context of the current situation in Ukraine. Any efforts to combat tuberculosis should also address antimicrobial resistance. Member States should recommit to the End TB Strategy, and she called for sustained support for vulnerable and marginalized groups. Neglected tropical diseases were linked to poverty and stigma and she called on Member States to eliminate barriers for at-risk and hard to reach populations to enable them to access prevention and eradication programmes, early diagnosis and treatment, and to implement up to date clinical and social guidelines.

The representative of PANAMA outlined national efforts to combat HIV, viral hepatitis and sexually transmitted infections. She emphasized the need to scale up Member States' efforts by allocating additional resources at the international and national levels to accelerate the implementation of the End TB Strategy and progress in achieving global targets related to tuberculosis. She expressed support for the road map for neglected tropical diseases, and highlighted measures undertaken by her Government to combat those diseases.

The representative of INDIA said that her Government had introduced measures to control viral hepatitis and eliminate tuberculosis. The draft health sector strategies should focus on integrating viral hepatitis services into national health systems, and should acknowledge geographical differences and different modes of transmission of viral hepatitis, HIV and sexually transmitted infections. She stressed the urgent need to expand global tuberculosis research and share innovative best practices. WHO had a crucial role to play in achieving the targets in the road map for neglected tropical diseases, to which Member States must remain committed. A Health in All Policies approach would address structural and systemic barriers and ensure that services for neglected tropical diseases remained a part of basic health care.

The representative of BRAZIL commended the integrated nature of the draft health sector strategies. He reaffirmed his Government's commitment to eliminating tuberculosis, and provided an overview of national measures to that end. Welcoming the road map for neglected tropical diseases 2021–2030, he noted the progress achieved through the adoption of national and international policies to prevent and control Chagas disease.

The representative of the REPUBLIC OF KOREA said that global, regional and national measures were required to implement the draft global health sector strategies, in order to enhance efforts to achieve universal health coverage and the 2030 Agenda for Sustainable Development, and improve access to primary care and health security. He expressed the hope that the next report on the implementation of the draft strategies would contain Member States' experiences with regard to

optimizing and strengthening systems, sectors and partnerships. The COVID-19 pandemic had undermined progress to end tuberculosis. Further innovative efforts were needed to contain the spread of tuberculosis and to attain the goals of the road map for neglected tropical diseases.

The representative of NIGERIA said that, during consultations on the draft global health sector strategies, representatives of his Government had firmly expressed its objections and reservations regarding the usage in the draft strategies of certain terms and phrases that were not recognized in national legislation in his country. Despite engaging with the Secretariat to address those concerns, it was disappointing that some of those terms and phrases were still being used. He recognized that the draft strategies could be adapted to local contexts in the fight against HIV, viral hepatitis and sexually transmitted infections. However, his Government rejected the use of the terms "sexual orientation", "transgender" and "men who have sex with men" in the draft strategies. Furthermore, his Government was unable to accept the reference to "WHO technical guidance" and "international technical standards" under section 3.2.1, action 1; and the definition of "sexual health" as contained in the glossary to the draft strategies.

The representative of NORWAY emphasized the importance of WHO's normative and technical role and its independence, which had been particularly relevant in ensuring that the draft global health sector strategies offered evidence-based guidance, while promoting equity, gender equality, sexual and reproductive health and rights, and human rights, at the national level. Although her Government would have preferred explicit references in the draft strategies to the fact that people had rights relating to their bodies and sexual lives, she nevertheless recommended the adoption of the current draft strategies, which provided updated tools to respond to the spread of HIV, viral hepatitis and sexually transmitted infections and which could be adapted to national contexts.

The representative of GHANA said that, especially in light of the disruptions caused by the COVID-19 pandemic, it was important to get efforts to end HIV, viral hepatitis and sexually transmitted infections by 2030 back on track. Therefore, he endorsed the draft global health sector strategies, which outlined a comprehensive framework for action to combat inequality and ensure respect for human rights in national responses to HIV, viral hepatitis and sexually transmitted infections.

The representative of MALAYSIA expressed support for the draft global health sector strategies, and the implementation of the global tuberculosis research and innovation strategy and the road map for neglected tropical diseases. More efforts were needed to achieve the targets set out in the End TB Strategy by 2035. He urged the Secretariat, Member States and vaccine manufacturers to continue to work on a vaccine for dengue and new point-of-care diagnostic tests for neglected tropical diseases. The One Health approach was essential in managing neglected tropical diseases and emerging pandemic threats.

The representative of AUSTRIA said that sexual health education and the promotion of health literacy should continue to serve as a basis for the prevention of infectious diseases. In that context, it was regrettable that vulnerable groups facing stigma were not specifically mentioned in the draft global health sector strategies. Certain terms and definitions were essential when describing relevant measures and addressing specific social issues. It was vital to raise awareness of social challenges in order to develop meaningful responses.

The timely detection, accurate diagnosis and completion of treatment of tuberculosis were crucial to prevent transmission, and that required efforts to improve health literacy and provide patient-centred care. WHO country offices should be supported by ensuring coherent infection prevention and control measures across all care settings. Welcoming the inclusion of noma in the road map for neglected tropical diseases, she emphasized the need to raise awareness of the disease and conduct further research into its causes, prevalence and risk factors.

The representative of THAILAND said that research on tuberculosis should focus on affordable diagnostic tests and treatment for latent and active tuberculosis, which would accelerate progress towards achieving the targets set out in the End TB Strategy. Research should include the use of artificial intelligence to support diagnosis, and should draw on lessons learned from the rapid research and development of COVID-19 vaccines and medicines, including in relation to a pulmonary tuberculosis vaccine. Moreover, the experience of COVID-19 case detection and isolation measures could be applied to the tuberculosis programme. He recommended strengthening health system research in order to inform policies, minimize the cost of treatment, increase adherence to treatment and explore the use of innovative technologies.

The representative of AUSTRALIA expressed support for the Secretariat's role in providing technical and normative guidance on HIV, viral hepatitis and sexually transmitted infections. As the draft global health sector strategies were technical, evidence-based documents, they must not be negotiated texts. Member States were not bound by the draft strategies, and she recalled that they contained caveats that allowed for the adaptation of measures to national contexts. As evidence-based documents, it was critical that terminology and references to sexual orientation, gender, human rights and combating stigma were retained. Key population groups should be clearly and consistently identified in the draft strategies, which should also refer to international technical guidance on comprehensive sexuality education. Removing or reducing that language would undermine human rights, current research and the technical role of WHO.

She noted the concerning impact of COVID-19 on efforts to combat tuberculosis and encouraged the Secretariat to work with partners to mitigate the impact of declining treatment numbers and to track missing cases, especially in South-East Asia and the Western Pacific Regions. She urged the Secretariat to work with multilateral development banks to identify innovative financing solutions to meet the gap in funding for tuberculosis care and prevention programmes, especially at the national level. Commending Member States' implementation of the WHO multisectoral accountability framework for tuberculosis, she encouraged the Secretariat to prioritize support to Member States' efforts to scale up diagnostics and treatment. Strong political leadership was required if progress was to be made in research and innovation. That should include the mobilization of domestic and public–private partnership resources.

The representative of BULGARIA recalled that HIV had a social, economic and demographic impact beyond the field of health. The COVID-19 pandemic had created additional obstacles to progress in combating HIV. She welcomed national, regional and global efforts to end the AIDS epidemic and achieve the Sustainable Development Goals, outlining measures taken in her country to combat HIV. Supporting the draft global health sector strategies, she commended the inclusive process that had led to their development and the appropriate focus on the three areas of work.

The representative of the NETHERLANDS emphasized the urgent need to adopt the draft global strategies, which were grounded in evidence and based on shared principles; principles that only strengthened WHO. The draft strategies and the recommended actions they contained were critical tools to guide government responses to HIV, viral hepatitis and sexually transmitted infections, which could be adapted to national epidemiological contexts and which would target key populations identified by national authorities. WHO must provide Member States with those recommended actions; Member States could then decide how or whether to make use of them. She urged Member States to put aside their differences and adopt the draft strategies without delay.

The representative of MONGOLIA welcomed the draft global health sector strategies, and supported their adoption. She outlined measures implemented in her country to detect and treat HIV and viral hepatitis. However, she noted that labelling a disease as being of low prevalence diverted attention and resources away from essential programmes. It was deeply concerning that, despite the decline in global HIV incidence, HIV epidemics continued to accelerate in some Member States, including her own.

The representative of SWEDEN welcomed the draft global health sector strategies and their strengthened ambitions and goals for 2030, which would help to achieve universal health coverage. The strong link between the strategies was important, while disease-specific actions reflected essential strategic and operational shifts. The draft strategies rightly defined key populations and underscored the importance of equity, sexual and reproductive health and rights, gender equality and human rights. During the consultation process, her Government and others had repeatedly called for the Secretariat to uphold its integrity and enforce its mandate to provide technical and normative evidence-based guidance to Member States. The draft strategies constituted crucial technical documents, and should be adopted without delay.

The representative of JAPAN expressed support for the draft resolution and the coordinated actions outlined in the draft global health sector strategies. She looked forward to the implementation of those actions, which would optimize the use of limited resources and which should involve WHO's partners, including UNAIDS, Unitaid and The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as national and community organizations. She acknowledged that cultural and country contexts should be respected in addition to science-based knowledge. Her Government would continue to contribute to efforts to eliminate tuberculosis undertaken by the Secretariat and WHO Western Pacific Regional Office. Finally, she highlighted her Government's commitment to the objectives of the Kigali Declaration on Neglected Tropical Diseases.

The representative of FRANCE said that the fight against HIV, viral hepatitis and sexually transmitted infections required urgent attention. Recalling that the draft global health sector strategies were not political in nature but rather were the result of scientific research, he urged Member States to support them. He emphasized that it was vital to: strengthen health systems, with a focus on health care workers and community actors; adopt a comprehensive, people-centred approach, taking into account people's needs and avoiding any forms of discrimination – mindful of the key role of comprehensive sexuality education in prevention; and ensure a rights-based approach, including with regard to all vulnerable or key population groups.

The representative of BANGLADESH expressed serious concerns regarding the use of controversial terminology on which there was no consensus in the draft global health sector strategies. It was important to respect the varying cultural and religious sensitivities of Member States. Those terms, which regularly raised concerns among Member States, should also be avoided in future WHO documents, leaving more time to focus on pressing health issues. Agreeing that the Health Assembly should seek consensus on acceptable and practicable strategies, he said that further discussion was required to address Member States' concerns before the draft strategies could be adopted.

The representative of SAUDI ARABIA said that while she supported the draft global health sector strategies, she reiterated her Government's position concerning the need to delete some of the terminology and definitions used in the documents in reference to gender, sexual rights and sexual orientation. She reaffirmed her Government's commitment to combating HIV, viral hepatitis and sexually transmitted infections, as well tuberculosis and neglected tropical diseases.

The representative of PARAGUAY, noting that HIV, viral hepatitis, sexually transmitted infections and tuberculosis were a global health problem and a priority for his Government, expressed support for the draft resolution. Where national incidence rates for any disease had plateaued despite ongoing access to services, a new approach was required. Any initiative should involve stakeholders from all sectors, both at the national and international levels. It was important to integrate efforts to combat neglected tropical diseases into essential health system services. In line with the road map for neglected tropical diseases 2021–2030, he called for strong partnerships and support for Member States in order to strengthen surveillance activities, given the importance of monitoring zoonotic diseases to the One Health approach.

The representative of CHINA welcomed the draft global health sector strategies and said that their implementation should take into account the varying status of prevention measures, treatment, prevalence and health system capacity relating to HIV, viral hepatitis and sexually transmitted infections in each Member State. He reiterated his Government's commitment to strengthening programmes for the prevention, monitoring and treatment of tuberculosis, and for supporting research and development. Noting the progress made in the fight against neglected tropical diseases in spite of the COVID-19 pandemic, he commended WHO's leading role and encouraged the Secretariat to continue providing technical support to Member States in that regard.

The representative of TURKEY said that the universal access to high-quality, affordable health care without discrimination was a priority in her country. Her Government shared the concerns expressed others regarding some of the terms used in the draft global health sector strategies, which were controversial and had not been endorsed by all Member States. The draft strategies should only use terminology that had been previously agreed at the international level.

The representative of the ISLAMIC REPUBLIC OF IRAN said that all strategies and policies related to HIV, viral hepatitis and sexually transmitted infections, submitted for endorsement by Member States, should take into account the cultural and religious contexts in different countries. Although certain innovations, such as the multidose dispensing of medicines, had delivered valuable results in recent years, he drew attention to the negative impact of the COVID-19 pandemic on HIV/AIDS programmes. The low rate of HIV detection could be addressed through active case finding and integrating HIV and tuberculosis detection strategies into COVID-19 vaccination campaigns. However, those measures required the support of United Nations agencies, including WHO.

Care must also be taken to mitigate the impact of the COVID-19 pandemic on tuberculosis surveillance and treatment. He called on the Secretariat to facilitate access to medicines and rapid diagnostic equipment for multidrug-resistant tuberculosis, in light of the unilateral coercive measures that denied his Government access to those goods.

The representative of ECUADOR expressed support for the draft global health sector strategies and the extensive consultations that had led to their development. His Government was committed to achieving the global targets to end HIV, viral hepatitis and sexually transmitted infections by 2030.

The representative of the UNITED REPUBLIC OF TANZANIA commended the Secretariat for its guidance on the implementation of the global strategy on tuberculosis research and innovation. He outlined measures taken by his Government and urged governments to work with partners to safeguard progress towards tuberculosis elimination by continuing to provide essential services regardless of emerging health threats. He acknowledged the need to increase research funding and called on global partners to support innovation and research to fast track progress in the development of diagnostics, treatments and vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the consultations that had led to the development of the draft global health sector strategies, and expressed support for their adoption at the current session of the Health Assembly. As the previous strategies for those diseases had expired, it was important to have up-to-date guidance on such essential health issues. Significant compromises had been made to achieve consensus, and it was regrettable that earlier efforts to explicitly recognize the importance of evidence-based interventions, such as comprehensive sexuality education, as part of prevention efforts had not been included in the document. She noted that the draft strategies offered Member States the option of implementing the actions they contained on the basis of their national contexts and legislation, while upholding fundamental human rights. She emphasized the importance of the Secretariat's technical and normative role, especially in the development of evidence-based health strategies and guidance.

The meeting rose at 17:30.

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