World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/14**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

Palais des Nations, Geneva
Saturday, 28 May 2022, scheduled at 14:30

Chair: Dr. H. NAKATANI (Japan)

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FOURTEENTH MEETING

Saturday, 28 May 2022, at 15:05

Chair: Dr H. NAKATANI (Japan)

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 from the thirteenth meeting, section 2.)

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) (continued)

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

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

The CHAIR invited the Committee to continue its consideration of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030.

The representative of IRAQ expressed appreciation for efforts to provide strategic direction to accelerate the implementation of the global strategy for tuberculosis research and innovation, noting that the COVID-19 pandemic had reversed progress. Although the Executive Board's call for increased domestic resource mobilization to accelerate implementation of the global strategy was reasonable, it was not feasible for weakened countries like his own. Greater emphasis on research and development and more external financial support was needed to recover lost gains, and developing countries should receive technical support to enable them to contribute effectively to research and innovation. He expressed appreciation for the support provided by WHO and other organizations to tuberculosis control efforts in his country and requested technical, logistical and capacity-building support to enable his Government to participate in global innovative tuberculosis control activities.

The DIRECTOR-GENERAL thanked all Member States for their strong support for the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030. The severe disruption caused by the COVID-19 pandemic had put the hard-won gains of the preceding 20 years at risk. Progress on tuberculosis had stalled, and tuberculosis-related deaths had risen in 2021 for the first time in a decade. Innovation in more effective and affordable diagnostics and therapeutics, particularly for drug-resistant tuberculosis, was needed. The global strategy prioritized the development of new tools, including vaccines, that could change the trajectory. WHO would host a high-level summit later in 2022 to accelerate tuberculosis vaccine development, drawing on lessons learned from the COVID-19 pandemic response, and in 2023 there would be a high-level meeting of the United Nations General Assembly to review progress towards ending tuberculosis. Member State engagement would be critical to the success of those meetings. He paid tribute to the late Dr Mwelecele Malecela, under whose leadership the road map for neglected tropical diseases 2021–2030 had been developed. The road map provided ways to strengthen and expand access to prevention and treatment

services where they were needed most, but would require financial and technical support to succeed, especially in countries with weaker economies. The Secretariat was fully committed to supporting all Member States in implementing the global strategy and the road map.

The CHAIR took it that the Committee wished to note the sections of the report on the global strategy for tuberculosis research and innovation and on the road map for neglected tropical diseases 2021–2030 contained in document A75/10 Rev.1.

The Committee noted the report.

The meeting was suspended at 15:15 and resumed at 15:50.

The CHAIR recalled that, in search of a way forward on the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the delegation of Saudi Arabia had made a proposal: the glossary contained in Annex 3 to the draft global health sector strategies would be deleted, and two explanatory footnotes would be added to the draft global health sector strategies and the international technical guidance on sexuality education. Member States had requested further time to consider that proposal, and the delegation of Mexico had led informal consultations on the matter.

The representative of MEXICO thanked all Member States for remaining open to dialogue. The highest priority must be given to adopting the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. Given the lack of consensus on the proposal made by the representative of Saudi Arabia, her delegation had led open, transparent and inclusive informal consultations to seek a compromise. The outcome was a proposal that sought to accommodate the views and concerns of Member States.

She proposed to amend paragraph 1 of the draft resolution to read: "Notes with appreciation the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030". A new paragraph 2 should be inserted that read: "Reaffirms that in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022-2030, the national context should be considered". The final paragraph concerning the request to the Director-General should be retained unchanged. Annex 3 to the draft global health sector strategies would also be deleted. The proposal had been circulated to all Member States by email.

The representative of SAUDI ARABIA asked whether the presentation of a new proposal indicated that the proposal made by his Government had been formally rejected.

The CHAIR confirmed that the proposal made by the representative of Saudi Arabia remained on the table.

The representative of COLOMBIA supported the proposal by the representative of Mexico.

The representative of SAUDI ARABIA noted with appreciation the proposal by the representative of Mexico and requested more time to consider it.

The representative of BANGLADESH said that the concerns raised by Member States must be reflected in the text of the draft global health sector strategies as that document would have a bearing on Member States. He supported the proposal made by the representative of Saudi Arabia. The proposal by the representative of Mexico, however, did not reflect the views of all Member States. Further discussion of the matter would be needed after the Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND did not accept the proposal by the representative of Saudi Arabia. Given the importance of finding a way forward, she supported the constructive proposal by the representative of Mexico and encouraged all Member States to do the same.

The representative of EGYPT recalled that he had supported the proposal made by the representative of Saudi Arabia and requested more time to consider the proposal by the representative of Mexico.

The representative of MONACO cautioned against negotiating or amending strategies developed by the Secretariat. She could not accept the proposal by the representative of Saudi Arabia but endorsed the proposal by the representative of Mexico.

The representative of ARGENTINA supported the proposal by the representative of Mexico but could not support the proposal by the representative of Saudi Arabia.

The representative of LIBYA supported the proposal by the representative of Saudi Arabia. Noting the impending closure of the Health Assembly, he expressed the hope that Member States would have the opportunity to discuss the proposal by the representative of Mexico.

The representative of FINLAND asked the Legal Counsel to clarify what bearing the draft global health sector strategies would have on Member States, including any legal implications.

The representative of JORDAN supported the proposal made by the representative of Saudi Arabia and asked for more time to consider the proposal by the representative of Mexico.

The representative of CANADA supported the proposal by the representative of Mexico and expressed appreciation for the efforts made towards reaching consensus, which was a priority.

The representative of CHILE did not support the proposal put forward by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico, which was balanced and reflective of the concerns expressed by Member States, and called on Member States to support it in the interest of consensus.

The representative of the DOMINICAN REPUBLIC supported the proposal by the representative of Mexico, which largely reflected the concerns of Member States, but did not support the proposal by the representative of Saudi Arabia.

The representative of QATAR requested more time to consider the proposal by the representative of Mexico with a view to achieving consensus.

The representative of ALGERIA said that it had appeared that a majority of Member States had welcomed the proposal by the representative of Saudi Arabia the previous day. Some Governments had requested more time to consider that proposal; it was only fair, therefore, that time should be granted for Member States to consider the proposal by the representative of Mexico.

The representative of URUGUAY did not accept the proposal by the representative of Saudi Arabia. She endorsed the proposal by the representative of Mexico, which sought to accommodate the different positions expressed, and called on Member States to seriously consider doing likewise in order to avoid a vote.

The representative of the SYRIAN ARAB REPUBLIC supported the proposal by the representative of Saudi Arabia. Stressing the importance of the draft global health sector strategies for all Member States and the consequent need to take all concerns into consideration, she said that she wished to reach consensus on the matter but needed more time to consider the proposal by the representative of Mexico.

The representative of PERU said that the adoption of the draft global health sector strategies was of the utmost importance, especially for developing countries. She supported the proposal put forward by the representative of Mexico, but could not endorse the proposal made by the representative of Saudi Arabia.

The representative of NIGERIA said that his Government was ready to work towards consensus. He recalled that the proposal by the representative of Saudi Arabia concerned the text of the draft global health sector strategies, whereas the proposal by the representative of Mexico concerned the draft resolution.

The representative of FRANCE said that the proposal by the representative of Mexico had several advantages. The amended draft resolution would have Member States take note of, rather than adopt, the draft global health sector strategies, which was an important difference. In addition, that proposal took into account the requests from some Member States to delete the glossary contained in Annex 3 and sought to include wording in the draft resolution to the effect that national contexts should be respected in implementation. On that basis, Member States should support that proposal in order to allow a decision to be made, if possible by consensus, before the closure of the Health Assembly.

The representative of SLOVAKIA supported the proposal by the representative of Mexico and expressed appreciation for the efforts made to ensure that country contexts would be taken into account. It would be crucial to reach consensus as global strategies were needed to support sustainable work on the topics in question.

The representative of DENMARK did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico and hoped that all Member States would do likewise in the spirit of consensus and to avoid a vote.

The representative of AUSTRALIA supported the constructive proposal by the representative of Mexico, which represented a considerable compromise as it entailed the deletion of Annex 3 to the draft global health sector strategies and sought to capture the sentiment of the footnotes proposed by the representative of Saudi Arabia. A further delay in releasing the draft global health sector strategies would be untenable.

The representative of the UNITED STATES OF AMERICA supported the proposal by the representative of Mexico. All Member States must continue working towards an agreement in order to advance the desperately needed draft global health sector strategies at the current Health Assembly.

The representative of NORWAY did not support the proposal by the representative of Saudi Arabia. She endorsed the proposal by the representative of Mexico as it reflected the concerns of all Member States. Although she would have preferred the draft global health sector strategies to be adopted rather than noted, she acknowledged the need to work towards consensus.

The representative of NEW ZEALAND said that opening negotiations on technical documents could set a dangerous precedent. The proposal by the representative of Mexico sought to capture the substance of Member States' concerns and had her support.

The representative of MOROCCO supported the proposal by the representative of Saudi Arabia and asked for more time to consider the proposals.

The representative of TURKEY said that his Government was still considering both proposals.

The representative of GERMANY said that in view of the limited time and the positions expressed, the proposal by the representative of Mexico seemed the best basis for consensus.

The representative of BRAZIL said that his Government strongly supported multilateralism, inclusiveness and consensus, as well as the global response to HIV/AIDS, viral hepatitis and sexually transmitted infections. He emphasized the importance of adopting global strategies and underscored his Government's support for the technical work of the Secretariat. The proposal by the representative of Mexico seemed a good way forward.

The representative of ITALY supported the proposal by the representative of Mexico and called on Member States to support it in the interest of consensus. It would be important to adopt the draft global health sector strategies before the closure of the Health Assembly.

The representative of IRELAND did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico and called on Member States to give it due consideration in order to reach a compromise.

The representative of TUNISIA recalled that Member States had been given time to consider the proposal by the representative of Saudi Arabia. In the interest of fairness, Member States should also be given time to consider the proposal by the representative of Mexico before giving their views.

The representative of DJIBOUTI asked whether the two proposals could be combined in order to achieve consensus. She also requested clarification as to why it was necessary for the Health Assembly to adopt the draft global health sector strategies if the actions therein were to be taken by the Secretariat; the implications of adoption for Member States; and whether adoption would form the basis for the Secretariat's engagement with individual Member States. Although consensus was important, a vote might be the best way to reflect the divergent views of the Health Assembly regarding certain controversial concepts on which there was not international agreement. The views of Member States were of equal value and should all be taken into consideration.

The representative of the NETHERLANDS did not support the proposal by the representative of Saudi Arabia. He endorsed the proposal by the representative of Mexico, which accommodated some of the concerns that had been raised by Member States and which the Government of Saudi Arabia had sought to address in its proposal.

The representative of IRAQ, highlighting the benefit that the draft global health sector strategies would bring to all Member States, supported the proposal made by the representative of Saudi Arabia. His Government needed more time to consider the proposal by the representative of Mexico.

The representative of SOUTH AFRICA said that it was critical to make a collective decision and proceed with the implementation of the draft global health sector strategies. The flexibility demonstrated in the proposal by the representative of Mexico was sincerely appreciated. She expressed support for both proposals and hoped that Member States would view the inclusion of a reference to national contexts in the proposed amendment to the draft resolution as a way of striking a balance.

The LEGAL COUNSEL, responding to questions from the representatives of Finland and Djibouti, said that the draft global health sector strategies contained actions to be taken by the Secretariat

and Member States. While the adoption of a strategy signified its acceptance and approval by the Health Assembly, taking note only signified the Health Assembly's acknowledgement of the strategy, without any indication of its approval or rejection. In both cases, the draft global health sector strategies would not be legally binding on Member States but recommendatory. The Secretariat would then implement the draft global health sector strategies and report to Member States as mandated, and Member States would implement them in accordance with their national contexts.

The representative of EGYPT said that his Government needed more time to consider the proposal made by the representative of Mexico. He asked for further clarification regarding the legal and financial implications of a Health Assembly decision to take note of a strategy, given that it would signify neither rejection nor acceptance of the strategy by Member States. Could the Organization implement an action with financial implications on the basis of a decision or resolution in which Member States had only taken note of a strategy and had therefore not expressed their positions in that regard? He requested the Secretariat to provide a precedent for such action, if available.

The CHAIR suggested that the discussion should be suspended to allow time for further consideration of the proposals.

It was so agreed.

(For continuation of the discussion and approval of a draft resolution, see the summary records of the sixteenth meeting, section 1.)

The meeting rose at 16:45.

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