

June 1

The 141st Executive Board meeting of WHO was scheduled for 1st and 2nd of June. However, it was completed up on the 1st June itself, as the Board could discuss all the agenda items on the same day.

Agenda for EB141 included Administrative, staff matters, Management & governance matters and future sessions. The technical and health topics discussed in the EB141 were Eradication of Malaria and Rheumatic Heart disease. It is to be noted that, it was the first time that RHD was discussed at length on the High level bodies of WHO in the recent past.

6.1- Eradication of Malaria: The agenda of EB on Malaria eradication was to discuss WHO Global Technical strategy for Malaria(2016 to 2030) and Strategic Advisory Group on malaria eradication. WHO Global Technical strategy for Malaria (2016 to 2030), talks about the strategies that need to be followed for malaria control in the context of Sustainable Development Goals. Strategic Advisory Group is a group of experts and eminent leaders on malaria that would provide technical and operational assistance in the eradication.

Member States welcomed the strategies and the formation of SAG. The MS spoke about efforts being carried out in their respective countries for control of Malaria. Few Member states emphasised and spoke of their concerns. It was discussed that, Drug Resistance is a matter of concern in dealing with malaria and is a deterrent in the eradication of it. There was a need to focus on R&D for newer Vaccines, Medicines and Diagnostics.

Climate change was another issue that countries wanted the strategies to include. Climate change was described as a significant problem without addressing which the efforts to eradicate malaria would falter.

Recommendation was given by countries to replace the word eradication from title of document. It was felt to be confusing and unrealistic in regards to the present situation of malaria control and the document. The MS suggested to use terminology of future scenarios/ future work on Malaria.

The EB noted the recommendation given by MS on technical issues and replacing the word Eradication with future scenario/work on Malaria in the title of document.

6.2 Rheumatic Heart Disease: The agenda of the EB141 was to note the following recommendations on interventions to tackle RHD. Launch a coordinated global response, Update technical documents and guidelines, Provide technical support to Member States on developing and implementing national programmes, Work with pharmaceutical manufacturers and governments to ensure continuous supply of quality-assured benzathine benzylpenicillin and convene stakeholders to prioritize research of epidemiology & pathogenic mechanisms, development of a safe and effective group A streptococcal vaccine and development of a long-acting penicillin formulation that might improve adherence to secondary prophylaxis regimens.

Member states appreciated the efforts of WHO for focusing on the issue, which often stands neglected

in the NCDs. MS noted and recognised that RHD is an avoidable condition. Simple early intervention of identification and treatment of streptococcal infection is most effective. RHD is a public health problem which causes huge morbidity, disability and mortality in developing countries. The discussion also focussed on the social determinants of health that lie at the core of susceptibility to RHD. MS stressed on necessity to have timely, affordable and cost effective new remedies to deal with the issues of Rheumatic Fever and Rheumatic Heart disease.

It was needed to train medical staff on the early detection and treatment of Rheumatic Fever and care is needed for appropriate treatments which are in line with AntiMicrobial Resistance interventions. Few countries asked WHO to focus on the shortage of Benzathene BenzylPenicillin. Penicillin faces regular stock outs as manufacturers do not find the manufacturing to be profitable. Members State Thailand requested WHO to specify the details of rapid testing kits and the cost for a single test.

Later, The countries were addressed by DG. DG mentioned that RHD is a NCD which is easily preventable and the countries must do their best to stop it. replying to a query on the adequate funding to dealing RHD, DG said that countries have the obligation to fund WHO activities in necessary amounts and could not expect to work on NCDs without funding the NCD activities of WHO.

The EB noted the report and proposed amendments were included in the report. This Included reference to affordability and cost effective interventions. The title of the document was revised and included Rheumatic Fever along with Rheumatic Heart Disease.

EB141 discussed the remaining agenda points and closed the session on the same day. Dates for next Executive Board and World Health Assembly are: EB142 between 22-27 January, 2018 and WHA71 between 21-26 May, 2018.