

## **Progress reports<sup>1</sup>**

### **Report by the Director-General**

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<sup>1</sup> Section J is contained in document A75/44 Add.1.

## **A. PREPARATION FOR THE HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY ON UNIVERSAL HEALTH COVERAGE (resolution WHA72.4 (2019))**

1. The world learned two important lessons from the coronavirus disease (COVID-19) pandemic. First, health systems in all countries were not strong enough in terms of health security to prepare for and respond to a public health emergency of international concern. Secondly, they were not strong enough in terms of universal health coverage to continue providing essential health services equitably and without financial hardship.

2. The third round of the WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic indicates the adverse effects of health system weaknesses. During the pandemic, 91% of countries experienced disruptions to essential health services, with an average of 45% of the 66 health services assessed being disrupted.<sup>1</sup> Inadequate health workforce support and capacities continue to be the main constraint. Although life-saving COVID-19 vaccines, tests and treatments were rolled out, inequities within and between countries were a critical concern; the 9% of the world's population living in low-income countries received only 0.6% of COVID-19 vaccines.<sup>2</sup> Financial hardship affected 1.4–1.9 billion people even before the pandemic; the situation has since worsened.<sup>3</sup> These setbacks affect all health outcomes. At least three million excess deaths associated with the COVID-19 pandemic are estimated to have occurred in 2020.<sup>4</sup> Furthermore, there is an estimated shortfall of over 800 million people under WHO's Thirteenth General Programme of Work target of one billion more people benefiting from universal health coverage by 2025.<sup>5</sup>

3. The WHO Director-General views universal health coverage and health security as two sides of the same coin and considers that the best way to achieve these goals is to strengthen health systems. The best means of strengthening health systems is to use a primary health care approach to ensure health protection and care, locally, for all people. In this approach, specific areas of focus include restoring, expanding and sustaining access to essential health services, especially for health promotion and disease prevention, and reducing out-of-pocket spending; giving special attention to the least-served, most vulnerable populations, especially women, children and adolescents, migrants and refugees; ensuring access to vaccines, medicines, diagnostics, devices and other health products; and investing in a health workforce with the training, skills, tools, safe working environment and fair pay to deliver safe, effective, quality care.

4. Targeted, evidence-based interventions are needed to address people's specific health needs across the life course and specific communicable and noncommunicable disease concerns. In addition,

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<sup>1</sup> Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021. Interim report. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1), accessed 8 March 2022).

<sup>2</sup> WHO COVID-19 Dashboard. Geneva: World Health Organization, 2020 (<https://covid19.who.int/>, accessed 4 April 2022).

<sup>3</sup> Tracking universal health coverage: 2021 Global Monitoring Report. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240040618>, accessed 8 March 2022).

<sup>4</sup> The true death toll of COVID-19: estimating global excess mortality. Geneva: World Health Organization; 2022. (<https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>, accessed 8 March 2022).

<sup>5</sup> Tracking universal health coverage: 2021 Global Monitoring Report. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240040618>, accessed 8 March 2022).

more integrated investment and implementation is needed to mitigate cross-programmatic duplications and inefficiencies, and support cross-cutting health system building blocks and functions.

5. During the pandemic, WHO coordinated health systems support for the Access to COVID-19 Tools-Accelerator (ACT-A) initiative to deploy COVID-19 tools at scale, maintain essential health services and protect the health workforce. The ACT-A Health Systems and Response Connector provides in-country support through close collaboration between the WHO Health Emergencies Programme, the Special Programme on Primary Health Care and the Universal Health Coverage Partnership's network of policy advisors in 115 countries.

6. During the recovery phase, WHO will strengthen support to countries to “radically reorient health systems towards primary health care” with a view to achieving universal health coverage and health security goals. It will provide differentiated support to respond to each country's unique needs and provide intensified support to 25–30 countries furthest behind on universal health coverage and health security with additional staff in WHO country offices and by expanding WHO country support platforms such as the Primary Health Care Special Programme and the Health Systems and Response Connector, as well as partner collaborations. WHO will provide global health leadership, core normative guidance and an investment case, and data, research and innovation in support of each country's national health plan towards achieving universal health coverage and health security goals.

7. The 2023 United Nations General Assembly high-level meeting of Heads of State on universal health coverage is an opportunity at the highest political level to revitalize the commitment of every country to radically reorient health systems, with a necessary foundation of primary health care, towards achieving the interlinked goals of universal health coverage and health security. This commitment needs to be founded on an evidence-based investment and action plan with a universal health coverage global road map for countries to move forward faster towards WHO's “triple billion” goals and the 2030 Agenda for Sustainable Development. Stakeholder engagement is integral to the process and involves the global movement UHC2030, the Major Groups and Other Stakeholders High Level Political Forum Coordination Mechanism, global health agencies and funds, international financial institutions, health and care worker associations, the private sector, civil society, academic institutions, media and other entities. The leadership of the World Health Assembly is central to the successful preparation and outcomes of the high-level meeting of the United Nations General Assembly and the Secretariat stands ready to support Member States in this regard.

## **B. PRIMARY HEALTH CARE (resolution WHA72.2 (2019))**

8. Pursuant to resolution WHA72.2 (2019) on primary health care, the Secretariat has undertaken the main activities described below.

9. The WHO Special Programme on Primary Health Care, established in December 2020, aims to integrate the work being done on primary health care across all levels of the Organization, providing a “one-stop” mechanism for implementation support to Member States and putting into action the operational framework for primary health care<sup>1</sup> noted by the Seventy-third World Health Assembly.

10. In recent years, WHO has strengthened its support for implementation of national primary health care approaches through the Universal Health Coverage Partnership, one of the Organization's broadest

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<sup>1</sup> Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and United Nations Children's Fund (UNICEF); 2020 (<https://apps.who.int/iris/handle/10665/337641>, accessed 15 February 2022).

platforms for international cooperation on universal health coverage and primary health care. The Partnership is at the centre of the Special Programme's work, helping to deliver WHO support and technical expertise, enhancing institutional capacity and leadership including at regional and country offices, with a view to advancing primary health care on the road to universal health coverage in around 115 countries that are home to at least three billion people. In that regard, numerous strategic universal health coverage, health system and primary health care activities were undertaken and 93 and 22 senior policy advisers deployed to country and regional offices respectively.

11. The Special Programme has also served to generate technical products for primary health care, drawing on the technical and policy expertise available at the Secretariat in health systems, disease and life-course programmes and health emergencies. Two examples are the primary health care measurement framework, monitoring health systems through a primary health care lens,<sup>1</sup> which will form the basis of future reporting on country progress in primary health care as part of universal health coverage monitoring, and the country case study compendium referenced in the operational framework for primary health care. In the context of the coronavirus disease (COVID-19) pandemic, this has included the development of a WHO position paper.<sup>2</sup>

12. Through the Special Programme, the Secretariat has been working in tandem with regional offices to establish and reinforce regional priorities for the renewal of primary health care, thereby promoting the vision and commitments set out in the Declaration of Astana in the work of WHO.<sup>3</sup>

13. As one of 13 multilateral agencies participating in the primary health care accelerator established under the Global Action Plan for Healthy Lives and Well-being for All, WHO has helped align support for national efforts to advance primary health care for universal health coverage and ensure a resilient recovery from the COVID-19 pandemic, in coordination with relevant stakeholders. In 2020 and 2021, the Accelerator facilitated government-led country dialogues with seven countries (Ghana, Mali, Pakistan, Somalia, South Sudan, Sri Lanka, Ukraine), one in-country mission (Pakistan) and four global policy dialogues. It is also working to integrate the Every Woman, Every Child agenda into the Global Action Plan.

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<sup>1</sup> Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens. Geneva: World Health Organization and United Nations Children's Fund (UNICEF); (2022) (<https://apps.who.int/iris/handle/10665/352205>, accessed 9 March 2022).

<sup>2</sup> Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01>, accessed 15 February 2022).

<sup>3</sup> Regional strategies and publications on primary health care issued since the Seventy-second World Health Assembly include: Regional Office for the Africa (<https://apps.who.int/iris/handle/10665/332966> and <https://apps.who.int/iris/handle/10665/345400>); Regional Office for the Americas ([https://www3.paho.org/hq/index.php?option=com\\_docman&view=download&alias=49643-cd57-inf-5-e-primary-health-care&category\\_slug=cd57-en&Itemid=270&lang=en](https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49643-cd57-inf-5-e-primary-health-care&category_slug=cd57-en&Itemid=270&lang=en)); Regional Office for South-East Asia (<https://apps.who.int/iris/handle/10665/344914> and <https://apps.who.int/iris/handle/10665/350460>); Regional Office for Europe (<https://apps.who.int/iris/handle/10665/343168>); Regional Office for the Eastern Mediterranean (<https://apps.who.int/iris/handle/10665/348102>); and Regional Office for the Western Pacific ([https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-72/wpr-rc72-04\\_panel\\_discussion\\_on\\_phc.pdf](https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-72/wpr-rc72-04_panel_discussion_on_phc.pdf)) (accessed 9 March 2022).

### **C. STRENGTHENING INTEGRATED, PEOPLE-CENTRED HEALTH SERVICES (resolution WHA69.24 (2016))**

14. The framework on integrated, people-centred health services, which was adopted in May 2016 by the Sixty-ninth World Health Assembly in resolution WHA69.24, aims to help countries meet their commitment to introduce a primary health care approach involving effective planning, implementation and monitoring of health services, as further set out in resolution WHA72.2 (2019) on primary health care. Indeed, all five of the framework's interdependent strategies are active ingredients in the delivery of the three core components of primary health care (integrated services, community and people empowerment, and multisectoral action). The two resolutions are thus complementary.

15. The framework places primary health care at the centre of the health system and promotes linkages with other delivery channels throughout the life course; it supports the effective adoption of a primary health care approach by ensuring health care services are high quality, safe, comprehensive, integrated, accessible, available and affordable to all. Similarly, efforts to implement primary health care help promote integrated, people-centred health services at country level.

16. The activities undertaken by the Secretariat in response to resolution WHA69.24 in 2020 and 2021 are described below.

17. The Secretariat provided Member States with direct technical support for the assessment and implementation of integrated, people-centred health services, for instance in North Macedonia and Zambia. It also implemented activities related to such services in collaboration with WHO regional offices, mainly to strengthen national service delivery during the coronavirus disease (COVID-19) pandemic and thereby sustain essential health services. For example, the Regional Office for the Americas supported models-of-care reform in three countries and focused on strengthening primary health care from an integrated, community-centred health services perspective. The Primary Health Care Measurement and Improvement Initiative was implemented in 20 countries in the Eastern Mediterranean Region in an effort to strengthen people-centred health systems. In the European Region, 37 countries benefited from country assessments, training courses on integrated primary health care services and other activities, and all countries in the Region received policy guidance to strengthen integrated primary health care and health workforce surge tools for health planning during the pandemic. In the Western Pacific Region, eight countries received support to strengthen COVID-19 care pathways and essential health services with a person-centred approach, and five countries to reform primary health care or launch pilot programmes.

18. Further, the Secretariat supported Member State efforts to incorporate the framework into national health plans and strategies (for instance, the framework is reflected in the national health policies of all countries in the South-East Asia Region and highlighted in other documents produced by it). The Secretariat also helped 30 Member States strengthen their emergency care systems so that they could serve as an integrated platform for delivering accessible, quality and timely health services for acute illness and injury across the life course.

19. In collaboration with experts and international organizations, the Secretariat also developed policy and practice briefs to provide evidence-informed recommendations on topics such as reaching underserved and marginalized populations, integrating vertical programmes into health systems, health service delivery innovation and multidisciplinary teams. The briefs will contribute to the development of primary health care-related technical products. To promote reform aimed at integrated, people-centred health services at country level, the Secretariat reviewed and updated the Local Engagement,

Assessment and Planning toolkit, which helps subnational health authorities identify opportunities for the delivery of such services.

20. Two web platforms support knowledge exchange on integrated, people-centred health services: IntegratedCare4People<sup>1</sup> and a dedicated WHO webpage.<sup>2</sup> The former hosts six communities of practice and attracted over 90 000 visitors in 2020 and 2021.

21. With a view to building the evidence base, 14 indicators for monitoring global progress on integrated, people-centred health services and 19 indicators for measuring national and subnational improvements were identified and used to develop the monitoring and evaluation framework for primary health care, including associated patient-reported experience measures.

22. The Secretariat continued to work closely with its current partners, including WHO collaborating centres, international entities, development agencies and academic institutions. It also sought opportunities to engage with new partners.

23. The ability of the Organization's staff members to mainstream an approach based on integrated, people-centred health services into their work was strengthened through technical meetings and the provision of advice and support to other technical programme areas, including ageing and the life course; gender, equity and human rights; communicable diseases; and rehabilitation, hearing and vision.

24. Despite the significant progress made by the Secretariat in response to resolution WHA69.24, a considerable amount of work remains to be done. Two factors will facilitate this task: global efforts on primary health care in line with resolution WHA72.2 provide an opportunity for advancing the agenda on integrated, people-centred health services; and the newly established Clinical Services and Systems team will focus on integrated delivery platforms, thus facilitating more integrated and effective implementation of WHO normative guidance at country level. The Secretariat will continue to provide technical support and guidance to Member States as they adapt the framework on integrated, people-centred health services to their national strategies and plans; it will support their efforts to implement health service delivery reform in coordination with primary health care global initiatives so as to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

## **D. IMPROVING ACCESS TO ASSISTIVE TECHNOLOGY (resolution WHA71.8 (2018))**

25. In May 2018, the Seventy-first World Health Assembly adopted resolution WHA71.8 on improving access to assistive technology. The resolution requested the Director-General, inter alia, to prepare a global report on effective access to such technology; to provide technical and capacity-building support for Member States developing national assistive technology policies and programmes and assessing the feasibility of establishing regional or subregional networks for assistive technology and cooperation platforms; and to contribute to the development of minimum standards for priority assistive products and services. The main activities undertaken by the Secretariat in line with the resolution are described below.

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<sup>1</sup> See <https://www.integratedcare4people.org/>.

<sup>2</sup> Framework on integrated people-centred health services. Geneva: World Health Organization; 2022 (<https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/service-organizations-and-integration>, accessed 17 January 2022).

26. In collaboration with UNICEF, the Secretariat has drafted a global report on assistive technology. To that end, it convened an expert advisory group and consulted with other experts and Member States. The report will provide the latest population data and a global snapshot of access to assistive technology. The progress indicators it contains cover assistive technology policy, product and workforce availability, and service delivery across Member States. Member States in all regions are currently collecting feedback on the final draft report from experts and global stakeholders, including organizations of persons with disabilities.

27. To support Member States in collecting the data needed to inform policy development, the Secretariat has developed the Assistive Technology Assessment (ATA) Toolkit, which includes a tool to collect data on people's needs – met and unmet – for assistive technology.<sup>1</sup> The Secretariat has provided technical support to 37 Member States across all WHO regions to collect data using this tool. The ATA Toolkit has been used to assess the current situation in countries in respect of assistive technology policy and financing, assistive product and workforce availability and supply, and service delivery.<sup>2</sup> It has been used to provide technical support to 30 Member States for the development of national assistive technology action plans or strategies. To further support Member States in designing assistive technology policies and programmes, the Secretariat has developed the Policy Brief: Access to assistive technology,<sup>3</sup> which sets out concrete actions to ensure equitable access to assistive technology within universal health coverage.

28. To support Member States' efforts to procure quality assistive products, the Secretariat has published technical specifications for 26 priority assistive products<sup>4</sup> on the WHO Priority Assistive Products List.<sup>5</sup> In partnership with UNICEF, it has published a manual for the public procurement of assistive products.<sup>6</sup> It is also working with UNICEF to make a range of hearing aids and wheelchairs with accessories available for countries to procure through the UNICEF or WHO supply catalogue. This is an integral part of the Joint Action Plan on Assistive Technology signed by the two organizations in June 2020.

29. The Secretariat is working with Member States to support the development of national or regional assistive technology resource centres to facilitate the provision of assistive technology within health systems. Training in Assistive Products, a blended learning programme to be hosted by the WHO Academy, aims to instruct primary health care personnel, especially nurses, community health workers and related staff in the skills they need to provide a range of simple assistive products. To date, the Secretariat has afforded technical support to 14 Member States integrating the provision of assistive products into their health services, with a focus on primary health care.

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<sup>1</sup> rapid Assistive Technology Assessment tool (rATA). Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/WHO-MHP-HPS-ATM-2021.1>, accessed 15 February 2022).

<sup>2</sup> Assistive technology capacity assessment (ATA-C) Instruction Manual. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240019065>, accessed 15 February 2022).

<sup>3</sup> Policy brief: Access to assistive technology. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/978-92-4-000504-4>, accessed 15 February 2022).

<sup>4</sup> Assistive product specifications and how to use them. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240020283>, accessed 15 February 2022).

<sup>5</sup> Priority Assistive Products List. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/priority-assistive-products-list>, accessed 8 April 2022).

<sup>6</sup> A manual for the public procurement of assistive products, accessories, spare parts and related services. Geneva: World Health Organization/United Nations Children's Fund; 2021 (<https://www.who.int/publications/i/item/9789240013988>, accessed 15 February 2022).

## **E. REPRODUCTIVE HEALTH: STRATEGY TO ACCELERATE PROGRESS TOWARDS THE ATTAINMENT OF INTERNATIONAL DEVELOPMENT GOALS AND TARGETS (resolution WHA57.12 (2004))**

30. Pursuant to resolution WHA57.12 (2004), this report highlights the Secretariat's activities to implement the reproductive health strategy, which defines five priority aspects of sexual and reproductive health.<sup>1</sup> Overall, progress related to sexual and reproductive health has been slow, especially among the poorest and most disadvantaged populations in all countries.

31. The latest data show that there were 295 000 maternal deaths in 2017, 35% fewer than in 2000. The global maternal mortality ratio was estimated at 211 maternal deaths per 100 000 live births; approximately 86% of those were in sub-Saharan Africa and South Asia.<sup>2</sup>

32. Since the launch of its recommendations on antenatal care for positive pregnancy experience (2016) and intrapartum care for positive childbirth experience (2018), WHO has published a labour care guide<sup>3</sup> and a digital adaptation kit for antenatal care,<sup>4</sup> among other tools, to support Member State efforts to implement the recommendations and improve the quality of care for maternal and newborn health.

33. Through multiple partnerships, the Secretariat has helped 14 countries in the African, South-East Asia and Eastern Mediterranean Regions accelerate access to quality rights-based family planning services using diverse approaches focused on dissemination and implementation of WHO guidelines, quality of care and scale-up of new methods. It has also updated the global handbook for family planning providers<sup>5</sup> and published a statement on levonorgestrel-releasing intrauterine device nomenclature.<sup>6</sup>

34. The Secretariat has continued to provide support for health system strengthening to multiple countries striving to reduce maternal mortality related to unsafe abortion. According to global estimates published in 2020, there were 121 million unintended pregnancies in 2015, or 64 unintended pregnancies per 1000 women aged 15–49 years; 61% of unintended pregnancies ended in abortion, for a global abortion rate of 39 abortions per 1000 women aged 15–49 years.<sup>7</sup>

35. In terms of sexually transmitted infections, progress has been made towards eliminating mother-to-child transmission of syphilis and HIV and increasing human papillomavirus vaccine

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<sup>1</sup> Improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning; eliminating unsafe abortion; combating sexually transmitted infections; and promoting sexual health.

<sup>2</sup> Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019 ([https://www.unfpa.org/sites/default/files/pub-pdf/Maternal\\_mortality\\_report.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Maternal_mortality_report.pdf), accessed 25 February 2022).

<sup>3</sup> WHO Labour Care Guide: User's Manual. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240017566>, accessed 18 February 2022).

<sup>4</sup> Digital adaptation kit for antenatal care: operational requirements for implementing WHO recommendations in digital systems. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240020306>, accessed 18 February 2022).

<sup>5</sup> Family planning: a global handbook for providers: evidence-based guidance developed through worldwide collaboration, 3rd ed. Baltimore and Geneva: World Health Organization and Johns Hopkins Bloomberg School of Public Health; 2018 (<https://apps.who.int/iris/handle/10665/260156>, accessed 18 February 2022).

<sup>6</sup> Available at <https://www.who.int/publications/i/item/9789240021730> (accessed 18 February 2022).

<sup>7</sup> Bearak J, Popinchak A, Ganatra B, Moller AB, Tunçalp O, Beavin C, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Global Health*. 2020;S2214-109X(20)30315-6.



coverage. In addition, the Secretariat has updated the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections to cover the period 2022–2030; pursuant to resolution EB150.R3 (2022), these will be submitted to the Seventy-fifth World Health Assembly for adoption.

36. In collaboration with several United Nations partners, WHO has continued to strengthen the evidence base for comprehensive sexuality education, including by helping to document implementation by Member States.<sup>1</sup> In addition, an international instrument developed for measuring sexual health is being adapted in 20 countries.

37. Latest estimates show that, on average, one in three women aged 15 years or older reported having experienced physical and/or sexual violence at least once in their lifetime in 2018. In order to support Member States discharging their mandate under resolutions WHA67.15 (2014) and WHA69.5 (2016) on strengthening the health response to violence against women and girls, the Secretariat has developed various tools and is building evidence, including by conducting research and generating data. While many countries have multisectoral action plans, only 48% have clinical guidelines guiding the health sector response to violence against women. In 2021, at least 71 countries reported that they used WHO tools, including in humanitarian settings.<sup>2</sup>

38. It is estimated that more than 200 million girls and women have undergone female genital mutilation in the countries where the practice is concentrated.<sup>3</sup> The Secretariat has continued to support Member States addressing the health consequences of and working to prevent female genital mutilation, focusing on what the health sector can do, such as eliminating medicalization of the practice.<sup>4</sup>

39. The Secretariat has operationalized a technical assistance mechanism to boost national efforts to strengthen sexual and reproductive services for adolescents and young people, and continued to support the application of evidence-based interventions through multicounty programmes, partnerships and initiatives. It has also worked to build evidence and provide normative guidance on the sexual and reproductive health of adolescents, including very young adolescents.<sup>5</sup>

## **F. ERADICATION OF DRACUNCULIASIS (resolution WHA64.16 (2011))**

40. In 2021, four countries reported a total of 15 human cases of dracunculiasis (Guinea-worm disease) in 14 villages (according to country reports received in January 2022 and validated in March 2022). Chad reported eight cases in eight villages, Ethiopia one case, Mali two cases in one village and South Sudan four cases in four villages. This is the lowest total number of human Guinea-worm disease cases worldwide ever reported in a single year, with 44% and 72% fewer cases

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<sup>1</sup> The journey towards comprehensive sexuality education: global status report. Paris: UNESCO, UNAIDS, UNFPA, WHO and UN Women; 2021 (<https://www.who.int/publications/m/item/9789231004810>, accessed 18 February 2022).

<sup>2</sup> Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021.

<sup>3</sup> Ethical considerations in research on female genital mutilation. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240040731>, accessed 25 February 2022).

<sup>4</sup> Person-centred communication for female genital mutilation prevention: A facilitator's guide for training health-care providers. Geneva: World Health Organization; 2022 (<https://www.who.int/publications-detail-redirect/9789240041073>, accessed 18 February 2022).

<sup>5</sup> See Contraception within the context of adolescents' sexual and reproductive lives: country profiles (<https://www.who.int/publications/i/item/WHO-SRH-20.67>, accessed 3 March 2022).

reported than in 2020 and 2019, respectively.<sup>1</sup> Cameroon, Chad, Ethiopia and Mali also reported animal infections in 2021. Dracunculiasis was endemic in 20 countries in 1980 when the eradication campaign was launched; its eradication will contribute to the attainment of universal health coverage by increasing access to good-quality essential health care regardless of ethnicity, sex, geographical location and social or economic status.

41. WHO and its global partners (The Carter Center, UNICEF and the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention) continued to support community- and country-centred interventions in all countries concerned and kept up the momentum in eradication efforts, with the effective collaboration of donors.

42. To date, pursuant to the recommendations of the International Commission for the Certification of the Eradication of Dracunculiasis, WHO has certified a total of 199 countries, territories and areas, including 187 WHO Member States. At the end of 2021, seven Member States remained to be certified: the disease remained endemic in Angola, Chad, Ethiopia, Mali and South Sudan; the Democratic Republic of the Congo and Sudan were in the precertification stage. The International Commission held a virtual ad hoc meeting in October 2021; its fifteenth meeting is scheduled to take place in April 2022.

43. Despite the coronavirus disease (COVID-19) pandemic, Angola, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in 6833 villages in 2021, compared with 6765 villages in 2020.<sup>1</sup> Sudan maintained precertification surveillance, including case searches, and the Democratic Republic of the Congo continued to conduct active case searches and strengthen national surveillance. No human cases or infected animals were found in either country.

44. Angola reported zero human cases or animal infections in 2021;<sup>1</sup> with WHO support, it continued to strengthen surveillance and raise awareness. WHO also continued to support the Namibian Ministry of Health, with a view to strengthening cross-border surveillance with Angola.

45. All uncertified countries continued to offer cash rewards for voluntary case reporting of dracunculiasis in 2021. More than 117 000 rumoured human cases and 105 000 rumoured animal infections were investigated, 99% within 24 hours.<sup>1</sup>

46. Cameroon maintained active surveillance activities in at-risk border areas and raised awareness about cash rewards nationwide, with WHO support. Zero human cases were reported in 2021; 10 infected animals were reported in the same localized transmission zone along the border with Chad. Despite the challenging security conditions, WHO provided support to the Central African Republic for improved surveillance in high-risk areas bordering Chad, where a dog infected with guinea worm in Chad was detected in December 2020.

47. Infection in dogs remains a challenge to the global eradication campaign. In comparison with 2020, the overall number of infected animals was further reduced by 46% in 2021, from 1601 to 863. In 2021, Chad reported infections in 767 dogs and 66 cats; Ethiopia in two dogs and one cat; and Mali in 16 dogs and one cat.<sup>1</sup> Transmission in animals can be interrupted through proactive tethering (mainly of dogs), enhanced surveillance and case containment, health education for the community and animal owners, and strong vector control. Countries in which the disease is currently transmitted further expanded and strengthened vector control interventions in 2021.

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<sup>1</sup> Dracunculiasis (Guinea-worm disease). Geneva: World Health Organization; 2022  
(<https://www.who.int/data/gho/data/themes/topics/dracunculiasis-guinea-worm-disease>, accessed 11 February 2022).

48. Once again, conflict, poor security conditions and population displacements hindered eradication efforts and accessibility in parts of Mali and some areas of South Sudan where the infection is endemic.

49. At the twenty-fifth International Review Meeting of Guinea Worm Eradication Program Managers, held virtually in March 2021, countries reported on the status of their programmes during the preceding year. The twenty-sixth International Review Meeting will be held virtually in March 2022. The fourth Biennial Review Meeting for Guinea Worm Eradication Programmes in Certified Countries will be held virtually in June 2022, to review post-certification surveillance activities.

50. Because of the COVID-19 pandemic, the annual informal meeting with health ministers of countries affected by dracunculiasis, usually held in tandem with the Health Assembly, did not take place.

## **G GLOBAL VECTOR CONTROL RESPONSE: AN INTEGRATED APPROACH FOR THE CONTROL OF VECTOR-BORNE DISEASES (resolution WHA70.16 (2017))**

51. In May 2017, the Seventieth World Health Assembly adopted resolution WHA70.16 (2017) on the global vector control response 2017–2030. The global vector control response 2017–2030 aims to reduce the global mortality and morbidity caused by vector-borne diseases through effective, locally adapted and sustainable vector control.<sup>1</sup> It prioritizes the strengthening of entomological capacity, research agendas, intersectoral coordination, monitoring systems and scaled-up vector control interventions.

52. The resolution requested the Director-General, inter alia, to develop and disseminate normative guidance; promote research; review ethical aspects of new approaches; strengthen the Organization's capabilities globally, regionally and nationally to lead a coordinated global effort; develop regional action plans and/or update national vector-borne disease control strategies; and report back on impact and progress at the Seventy-fifth World Health Assembly. This first report describes the progress made.

53. The Joint Action Group for vector control response established in May 2018 coordinates implementation of the global vector control response 2017–2030 at all three levels of the Organization. An internal online platform created to track activities serves as a hub for sharing information and resources.

54. Advocacy activities have been conducted in national, regional and global forums. All regions welcomed the global vector control response 2017–2030 and developed a vector control policy, strategy or plan. In June 2019, WHO and Wageningen University, in the Netherlands, co-hosted an international conference to promote research aligned with the response.

55. WHO continued to provide normative support, developing or revising 37 manuals, guidelines and policy documents related to vector control since 2017, including guidance documents on ethical aspects of new vector control approaches; a framework on multisectoral approaches; novel interventions (e.g. genetically modified mosquitoes, sterile insect technique); and recommendations on new product evaluation tools (e.g. vector traps, trial design protocols). It managed and updated global databases on

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<sup>1</sup> Global vector control response 2017–2030. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/259205?locale-attribute=en&>, accessed 11 February 2022).

insecticide use and resistance. The Vector Control Advisory Group confirmed the public health value of two novel intervention classes; 10 additional intervention classes are being evaluated.

56. Impact indicators showed a 9.7% reduction in global mortality and a 10.3% reduction in the global burden caused by vector-borne diseases between 2015 and 2019;<sup>1</sup> this falls short of the goal to reduce mortality by at least 30% between 2016 and 2020.

57. Capacity-building efforts focused on technical support and routine training. Despite the coronavirus disease (COVID-19) pandemic, 32 field visits, 25 training courses and 13 workshops were conducted in 2020 on vector surveillance, insecticide resistance monitoring, invasive vectors, vector control and pesticide management. More support is needed; structural and organizational elements (e.g. intersectoral collaboration, community mobilization) continue to be under-resourced.

58. In 2021, a global survey assessed national implementation of priority activities (56% response rate). Results indicate that the global vector control response 2017–2030 is on track for some activities (e.g. vector control strategic plans were developed in a percentage of countries that surpassed the 2020 milestone). However, targets were not reached for most other activities (e.g. establishment of national training programmes for public health entomology, multisectoral task forces and national research agendas for vector control fell short of the 2020 target). Only 27% of countries had completed a vector control needs assessment since 2017, well below the 2020 goal of 50%. A needs assessment is considered the entry point for improvement of national vector control systems.

59. Overall, the prioritized activities are feasible, but progress in implementation has been below target owing to a lack of dedicated staffing, limited financial resources and disruptions to programmes caused by the COVID-19 pandemic.

## **H. WHO STRATEGY ON RESEARCH FOR HEALTH (resolution WHA63.21 (2010))**

60. The WHO strategy on research for health is the responsibility of the WHO Chief Scientist and the Science Division.

61. In 2021, the Director-General established the WHO Science Council to provide guidance on the Organization's science and research strategy; to date, it has organized three virtual workshops, attended by some 900 participants, and is currently drafting recommendations for accelerated access to genomics technologies for global health.

62. During the biennium 2020–2021, a programme of work to standardize and support the development by WHO technical departments of guidance on WHO research and development-related products was launched. At present, the areas supported are the performance of research and development landscape analyses, the prioritization of research and the provision of product development advice to meet global health needs. A guidance document for WHO staff was developed to support technical departments in conceptualizing their research prioritization processes and individualized support for specific areas was provided upon request. To date, the process has supported research prioritization in respect of the urban health research agenda, migration health, infection prevention and control, diabetes mellitus and dementia research.

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<sup>1</sup> Global Health Estimates: Life expectancy and leading causes of death and disability. Geneva: World Health Organization; 2022 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/>, accessed 11 February 2022).

63. Target product profiles produced by WHO indicate the preferred characteristics of health products for use in important public health areas. A standardized and harmonized WHO process for their development was developed and published in August 2020; the number of such profiles developed increased substantially during the biennium 2020–2021.
64. The WHO Global Observatory on Health Research and Development has continued to expand since its launch in January 2017, employing state-of-the-art analysis techniques and interactive data visualizations. Using information from 26 data sources, the Global Observatory continues to cover a range of data relevant to health research and development and to update its narrative reports on WHO's research and development directions and priorities on a regular basis.
65. The WHO International Clinical Trials Registry Platform collects and displays clinical trials registration data from 18 national and international registries around the world. It now has more than 760 000 records, including more than 13 000 studies on COVID-19.
66. The WHO Coordinated Scientific Advice procedure for health product research and development was standardized. The procedure allows a product developer to approach WHO through a single entry point and obtain joint feedback from the relevant technical departments and prequalification, coordinated by the Research for Health department in the Science Division, if the product is likely to meet public health value criteria. The pilot phase was launched in 2021.
67. WHO has been developing a benchmarking tool for assessing ethics oversight systems for health-related research with human participants. The tool is intended to help WHO Member States to evaluate their capacity to provide appropriate ethical oversight of such research by identifying the strengths and limitations of their laws and of the organizational structures, policies and practices of the responsible research ethics oversight bodies. The tool is being pilot tested during 2022.
68. In 2021, the Research for Health department commenced development of a global guidance framework for the responsible use of life sciences to address the risks posed by the accidental, inadvertent and deliberate misapplication of life sciences research, knowledge and technologies with the intention to cause harm. The development of the framework was informed by extensive consultation processes. A dedicated WHO webpage was created<sup>1</sup> and an explanatory video produced.<sup>2</sup> The Research for Health department is working with regional offices and other relevant stakeholders to support the implementation of the framework, scheduled to be published in mid-2022.
69. The WHO Global Health Foresight function, established in 2020, helps WHO to remain abreast of developments in relevant areas of research, science and technology and aims thereby to strengthen capabilities for the early identification of trends or advances in science and technology with notable impacts on public health. Particular emphasis is placed on integrating foresight approaches into work across the Organization in order to support the long-term prioritization of research and development needs and, also, to inform strategic options to prepare future health systems to take advantage of opportunities and proactively confront risks and challenges.
70. With regard to a global network for evidence-informed health policy-making, in over 50 countries worldwide the WHO's Evidence-informed Policy Network (EVIPNet) is successfully supporting

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<sup>1</sup> Ensuring responsible use of life sciences research. Geneva: World Health Organization; 2021 (<https://www.who.int/activities/ensuring-responsible-use-of-life-sciences-research>, accessed 24 February 2022).

<sup>2</sup> Ensuring responsible use of life sciences research and technologies. Geneva: World Health Organization; 2021 ([https://youtu.be/jYS-j\\_jNXbI](https://youtu.be/jYS-j_jNXbI), accessed 24 February 2022).

Member States to leverage the best available evidence to improve health policy and practice and strengthen national health systems. Coordinated by a new global secretariat hosted in the Science Division, EVIPNet operates at the three levels of the Organization, with regional secretariats in the WHO regional offices for Africa, the Americas, Europe and the Eastern Mediterranean. In 2020, a framework for strengthening the use of evidence, information and research for policy-making in the African Region was adopted by Member States at the seventy-first session of the Regional Committee for Africa.<sup>1</sup> The EVIPNet global and regional secretariats jointly convened the WHO Global Evidence-to-Policy (E2P) Summit (15–17 November 2021) to explore lessons learned during the COVID-19 pandemic; at the summit, a global call for action on evidence-informed decision-making for health in the post-pandemic era was launched,<sup>2</sup> outlining a roadmap.

## **I. SMALLPOX ERADICATION (resolution WHA60.1 (2007))**

71. In May 2007, the Sixtieth World Health Assembly adopted resolution WHA60.1 on smallpox eradication: destruction of variola virus stocks.

72. In May 2019, the Seventy-second World Health Assembly discussed the report of the Director-General on this topic.<sup>3</sup> Member States noted the report, emphasized that the benefits of the variola virus research programme overseen by WHO should be accessible to all and suggested that the decision on the date of destruction of live variola virus stocks should be deferred by up to five years to afford time to reflect on the best options for global public health.

73. This progress report summarizes the proceedings of the twenty-third meeting of the WHO Advisory Committee on Variola Virus Research (Geneva, 3–4 November 2021)<sup>4</sup> on research carried out at the two authorized repositories of variola virus, in the Russian Federation and in the United States of America. The Advisory Committee encouraged WHO and Member States to take steps to make newly approved medical countermeasures available. In addition to overseeing the progress of smallpox research, the Advisory Committee also recommended that work on countermeasures for prevention and control of monkeypox should continue in parallel and that lessons learned from the COVID-19 pandemic should be considered in planning research.

74. With regard to research on antiviral therapeutics, the Advisory Committee noted that the antiviral agent tecovirimat had been approved for treatment of smallpox in the United States of America in 2018, Canada in 2021 and the European Union in 2022. In the European Union, tecovirimat was also approved for treatment of monkeypox and cowpox, and for the treatment of vaccinia complications following vaccination against smallpox. The Advisory Committee further noted that the antiviral agent brincidofovir had been approved in the United States of America in 2021, that NIOCH-14 was in the final stages of clinical assessment in the Russian Federation and that work to develop monoclonal antibodies against smallpox was showing promise.

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<sup>1</sup> See documents AFR/RC71/13 and AFR/RC71/15.

<sup>2</sup> Together on the road to evidence-informed decision-making for health in the post-pandemic era: a call for action. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/350883>, accessed 3 April 2022).

<sup>3</sup> Document A72/28; document WHA72/2019/REC/3, summary record of Committee B, seventh meeting, section 2; and document A73/32.

<sup>4</sup> The meeting report is available at: <https://www.who.int/groups/who-advisory-committee-on-variola-virus-research/meeting-documents> (accessed 28 February 2022).

75. The Advisory Committee noted that modified vaccinia Ankara (MVA) vaccine was now approved in Canada, the European Union and the United States of America for prevention of smallpox and, in Canada and the United States of America, also for prevention of monkeypox or other orthopoxvirus infections. The attenuated vaccine LC16 licensed in Japan was also available. Progress towards licensing a fourth-generation vaccine (VacΔ6) in the Russian Federation continued.

76. The Advisory Committee recommended that development of diagnostics should continue in order to enhance access in field settings, with a particular focus on rapid diagnostics for monkeypox. It also continued to strongly encourage the development of diagnostic technology without recourse to the use of live variola virus.

77. The WHO Secretariat reported that plans for WHO biosafety inspections<sup>1</sup> at the authorized variola virus repositories were in place for 2022.

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<sup>1</sup> See documents WHO/WHE/CPI/2019.25 and WHO/WHE/CPI/2019.26.