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SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/12**
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COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2022, scheduled at 18:00

Chair: Dr H. NAKATANI (Japan)

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TWELFTH MEETING

Friday, 27 May 2022, at 18:15

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

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

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

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

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

The CHAIR invited the Committee to continue its consideration of items 14.2, 14.3 and 14.4 of the agenda, and of the draft resolutions on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, and on infection prevention and control.

The representative of the DOMINICAN REPUBLIC endorsed the draft global health sector strategies, in particular the recommendations to the effect that HIV, viral hepatitis and sexually transmitted infections could not be addressed without combating stigmatization. Similarly, she endorsed the global strategy for tuberculosis research and innovation, a fundamental tool for eliminating tuberculosis by 2035, and the three pillars of the End TB Strategy, a forward-looking document that provided welcome guidance for stronger action. Her Government wished to be added to the list of sponsors of the draft resolution on infection prevention and control.

The representative of GEORGIA shared information about the situation in her country and welcomed the draft global health sector strategies and their call for equal attention for the three illnesses covered; although notable, progress had not been uniform. Structured and sustainable development of the regulatory and institutional framework for civil society engagement was essential for making health care more people-centred and improving coverage.

The representative of PORTUGAL said that the gains made worldwide with respect to HIV, viral hepatitis and sexually transmitted infections had largely been reversed by the coronavirus disease (COVID-19) pandemic. As all three diseases had common modes of transmission, determinants and main populations affected, she welcomed the Secretariat's efforts to draw up integrated global health sector strategies with a view to heightening impact. The strategies should be fully aligned with the Global AIDS Strategy 2021–2026 and based on evidence, science and human rights. The consultation process was key, and WHO should keep evidence-based and technical recommendations at the heart of its documents.

Fighting HIV, viral hepatitis and sexually transmitted infections required appropriate global, regional and national approaches and a people-centred response. Identifying vulnerable populations was the most effective solution, and challenges such as migration and displacement must be addressed,

as limited access to health care hindered global progress. Steps must be taken to bridge the gap between the situation in 2021 and the Sustainable Development Goals.

The representative of KIRIBATI also shared information about the situation in his country and welcomed the draft global health sector strategies. Despite its limited resources, his Government was committed to playing its part in eliminating HIV, viral hepatitis and sexually transmitted infections, with the help of its development partners.

The representative of INDONESIA, noting that Member States had varying capacities and local governments differing abilities and unique features, said that the draft global health sector strategies should make allowances for the national context so as to promote their universal acceptance and benefit all members of the target populations.

Essential tuberculosis services must be put back on track in the wake of the COVID-19 pandemic through enhanced investment, multisectoral response, and research and innovation in a range of areas, identifying and addressing emerging challenges. The experience of COVID-19 vaccine development should be used to accelerate discussions on the global road map for research and development of tuberculosis vaccines and its roll-out.

WHO and Member States had made welcome efforts to mitigate the pandemic's impact on neglected tropical disease services and advance towards the goal of elimination by 2030, but challenges such as lack of access in remote locations, limited resources and disruptions continued adversely to affect community outreach for preventive chemotherapy, active case detection and awareness campaigns. Member States should renew their efforts to keep the road map targets on track and ensure that services for neglected tropical diseases remained part of basic health care.

The representative of the RUSSIAN FEDERATION said that the well-balanced draft global health sector strategies would enable Member States to achieve the Sustainable Development Goals. He welcomed the regular consultations with Member States that had resulted in their development.

He stressed the importance of a comprehensive response to tuberculosis, coordinated by WHO, and his Government's willingness to participate actively in preparations for the second high-level meeting of the United Nations General Assembly on the fight against tuberculosis, in 2023.

The potential obstacles to achieving the aims of the road map for neglected tropical diseases – global warming, the expansion of primary vector habitats and the increasingly frequent appearance of arboviruses in new geographical areas – would require comprehensive research programmes supported by WHO.

The representative of CANADA welcomed the Secretariat's efforts to reach consensus on the terminology used in the draft global health sector strategies. The population groups often disproportionately affected by HIV, viral hepatitis or a sexually transmitted infection frequently encountered stigma and discrimination, causing unequal access to services and resources and further increasing their health burden. It was disappointing that the strategies no longer referred to comprehensive sexuality education and that references to gender and identity had been weakened or removed: access to comprehensive sexuality education and to sexual and reproductive health services was essential for the health and rights of marginalized people. Significant compromises had been made to reach consensus on the strategies, and her Government could not accept other revisions that might jeopardize their aims and relevance. The strategies must be rooted in science and evidence.

The representative of HUNGARY, sharing information about the situation in her country, in particular in the context of the Ukrainian crisis, welcomed WHO's role in assisting Member States in tuberculosis care, especially with regard to new drugs for multidrug-resistant and extensively drug-resistant tuberculosis.

The representative of NAMIBIA welcomed the draft global health sector strategies, which would guide Member State efforts to end HIV/AIDS as a public health threat. His Government was

pleased that the strategies were aligned with the Global AIDS Strategy 2021–2026 and that they allowed countries to fit actions to their local epidemiological context and health system, for example by defining the demographic groups most affected by and at risk of HIV, viral hepatitis and sexually transmitted infections. Implementation must be predicated on upholding fundamental human rights through equitable access to health and evidence-informed practice – reducing inequality was key to winning the fight against HIV and other sexually transmitted infections, nationally and globally. Multisectoral strategies were therefore called for; they should encompass a Health in All Policies approach and prioritize access to education and health services for at-risk groups such as adolescent girls and young women.

The representative of BAHRAIN said that a clear road map was needed to deal with the diseases targeted by the draft global health sector strategies. The world must work in solidarity to achieve the health-related Sustainable Development Goals, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages). She drew attention to the terms that were not in line with the customs and culture of Bahrain.

She welcomed international research programmes to combat tuberculosis in cooperation with national programmes as part of diagnosis and treatment. The international community should apply the lessons learned from combating COVID-19 to national tuberculosis programmes.

The representative of MALDIVES said that the draft global health sector strategies offered a road map to achievement of the 2030 Agenda for Sustainable Development. The welcome consideration given to the effects of the COVID-19 pandemic would improve resilience against potential future health system shocks. She reaffirmed her Government's commitment to the End TB Strategy and called for greater WHO investment in tuberculosis research, to drive breakthroughs and rapid uptake of newer technologies adapted to recent developments, and thereby make up for the time lost during the pandemic in terms of meeting national, regional and global targets.

The representative of IRAQ, referring to the controversy regarding terminology in the draft global health sector strategies, said that a solution had been found and that his Government required support from WHO to achieve the strategic goals and benefit from the experience of other countries. He welcomed the efforts being made to combat tuberculosis, which had slowed during the COVID-19 pandemic owing to limited access to medical centres for treatment, and endorsed WHO's proposed strategies on neglected tropical diseases and goals for primary health care. The absence of timely countermeasures for recent outbreaks of monkeypox and other infectious skin diseases could cause significant health issues coming on top of the burden represented by noncommunicable diseases.

The representative of COLOMBIA said that since HIV, viral hepatitis and sexually transmitted infections shared modes of transmission, social determinants and populations affected, it was especially important to combine intervention strategies and for those strategies to coordinate with funding bodies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. During implementation of strategic direction 1 (deliver high-quality, evidence-based, people-centred services) of the draft global health sector strategies, the emphasis should be on the delivery of health and prevention services through evidence-based action and protection measures such as the use of contraception or hepatitis B vaccination. Human rights and gender approaches should be prioritized along with drivers of progress such as financing and leadership, without which the strategies could not be implemented. Efforts to support new methods for diagnosing neglected tropical diseases should include the development of molecular testing to diagnose cysticercosis and taeniasis; the Colombian National Institute had taken steps to that end, but required reference samples to validate the results.

The representative of KENYA called for increased domestic funding for HIV and tuberculosis infections and the elimination of noncommunicable diseases; the strengthening and integration of HIV, sexually transmitted infection and viral hepatitis care into primary health care and reproductive

health services at all levels and sectors; and lower prices for hepatitis treatment and new HIV prevention technologies.

The representative of ISRAEL said that discussion of HIV, viral hepatitis and sexually transmitted infections should be driven by scientific facts and a clear assessment of how people lived and interacted, in order to obtain the best tools and recommendations for real change. The draft global health sector strategies – which were not a Member State-negotiated text – were excellent in many respects: the strategies recognized that the three diseases shared a mode of transmission and common interventions, and that they were shaped by similar social and structural determinants of health, such as discrimination based on gender or other identity markers. He stressed the crucial role of comprehensive sexual education covering sexual orientation and identity alongside gender-based violence, sex workers and drug use: all had a direct impact on the transmission of HIV and other sexually transmitted infections. He welcomed the repeated references in the strategies to people-centred integrated systems of care and prevention.

The representative of SENEGAL said that intervention programmes should take into account the complex interactions between the various health problems associated with HIV, viral hepatitis and sexually transmitted infections. To speed the eradication of those diseases, rapid tests should be made available that could screen for all three simultaneously.

Operational research and innovation in managing tuberculosis were essential pillars of the End TB Strategy. However, global challenges remained regarding access to diagnostic technology, vaccines, inputs and drugs for tuberculosis.

The representative of NIGER said that the road map for neglected tropical diseases would allow Member States to meet their aims, although only if the various stakeholders adopted a coordinated approach to resource mobilization. Regarding the fight against hepatitis, he stressed that the populations of low- and middle-income countries did not have access to antiviral drugs and called on WHO to develop strategies to remedy that situation. He hoped that consensus would be reached on the contentious terms regarding sexuality.

The representative of JORDAN said that, while the draft global health sector strategies were of special importance in his Region, some of the language used did not conform to its culture and traditions and therefore remained unacceptable. Certain countries' regrettable insistence on introducing such expressions would make it difficult to adopt the strategies, as his Government was still keen to do.

The representative of BARBADOS, sharing information about the situation in his country, called for collaborative approaches to maintain the advances achieved and accelerate progress towards ending the ongoing global epidemic of HIV, viral hepatitis and sexually transmitted infections. He welcomed the draft global health sector strategies.

The representative of UNAIDS expressed satisfaction that the draft global health sector strategies were aligned with the Global AIDS Strategy 2021–2026 and the 2025 global HIV targets already endorsed by Member States. UNAIDS fully supported the focus on person- and community-centred differentiated interventions and service delivery specific to national and local contexts, including efforts to address societal barriers to accessing services. It remained confident that the strategies would allow WHO and UNAIDS to boost Member State efforts to meet the 2025 global HIV targets through country-focused, evidence- and human rights-based, people- and equity-centred responses.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, urged Member States to adopt the draft global health sector strategies in their present form. Action, such as innovation for new tools and integration into essential services, was

needed to accelerate progress towards the 2030 targets for neglected tropical diseases. She also urged Member States to address treatment gaps for pregnant and breastfeeding women and for children; to leverage and expand national and regional capacity to develop new tools in the countries most affected; and to promote cross-disease integration.

The representative of the INTERNATIONAL AIDS SOCIETY, speaking at the invitation of the CHAIR, welcomed the strategic grouping of HIV, viral hepatitis and sexually transmitted infections. It would only be possible to end HIV as a public health threat if States and other key stakeholders committed to upholding human rights for all and provided access to evidence-based HIV services and comprehensive education on sexual and reproductive health and rights.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on WHO and Member States to help pharmacists expand their role to deliver accessible and affordable services for HIV, viral hepatitis and other sexually transmitted infections, for example by enabling them to prescribe and dispense preventive medicines, and by raising awareness among the general public of prevention measures such as vaccines and pre- and post-exposure prophylaxis.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to boost efforts to end the resurgence of tuberculosis and neglected tropical diseases by building resilient health systems for universal health coverage; on WTO and Member States to increase funding for universal access, diagnostics and vaccine research for both neglected topical diseases and tuberculosis; and for young people to be involved in the implementation of the End TB Strategy and the global strategy for tuberculosis research and innovation.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the discussion had not addressed sustainable funding for public health services, local research and pharmaceutical manufacturing, or the profit-driven innovation system's failure to produce affordable medicines for neglected diseases. He called for political commitment to, and sustainable funding of, primary health care, an updated strategy for controlling drug-resistant tuberculosis, and a neglected tropical disease road map aimed at breaking the perpetual cycle of poverty and disease. The draft global health sector strategies must address stigma as part of WHO and Member State efforts to engage empowered communities and civil society.

The representative of the STICHTING GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS, speaking at the invitation of the CHAIR, said that the global health sector strategies should foster a legal environment enabling people living with, most at risk from or affected by HIV to access high-quality services. AIDS and all other epidemics could only be ended by following human rights principles. He called on Member States to enact the strategies at country level using recent scientific data to establish and reform policies on HIV-related stigma.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, deeply regretted the removal of terms such as comprehensive sexuality education and intimate partner violence from the draft global health sector strategies, and was concerned by the restrictive definition of gender they contained. WHO and the Director-General must stand firm and adopt strategies based on evidence rather than on politics and ideology, in line with the objective and functions clearly defined in the Constitution.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, said that low- and middle-income countries could not be expected to achieve the goals set out in the draft global health sector strategies alone. The global health and donor community must do more to support their efforts and health systems must mainstream hepatitis elimination throughout

their services. Hepatitis elimination would require the concerted effort of all stakeholders and the active involvement of civil society and the community concerned, backed by political will and political action.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, noted the impact of the COVID-19 pandemic and of funding decreases on national and global programmes for neglected tropical diseases. Strong, sustained Member State leadership was essential to encourage additional commitments from bilateral donors and national governments, working with WHO, to rectify that situation.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that in the wake of the COVID-19 pandemic there was a real risk that neglected tropical diseases would slide into further neglect, reversing the significant achievements of recent years. If Member States worked towards the ambitious targets of the new road map and provided adequate resources, those diseases could be made a thing of the past.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, welcomed the draft global health sector strategies at a time when sexually transmitted infections remained a global problem, especially for the at-risk group of women and girls. Good sexual health was achieved through informed, safe and responsible behaviours supported by comprehensive education, equity and resilient, evidence-based systems to advance sexual and reproductive health and rights. Only then could universal health care and the health-related Sustainable Development Goals be achieved.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that, while significant progress had been made against neglected tropical diseases, the Director-General's report on the road map confirmed that activities had been sharply curtailed since the COVID-19 pandemic. She called for all partners to help mitigate the pandemic's impact and for yearly updates to the Health Assembly on the matter. Member States should renew their commitments to eliminate those diseases and endorse the Kigali Declaration on neglected tropical diseases when it was launched in June 2022.

The representative of MÉDECINS DU MONDE, speaking at the invitation of the CHAIR, said that consensus on addressing the often stigmatized and controversial areas of HIV, viral tuberculosis and sexually transmitted infections was a tremendous achievement towards ending them, although the neutralized language was regrettable. He called on Member States to truly commit to the draft global health sector strategies with evidence-based, non-discriminatory actions, fully respecting individuals' human rights. The 2030 targets were in reach, if no one was left behind.

The DIRECTOR-GENERAL thanked Member States for their engagement on the draft global health sector strategies, which were designed to incorporate previously siloed disease programmes into a universal health coverage framework in order to make them more resilient during emergencies and more easily accessible through primary health care. As the previous interlinked global health sector strategies on HIV, viral hepatitis and sexually transmitted diseases had expired in 2021, it was essential that Member States should adopt the new strategies without further delay at the current Health Assembly. He stressed that the strategies were modular and could be adapted by Member States in accordance with their own cultural and other contexts.

He thanked Member States for showing commendable flexibility, pragmatism and solidarity, and for answering his call to collaborate where possible and compromise where needed. He encouraged them to continue talking and listening, and to take the final step towards consensus, promising to support that process in any way he could. The wide range of traditions, cultures and religions within WHO could lead to divergent views on sensitive issues but was a strength rather than a weakness: everyone was enriched when they worked to understand each other's perspectives. The

Secretariat looked forward to working with Member States to implement the strategies within their own social and cultural contexts.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, asked for the meeting to be suspended for consultations.

The meeting was suspended at 19:30 and resumed at 19:55.

(For the resumption of the discussion, see section 3 below.)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (continued)

Strengthening WHO preparedness for and response to health emergencies Item 16.2 of the agenda (documents A75/10 Rev.1, A75/17, A75/18, A75/19, A75/20 and A75/21) (continued from the fifth meeting, section 1)

The CHAIR invited the Committee to continue its consideration of item 16.2 and the draft resolution on amendments to the International Health Regulations (2005).

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the draft resolution's sponsors, said that informal discussions had resulted in the addition of a new preambular paragraph 5, recalling that Member States had decided to establish the Working Group on amendments to the International Health Regulations (2005), through the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and reiterating that the former's initial work would focus on a substantive package of targeted amendments, as agreed previously by the Executive Board.[1]

It had also been agreed to add a new preambular paragraph 6, noting the States Parties' right to notify the Director-General of rejections of or reservations to, pursuant to Articles 61 and 62, the amendments to the Regulations set out in the annex to the draft resolution. In addition, it had been agreed to delete the original preambular paragraph 5, as requested during the Committee's initial discussion of the item, and to amend operative paragraph 1 to more clearly characterize the updates to Articles 55, 61 and 62 as necessary consequent to the adoption of changes to Article 59.

Lastly, it had been agreed to add a new operative paragraph 2, urging States Parties, consistent with Article 44 of the Regulations, to collaborate with each other in the provision or facilitation of technical cooperation and logistical support, particularly in the development strengthening and maintenance of the public health capacities required under the Regulations. The new paragraph, which used the language contained in Article 44.1(b) of the Regulations, had been added to address the States Parties' concerns about the capacity to implement the current Regulations and to emphasize their shared commitment to work together to build such capacities for that and any future amendments.

Two changes had been agreed to the annex to the draft resolution. The first was to paragraph 1bis of Article 59: the period for rejection of or reservation to any future amendments had been adjusted to 10 months instead of nine, in order to give States Parties additional time to consider them. The second was to paragraph 3 of Article 59: the initial suggestion that, after a State Party had notified the Director-General about delays in the domestic implementation of an amendment, it should

[1] Decision EB150(3).

achieve implementation no later than six months after entry into force of the amendments for it, had been revised to state that, after such a declaration, the party concerned should achieve outstanding adjustments no later than 12 months after entry into force of the amendments for it. That change maintained the current 24 months for implementation.

The CHAIR took it that the Committee wished to approve the draft resolution, as amended.

The resolution, as amended, was approved.[1]

The meeting was suspended at 19:30 and resumed at 20:30.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD A Item 14 of the agenda (resumed)

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

The CHAIR invited the Committee to resume its consideration of item 14.2 and the draft resolution on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections.

The representative of SAUDI ARABIA said that a consensus had been reached: it was proposed to delete the entire glossary contained in annex 3 of the draft global health sector strategies and to add two footnotes. The first footnote would be inserted after the words “sexual orientation” and read as follows: “Some countries have a reservation regarding the use of the term of sexual orientation, the definition of which has not been agreed in United Nations intergovernmental negotiations among Member States, and reaffirm that their understanding of this paragraph is to be implemented in line with their national legislations.” The second footnote would refer to the international technical guidance on sexuality education and read as follows: “The ITGSE is not the result of an intergovernmental negotiation among Member States.”

The representatives of MEXICO, PARAGUAY, COLOMBIA, COSTA RICA and URUGUAY requested that discussion of the item be suspended until the following day, to give them time to submit the proposed amendments in writing to their Governments.

The representative of MONACO expressed regret that strategies for the Secretariat’s work in the field risked being jeopardized by what were unprecedented negotiations. Such negotiations must not become the norm.

The representative of NIGERIA welcomed the proposed amendments to the draft global health sector strategies in the spirit of compromise and consensus, stressing that the extra time requested should not be used to undermine that consensus.

[1] Transmitted to the Health Assembly in the Committee’s fifth report and adopted as resolution WHA75.12.

The representative of GERMANY asked the Secretariat to explain the meaning and implications of the proposed first footnote.

The representative of PARAGUAY said that she shared concerns regarding precedent. If Member States were to amend a document prepared by the Secretariat, they might then be held responsible for other such documents that might not have been fully agreed by Member States but had been accepted by them as scientific guidance. She asked whether a precedent existed for the addition of a footnote to a document prepared by the Secretariat.

The representative of EGYPT said that there was precedent for the use of such terminology in a United Nations document approved by Member States but finalized without having obtained their complete consensus. He hoped that all Member States would take into consideration the reactions of some countries regarding the use of such terminology and the consequences of adopting the draft global health sector strategies in their current form, even as amended. The amendments proposed reflected efforts to reach a compromise.

The CHAIR proposed that discussion of item 14.2 be suspended to the following day and that the text of the proposed amendments be made available to Member States via email in the meantime.

It was so agreed.

(For continuation of the discussion, see the summary records of the thirteenth meeting, section 2.)

The meeting rose at 21:00.

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