

# Notes<sup>1</sup> of WHA68 discussions (May 2015)

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1. Notes produced by volunteer watchers as part of WHO Watch, a project sponsored by People's Health Movement and Medicus Mundi International. See [www.ghwatch.org/who-watch](http://www.ghwatch.org/who-watch).

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## Item 1 Opening of the Health Assembly (P1)

Dr Roberto Morales Ojeda opened the Sixty-eighth World Health Assembly and welcomed, on behalf of the Health Assembly and the World Health Organization, the special guests: Mr Michael Møller, Acting Director-General of the United Nations (UN) Office in Geneva, and representative of the Secretary-General of the United Nations, H.E. Federal Councillor Alain Berset, Head of the Department of Home Affairs of the Swiss Confederation, and officials of the Republic, Canton, City and University of Geneva, and of agencies of the UN system, as well as representatives of the Executive Board.

### **Outgoing President (Minister of Health, Cuba)**

underscored the importance of “resilient health systems” in the context of Ebola.

### **Michael Møller (Acting Director-General of the United Nations Office at Geneva)**

“In order to build resilient health systems, we need to improve global coordination.”

### **H.E. Federal Councillor Alain Berset, Head of the Department of Home Affairs of the Swiss Confederation.**

[one of the 7 Swiss Federal Councillors, from the Social Democratic Party, head of the Federal Department of Home Affairs - he campaigned for rejection of the single public health insurance system proposal that was submitted to the Swiss people by referendum Sept 28th 2014]]

Health systems are facing many challenges pushing them to their limits, and must adapt to circumstances in different countries. Health systems need to meet needs of men and women at all times and stages. We have to act in coordinated way. Working on developing parallel structures while facing a specific disease is a necessity. Implementation of IHR is crucial. Fair access to basic health services at affordable cost is the role of the WHO to promote, and which all MS should support. We support the health code as it’s currently proposed.

In conclusion I would like to invite to a welcome reception this evening. [He mentioned resilient health systems several times in his intervention. He also said, “resilience is not just a buzz word”; resilient markets, resilient economies, as well as resilient peoples, etc!

## Item 1.1 Appointment of the Committee on Credentials (P1)

On proposal of the President, and in accordance with Rule 23 of the Rules of Procedure of the Health Assembly, the Assembly appointed the Committee on Credentials constituted by the delegates of the following 12 Member States:

Belgium, Colombia, Djibouti, Gabon, Guinea-Bissau, Honduras, Lesotho, Singapore, Switzerland, Tajikistan, Timor-Leste. Tonga

## **Item 1.2 Election of the President of the Sixty-eighth World Health Assembly (P1)**

In accordance with Rule 24 of the Rules of Procedure, the President invited the Health Assembly to consider the list of names of delegates proposed for the nominations of President and five Vice-Presidents of the Sixty-eighth World Health Assembly.

In accordance with Rule 78 of the Rules of Procedure, the Health Assembly approved the nomination of Mr Jagat Prakash Nadda (India) and elected him as President of the Sixty-eighth World Health Assembly by acclamation. Mr Jagat Prakash Nadda took the chair.

## **Item 1.3 Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee (P1)**

The President invited the Health Assembly to consider the proposals received for the nomination for the offices of Vice-Presidents.

- Dr Li Bin (People's Republic of China)
- Mr John David Edward Boyce (Barbados)
- Dr Ferozudin Feroz (Afghanistan)
- Mr Francesco Mussoni (San Marino)
- Dr Awa Marie Coll Seck (Senegal)

were elected Vice-Presidents of the Health Assembly by acclamation.

Committee A: Dr Eduardo Jaramillo (Mexico) was elected chairman by acclamation.

Committee B: Dr Michael Malabag (Papua New Guinea) was elected chairman by acclamation.

In accordance with Rule 29 of the Rules of Procedure, the delegates of the following 17 countries were elected members of the General Committee, along with the President and the Vice-Presidents of the Assembly, and the Chairmen of the main committees: Burkina Faso, Burundi, Comoros, Cuba, France, Ghana, Indonesia, Latvia, Montenegro, Oman, Peru, Russian Federation, South Sudan, Syrian Arab Republic, United Kingdom of Great Britain, and Northern Ireland, United States of America, Viet Nam,

### ***This concludes 1<sup>st</sup> Plenary; second plenary resumed***

The President of the Sixty-eighth World Health Assembly Mr Jagat Prakash Nadda (India) opened the second plenary and addressed the Health Assembly.

President: DG set the direction to tackle several challenges in the health sector.

Unprecedented health challenge with ebola, HWs lost, salute heroic efforts of African colleagues, congratulate liberia for becoming ebola free. threat of new outbreaks, battle w national disasters (Nepal); I wish to express the solidarity of WHA... to the people of Nepal.

Health-related MDGs → redouble efforts to reach goals inc NCDs CDs AMR, climate change UHC health inequity; Indian philosophy teaches us “the whole world is a family”.

We are happy to note that India and 170 countries sponsored (at UN New York)- International Day of Yoga.

We need to leverage civil society. It is our collective responsibility to leverage the lessons learned from ebola.

“Resilient Health Systems”; Social determinants of health-we need to reduce inequity.

WHO is responding to ever increasing challenges. We need to reiterate our unequivocal support to WHO’s role as the lead global health agency. India will give 1 million USD to the WHO contingency fund.

1 million to CEWG, 100,000 to MS SSFFC;

### **Item 1.4 Adoption of the agenda and allocation of items to the main committees (P2)**

The President reported that the General Committee recommended the following changes to the provisional agenda (document A68/1):

- To delete the following items from the provisional agenda:
  - Item 5 Admission of new Members and Associate Members
  - Item 21.3 Special arrangements for settlement of arrears
  - Item 21.5 Assessment of new Members and Associate Members
- To defer consideration of the proposed agenda item “Mycetoma” and accompanying draft resolution to the 137th session of the Executive Board.
- To move agenda item 17: “Health systems” from Committee A to Committee B for consideration.
- That the first meeting of Committee A considers the following items:
  - Item 11 WHO Reform
  - Item 16.2 Malaria: draft global technical strategy: post 2015
- That the third meeting of Committee A consider the following item:
  - Item 16.1 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola
- That the fourth meeting of Committee A considers the following items:
  - Item 12.1 Implementation of the Programme Budget 2014–2015
  - Item 12.2 Proposed Programme Budget 2016–2017
- That the third meeting of Committee B consider the following item:
  - Item 22.3 Appointment of the Internal Auditor

The provisional agenda was adopted as amended. These changes will be reflected in document A68/1 Rev.1.



The Chairman proposed that the afternoon plenary meetings of Monday, 18 and Tuesday, 19 May continue until 18:00 to allow the maximum number of speakers.

## **Item 2 Report of the Executive Board on its 135th and 136th sessions, and on its special session on Ebola (P2)**

In the absence of the Chairman of the Executive Board, Minister Mohamed Hussain Shareef, the President gave the report.

[A68/2](#)

Report of the Executive Board on its 135th and 136th sessions, and on its special session on Ebola

## **Item 3 Address by Dr Margaret Chan, Director-General (P3)**

The Director-General presented her report on the work of WHO ([A68/3](#)).

### **Item 3. General discussion (continued) (P3)**

[The President resumed consideration of item 3 with special attention to the theme "Building resilient health systems".

The President invited the first two speakers to the rostrum: the delegate of Oman (who spoke on behalf of the Arab Ministers Council) and the delegate of Colombia (who spoke on behalf of the Member States of the Region of the Americas).

These speakers were followed by the delegates of Latvia (as Presidency of the European Union), Islamic Republic of Iran (who spoke on behalf of the Non-aligned Movement (NAM)), China, Thailand, United States of America, Senegal (who spoke on behalf of Member States of the African Region), France, Nigeria, Australia, Canada, United Kingdom of Great Britain and Northern Ireland, South Africa, Norway, Brazil, Russian Federation, Cuba, Viet Nam, Italy, Mexico, Singapore, Pakistan, Greece, United Republic of Tanzania, Brunei Darussalam and Zambia.]

OMAN (?): on behalf of the arab health ministers councils. congrats for the appointment both the chairman. flexible health systems

USA: Our world is too small to work in isolation. Ebola crisis made us wish we could have responded earlier..... ultimately we came together ... now is the time to re-commit until Guinea and Sierra Leone are Ebola free. I would like to specially thank the health workers who risked their lives on the frontlines. The rise of AMR tests our ability to fight diseases, that we once thought treatable (threatens our livestock, health, agriculture). On June 2, 2015, the WH is bringing private sector partners (AG and pharma) for a roundtable on AMR. Full implementation of IHR-2019

UK: Ebola outbreak and devastating earthquake in Nepal have shown the need for resilient health systems.

- 1) Global Health Work Force
- 2) Global Health Contingency Fund (10 million USD)

AMR; “Fleming Fund”

See [Plenary Statements submitted](#) for

[AFGHANISTAN](#)

[BARBADOS](#)

[BELARUS](#)

[BELARUS](#)

[CHINESE TAIPEI, Observer](#)

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#### **Item 4: Invited speaker: Angela Merkel, Chancellor Fed Rep Germany (P3)**

Introduction by chairman

[A68/DIV./5](#)

currently Germany, G7 president, emphasis on health

Merk leaves

## **Item 5. [deleted]**

## **Item 6. Executive Board: election**

## **Item 7. Awards**

## **Item 8. Reports of the main committees**

## **Item 9. Closure of the Health Assembly**

## **Item 10 Opening of Committee A (A18)**

[From [Jour 2](#) report: In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Ms Dorcas Makgato (Botswana) and Mr Bahar Idris Abu Garda (Sudan) Vice-Chairmen, and Dr Liis Roväli (Estonia) Rapporteur.

One delegation took the floor to request that the European Union be invited to attend and participate without vote in the deliberations of the meetings, sub-committees, drafting groups or other subdivisions thereof, addressing matters falling within the European Union competence in the Sixty-eighth World Health Assembly.

In response to a request from the floor, the Chairman announced that agenda subitem 15.2 "Poliomyelitis" would be discussed by the morning of Thursday, 21 May.

The Chairman announced that the agenda 17 "Health systems" has been moved to Committee B after discussion at the General Committee.]

President of Committee A:

Dr. Sharif (Maldives), Dr. Dirk Kupers (Belgium), Dr. Anmaar (Lebanon)

Greeted the observers and all the delegates and representatives of the EB who will participate in this committee in accordance with rules 42/43. EB representatives do not speak as delegates expressing views of their own governments.

At opening of agenda items, PBAC will speak.

Election of vice-chairman and rapporteur Committee A - Elected by acclamation.

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Ms Dorcas Makgato (Botswana) and Mr Bahar Idris Abu Garda (Sudan) Vice-Chairmen, and Dr Liis Roväli (Estonia) Rapporteur.

**Latvia:** As agreed in exchange of letters between EU & WHO, EU attends WHA meetings as an observer, EU asks to also attend in drafting groups, subcommittee, in the WHA68.

One delegation took the floor to request that the European Union be invited to attend and participate without vote in the deliberations of the meetings, sub-committees, drafting groups or other subdivisions thereof, addressing matters falling within the European Union competence in the Sixty-eighth World Health Assembly.

The Chairman announced that the agenda 17 “Health systems” has been moved to Committee B after discussion at the General Committee.

The Chair noted the very full agenda until Tuesday next week, therefore interventions should not be longer than 3 minutes. The traffic light system is in place in order to keep time. If delegates speak on behalf of a group of countries, then the president requests the other countries of the group to make less interventions and keep to the topic under discussion. He then indicated the starting and closing times of the sessions.

Programme in today’s agenda had changed.

- First will be agenda item 11 WHO reform and then item 16, 16.2 in particular (with time permitting). The item 16.1 Ebola including the follow up of the special session will be postponed to tomorrow Tuesday 19th at 14.30.
- item 12 Program and Budget matters will start on Wednesday 20th
- Item 17 Health Systems has been changed to Committee B discussions

**Pakistan:** seeks clarification on when Polio item (15.2) will be discussed as they would like the PM focal minister to participate;

Chair: Pakistan asking to open 15.2 (polio) as early as possible. Proposition of Thursday 21st. Takes it that committee A agrees to this proposal.

**Pakistan:** they request that this item (15.2 polio) could be discussed before 12 o’clock on 21st May as the focal person will only be available before then.

**Chair:** Committee A will do its utmost to fit polio 15.2 on time (Thurs AM) before Pakistan focal-person leaves WHA. Item 12 will be dealt with on Wednesday AM.

## Item 11 WHO reform (A18)

### Item 11.1 Overview of reform implementation (A18)

[From [Jour 2](#) report: The Chairman invited the Committee to consider the report contained in document [A68/4](#) WHO reform: overview of reform implementation. The floor was then given to the Chairman of the Programme, Budget and Administration

Committee (PBAC) of the Executive Board to inform the Committee of the PBAC's discussion on this item. The report was noted, thus closing the agenda subitem.]

**Chair:** As agreed we move to item 11, WHO reform

**Documents:**

- [A68/4](#) - Secretariat report on WHO Reform
- [EB137/2](#) - Report of the Programme, Budget and Administration Committee of the Executive Board

**Chair of PBAC (Miss Tyson):**

Welcomed the report by DG and progress made today, the Committee considered the reform proposed in document [A68/4](#) particularly strengthening country offices as crucial, across the three level of organization and stressed the urgency of implementation, as well as the need for clear indicators for accountability. Committee was asking for zero tolerance of non-compliance and harmonizing compliance functions; Urged secretariat to ensure accountability embedded in the daily work of the organization and expressed the slow progress on governance reform; Committee paid tribute to Global Policy Group for their stewardship.

On behalf of executive board recommends to note report contained in doc [68/4](#)

**Chair Committee A:** Thanks PBAC Mrs Tyson. Asks delegates wishing to take floor to raise flags.

**Latvia:** on behalf of EU, endorse the progress made. the reform achieved strong financial control, however more work needed here. New energy on governance reform needed, with more coherence and contribution to policy use.. DG and Regional Directors Accountability proposals are crucial and progress is welcomed in this sector. Engagement with NSA is crucial, hope that we can come to a positive resolution in this regard so that we can be prepared for the future.

**Lebanon:** improve alignment transparency, strengthening programmatic evaluation. WHO at country level needs to be strengthened to deal with complex emergencies. Major outbreaks, conflicts WHO-lead needs to be given priority. Decision making loopholes evidenced at multiple levels with recent Ebola crisis. Request to re-enforce the role of country officers.

**Norway:** thanks secretariat for report. Reform is needed to make the organization fit for purpose. Noted that 80% of actions in the reform framework are now included in the reform; The role of global policy group, noted the unique responsibilities of DG and of sovereign authorities. Collective decision making strengthening of corporate management is an important area of reform and coherence is an important objective

**Iraq:** Integration in budget allocation according to crisis management... (??) Managerial cost

**Australia:** WHO reform activities: congratulate WHO progress on reform agenda. Organisation wide programming and budgeting processes. Ebola global health crisis has stressed the need for global swift reform. Emergency workforce measures + governance reform working group is crucial. They urge

members to continue to provide realistic measures for reform. NSAs framework: necessary to making WHO responsive to health problems of the 21st century

**Germany:** aligns to Latvia and EU statement. Key principles is strengthening of institutions for global health in order to have effective and coordinated action. Give strong thanks for the review on reform implementation, however since the strength is close to the way it is perceived by the broader international community, maybe WHO is now not as strong as it was 4 years ago, also because of the media coverage for the Ebola crisis. For Germany Ebola shows two things, WHO is more relevant now, and we have to intensify the effort to make WHO the organization who can tackle these sort of crises. There is need for new political momentum for redefining the role of WHO. Future of WHO will be decided in the next 2 years taking the lesson from the Ebola crisis

**Canada:** Canada thanks secretary for report, and is pleased that 80% reforms in action. HR, risk tracking need addressed. Ebola: greater coordination and complementarity needed across different organisations so as to maximise effectiveness in impact. Canada pleased with efforts on gender mainstreaming. Encourage efforts so that incorporated in all elements of programming. They have concerns over governance reforming: improve agenda setting, strengthen lines of accountability. They look forward to the outcomes of working group that will be presented to EB in January. Aligns with use of GPG as consulting group.

**UK:** UK aligns with statement by Latvia on behalf of EU, they always push hard for reform as they are big supporters, endorse the progress made in reform so far over the past 4 years. Ebola showed WHO accountability and more robust compliance. They welcome role of the global policy group, GPG, as others have. Also agree that the GPG advisory group remain crucial consultative tool. Reform is required if WHO is to lead and coordinate global health work including emergencies in the future.

**Turkey:** Like many other countries Turkey has supported reform initiative since onset 2011. 4 years is a long time... Fundamental aim is to improve people's health by reforming WHO, an organisation far from perfection, as exemplified by the recent Ebola outbreak. Working group is fruitful. They noted content with GPG as consultative body - but think that is time to discuss results of reform instead of implementation of reform. This is an unique opportunity of reform which comes once a decade. If we keep going in circles, e.g. with NSAs, this will impair WHO's role. Turkey supports uniform initiated since beginning in 2011. However the opportunity cost of the reform needs to be reconsidered. Turkey is pleased with financial dialogue and budget. Keeping in mind how rapidly developments and emergencies are evolving .Need to act quickly, and avoid delay especially on framework of Non-state actors

**Ethiopia:** the federal democratic republic of Ethiopia seconds the statement by Mozambique on behalf of AFRO countries. Notes appreciation for continuing commitment in reforming the secretariat, progress in the managerial programmatic etc. Implementation of the reform programme should be accelerated and assessed, Effectiveness should be assessed regularly. A mechanism for creating accountability for results is also crucial. Financial dialogue and bottom up approach. Flexibility of funds should also be included in the reform process.

**USA:** Recognises progress in reform, and steps taken for implementation, country director nomination. They look forward to working group efforts. January EB136 calls for more improvements which will be addressed. HR system needs to be more open/flexible to recruit talented staff. Welcomes DG statement that GPG advises the DG in her decision-making role, does not make the decision in her place. Regional & country offices - quantity and quality of information provided by regional offices improving. Welcome frequent refrain of DG that here to carry out will of Member States, MS. She must provide dynamic leadership to help MS take the steps to make WHO more effective.

**Japan:** appreciation of implementation of reform although it seems to fall behind as we recognise that all the outputs are in implementation. Governance reform has been more important than other reforms. However wants to point out that it is regrettable that documents didn't reach delegates until yesterday morning and therefore there was not enough time to be prepared for this discussion and so are concerned that the discussion could not be effective, He demands chair to give timeline in order to be prepared for discussion.

**China:** Thanked DG for report on overview of reform in her speech. Hope that momentum kept and move forward. Chinese delegation appreciates enhancement of 3 levels. Hope for greater role of WHO in face of crisis. No reform can be done overnight. Look forward to working with MS to build WHO into more efficient organisation

**Maldives:** similar to other countries agree that reform in emergency and outbreak response is crucial. 2016-2017 planning. Governance has seen the least progress in reform so needs effort. Need of mainstreaming the reform at the 3 levels of the WHO. Last point on further strengthening country offices and need of indicators to measure and improve performance at country level.

**Thailand:** (For South-East Asian region - I don't understand the speaker, sorry). Mentioned the Earthquake in Nepal. Social capital?? Contingency fund good idea. PBAC mentioned. Success of reform depends on willingness of MS to support reform...

**Panama:** Congratulations on the nomination and thank the secretariat on the report on reform. Panama wants to reiterate support on reform in order to continue improving on presentation of programmes and other WHO mandates. Wishes to continue work with state actors to ensure transparency. Evaluation has shown how important corrective measures have been introduced. governance reform is crucial also for preparedness on outbreak and disasters. Wishes that we can continue to work in a harmonic and homogenous way in the future.

**Mozambique:** Mozambique takes the floor on behalf of 47 states of African region, and addresses Secretariat's report on reform. Implementation of reform relating to working method of governing bodies encouraging, yet gaps identified in working methods, alignment of governance on all 3 levels. Need to strengthen country offices as they are first-line faced with emergencies. WHO needs to NOT be a top-down organisation. Gender equality & balance. Adequate placement of competent staff in different regions is needed to keep WHO truly representational. There should be a systematic review with clear mechanism of accountability. Objectives of this reform rely on strong Human Resources. Thanks chair.

**Egypt:** congratulations to nomination. Egypt welcomes effort conducted to strengthen and bring forward process on reform implementation Reform process itself was started before the Ebola crisis.

**Chair:** floor given to representatives of secretariat.

**Ian Smith:** apologized for late documentation, they had 900 pages of documentation for this assembly so it was not possible to process them quickly.

1. Firstly on corporate alignment, bringing greater coherence and alignment
2. The proportion of budget targeted for country level is increased to 40%, reflecting commitment to work at country level, but budget alone not enough
3. Third point on emergency preparedness: WHO is creating a single program for health emergency which will include global health emergency workforce
4. Business processes
5. Establishment of contingency fund that will be presented in the Ebola discussion
6. Finally build stronger culture of compliance and accountability. Also need of stronger investment. Strengthening administrative aspect at country office level.

*Report [A68/4](#) (Sect report on WHO reform) noted; item closed.*

## **Item 11.2 Framework of engagement with non-State actors (A18)**

[From [Jour 2](#) Report: The Chairman opened this agenda sub-item and invited the Chair of the Programme, Budget and Administration Committee of the Executive Board to make some introductory remarks. It was decided that a drafting group, to be chaired by Argentina, will meet on Wednesday, 20 May in the afternoon. The Chairman suspended the item.]

**Chair:** Now take up item Sub-item 11.2 Framework of engagement with NSAs.

Relevant documents:

- [A68/5](#) – Secretariat report on FENSA
- [A68/53](#) – Suppl report on FENSA
- [A68/2](#) - EB136 Report
- [EB137/2](#) – Report of PBAC to EB137

During EB136 the EB invited the members to submit proposals for special amendments and deletions from the draft report presented at EB136 . DG was asked to combine these proposals and make them available to the member states. There was an open ending meeting convened - Draft FENSA 68/5 is result of this process.

**PBAC:** Miss Catherine Tyson took the floor on behalf of PBAC: Committee expresses thanks to Argentina for chairing the meeting and informal consultations. PBAC recommends to WHA that a drafting group start - Julio Mercado of Argentina wished as chair due to his skilled handling of informal consultations.



Chair: Proposition that Dr. Julio Mercado from Argentina chair drafting group (will meet Wednesday PM)  
- Item 11.2 now to be suspended.

*Discussions suspended and resumed in Committee A on Tuesday 26 May*

**Documents:**

- [A68/5](#) – Secretariat report on FENSA
- [A68/53](#) – Report of PBAC to WHA68 on FENSA
- [A68/A/CONF./3 Rev.1](#) - Draft resolution [submitted by Argentina as Chair of the Open-Ended Intergovernmental Meeting and the informal consultations on the draft Framework of engagement with non-State actors]
- [A68/A/CONF./3 Add.1](#) – Fin & Admin Implications
- [EB136/Div./3](#) -Decision EB136(3)

**NGOs:**

- [Global Health Council, Inc.\(GHC\)](#)
- [International Alliance of Patients' Organizations \(IAPO\)](#)
- [International Baby Food Action Network \(IBFAN\)](#)
- [International Federation of Pharmaceutical Manufacturers and Associations \(IFPMA\)](#)
- [International Pharmaceutical Federation \(FIP\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [Stichting Health Action International \(HAI\)](#)

**MMI/PHM** ([video](#)): *Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of MMI and the PHM.*

*WHO is being undermined in its capacity to promote global health; by underfunding, tight earmarking of donor funding and the opening of spaces for corporate influence.*

*The present draft of the proposed Framework of Engagement with Non- State Actors is contested, obscure and complex. It does not provide a robust framework to prevent improper influence.*

*Corporate interests which run counter to public health interests are the pre-eminent risk arising from WHO's engagement with non-state actors.*

*There have been several incidents of improper influence in recent years, all involving large transnational corporations. These include: the IMPACT debate, the EWG process, virus sharing in the context of PIP and lobbying by the sugar industry and related ultra-processed food industries against the WHO recommendation of a 5% ceiling on sugar intake.*

*The proposed protocols say nothing about the accountability of the Member States for protecting WHO's integrity. However, in several of the above cases Member States were involved in initiatives which created risks for the integrity and decision making of the Organization.*

*WHO is under continuing pressure to treat corporations as equal and legitimate ‘partners’ and ‘stakeholders’ in public affairs. Proposals for ‘multi-stakeholder partnerships’ would designate junk food manufacturers as partners in the task of addressing obesity, heart disease and stroke.*

*We urge delegates to defend the integrity and independence of the World Health Organisation and to take such time as is necessary to achieve a robust framework to protect the Organization from improper influence.*

#### **Framework of engagement with non-State actors**

The Sixty-eighth World Health Assembly,  
Having considered the reports on the draft framework of engagement with non-State actors and the revised draft framework of engagement with non-State actors;<sup>1</sup>  
Acknowledging the importance to WHO of engagement with non-State actors that benefits from a robust management of the risks of such engagement for all three levels of the Organization,  
1. WELCOMES the consensus reflected in many parts of the draft framework of engagement with non-State actors, including in its introduction, rationale, principles, benefits of engagement, risks of engagement, non-State actors, types of interaction as contained in the Annex;  
2. REQUESTS the Director General:  
(1) to convene as soon as possible, and no later than October 2015, an open-ended intergovernmental meeting to finalize the draft framework of engagement with non-State actors on the basis of progress made during the Sixty-eighth World Health Assembly, as reflected in the Annex;  
(2) to submit the finalized draft framework of engagement with non-State actors for adoption to the Sixty-ninth World Health Assembly, through the Executive Board at its 138th session;  
(3) to develop the register of non-State actors in time for the Sixty-ninth World Health Assembly, taking into account progress made on the draft framework of engagement with nonState actors.

<sup>1</sup> Documents [A68/5](#), Annex and [A68/53](#).

*Resolution on FENSA ([WHA68.9](#)) adopted; item finalised*

## **Item 12. Program and budget matters (A20)**

### **Item 12.1 2014-2015 Mid term Review (A20)**

#### **Docs:**

- [A68/6](#) – Secretariat report on PB14-15 MTR
- [A68/54](#) – Report of PBAC to WHA68 on PB14-15 MTR

[From [Jour 4](#) report: The Chairman opened the subitem and drew the Committee’s attention to documents A68/6 and A68/54. At the invitation of the Chairman, the Chair of the Programme Budget and Administration Committee (PBAC) of the Executive Board made some introductory remarks. The floor was then opened for discussion and the Secretariat responded to issues raised. The Committee noted the report contained in document A68/6 Implementation of programme budget 2014-2015: mid-term review and the subitem was closed.]

**Chair of PBAC (Mrs. Catherine Tyson):** Results chain. Ratings on progress of Secretariat on achieving the outputs. Committee that at risk ratings attributable to WHO response to Ebola, and work building core

capacities for IHR in countries + food security. Committee noted that despite efforts, misalignment resources vs priorities remains.

**Mexico:** program budget 2014/2015; the report of programmatic category under which the budget was made after the program, we identify the progress made, with respect training and mobilisation of resources, transparency of funding as noted by the committee, we must deal with basic fundamentals on dialogue on funding, we agree with external auditors report.

*Agradecemos la presentaci6n del examen de mitad de periodo 2014-2015 el cual constituye el primer ejercicio de seguimiento que se realiza en el marco del Duodécimo Programa General de Trabajo 2014-2019 y del presupuesto por programas 2014-2015.*

*Notamos que el informe incluye un reporte por las categorías programáticas en las que se divide el presupuesto por programas.*

*Solicitamos que para los próximos exámenes se incluyan también los resultados, avances y retos en el cumplimiento de las prioridades de liderazgo acordadas en el Duodécimo Programa General de Trabajo y que también se identifiquen los progresos en aquellos logros cuya responsabilidad conjunta recae tanto en la Secretaría como en los Estados Miembros.*

*Por lo que respecta a la esfera de la planificación y movilización de recursos, encomiamos los esfuerzos realizados para aumentar la previsibilidad, la adecuación, la flexibilidad y la transparencia de la financiación de la OMS, mediante el diálogo de financiamiento.*

*Sin embargo, como bien hace notar el Comité de Presupuesto, persiste aun el desajuste de recursos y prioridades.*

*Deseamos recordar que La creación del día logo de financiamiento supuso un importante paso adelante en el proceso de reforma de la Organización y que aun queda pendiente por armonizar plenamente los principios fundamentales del diálogo sobre financiación con otros elementos de la reforma de la OMS, como la planificación de abajo arriba, la gestión basada en los resultados y la definición de costos y asignación de recursos.*

*Solicitamos, en consonancia con las recomendaciones de la evaluación externa sobre el diálogo de financiamiento de mayo de 2013, que se evalúe el impacto de las reuniones del diálogo sobre financiación a medida que avance el bienio y cuando este finalice.*

**China:** Chinese delegation appreciates monetary exercises, and submission of first annual report on progresses made and challenges on implementing biennium programme. This report provides clear info to us so we better understand WHO work at global level, facilitates mutual exchanges among MS. Completion rate of budget funding increased to 87%. Chinese delegation thinks this review very important. Clear descriptions enable more analysis to provide more comprehensive info to MS so they can provide more detailed suggestions.

**UK:** *Given the challenges the Ebola outbreak in West Africa presented to the Organisation, we are not surprised that the WHO is at risk of not delivering fully its programmes and results for Programme Budget 2014-15. However, we invite the Secretariat to share its strategy for getting the Organisation back on track to delivering the 2014-15 programmes along with its plan to absorb any potential underspend into the 2016-17 programme budget.*

*Going forward we would also like to stress the importance of having realistic and time-bound output indicators to measure against in the reporting. We realise these were not included for this programme budget, but would urge the Secretariat to include clear indicators in the next biennium budget 2016-17.*

**Brazil:** the process is essential to show transparency.

**Burkina Faso (AFRO):** we have been using flexibility of voluntary contributions and that would also be needed to balance the books for the end of this year. Budgets are always affected by man-made and natural disasters - like Ebola this past year. Thank you on behalf of african group.

*Le Burkina Faso à l'honneur de prendre la parole au nom de la région AFRO pour présenter la déclaration sur l'exécution du budget programme 2014-2015 : examen à mi-parcours. Le rapport fait ressortir les principaux progrès et l'exécution par catégorie et secteur de programme, et prépare le terrain en vue de l'appréciation à la fin de l'exercice. En outre, à la suite de la récente situation d'urgence sans précédent à laquelle l'Organisation a dû faire face !, les centres budgétaires et les secteurs de programme ont été priés de souligner les effets de l'épidémie de maladie à virus Ebola sur la mise en œuvre des activités, notamment dans la région africaine, ainsi que sur les priorités régionales et mondiales. Le budget programme était financé à 87 % au 31 décembre 2014, en excluant la composante « Urgences ». A la fin du mois de décembre 2014, près de 102 % du montant total étaient reçu par rapport au budget approuvé. Cela est dû au financement des programmes pour les secours d'urgence, en particulier pour les épidémies d'Ébola. Toutefois, le niveau de financement moyen des autres programmes se situe à 81 % du budget approuvé et le taux d'exécution du budget programme qui est de 62 % est faible à notre avis au 5eme mois de la deuxième année.*

**Germany:** we want to know how much funding is actually available for the programme budget, this is quite relevant for all the delegations to assess the secretariat's ability to mobilise more funding, we have seen changes in donors pattern, so we need more elaboration on this clarification from secretariat as to how much funding is available.

**Secretariat (Dr. Thomson (?)):** Ensures that Secretariat not fully happy with report as it is. We see it as work in progress. As pointed out by several MS, we can improve reporting by having better results on result chains. Outputs at country regional and global level. More long term attribution of how these outcomes / impacts roll out. Link results more closely, make better analyses than done today. Misalignments: we are taking steps to mitigate tendency to misalignment. Donor base has been broadened, as said Germany, very appreciated. Use of flexible funds more strategically. Earmarked funding to initially fund PB, and use flexible funds to cover the gaps, so as to keep all 3 levels operations. This enables to secure resources for both staff and priority activities. One improvement (as pointed UK) is to use indicators more constructively, both time-bound, and more clear report on indicators as to

outcomes. More clear analyses in the future to identify where to improve. Answers Germany: funding available 30th april, for biennium 5.3 billion USD - including OCR (?) and polio, and in OCR there will be additional funding for Ebola.

We had to shift resources (HRs - 700-800 staff for Ebola outbreak). Discussions currently on how to accelerate implementation on dif parts before end of biennium. This WAS a realistic budget, despite challenges with Ebola to shift resources.

*Report [A68/6](#) on PB14-15 MTR noted; item closed*

## Item 12.2, proposed Programme Budget 2016-2017 (A20)

### Docs:

- [A68/55](#) – Report of PBAC to WHA68 on PB16-17
- [A68/7](#) – Secretariat report on PB16-17
- [A68/7 Add.1](#) – Draft resolution
- [A68/INF./7](#) - Proposed PB 2016–2017: Process, costing and financing

[From [Jour 4](#) report (4<sup>th</sup> meeting): The Chairman opened the subitem with consideration of documents [A68/7](#), [A68/7 Add.1](#) and [A68/INF./7](#) and the report contained in document [A68/55](#) Proposed programme budget 2016–2017. The Chair of the PBAC informed the Committee of the discussions that took place at its last session. The Chairman made some introductory remarks and read out the amendments proposed to document A68/INF./7 and the draft resolution in document A68/7 Add.1: Draft resolution: Programme budget 2016–2017. Comments were invited from the floor and the Secretariat responded to issues raised. The Director-General was invited to address the Committee.

(5<sup>th</sup> meeting) The Chairman reopened the subitem and informed the Committee that informal discussions had taken place. At the invitation of the Chairman, the Director-General addressed the Committee. Discussion of the subitem resumed and the Chairman invited the Secretariat to respond to issues raised. The Committee approved the draft resolution Programme budget 2016–2017 contained in document A68/7 Add. 1, as amended, and the subitem was closed.]

**Chair of the PBAC (Ms Tyson):** the Committee considered the proposed program budget, this represented an increase of 8% of the programme budget, the DG informed the committee based on the contribution would like not to have the 5% increase, the committee was informed that bottom up planning approach is used, committee acknowledged robust efforts of secretariat, recommend the WHA68 consider the programme budget

**Chair Committee A:** request for 8% increase general (earmarked budget). The proposed 8% would be entirely funded by voluntary contribs, financing dialogue Nov 2015. PBAC of EB suggested deletion of para28 (A68/7 - process costing and financing, with removal of 5% on assessed contribs should be removed from DGs intro remarks).

**Australia:** This is the first WHO biennial budget using bottom up approach, it's the second time that member states are asked to be part of the whole budget not only the voluntarily, after Ebola crises we would like to emphasise strengthening the organisation capacities to face crises, we also welcome on strengthening on organisation capacities facing financial controls, we do consider it's important that **proportion should be through assessed contributions**, 0% growth in the assessed contributions, not all member states support the increase of the contribution but we see it necessary and we support it

**Australia** notes DGs asking for 5% increase in assessed contribs, but this request comes too late for dialogue, and discussion so we do not support this. While Not all MS are able to increase voluntary contribs, this is the way to go.

**Germany:** Approval of this budget closely linked to approval of resolution approved on special session Jan 2015 of EB136. Major responsibility of response, related technical support - which is now at a level which is insufficient. We need to take recent experience of Ebola into account. Deliverables of Secretariat on AMR.

Secretariat has laid down efficiency measures taken. Proposed increase in overall budget is NOT a requirement for individual MS. What we are actually doing by approving 8% increase is enabling WHO to increase technical capacity response etc. If we reject this, we need to clarify what WHO will NOT be doing in near future. Effective accountability and transparency measures need to be in place if we choose to increase. **For Germany enough transparency and accountability? NO.** But this is OUR responsibility as MS. German gvt recognizes steps taken by DG to improve transparency. Despite this, Germany ready to approve 8% increase, but wants to see structural changes in near future. To make WHO fit-for-purpose , we need investments of ALL member states. Germany ready to approve.

**Monaco:** we must be more demanding when increases are proposed. This is where we have a serious concern. 8% proposed on basis of aftermath of Ebola, yet this is proposed as increase in budgetary space whereas could be proposed as increase in budgetary ceiling. If we ask for increase, must be linked to clear and justified and specified objects. We hope for greater transparency in future.

*M. le Président, Avec l'adoption du 12ème Programme général de travail 2014-2019, l'OMS et ses Etats Membres ont conclu un contrat et nous sommes entrés dans une nouvelle ère en matière budgétaire et financière, impliquant une plus grande responsabilisation, une plus grande transparence, et un meilleur alignement.*

*En tant qu'Etats Membres nous avons désormais une plus grande responsabilité car nous endossons et adoptons le Budget Programme dans son ensemble et non plus simplement la partie imputable aux contributions obligatoires, ce qui nous rends plus exigeants lorsque l'on nous propose des augmentations.*

*C'est pour cela que nous souhaitons exprimer notre vive préoccupation car dans ce projet de Budget Programme, d'un côté nous est proposée une augmentation de 8 % sur la base des leçons tirées de l'épidémie d'Ebola et pour pouvoir maintenir et poursuivre les programmes existants, et dans le même temps on nous présente cela comme une augmentation de l'espace ou du plafond budgétaire. A titre*

*national, cela n'est pas possible, l'augmentation doit être liée à des éléments précis et doit être pleinement justifiée.*

*Nous ne nous opposerons pas à l'adoption du Budget Programme mais nous souhaitons à l'avenir une plus grande rigueur, une plus grande transparence, une plus grande anticipation dans l'élaboration du PB et que des réponses soient apportées à nos questions. Je vous remercie.*

**Lebanon:** *Thank you Mr Chair, I take the floor on behalf of the Member States of the Eastern Mediterranean Region.*

*The Member States of the Eastern Mediterranean Region support the proposed programme budget increase based on the needs expressed by the bottom-up approach in the planning exercise. In the Eastern Mediterranean Region, the bottom-up planning process which Member States conducted with WHO resulted in greater focus on noncommunicable diseases, health systems strengthening, Preparedness, surveillance and response, and particularly Emergency risk and crisis management. This prioritization, and the distribution of the proposed increase in the budget at country level, reflected the needs due to the emergency situation in the Region and the need to strengthen programs that are currently generally underfunded.*

*In order to continue to develop and advance the WHO reform efforts, we advocate for a continued and substantial increase in country allocations. In particular, Member States will continue to need substantial support for strengthening country preparedness beyond response for meeting the core capacities required for implementing IHR 2005. There is much to be done to meet global commitments with regard to noncommunicable diseases, and there is an unfinished agenda in many countries regarding the MDG targets that will be carried over to the sustainable development goals. The approach in the Region has been strongly oriented towards strengthening country offices in technical areas and also in management and security.*

*Mr Chair, Overall, in our region, we are proposing a country office budget increase of 15% while the Regional Office budget will be decreased by 6% in comparison with 2014-15 budget. This is in the spirit of WHO reform and we advocate for continued and similar shifts across all the regions of the WHO.*

**Mexico:** *Recognises need for sufficient financial resources, however, necessary to continue with moderation policy. Mexico prefers 0% real growth. Increase of 8% can not be supported given inflation (though Inflation will be lower in coming years for most emerging and developing economies). Thanks PBAC Secretariat for 2015-17 details given. We would ask Secretariat to give more detailed budget on what allocated to fight TB, does not seem clear. Every time budget spaces identified, it relates to increases in staff - we feel that changes should only be in supervisory measures (?). We hope for greater cost-efficiency. We feel it is necessary to assess impact of financing dialogue before*

*México reconoce la necesidad de disponer de recursos financieros suficientes para que la OMS pueda seguir desempeñando eficazmente sus funciones estatutarias, no obstante es necesario continuar ejerciendo una política de moderación en el presupuesto de la organización.*

*Como política general, México favorece escenarios presupuestales de crecimiento nominal cero. Desde nuestro punto de vista, un incremento del 8% no corresponde a las previsiones inflacionarias ni a los retos financieros que aún enfrentan numerosos países.*

*Respecto a las consideraciones inflacionarias, de acuerdo con las estimaciones del Fondo Monetario Internacional, la inflación en la economías más avances y emergentes será a la baja en este año y muy probablemente en los siguientes años.*

*En atención a lo solicitado por los Estados Miembros durante la reciente sesión del PBAC, agradecemos a la Secretaría por la distribución de información detallada respecto a las modificaciones del presupuesto 2016-2017 por categoría y por región.*

*Asimismo, agradecemos los detalles sobre el uso de los recursos adicionales que se proponen en las diferentes categorías programáticas.*

*Al respecto, nos gustaría que el Secretariado fortalezca la explicación para reorientar recursos en lo relativo a tuberculosis pues, en nuestro parecer, no es suficientemente claro el documento.*

*Por otra parte, a la luz de este último documento, quisiéramos manifestar nuestra preocupación toda vez que identificamos que la asignación de estos espacios presupuestales está orientados a la contratación de personal que, de aprobarse, generarían eventuales compromisos – a corto, mediano y largo plazo para la Organización.*

*Por lo que respecta a la categoría 6, México considera que las inversiones que la OMS propone deben centrarse en fortalecer la rendición de cuentas y los sistemas de control tal y como fue destacado y recomendado en los recientes informes del Comisario de Cuentas, el Auditor Interno y el Comité Asesor Independiente de Supervisión.*

*En ese sentido, quisiéramos que se pudiera ampliar la información sobre las medidas de costo-eficacia en particular, dado el sesgo hacia aprobar el espacio presupuestal para el componente de recursos humanos, cómo se vincularía con los aspectos a servicios contractuales y costos del presupuesto.*

*Finalmente Señor Presidente. Mi Delegación estima que es necesario realizar una evaluación del impacto del diálogo financiero antes de aprobar un incremento del presupuesto. Como lo hemos constatado, hasta ahora queda mucho por hacer para asegurar la alineación de los recursos recibidos con las prioridades programáticas aprobadas por los órganos deliberantes.*

**France:** we approve the draft resolution, and the amount and adaptation of the budget 2015-2016, we believe that the proposal is realistic in terms of programs and priorities WHO has to face many new challenges, first to draw all possible conclusions and lessons from the ebola crisis, increase in budget in increase that doesn't cause problems to some delegations

The proposed draft is realistic: we are taking this position to be coherent with the needs of the organisation, challenges facing the organisation, second reason is that there is a political signal, we want a strong WHO and we show our belief in this organisation and leadership of the DG, and we would like



to say that this support goes hand with hand with vigilance. We want WHO to continue efforts undertaken on improving management of the organisation and enhancing the performance, monitoring and coherence between different levels of organisations, I say once again we support the adoption of this resolution. Hope that WHO continues to improve its monitoring in terms of accountability and alignments of 3 levels of organisation.

**Russia:** supports germany,In order to support strategic leadership of WHO we are all waiting for more transparency between revenue and expenses. Transparency will also bring more accountability on results as to 6 priority categories of programmes and plans. New generation of objectives past 2015. We are also seeking to put in the list of **affections the prevention and ttt** of NCDs. Readiness to react to emergent diseases, AMR, etc. We are aware of need to increase overall budget by 8%, particularly due to emerging diseases, yet financial dialogue crucial - Russia suggests to increase the **voluntary** rather than the assessed contributions. Asks DG to put conditions in place for full implementation of MS to their commitments.

**Japan:** always increase in budget isn't favorable, we sympathise with Ms chan, we make sure that our WHO is an essential organisation. the package of increase suggested by the secretariat is 8% which is not small, **secondary in order to make sure the budget is fully funded if there is option to make increase in.**

**Congo:** speaks on behalf of 47 african states of WHO, with regards to 2016-17 budgetary exercise. We note with satisfaction allocation of significant resources to african region, denoting resolve of WHO to face Africa's challenges. Also gratified to see **intensifications of actions in public health of many of our countries.** at same time, prioritisation of issues has not been done everywhere. AIDS, TB, preventable diseases, reform of the health sector have not been prioritised, emphasis has been more on emergency issues. The strengthening of health sector means universal health coverage. We need to take on board the lessons of our struggle with Ebola, in order to efficiently fight we need to reform health systems. Approves increase in voluntary contributions.

**Netherlands:** *Dear Chair, The Netherlands would like to thank the Secretariat for the proposed Programme Budget 2016-2017.*

*As we clarified during the PBAC, the Netherlands has a zero nominal growth policy for UN organisations as we believe zero nominal growth is an effective instrument for efficiency gains and setting priorities by the UN. Increasing budget space will not encourage organisations to increase efficiency. Related to WHO specifically, the Netherlands is concerned about a number of budget related issues, namely the AC/VC balance, the need for further efficiency gains, the increase of the reserves of WHO and especially the insufficient internal controls as being discussed during the PBAC. These are risks to budget increases and the Netherlands therefore believes this is not the time for a budget increase until these issues are resolved.*

*The Netherlands would like to stress that this discussion should not just be about the budget. What really matters is what needs to be done programmatically, especially to make the world better prepared for future disease outbreaks. We are fully aware that the operationalisation of the Ebola resolution needs funding.*

*The Netherlands would like to thank WHO for the prioritisation presented. We still see possibilities for efficiency gains and further reprioritization in the work of WHO and we wonder whether it is really necessary to have an increase of budget space of 8%.*

*In our view the discussion on efficiency gains and reprioritisation is very much about reform. The Netherlands believes there needs to be a closer look on who does what at which level of the organization. This alignment of the three levels of the organization relates to a combination of programming, budgetting and accountability. The Netherlands is convinced there is need for improvement here. We therefore urge the Director General to take firm steps in the corporate alignment of the organization so that unified implementation will be guaranteed.*

*The Netherlands would like to use the strongest words possible by stating that any budget increase is ambitious and it will come with great responsibilities. Thank you*

**Panama:** with regards to the program 2016-2017, we support the proposal by secretariat namely to increase 8% in the base budget so that our implementation is aligned with, will also be in line with work already done, we have 4 considerations, draft budget needs to be made available for member states to properly analyse these, we need to alter the format of the report so that information is provided to tackle priority area and provide additional information, with regards assessed contributions what we need to know is more efficiency use, to strengthen the dialogue on finance and make it possible to make it more transparent and the management should be more transparent.

*Buenos días sr. Presidente, Colegas.*

*Con respecto al presupuesto por programas para el bienio 2016-2017 queremos manifestar que la delegación panameña apoya la propuesta de la Directora General sobre el incremento del espacio presupuestario en un 8% con 0% de incremento de las contribuciones ordinarias, a fin de avanzar en la implementación de un presupuesto por programas entendiendo que el mismo cumpla con la identificación de prioridades de abajo hacia arriba y con ello se acople con las reformas de la organización. Como también siendo consecuentes con el trabajo realizado en este marco. Sin embargo queremos puntualizar los siguientes aspectos:*

- *En ejercicios futuros de formulación y evaluación del presupuesto la oportunidad de la información de la ejecución del presupuesto previo, así como el propio proyecto de presupuesto deberán ser puestos a disposición de los estados miembros con la debida antelación para su debida revisión y análisis.*
- *De igual forma, consideramos que es requerido un cambio en el formato de informe que incluya los resultados de la aplicación de los recursos en atención de las prioridades de la organización.*
- *Así mismo, el documento de proyecto de presupuesto requiere mayores detalles con respecto a los criterios de aplicación de las asignaciones para cada programa.*
- *Por otra parte, el incremento de las contribuciones ordinarias no debe ser planteado hasta tanto no se tenga una perspectiva clara del uso de los recursos y de las capacidades de gestión y administración más eficiente de los recursos por parte de la Secretaria de la OMS.*

- *Fortalecer el debate en el marco del dialogo de financiación para tener una mejor capacidad de análisis de la disponibilidad y uso de todos los recursos financieros. Así mismo, solicitamos a la Secretaría continuar con una gestión basada en la rendición de cuentas y en la transparencia en relación con el uso de los fondos indistintamente de la fuente de financiamiento de donde provengan.*

Draft budgets need to be available to MS long in advance in order for us to properly analyse these! More detailed info needs to be supplied. With regard to assessed contribs: we need to more efficiently use available \$. Management needs to be very transparent as to the way resources used.

**Turkey:** *Thank you chair First of all i would like to summarize how Turkey perceives the Programme Budget of WHO. We believe that the PB is the demonstration of common global health vision of the member countries and the Secreteriat.*

*In this regard, we welcome the improvements made in the development of PB 16-17, which is the main tool of accountability, transparency and efficiency in our understanding. We would like to convey our greetings to the Secreteriat, in terms of embracing the essence of the strategic budget space allocation discussions in the previous governing body meetings. Likewise, internalization of three strategic shifts of the PB 16-17 is also a pleasing point along with the sensitivity shown in the strengthening of country offices and proposed increases in categories 4,5 and the outbreak and crisis response area.*

*On the other hand, we have spotted some discomfoting topics in the PB, such as the increases in category 6. Thanks to the well prepared reports of auditors and IEOAC, we are on the same side with the secretariat in terms of strengthening internal controls, efficiency measures, accountability mechanisms and yet, we are not sure if the above mentioned measures are enough to explain the third biggest increase in PB. Therefore we believe intensification of efforts is needed in terms of raising efficiency savings. We also would like to point out the huge increase in polio eradication, hopefully for the final push against this devastating disease. We need to be careful in terms of avoiding potential financing hardships and indemnity costs of the workforce on field fighting with polio. Lastly, Turkey would enjoy if higher standards can be attained in terms of transparency, with the establishment of a PB implementation dashboard which member states can have access to timely and accurate data on this issue.*

*As a final remark, we would like state that, Turkey is content with the DG's proposal to finance the 8 percent increase in the budget with the voluntary contributions, in terms of responding the increasing demands of global community from WHO.*

**New Zealand:** *New Zealand supports the statement made by Australia in its intervention on Agenda papers 12.2. The proposed increase of programme budget space of 8% to be funded by increased voluntary contributions is acceptable, and necessary to allow the WHO to accelerate its reform process and increase its responsiveness.*

*New Zealand would request the Secretariat to provide further explanation, and justification, for some of the details of the proposed budget specifically the apparent decrease in the communicable disease and*

*vaccine preventable disease budgets. This proposed budget decrease appears to contradict the desire of the organization to learn from the Ebola crisis specifically to have technical capacity in place to respond to existing and emerging communicable diseases.*

*It would appear at first look that the proposed decrease in the communicable diseases budget of 27 million dollars, could be managed by a simple redistribution of some of the proposed increases to the NCD and Life course budgets*

**USA:** Acknowledges responsiveness of this budget through prioritisation. Transparency how resources align with results. Info as to what WHO would not be able to achieve if no budget increase. We continue to expect more commitment as to efficiencies. Reprioritisation must address the 70% spent regionally. We need WHO to identify what areas would be reduced if resources NOT secured, given voluntary contribs. In a situation where total funds limited, care need taken to measure impacts when funds moved between areas of work.

We would like to see options developed - all we have is propose of 8% increase overall. Wider base needed from MS and other actors in global health.

This budget is an opportunity to make statement re value of WHO. No breakdown of budget by funding source. USA looks forward to more discussion, and sees budget as tool for accountability.

**Switzerland:** as delegations before us we are cautious to make sure WHO receive enough to do its mandate, also we would like to stress on efficiency. Swiss is urging for more flexible financing, we have been closely following the preparation of the budget with the first proposal to increase the contribution which was pulled, involve the member states so that finance be more flexible, swiss supports the draft budget program and call the assembly to approve it. Unfortunate process, first suggestion then withdrawal of 5% increase in assessed fixed contributions by PBAC.

*La Suisse remercie le Secrétariat pour l'important travail accompli durant la préparation du budget programme 2016-2017.*

*Comme d'autres délégations, la Suisse estime essentiel que l'OMS dispose des moyens nécessaires pour remplir de manière efficace son mandat, tout en tenant compte des contraintes budgétaires auxquelles nous faisons tous face. Il importe donc que l'OMS fasse un usage optimal des ressources dont elle dispose. De plus, l'OMS doit poursuivre les efforts en vue d'une évaluation correcte des coûts réels des produits.*

*Outre le volume du financement, sa qualité importe. La Suisse continue à plaider pour un financement plus flexible de l'OMS, afin que les contributions financières suivent les priorités définies dans le budget programme.*

*Comme d'autres Etats membres, nous sommes surpris de la procédure suivie pour le projet de budget programme 2016 – 2017, avec d'abord une proposition d'augmentation des contributions fixées, finalement retirée par le Secrétariat pendant le PBAC. Nous estimons cependant que la discussion au PBAC a été utile en vue de mener à l'avenir une discussion plus approfondie sur le sujet. Cette discussion*

*devrait être liée avec les prochaines éditions du dialogue financier et impliquer très tôt les Etats membres pour évaluer les possibilités d'obtenir du financement plus flexible.*

*La Suisse s'attend à ce que le budget que nous approuverons lors de cette Assemblée nous permette d'honorer les engagements pris dans la réforme comme l'alignement des contributions avec les priorités de l'organisation. La Suisse soutient la proposition du budget programme 2016 – 2017 et appelle cette Assemblée à adopter le projet de résolution. Je vous remercie.*

**Congo DRC:** Clarifies previous intervention. Additional elements that I want to share additionally to my statement: takes floor on behalf of 47 states of Africa. Appreciate approach taken, consistent with efforts to reform public sector in many countries, and securing predictability of resources available. We need to concentrate action in few priority areas, to help countries to meet basic and survival needs of their populations. As compared to the past our situation has improved. Keep in mind that reform of health sector remains cornerstone. Our actions to tackle Ebola shows that strengthening of entire health sector necessary. We need to link our actions to priority areas agreed.

**Sweden/Finland:** the Ebola crises and lessons learned changed the situation on many aspects, we want the WHO to come out stronger so we support the proposal. Supports increase 8%, but with greater budget comes greater responsibility. Welcomes continues process of organisational learning. Delegating management focus, strong internal oversight. Gender equity and human rights need corresponding resources. We need indicators that enable to measure progress in all fields: we would like to see these indicators re-introduced in final budget.

**Canada:** *Canada thanks WHO for the presentation of the 2016-2017 programme budget. We are pleased to note the ongoing efforts to increase harmonization and clarify roles and responsibilities across the three levels of the organization. ·*

*We welcome an enhanced contribution to WHO's categories of work which directly advances the improvement of women and children's health. ·*

*Canada supports the emphasis on resilient and integrated health systems. We are pleased that special attention will be given to enhancing civil registration and vital statistics but note that progress on CRVS is not specifically identified in any outcomes, indicators or deliverables. Going forward, Canada recommends monitoring of health information systems strengthening and its contribution to overall CRVS efforts to ensure and track complementarity of activities. ·*

*With respect to the budget, we appreciate that the majority of the proposed increase to the base budget will be devoted to Categories 4 and 5, primarily based on enhancements to respond to lessons learned for the experience of the Ebola outbreak, and which should help improve WHO response capacity at all three levels. We support efforts for greater flexibility and transparency, and consideration for efficiencies and innovations, including fostering partnerships with non/state actors. ·*

*Canada supports efforts to improve the Organization's financial footing, particularly through the Financing Dialogue and directed resource mobilization efforts. Stable and predictable funding is essential*

*for the Organization to address these challenges and pursue effective responses. The Programme Budget must meet WHO's operational needs while respecting the fiscal realities of Member States. Like other delegations, Canada's longstanding position is to support Zero Nominal Growth (ZNG) for assessed contributions. In this regard, we were very appreciative of the Director General's statement to PBAC to withdraw the proposal of an increase in Assessed Contributions and the recognition of the domestic pressures that member states are facing. We would also welcome additional precision on the identification of priorities, in the event that funds are not made available.*

*The financing dialogue of 2014-15 is demonstrating significant promise and success. This mechanism must be given the requisite time to demonstrate its capabilities to mobilize resources that are predictable, aligned, and flexible. If the Secretariat is convinced that an increased funding level is achievable through mobilization efforts targeting voluntary contributions, Canada can support an increase in the overall budget level. As such, increased coordination and a broader base of contributors under the auspices of the dialogue could provide an avenue.*

*Lastly, we would like to reiterate our comments from the agenda item on WHO Reform in regard to the need for further work to improve the planning, budgeting and financing cycle process, including to ensure that Member States have sufficient time to consult appropriately and analyze proposals.*

**South Africa** :support Congo statement, we would like to appreciate the clear document, realistic budget is proposed, we welcome efforts on strengthening capacity and facing epidemics efficiently, we welcome the budget increase, important lesson is sustainable increase , we would like to encourage the sec to continue the dialogue with member states and begin exploring options for budget increase, south africa support the approval of draft resolution.

**Norway:** Recognises that delivering on reforms will come at a cost for MS. That being said, we are not happy on how budget presented. Meaningful involvement of MS need planned expenses and planned deliverables, more detailed costing. Lack of such transparency, budget loses its value as a governance tool. Insufficient detail also loses MS on need for greater resources.

Events of last year - urgent need for WHO strengthening. WHO already relies largely on voluntary contribution. Norway would prefer that increases be made via assessed contributions.

**Thailand:** our delegation welcomes the proposal, also at a country level we use participatory bottom up approach, the budget size with the DG leadership for a successful implementation. The increase is proposed in not a right time, economic sedation in most of the countries doesn't allow such increase, the likely scenario is to increase the voluntarily increase, in this context we urge contributing members to increase flexible funds. Supports zéro nominal growth assessed contributions.

**China:** we support Australia's statement, by which WHO serves its member states, assessed contributions as a core of funding to the WHO and play an indispensable role in WHO funding. MS should take concrete actions to mobilise resources for WHO programme and budget. Timing: in future MS should be given ample time to prepare.

**Togo:** Togo supports Congo declaration on behalf of AFRO on this item draft 2015-2016 budget. Priorities identified on bottom-up principle taking into account health problems throughout world, ER humanitarian problem, resilient health systems integrated into concept of Universal Health Coverage, AMR, and pursuit of strengthening of IHR. Hope that category 1 will not leave aside HIV, and for category 2 important to note increase of cardiovasc diseases and cancer, increasing in the continent. Structure of budget not different from preceding ones save: eradication of polio and NCDs. Amount exceeds preceding budget. More rigorous implementation of projects/programmes. Welcome new responsabilisation, specific allocation of resources linked to themes, and more rational use of resources. **Appreciate cost cutting.** Need voluntary increase in resources.

**Zimbabwe:** Supports DRC statement, and further to that Zim requests how much each component gets: polio, special human reproduction programme, so on. **While Zimbabwe in full support of 5% in assessed contribs,** it is ages since MS increased **this category** of contributions. We look forward to this conversation later this year during financing dialogue discussions. Also, to prepare our gvts for this discussion, we would like to know how much each country would have to contribute under this model (5% increase in assessed).

**Maldives:** *Thank you Mr. Chair, Maldives, would like to commend the reports by secretariat briefing on this agenda. It is timely that the proposed programme budget 2016-2017 focuses on universal coverage hastening work towards prevention and control of non-communicable diseases. Further, from the lessons learnt from Ebola outbreak Maldives also welcome the emphasis on strengthening the global emergency and response work of this organization, post MDG global health development agenda as well as the much needed focus on health systems strengthening in the proposed new programme budget 2016-2017.*

*Mr. Chair, Maldives feel that with the high number of resolutions that member states endorse at the governance sessions, the change in inflation rates, and to reflect the changes in the health needs and complexity of global health issues, that we simply cant move forward with the same budget space for the organization. However, we are concerned that the budgetary increase is now in the voluntary contributions and the effect this might have on predictability and alignment of funding with the priorities of WHO as set out by member states.*

*Mr Chair, Maldives is ready to approve DGs budget proposal for programme budget 2016-2017 but we would like to urge WHO and member states to continue closely monitoring funding mobilized for organization to ensure that we move towards better alignment of funding with WHO's priorities with this increase in the percentage of the voluntary funding for organization. I thank you for your attention.*

**Venezuela:** delegation feels that it is important that the organisation has adequate budget aligning with the goals of the organisation. The organisation must do more and maintain the current activities, that means there must be more effective and efficiency,. After Ebola we need more flexibility that goes hand in hand with results based management, obviously many members have different economic and budget situations. An increase in ordinary budgets will mean sacrifice in national budgets. Internal monitoring

and reporting and transparency is needed. Venezuela is for zero nominal growth, but 8% overall contributions seems reasonable.

**UK:** One of THE leading financial contributors through voluntary contributions - testament to our faith in the organisation. First to fund contingency fund for ERs - gave close to 10million USD. We want to be constructive, but have responsibility to our taxpayers in terms of efficiency. UK has zero nominal growth position, as in our country national budgets are being cut in real terms. We recognize that no assessed contribs increase so far under DG Chan's leadership. After close examination of budget we are NOT convinced by proposed 8% increase. We have been waiting for explanation as to underspent money. Will is be spent in next bi-annum? This bi annuum? the budget must reflect priorities. **Aspects of the work plan that can be re prioritised under a lesser % increase overall?**

**Colombia:** Global health security, dealing with epidemics and emerging diseases, AMR, completion of millennium dev goals. Vaccines for NTDs. Agrees to dialogue-based decision making. **Independent of source of contributions** we need to be efficient in our use of monies.

*Gracias Sr, Presidente. Colombia considera que es importante proporcionarle a la Organización las herramientas necesarias para avanzar en las tareas que nosotros, los estados miembros, le hemos encomendado, por lo tanto, estamos en disposición de aprobar el incremento en el espacio presupuestal, tal como lo ha sugerido la Directora General, basado en contribuciones voluntarias. Hemos revisado la propuesta de presupuesto, y esta incluye aspectos de los más relevantes para la salud, entre los que destacamos: la seguridad sanitaria mundial, la respuesta a brotes epidémicos, la asistencia humanitaria en emergencias, la preparación y la vigilancia, la resistencia a los antimicrobianos y proseguir con la agenda inconclusa de los Objetivos de Desarrollo del Milenio, así como poner en marcha mecanismos innovadores para elaborar vacunas y tratamientos asequibles, especialmente para las enfermedades tropicales desatendidas. Concidimos en lo manifestado por algunos oradores que nos precedieron, respecto a la necesidad de fortalecer el debate en el diálogo de financiación y promover una gestión basada en el diálogo, el acceso oportuno a la información para la toma de decisiones y la eficiencia en el gasto. Consideramos además, que la transparencia y la rendición de cuentas son fundamentales, independientemente de la fuente de las contribuciones, a fin de fortalecer a la Organización y garantizar la legitimidad y confianza de todas las acciones que emprendemos a través de ella. Con seguridad los Estados tendremos mucho que aportar para avanzar en los retos mencionados, y hoy nuestro principal aporte será la confianza en aprobar este incremento presupuestal que la Directora y la Secretaria nos han señalado como necesario y relevante.*

**Denmark:** Thank you, Mr. Chair

*Denmark would like to thank the Secretariat for the proposed Programme Budget. We believe it is important that we adopt the Budget during this Assembly.*

*We also thank the Secretariat for the additional information that was provided earlier this week. However, we do not feel that the information note addresses all the questions raised during the discussion in the PBAC. For instance, the note does not include information on the total cost of the follow-up to the EBSS-resolution on ebola as requested by my delegation.*



*Denmark supports a strong WHO; we are committed to continued reform under the effective leadership of the Director General; and we want to adopt a realistic programme budget that provides adequate resources.*

*Our starting point is that we should continue to aim for zero growth.*

*We support the proposed shifts in the budget towards a stronger focus on preparedness and crisis management as well as on AMR.*

*However, we are not convinced that new initiatives in these areas will require an increase of the over-all budget.*

*Budget restraint has been – and should continue to be – an important factor in driving forward the reform process.*

*During this time of transition and substantial change within the organisation, it is crucial to maintain a strong focus on cost-efficiency and effectiveness.*

*Like other delegations, we consider 8% to be a considerable increase and we think we need more discussions on this important issue. Thank you, Chair.*

**Ecuador:** Have taken note of Secretariat's document – decisive moment for our organisation. WHO challenges – with often quite urgent matters to tackle, poses burden on MS. We feel increase in budget necessary. We have new confidence in WHO, and as it needs to face the future with adequate resources. Monitoring impact in increase, is an institutional process of governance / institutional strengthening. Need to see that this increase in budget strengthens health sector overall.

*Tomamos nota de los documentos circulados por la Secretaría, así como de las discusiones llevadas a cabo dentro del Comité De Programa, Presupuesto y Administración del Consejo Ejecutivo. Sabemos que es un momento decisivo para la Organización que, sin duda, tendrá un impacto en su accionar. Reconocemos que nos enfrentamos a desafíos cada vez más complejos, a un aumento de prioridades sanitarias, y a más problemáticas urgentes. Esto viene acompañado de exigencias crecientes tanto para los Estados Miembros, como para las instituciones internacionales como la Organización Mundial de la Salud. Hemos analizado detalladamente las propuestas que han sido puestas a consideración de los Estados Miembros, y Ecuador considera que un aumento del presupuesto de la Organización es correspondiente para poder afrontar los nuevos desafíos y permitirá la formulación de respuestas eficaces y oportunas. Esta confianza renovada que se le otorgaría a la Organización Mundial de la Salud debe ser correspondida con aun más responsabilidad, transparencia y rendición de cuentas independientemente de la proveniencia de los fondos. Será tarea de los Órganos Deliberantes de la Organización de monitorear, vigilar y precautelar el presupuesto de manera más cercana y minuciosa, para poder evaluar el impacto del aumento presupuestario. Estamos convencidos de que este aumento tiene que ir acompañado de un proceso de fortalecimiento institucional y de la gobernanza de la Organización. Por ello, consideramos necesario revisar la distribución de fondos en las distintas áreas programáticas y tenemos que asegurar que componentes fundamentales de la Organización como el gobernanza y liderazgo cuenten con los recursos suficientes para garantizar que este incremento del presupuesto se traduzca efectivamente en respuestas más eficientes y oportunas a los desafíos a los que*

*nos enfrentamos. Y principalmente al fortalecimiento de nuestros sistemas de salud. Gracias Sr. Presidente.*

**Morocco:** proposed budget logical and timely. Mobilisation of Int comm takes place if happens on voluntary bases.

*Mme La Directrice Générale ; Le Maroc salue l'approche ascendante adoptée pour l'élaboration du Budget Programme 2016-2017. Nous trouvons la revue de ce budget à la hausse logique et pertinente, au vu des défis émergents, dont l'ampleur ne pourra avoir d'égal que la mobilisation et l'engagement de la communauté internationale.*

*Cependant, nous sommes pour que cette augmentation demeure sur une base volontaire et pour que la reddition de comptes soit renforcée, étant donné que la cadence de la création de nouvelles ressources est loin de suivre l'évolution exponentielle des besoins. Merci de votre attention.*

**Eritrea:** The Eritrean delegation would like to align itself with the statement made by the Democratic Republic of Congo on behalf of the 47 Member States of the African Region.

*Eritrea acknowledges and notes with satisfaction that a significant amount of the budget is allocated to the African Region. But, Eritrea would like to express its concerns in the proposed budget of 2016 – 2017 as follows:*

1. *The allocation of budget in the various priority intervention areas is a concern, as certain programs are adequately funded while others are not of which the health system is one. Hence, strengthening the health system has to be taken as a priority in the budget allocation.*

2. *The issue of budget shortage to implement all the priority areas and the emerging health challenges is also a concern. It is obvious that we cannot address all challenges we are facing without increment of the biennium budget. Hence, Eritrea would like to support the proposal of the Director General to increase the voluntary contributions by 8 percent.*

*Finally Eritrea notes the budget proposal and supports the budget proposed by the Director General for 2016 – 2017.*

**Spain:** supports to have zero growth, but to respond to challenges WHO needs additional support, that's why we would push for increase in overall budget, but 8% is already significant increase. Need to take into account consequences of financing dialogue. Asks what is proposition of secretariat, would you agree on smaller figure? is everything working, can you hear me?

*España ha venido manifestando, en este y otros foros, una posición de estricta defensa del crecimiento nominal cero.*

*España reconoce, sin embargo, la necesidad de que la OMS esté en condiciones de afrontar los retos, antiguos y nuevos, que se le plantean, y de que la organización reciba además una señal política.*

*Por todo ello, la delegación española está dispuesta a considerar un aumento en el montante global del presupuesto.*

*Dicho lo cual, un aumento del 8% es una cifra abultada. A la hora de considerar la cuantía de un incremento presupuestario, hay que recordar que aún nos resta evaluar el impacto del diálogo financiero, que la reforma de la organización no ha concluido y que la organización debe corregir las debilidades puestas de relieve por el Auditor Interno y otros mecanismos de control. Como línea final, mi delegación quisiera saber cuál sería la propuesta de la Secretaría si decidiera ceñirse a un aumento menos acusado.*

**Tanzania:** All categories have changed, yet only communicable diseases reduced by 3%. By reducing this component, Africa will suffer. Vaccines also decreased, we call attention to this regard. Burden of polio has decreased significantly, but is not eradicated! Routine immunisation, and strengthening surveillance - achievements that have taken time to realise are so easily erasable. Asks for maintaining budget for polio to sustain gains made.

**Brazil:** *Chairman, Brazil takes note of the proposed programme budget 2016-2017 contained in document A68/7.*

*Brazil recognizes the importance to give particular emphasis in strengthening the institutional capacities of WHO. We do appreciate that the budget is based on country needs reflected through the bottom-up planning approach and lessons learnt from the emergency response to the Ebola virus disease outbreak*

*We do also concur with delegations that stressed the importance of accountability and transparency. Documents regarding the Programme Budget and the increase in contributions should have been circulated earlier in order to allow colleagues to be able to properly consult and appreciate the relevant proposals.*

*With regard to the draft resolution under discussion, we support the overall 8% increase in the budget as proposed by the DG, to be financed by voluntary contributions. Brazil recognizes the merit and would be willing to discuss, in the near future, the increase of assessed contributions. We believe that the financing dialogue is an important platform. It is importante also to underline the need to have a budget implementation in line with the priorities defined by the WHO 12th General Programme of Work 2014-2019.*

*Mr. Chairman and Madam Director-General, It might not be the ideal solution, but the 8% overall increase in the budget financed by voluntary contributions would be a middle ground and a consensual solution that would allow the Organization to fulfill its role as the specialized UN agency for health in the next biennium. Thank you.*

**Italy:** In favor of zero nominal growth and no increase in assessed contributions. Want to understand priorities reformulation. Want to understand dollar trajectory, how money translated into outputs. How outputs translated into outcomes. MS shared responsibilities: sometimes meetings etc monies outweigh activities themselves. Encourages secretariat to investigate other options: World Bank announced fund for outbreaks. Institutions must talk together and align priorities modalities etc. Should this become the case, we pledge our support.

**Nicaragua:** gratitude for report by PBAC. Delegation supports an increase 8% on basis of voluntary contributions. In situations of crises, the WHO is in precarious situation. Distribute resources efficiently is necessary to strengthen organisation and take account of technological efficiency and equally we need to have security with regard to future crises. Important to step up in reform of WHO, with regard to financing and above all invest in development of HSs in years to come. every country needs HS resilience and WHO.

**Argentina:** Thank Secretariat and DG for presentation with 8% increase, which we feel is realistic and appropriate as will strengthen WHO in all programmes in sectors, however all countries not able to increase, and therefore we welcome the setting aside of the 5% assessed contribs increase. We have started discussions in-country so as to be able to welcome that proposal one day. **We don't see any better time than at present for cooperation with NSAs, don't want to lose opportunity to lose \$ this way, free from vested interests. (?)**

*Muchas gracias Sr. Presidente Argentina agradece la presentación de este proyecto de presupuesto por programas, el cual representa un aumento del 8% con respecto al del bienio 2014-2015. Habiendo analizado el proyecto y la explicación correspondiente, consideramos este aumento realista y apropiado, ya que permitirá apoyar todas las actividades que se deben llevar a cabo.*

*Las contribuciones señaladas son indispensables porque fortalecen la capacidad para gestionar la labor de la OMS estratégicamente en todas las áreas programáticas y oficinas. Sin embargo, no todos los Estados Miembros nos encontramos en condiciones de aumentar dichas contribuciones. Por ello, agradecemos la propuesta de la Directora General, realizada durante el PBAC, de descartar el aumento del 5% de las contribuciones señaladas. De todas maneras, ya hemos comenzado las discusiones pertinentes con el fin de intentar reunir las condiciones para poder aceptar un futuro aumento.*

*Por otro lado, aunque todavía es necesario mejorar la transparencia y rendición de cuentas, queremos expresar nuestra satisfacción en relación con la disciplina presupuestaria y con los ahorros generados por el aumento de la eficiencia. Ello maximiza el valor de las contribuciones.*

*Nos complace observar que la planificación programática se ha realizado de forma ascendente, basada en las necesidades a nivel país, y en armonía con los compromisos regionales y mundiales. Además, dada la importancia de integrar la salud en todas las políticas y concientizar acerca del valor añadido del enfoque de los determinantes sociales, nos complace ver que para el bienio 2016-2017 se pondrá un énfasis constante en los determinantes sociales de la salud y en la promoción de la equidad sanitaria de manera transversal en todos los programas y categorías.*

*Como ultima consideracion, señor presidente, si fuera el caso que el incremento del espacio presupuestario estara basado en contribuciones voluntarias, no vemos un momento mas apropiado que el presente para definir el marco para la colaboracion de agentes no estatales. Deseamos llamar al aporte constructivo de todos para no perder la portunidad de recibir y administrar estas contribuciones de manera apropiada, y libre de conflictos de interes y condicionamientos. Muchas gracias Sr. Presidente*

**Secretariat:** What we hear is majority for increase in 8%, however, we hear words of caution on program budget when approved has to be linked with accountability and transparency through financing dialogue, info and details. Proposed increase 8% is realistic, based on bottom up planning, country priorities, identification of WHO's competitive advantage in public health in supporting countries and in global and regional context. New emerging priorities (outbreak and emergency resp, AMR). Discussion what kind of prioritisation without increase: not able to receive resources needed for new agenda ahead, like em resp/AMR/climate change/MCH. We need capacity to deliver on priorities at country levels identified over years between WHO and countries. We don't want to jeopardize, but be able to implement our resolutions and commitments. This said, we agree with need to continue agenda on implementing cost effective and cost saving measures.

We need capacity to deliver at country levels. This is evident through consultations with MOH in different countries. Dementia, NCDs, and other regional or global commitments. Cost efficiency and saving measures are necessary, we had an agenda for it, but we need to realise that we will not yet see all the cost effects of it right away - this is an investment. To be accountable in future: we need indicators that we can report back on. this will facilitate monitoring and reporting back. Mexico and Tanzania commented on category 1 decrease in communicable diseases: beware, this is not a blanket decrease, it is based on bottom-up planning, it is based only on what NSAs (like GAVI, Global Fund) are investing that we therefore do not need to invest in. DG introduced coordination on global resource mobilisation: better and efficient, we want to broaden donor base, improve reporting as it is key so as to ask people to invest (results on investment is needed through better reporting). Category 6 and increases: many highlighted importance of accountability, control, risk management (?) - this is category 6. Human resource reform.

Japan and Canada: what is plan → DG has introduced coord global resource mob = better & efficient, will increase donor base and have a strategy to ask for investments. Issue category 6 and increases: many highlighted accountability, internal control, risk mangt and transparency: We want to invest more resources here, as well as HR investments which is part of HR reform In WHO reform. How to deal with this for 16-17? carry over funds used to finance program budget 16-17. same time trying to accel our implementation during 2015.

**DG Chan:** France mentioned getting more details - do not forget all things we have embarked upon in past years of WHO-reform. I repeat for benefit of MS not present at PBAC: during bottom-up planning we reminds countries that whatever they put into budget, they must have national budget line. National budget line: MS can not ask for anything under moon or sky, must be linked to budget. Regional offices worked very hard with countries: more requests than possible, so we had to cut. Better alignment with budget, with WHO capacity, with other \$\$ (GAVI etc.). Why did you downplay area 1 communicable diseases? If GAVI provides the funds, we will do the normative standards developing, and that does not require money. Not because this area is not important, but because there are consequential investments from other actors. PBAC: we heard loud and clear what initiatives taken on by region directors, so that countries augment country performance. Also: continue to look for further country efficiency savings.

I also appreciate countries that are happy that we not ask at this stage ask for 5% assessed contributions increase - but in return, I ask you to show your commitment to this organisation.

The AC (assessed contributions) / VC (voluntary contributions) discussion must go on.

**Netherlands:** *Dear chair, Thank you for giving us the floor. The Netherlands remains convinced with its position and the statement made earlier on the proposed budget increase. We do not believe that stepping off zero nominal growth, because that is exactly what this implies, is the right way forward for the organisation.*

*In the spirit of consensus, we will however not block the proposed budget for the next biennium. But as we mentioned earlier, this proposed budget for the next biennium substantially increases the pressure on WHO. It comes with great responsibilities as the concerns discussed during the PBAC still remain.*

*Again, the Netherlands would like to see concrete steps to overcome inefficiencies, increase prioritisation and speed up reforms (especially on the three layers of the organisation) to ensure a better functioning organisation that is fit for purpose to tackle the health challenges upon us in the world today and for the world of tomorrow.*

*We thank the DG for her firm commitment on reform just made.. and look forward to continue to be updated by WHO on progress made. Thank you*

**Mexico:** Long term commitment for the... Wishes (?) automatic increase in assessed contributions may be in the future

*México ha escuchado con detenimiento las posiciones externadas por los Estados Miembros sobre el importante tema del Programa y Presupuesto 2016-17 y agradece las explicaciones presentadas por el Secretariado y reconocemos el compromiso con la transparencia manifestado por la Directora General en esta sesión.*

*Al respecto, reconocemos que, en general, existe un consenso sobre el incremento presupuestal de 8% con base en contribuciones voluntarios.*

*En ese sentido, manifestamos que en aras de coadyuvar a los procesos parlamentarios de esta Organización, México está dispuesto a sumarse a dicho consenso en tanto reiteramos que es nuestro entendido que este incremento, no generará compromisos de mediano y largo plazo para la Organización con repercusiones automáticas en las contribuciones obligatorias de los Estados Miembros en futuros bienios.*

**Denmark:** reiterates statement made earlier, commitment to reform and trust in DG. Reform at all levels is important. will join a consensus. need better coordination between budget and activities, including earmarked contributions, spirit of dialogue important too.

**Spain:** as said in previous statement, not convinced of need in increase in budget as proposed by Secretariat but wants to find consensus and therefore supports proposal

**Chair:** proposes in [A68/7 Add.1](#). proposes an intro paragraph that mentions learnings from Ebola.

See also Annex to Draft First Report of Committee A [A68/65](#)

Programme budget 2016–2017

The Sixty-eighth World Health Assembly,

Having considered the Proposed programme budget 2016–2017;

Recognizing the exceptional circumstances relating to the Ebola crisis, the additional work that will be required to ensure that WHO is ready to respond effectively to health emergencies, and to deliver reforms to enhance WHO's accountability, transparency, financial management, efficiency and results reporting,

1. APPROVES the programme of work, as outlined in the Proposed programme budget 2016–2017;

2. APPROVES the budget for the financial period 2016–2017, under all sources of funds, namely, assessed and voluntary contributions of US\$ 4385 million;

3. ALLOCATES the budget for the financial period 2016–2017 to the following categories and other areas:

(1) Communicable diseases US\$ 765 million;

(2) Noncommunicable diseases US\$ 340 million;

(3) Promoting health through the life course US\$ 382 million;

(4) Health systems US\$ 594 million;

(5) Preparedness, surveillance and response US\$ 380 million;

(6) Enabling functions/corporate services US\$ 734 million;

Other areas: Polio, Tropical disease research, and Research in human reproduction US\$ 986 million; Outbreak and crisis response US\$ 204 million;

4. RESOLVES that the budget will be financed as follows:

(1) by net assessments on Member States adjusted for estimated Member State non-assessed income for a total of US\$ 929 million;

(2) from voluntary contributions for a total of US\$ 3456 million;

5. FURTHER RESOLVES that the gross amount of the assessed contribution for each Member State shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that the reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; the amount of such tax reimbursements is estimated at US\$ 27 million, resulting in a total assessment on Members of US\$ 956 million;

6. DECIDES that the Working Capital Fund shall be maintained at its existing level of US\$ 31 million;

7. AUTHORIZES the Director-General to use the assessed contributions together with the voluntary contributions, subject to the availability of resources, to finance the budget as allocated in paragraph 3, up to the amounts approved;

8. FURTHER AUTHORIZES the Director-General, where necessary, to make budget transfers among the six categories, up to an amount not exceeding 5% of the amount allocated to the category from which the transfer is made. Any such transfers will be reported in the statutory reports to the respective governing bodies;

9. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the outbreak and crisis response component of the budget beyond the amount allocated for this component, subject to availability of resources, and requests the Director-General to report to the governing bodies on availability of resources and expenditures in this component;

10. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the polio, Tropical disease research, and Research in human reproduction components of the budget beyond the

amount allocated for those components, as a result of additional governance and resource mobilization mechanisms, as well as their budget cycle, which inform the annual/biennial budgets for these special programmes, subject to availability of resources, and requests the Director-General to report to the governing bodies on availability of resources and expenditures in these components;

11. REQUESTS the Director-General to submit regular reports on the financing and implementation of the budget as presented in document A68/7 and on the outcome of the financing dialogue, the strategic allocation of flexible resources and the results of the coordinated resource mobilization strategy, through the Executive Board and its Programme, Budget and Administration Committee, to the World Health Assembly.

*Resolution ([WHA68.1](#)) adopted; sub-item closed*

## Item 13. Non communicable diseases (continued) (B25)

### Item 13.1 Outcome of the Second International Conference on Nutrition (B25)

#### Documents

- [A68/8](#) – Sect report on outcomes of ICN2
- EB136/2015/REC/1
- EB136(4) (in [EB136/Div./3](#)) Outcomes of ICN2

**Bangladesh:** The declaration focuses on food security, dietary guidelines. “Promote multisectoral cooperation” to promote ICN2 indicators.

**Barbados:** Less than 5% of school age population reported hunger. We do have problems with over-nutrition. 32% of young people are obese. 65% of adults. Diabetes, cardiovascular cancer. Trade policies should be conducive to promote food security and health for all. Access to arable land. Promotion of local grown fruit. Food source free from pesticide.

**Poland:** Current generation of children will live shorter than their parents.

**Niger:** We established a programme Niger Feeding Niger. Provides farmers machinery and everything needed to encourage local production to mitigate against food insecurity.

**Indonesia:** We reaffirm support of Rome Declaration. The government regulation on food security has promoted food intensification as a critical component. We propose the WHO DG to continually address the challenges of malnutrition.

**Chinese Taipei:** reports on national programs

#### NGOs:

- [FDI World Dental Federation \(FDI\)](#)
- [International Lactation Consultant Association \(ILCA\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)



- [The Save the Children Fund \(Save the Children\)](#)
- [World Obesity Federation \(WOF\)](#)

**MMI/PHM** ([video](#)): *Thank you, Chair, for the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.*

*The context in which nutrition planning takes place is strongly shaped by economic globalisation, the increasing power of transnational corporations and the drive to regulate the global economy in the interests of the TNCs through trade and investment agreements.*

*The barriers to food security and food sovereignty in current trade and investment agreements need to be clearly articulated, indicating the provisions which should be included in such agreements to guarantee food security and food sovereignty.*

*We urge strong opposition to the inclusion of ISDS provisions in trade agreements because they can be used to prevent effective regulatory strategies. We urge a return to multilateral negotiations around trade in agricultural commodities to ensure the elimination of dumping and of protection and subsidies to corporate agriculture.*

*The food sovereignty movement envisages food and agricultural systems based on agro-ecological principles, in stark contrast to the globalised industrial model of corporate agriculture and corporate dominated food systems. We call for a new Commission jointly sponsored by WHO and FAO to investigate and report on the role of food sovereignty in addressing the challenges of food security.*

*We call on WHO to work with the UN HRC with a view to exploring strategies for regulating TNCs in areas such as food sovereignty and environmental sustainability where profit objectives run counter to public policy objectives.*

*Access to decent food, consistent with cultural traditions, is a basic human right; the human rights perspective must permeate all policies and actions in this field. We urge WHO to work with the HRC in preparing an information product on the human rights dimension of food and nutrition policies.*

**WHO Secretariat:** Decades of Action should be more focused and concrete.

*Resolution [WHA68.19](#) (FU ICN2) adopted; item closed*

## **Item 13.2 Maternal, infant and young child nutrition: development of the core set of indicators (B25)**

### **Document:**

- [A68/9](#) – Sect report on MIYCN – core indicators

**UK:** encourages demands as to exactly when and how countries have to report back as to progress. UK is not able to commit towards new data sets tht have no other impact other than reportig here. What gets

measured gets done. Further guidance needed from WHO to ensure that all countries are able to report back. Selective indicators - process indicators.

**Namibia:** Honoured to take floor on behalf of 47 states of AFRO. Nutritional state of mothers and children still poor - robs Africa of its growth. More than half of deaths have malnutrition as underlying cause. 2014 Malabo ? declaration aims to reduce prevalence of underweight to 5% and of stunting to 10% by 2025. We take note of proposal for additional indicators to be added to core set of indicators. Phasing in of new indicators is advisable - phased introduction provides more space to adapt country metrics. We urge secretariat to facilitate greater health measurements harmonisation in child health. Appreciate secretariat's work.

**Iraq:** Shukran said rais. Legislation to determine how mother and child could be looked after by strategy from ministry of health.

**Canada:** Given importance of nutrition for child and maternal overall health, Canada happy to see this work progress. Process indicators 1, 4, 6 and ?? indicator 1 - Proposes to review these indicators when ready. Friendly amendment -

line 3 decision point 2 "capacity indicator 1" that would be reviewed by the EB once available for approval and which would be reported on starting 2018

Frequency of data reporting not precise, we propose every 2 years.

**Lebanon:** Takes floor on behalf of Eastern Med countries, EMRO. core set of indicators important as to 4 main goals: design national nutrition surveillance systems, essential for policy makers to establish and modify policies, report on global and regional burden of malnutrition. There should be more guidance to MS for regular collection of these indicators. EMRO. Core set of indicators for global infant and child nutrition. Smooth implementation of national action plans.

**Thailand:** Wants to take floor after Maldives who speaks on behalf of SE Asia region.:

**Maldives (SEARO):** Speaks on behalf of 11 MS. Since approval of comprehensive plans, increased political attention to malnutrition in all its forms. Thank you Chair (speaking on behalf of 11 MS of SEARO). Food and nutrition policies have received increased attention in SEARO MS. Poor strategic planning; Despite gaps in nutrition governance, policies, inadequate monitoring, M&E of nutrition targets remain a weak link in many MS. Surveillance systems need to be strengthened. Coordination is needed. The proposed indicators need to be harmonized existing indicators in the MS.

**Thailand:** Aligns with statement made by Maldives. With regard to core indicators, standard definition, local applicability are critical. Agreed data collection vital as well. Number of trained nutrition professional important to delivering good practise. Nutritional counselling: poor HR management - a challenge. Three concerns: we need capacity building standards - nutritional knowledge packages for midwives should be different than those for HCW at community level. HR management need strengthening in addressing regional imbalances, institutional imbalances. Poorly distributed, poorly

managed, underemployed staff. Thailand calls on WHO to support MSs in strengthening of HR management.

**Philippines:** refrain importance of framework to achieve nutrition goals, this will ensure more appropriate interventions on nutrition, indicators should consider availability of data. For intermediate outcome 2 countries should have a capacity of annual surveys. 2% of births in mother and children friendly facilities. Comparison of choice. WHO to give further guidance to set other indicators, secondary set of indicators, and to standardize several aspects including Women ages 15-49 yrs old. Selection of core indicators should consider availability of data for ease of collection. Comparison of choice. We request DG to provide further guidance to develop of indicators. Standardize indicators.

**Bahrain:** Shukran said rais. My delegation had opportunity to study the report on maternal and young child nutrition. No doubt that system to develop core indicators would help decision makers to take good decisions in alignment with global indicators. Chairman, the view of Bahrain centers on: need to combine health and ?? nutrition programs with other nutrition policies (vit D, reduction of salt and sugar intake, reduction of intake of saturated fats), need to take into account different age categories, need to focus on nutrition policies for pregnant women and nursing infants with the use of a database that considers how best to provide nutrition to pregnant women. My delegation supports any core indicators of this nature. A regular periodic review, we suggest be carried out every 5 years.

**Mexico:** thanks for report, agrees with indicators, considering specific characteristics of countries, strengthening criteria for information is priority for PH in Mexico, breastfeeding particularly important, also started promoting breastfeeding for first 6 months, from pregestational stages has to be adequately fed (Translator lost). NCDs priority such as Heart disease and cancer plus diabetes.

**Poland:** Thank you chair, speaks on behalf of Austria, Poland and ?. Fully supports evidence based nutrition interventions, for health and wellbeing of future generations. Discussions mid-April of core indicators at meeting, for Poland the outcome is fully acceptable, as is. However we support Canada's modifications for EB review of core indicators when available.

**USA:** We support the comprehensive report on maternal and child nutrition and the outcome of the informal member state consultation held on April 14-15. The US supports WHO's efforts to collaborate and coordinate with other UN agencies, including the "SUN" movement.

**Oman:** Shukran rais, I support the content of the report and the importance of adopting indicators based on effective surveillance but have to be realistic and based on experts views, malnutrition is a problem either over or under weight and not many many intl policies are adopted. awareness therefore crucial. Several sustainable targets to meet in the area.

**Malaysia:** Supports the additional core indicators to be endorsed at this assembly. Agree for entire assembly to start reporting as of 2016 except for process indicators 1,4,6 and outcome indicator 1 on which MS will start reporting as of 2018.

**Jordan:** Shukran rais, delegation of jordan has considered decision on this item in Jordan we have implemented nutritional program esp focused on mother infants children. Noted importance of anemia, and the extent to this malnutrition related issue, dealign with it in an intersectoral way, folic acid iron. Cover costs of program. Promote breastfeeding, supporting intnl targets for breastfeeding. schoolage children, healthy foods to be distributed in schools

**DRC Congo:** Would like to thank secretariat for quality of its efforts to identify evidence based indicators. Support statement made by Namibia on behalf of AFRO. Malnutrition high in Congo, with multiple factors contributing. Scale up of nutrition. Process and outcome indicators both important to be identified as core indicators.

**Norway:** We support the technical progress in the development of the core indicators of maternal and child health which would alleviate the burden of data collection; There is a need to align the core reference list of core indicators (100 core health indicators) and ensure they complement the nutrition indicators.

**Bangladesh:** In deep appreciation of doc presented by DG, supports MIYCN policy. 2012 adopted comprehensive plan, including 16 core global indicators, supports to accept this. Suggest institutional capacity building on indicators. Delighted to share advancement of Bangladesh, high immunization coverage, advancement against anemia. Primary outcome indicators and all the others are supported by govt of Bangladesh. Bangladesh following full policy and guidelines to achieve nutrition goals. Uncompromised implementation of infant and young child. support 5 year framework and ...homemade food to tackle malnutrition. Agree with draft decision for setting 14 indicators and guidelines with adequate budget for SE asia, strengthening M&E system

**China:** Distinguished chairperson, China appreciates efforts of WHO in promoting maternal and young child nutrition. Set of core indicators: we can identify nutrition problems and adopt targeted measures to solve problems, this will be conducive to progress. Countries should set up national core indicators in line with WHO core indicators, in-line with domestic situation. WHO has set up core set of indicators. Through monitoring these indicators, we can adopt nutrition problems with maternal and child health. Countries should set up national core indicators which are in line with the WHO indicators in support maternal and child health.

**Solomon Islands:** my country has made some progress on achieving child health indicators, on post 2015 agenda, committed to improving maternal and child health. Progress on Monitoring framework aligning with indicators. Thanks EU, WHO etc for supporting and especially for establishing committee

**Mali:** Congratulates Secretariat on the way it deals with importance with maternal and child nutrition/ health. Protection strategies in Mali at community level for maternal and young child nutrition. We also have indicators for others' nutrition. We have surveys (such as food diversity surveys), and other routine data that we obtain from our health system. All of this makes up want to fully support this resolution.

**Chinese Taipei:** in line with comprehensive implementation plan mentioned in WHA. Progress in implementation of breastfeeding and sales promotion regulation. exclusive breastfeeding has progressed

**Chinese Taipei:** In line of the comprehensive plan on maternal and child nutrition... in the last decade, C Taipei has established Baby friendly hospitals; We welcome the indicators; Nutrition and health surveys, “international obesity task force” to analyse results, BMI index. We would like to participate in the scientific and technical committees.

**Venezuela:** The Bolivarian republic of venezuela thanks for A68/9, development of core set of indicators. Fully supports the document as thinks that with core indicztors, we can adopt measures so as to limit obesity and sedentary lifestyle. We can promote good nutrition throughout the lifecycle, including during pregnancy and breastfeeding. Promotion of exclusive breastfeeding, speaks of breasmilk banks etc. Through our law on promotion of breastfeeding, we have regulations on adverstising of breastmilk substitutes, we forbid distribution of samples, we mention superiority of breastmilk on baby milk products.

**NGOs:**

- [International Baby Food Action Network \(IBFAN\)](#)
- [International Lactation Consultant Association \(ILCA\)](#)

**Secretariat:** Somehow a tradeoff that needs to be achieved between what is already there (as indicators) and what isn’t and would improve nutritional data, and ultimately nutrition. Work of assessing what is already there country by country has already started, so as to align with WHO guidelines. Thanks Canada who has helped to strengthen capacity in 11 AFRO countries on this issue of monitoring. Thanks all MS for their contribution of development of process - both in person and via electronic platform. Would like to continue work on implementation.

**Chair:** 1 amendment proposed. Asks Secretary to read it out slowly, placed in context.

**Secretary:** Amendment by Canada: wording that still unfinished core indicators “be reviewed, once available, by EB” - report on core set of indicators starting 2016 (save process indicis 1,4,6 and capacity indicator 1 - that will be reviewed by the EB once available, and reported on starting 2018).

**Chair:** approve draft decision with proposed amendments, no objection so the draft is approved as amendment, that

**Maternal, infant and young child nutrition: development of the core set of indicators**

The Sixty-eighth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition: development of the core set of indicators,<sup>1</sup> decided:

(1) to approve the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition;

(2) to recommend that Member States report on the entire core set starting in 2016, with the exception of process indicators 1,<sup>2</sup> 4<sup>3</sup> and 6<sup>4</sup> and policy environment and capacity indicator 1,<sup>5</sup> that will be reviewed by the Executive Board once available, for approval, and which will be reported on starting from 2018;

(3) to request the Director-General to provide additional operational guidance on how to generate the necessary data for indicators in different country contexts;

(4) to request the Director-General to review the indicators for the extended set and provide details of the definitions of those indicators, the availability of data and the criteria for their applicability to different country contexts;

(5) to recommend a review of the global nutrition monitoring framework in 2020.

1 Document A68/9.

2 Proportion of children aged 6 to 23 months who receive a minimum acceptable diet.

3 Proportion of pregnant women receiving iron and folic acid supplements.

4 Proportion of mothers of children aged 0–23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year.

5 Number of trained nutrition professionals per 100 000 population.

*Decision WHA68(14) on MICYN Indicators ([here](#)) adopted; item concluded*

## Item 13.3 Update on the Commission on Ending Childhood Obesity (B25)

### Document:

- [A68/10](#) – Sect report on ECHO

**Chair:** not having a long debate now, comments on commission interim report closing date 4th June

**Lebanon:** childhood obesity rising problem in the world, children malnutrition and healthy lifestyle, since the womb stage. Huge effort must be made. low rates of exclusive breastfeeding, low physical activity, sugar drinks. building partnerships and coalition to cooperate without conflict of interests. in lebanon banning baby food adverts to promote exclusive breastfeeding, school canteens to sell healthy drinks. Approach includes tackling NCDs risk factors such as obesity. Data gaps in all indicators, esp surveillance WHO to work to close these gaps

**Burundi:** on behalf of AFRO. congrats to you chairman and the bureau for smooth discussions, congrats secretariat on document on ending childhood obesity. African region suggests addition of community involvement in research on childhood obesity. On continental level, for subsaharan Africa, in addition to malnutrition we also have a problem with childhood obesity, however we have poor national data. We need to identify clear and pertinent actions so that health systems can play role in diagnosis and measures as to childhood obesity.

**Philippines:** thanks for report provides signs and evidence and shows strategy and accountability framework. EMerging problem in the Philippines, but also underweight stunting and wasting, so equal PH attention to both issues. in line with that strategies in line with lifecourse approach, starting from preconception period, sweetened beverage shift towards health pattern has been pursued. Self regulatory guidelines for beverage industry. In the P. Comprehensive policy action and multisectoral PH approach in place

**Kuwait:** Thanks chair. We thank DG for drawing our attention to this phenomenon and thank commission for report. We feel commission needs to also study social factors leading to obesity in

children - could lead to practical solutions in form of multisectorial collaboration to fight childhood obesity.

**Mexico:** shares commitment to decreasing childhood obesity as it's an increasing problem impact socioeconomic area. Need of reducing socioeconomic consequences, Mexico promotes health and prevention in children and adolescent control of overweight obesity and diabetes, Various activities developed, from 2013 to 2018, recognize work of commission and 2015 promote combat through exchanging good practices between countries

**Bangladesh:** Highly appreciate preparation of this timely needed excellent document. Prevalence of childhood obesity in all countries, with highest increase in low and middle income countries. Warning for future of all nations. Childhood obesity associated with range of illnesses (diabetes, ...). Bangladesh calls for WHO action on regulation of fastfood, sugar, etc. DG has established high level commission on ending childhood obesity -

In Bangladesh, rapid increase in economy, followed by rapid increase of fastfood lifestyle, and obesity. Government places high priority and welcomes WHO document.

**Malaysia:** takes note of progress made by commission and working groups, participated on consultation in Manila, policy options implementation etc were discussed. We look forward to final report of commission, awaiting recommendation taking into account cultural economic and social context of each country

**Iraq:** On behalf of EMRO we comment and support DG efforts in highlighting issue of childhood obesity and establishing commission to end it. Combination of interventions / actions that will enable to end childhood obesity. Should address key social determinants of childhood obesity, using a lifecourse approach. Coherent policies between health trade and food supplies sectors to ensure quality food supply. Restrict marketing of unhealthy foods, drinks. Promote physical activity.

**Thailand:** thanks... salutes madame DG!!! Urges:

1. SDOH must be core fundamental for way forward, going beyond social economic status, dietary patterns, not to be confined in health systems alone
2. environmental approaches crucial, limiting way forward to individual approach might not be effective, new upcoming evidence including regulations in the recommendations
3. higher technical integrity and free of conflicts of interest

Thailand will actively contribute to the way forward on this issue; " is like throwing a small stone in Geneva lake" :) ; To maximise public benefits.

**USA:** Welcomes this report and actions to study actions to address childhood obesity. We face troubling rates of child obesity. We must improve the tools available, and engage with a range of partners. 1st lady "lets move" initiative, and many more to address these issues. US is encouraged to hear that WHO holds hearings with range of NSAs, and looks forward to hearing commission's work in 2016.

**Tuvalu:** wishes to deliver on behalf of Pacific countries, appreciates WHO work on this issue. NCDs crisis in our area, obesity and childhood obesity as tsunami of the future. Need for all govts to tackle this problem. Health promotion involving communities and PHC, need for balanced nutrition for mothers and children. Pleased to note emphasis from the committee in this area, look forward for final report

**Ecuador:** reiterates importance of urgent actions, particularly health social and economic impacts of this epidemic, in order to decrease the consequences of this. Confrats to various governments who have taken important decisions for their populations (ex: taxation of sugary drinks, clear labels on foods, etc.). Ecuador implemented plan to clearly label sugars in foods. Important to include adolescents and not only children. Need to get these messages to the family level, this shapes children's minds.

**Indonesia:** on behalf of deleg of I. thanks... we acknowledge % overweight is alarming in Indonesia, Higher risk of negative consequence on quality of life and health consequences. Indicators 2015-2019 national mid term development target. Agrees and awaiting recomm of the commission. Indonesia health ministry regulation made to support implementation of the guidelines. Also started guidelines for health professionals for education services. Collaboration with other MS would strengthen our efforts

**Brazil:** Brazil stresses our commitment to this issue and welcome efforts by WHO and MS in recognizing the importance of this agenda item on childhood obesity. Our responsibility is even greater since we are dealing with children. We need to adopt different policies (health, agriculture, nutrition). If we don't take effective measures, the number of obese children will continue to increase and they could become obese adults and could develop morbidities. We would like to stress the importance of regional cooperation. We would like WHO be part of the council on food security in order to promote the health perspective. Childhood obesity needs to be dealt with in greater detail at the WHA in 2016.

**Venezuela:** Thanks chair for A68/10, update document. Venezuela through ministry of health has been on the line of WHA63/14 and E136/10. First we have adopted interinstitutional measures to deal with childhood obesity. Also adopted law on healthy eating, developed with help of national nutrition institute and PAHO. Adopted regulations on advertising promoting high calorie and poor nutritional foods. Healthy eating for youngest children.

**Tunisia:** Our delegation congrats with commission, thanks for updated info. in order to reduce increase regarding children and adolescent we adopted a program for 2013.2017, in cooperation with reps of govtl agencies (agriculture trade youth education blabla health professionals). Based on 5 main points: encouraging healthy foods, measure on environment promoting physical activity, promoting health food habits, communicating strategies promoting healthy living style. we are now in implementation phase in the north of the country, in unis work places etc 98 different activities in the program

**China:** Mister Chair, Chinese delegation thanks secretariat for its report, we support WHO in ending obesity. In recent years adolescent obesity in China has been growing, prevalence 3-8% under 5s, 6-18 10-15% of obesity. Obese children have higher prevalence of high blood pressure, diabetes, abnormal glucose tolerance. Also impact on economy through decreased productivity. Pregnant women: need to reduce babies born above 4000g. Physical development should be monitored in children, to detect



corrupted lifestyle, and avoid overfeeding, reduce time spent sitting still. Scientific effective measures needed.

**Russia:** supports work of commission considers commission needs to look at prenatal and postnatal phases in determinants of childhood obesity. Info technology to provide means to combat

**Argentina:** We welcome establishment of commission and are grateful for the report, and that this has been put on agenda, and hope will continue to be. Burden tremendous. Obesity also has impact on cognitive development - in the future these children will also suffer from NCDs. New regulations - no imported products with trans fats in Argentina. Regulation in countries is vital to progress. We look forward to seeing commissions work in 2016, and hope to see this item on agenda of next WHA and future ones.

**Nauru:** notes update of report, WHO has to give urgency it deserves. 10 years from now we are going into devastation of life of these kids. Children are entitled to happy life [but we are not providing them with an happy one]. Predicted number of children that will become obese is striking. Potential culprits, technology market driven food and beverages choices, lack of physical activity. Leave a legacy. Children are reliant on their caregivers and wider social context that procures them with food. Technology as culprit competing with physical activity. On that long stairway to heaven we will have empowered our children!

**Chinese-Taipei:** Importance of ending childhood obesity - and associated policies. We support 2013-2020 global action plan on NCDs with 25 indicators. By end of 2014 our schools have engaged in healthy schools programme. reducing lifecycle obesity - public breastfeeding act. furthermore regulations as to foods sought out on campus, to increase healthy foods inside and outside campuses.

**NGOs:**

- [International Baby Food Action Network \(IBFAN\)](#)
- [International Council of Nurses \(ICN\)](#)
- [International Society for Environmental Epidemiology \(ISEE\)](#)
- [Union for International Cancer Control \(UICC\)](#)
- [World Heart Federation \(WHF\)](#)

**Dr. Chestinov (Secretariat-s response):** thank you for your comments which we will handle in commission.

**Chair:** Note DG's report A68/10.

*Report [A68/10](#) on ECHO noted; item concluded*

## **Item 13.4 Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases (B25)**

### **Document:**

- [A68/11](#) – Sect report on various initiatives underway on NCDs

**Turkey:** Thank you chair. NCDs most important health problem of modern era. Will not be obvious to reach goals, but NCDs slowly threaten our health systems. IHR 2005 shows how countries can work to a common goal of health security. Should be the same for NCD picture. Tobacco, harmful use of alcohol and NCDs should be at local as well as global level. Stories should be documented and shared, we need to learn from each others success and failure stories. We all know the solution for this: UHC. The key to success for NCD struggle. Online database to share success stories.

**Monaco:** Thank you chair. Updated document very interesting, positive to note that UN has already had positive results in certain countries. Honour of co--presiding one of 2 working groups We are interested in working group for the MS mechanism, outlines way of the future as to how we will need to work. Beyond 2015 working plan, via national policies, but also in **international corporations plans - the principality has been combating NCDs with their help**. We accept the proposal, including modality for general MS mechanism. Perhaps more informal model so as to allow for more exchanges?

**Jordan:** Shukran rais, thanks secr for report, Country committed t stronger effort for combating risk factors for nCDS, national commission for NCDs will adopt 9 volunteer targets, committed to implement plan, national study on risk factors will be implemented, technical support provided by multidisciplinary team form WHO up and running in June next year

**Oman:** on behalf of EMRO. acknowledge actions by secretariat and framework set up in reprot. support alignment of regional and national indicators. countries have already started implemented tehcnical guidelines.

**United Kingdom:** Grateful to WHO in taking lead in galvanising action. We welcome the workplan for global mechanism. Sharing international research findings could amplify national efforts. Voluntary partnerships. We welcome the workplan. Intensifying the original intentions of the political declaration. Avoid "scope creep"

**Finland:** support adoption of annexes of report. with EU, have pointed out that global targets can only be achieved if country actions are continued in health and government sector. work to be intensified. with WHO and other relevant organisations. hosting of russian federations. there is unprecedented amount of corporate interest in NCDs and importance of NSA framework. WHO also need to engage with NSA, while protecting decision making function. importance of saturated fats. Finland stressed

importance of country process indicators, as it can take years before having health outcomes. for NCDs targets, need to be able to show that countries have taken action.

**South Africa:** We would like to congratulate the DG and her team. Eagerly anticipate the WHO work plan to support countries in implementing the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases. We aim to set up a national commission on NCDs. We welcome the workplan on prevention and control of NCDs. Certain key objectives need to be fast-tracked. There's a need to show a baseline for the 2017 report.

**Eritrea:** Thank you chair, pleased to take floor on behalf of 47 states of AFRO. Confrats DG and secretariat for such a complete report at the request of a technical note at WHA67 assembly. July 2014: high level meeting was to take note of progress made on NCDs - outcome: progress insufficient and highly uneven, with presence of challenges in many countries (of which many African countries). AFRO acknowledges report, and applauds inclusion of NCDs in post2015 health agenda. Underlines WHA66 has adopted 9 voluntary targets for achievement, with 25 indicators to be applied. Hence African region supports development of progress indicators that can be applied across the region to monitor progress. Africa: double burden of communicable and non-communicable diseases, and we appeal

**Denmark:**

**NGOs:**

- [FDI World Dental Federation \(FDI\)](#)
- [Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association \(DITTA\)](#)
- [Handicap International Federation \(HI\)](#)
- [International Alliance of Patients' Organizations \(IAPO\)](#)
- [International Council of Nurses \(ICN\)](#)
- [International Federation of Medical Students' Associations \(IFMSA\)](#)
- [International Pediatric Association \(IPA\)](#)
- [International Society for Environmental Epidemiology \(ISEE\)](#)
- [International Society of Nephrology \(ISN\)](#)
- [International Society on Thrombosis and Haemostasis \(ISTH\)](#)
- [IntraHealth International Inc.\(IntraHealth\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [Stichting Health Action International \(HAI\)](#)
- [World Heart Federation \(WHF\)](#)
- [World Hypertension League \(WHL\)](#)

**MMI/PHM** ([video](#)): *Thank you, Chair, for the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.*

*The report before the Assembly takes a technical approach and does not address the structural determinants of NCDs. The organizational burden of high level meetings and endless indicators are diverting the attention from the real priorities.*

*WHO needs to pay more attention to the influence of trade and investment agreements on health. A key priority should be protecting policy space for NCD prevention/regulation in the face of ISDS provisions in bilateral and plurilateral trade and investment agreements. We further urge WHO to support more actively the use of TRIPS flexibilities to ensure affordable access to medicines and to call for a halt to the inclusion of TRIPS+ provisions in the trade agreements. We emphasize the need to place food sovereignty before the commercial interests of the transnational food companies in the negotiation of trade agreements.*

*The exorbitant prices being charged for biotherapeutic drugs result in part from the regulatory barriers to the entry of generics. We remind delegates that in WHA67.21 the Assembly resolved to ensure that the introduction of new national regulations does not constitute a barrier to access to quality, safety, efficacy and affordability of biotherapeutic products, including similar biotherapeutic products.*

*Continuing attention is also required for the overhaul of R&D system away from the IP-protected monopoly pricing that is driving the prices of treatments for NCDs, such as cancer and autoimmune diseases, to such absurd levels that public procurement programs are unable to offer such treatments.*

*The growing influence of the pharmaceutical and food and beverage industries on WHO and UN policy making, including around NCDs, calls for a robust framework to govern WHO's engagement with private sector entities.*

*(Discussion suspended due to lack of time; resumed in 8<sup>th</sup> meeting of Committee B on Tuesday 26 May)*

No notes from resumed discussion.

*Presumably the report ([A68/11](#)) was noted and the discussion closed*

## **Item 13.5 Global burden of epilepsy and need for a coordinated action at the country level to address its health, social and public knowledge implications (B25)**

### **Documents:**

- [A68/12](#) – Sect report on epilepsy
- EB136.R8 – resolution from EB136 (in [EB136/2015/REC/1](#))

No notes of discussion

[Jour8](#) reports one resolution adopted: [WHA68.20](#) Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications

*Resolution [WHA68.20](#) adopted; item closed*

## **Item 14 Promoting health throughout the life course (A21)**

### **Item 14.1 Monitoring the achievement of the health-related Millennium Development Goals (A22)**

**Documents:**

- [A68/13](#) – Sect report
- [PHM comment](#)

**Cameroon:** *Honorable Chairperson, Cameroon is delighted to take the floor on behalf of the 47 Member States of the WHO African Region to make this statement on the achievements of health – related MDGs in the region. The Millennium Development Goals (MDGs) were developed to preempt governments, the civil society and the private sector to speed up advancement in the various sectors. The direct benefits of these MDGs have been the development of social infrastructure in the region. The MDGs have been used as advocacy for global monitoring. Overviewing the health-related MDGs (4, 5 and 6) in the region, member states have made remarkable progress towards achieving them despite the difficulties that were present at the start - line.*

*Chairperson, distinguished guests, there has been good progress in reducing neonatal and child mortality (MDG4) across Africa but more effort is needed especially in the area of immunization. We are aware of the tagging of African countries into 5 groups with respect to achievements of MDG4 by the close of 2014, that is, achieved countries (6), on track countries (11), remarkable progress countries (8), insufficient progress countries (25) and setback countries (4). Many countries are in the latter 2 cadres. Chairperson, significant progress has been made in reducing maternal mortality among member states in Africa (MDG5). The overall maternal mortality ratio which was 870 per 100,000 LBs in Africa in 1990 has been stripped down to 460 deaths per 100,000 LBs in 2015 translating to a reduction of 47% in 25 years. Despite these achievements, meeting MDG 5 objectives remains distant to many African countries.*

*Africa has gained in reversing the spread of HIV. When the MDGs were developed, Africa alone contributed to half or more of the global incidence, prevalence and deaths associated with HIV. To remain in this status is a challenge since HIV treatment even though improved remains behind universal levels. If the continent is viewed through the “Bull’s Eye”, one would observe that tremendous effort has been made in Central, East and Southern Africa to reverse the upsurge of incidence and prevalence of HIV among adults but this reversal has not been distributed evenly. Also between 2000 and 2012, 67% cases of malaria (337 million cases) were averted in Africa and the proportion of malaria deaths averted was 93% (3.08 million) with respect to other regions. TB prevalence rate per 100,000 of the population has reduced including TB/HIV comorbidity.*

*Chairperson, the AU Special Summit on HIV/AIDS/TB/MALARIA held in Abuja, Nigeria in 2013 adopted the Abuja + 12 Declaration that underpinned the necessity to eliminate these diseases in Africa.*

*Additionally, AIDS Watch Africa, an AU Heads of State and Government Advocacy and Accountability Platform was extended to include Malaria and TB. All these showcase the zeal and strong will to continue to address the health – related MDGs in the African continent.*

*CHALLENGES. Economists agree that of the 54 countries that are least developed on the globe (LDCs), Africa accounts for 34 of them. One would question why comparison has to be made on the same merit between Africa and advanced regions in assessing the achievement of MDGs. The Ebola Virus Disease is still on the news, other epidemics – polio – meningitis are rife. Lifesaving commodities for maternal and child health reach the end users with difficulties (road infrastructure, rivers, and lakes), HS are not very strong. These are some of our challenges.*

*CONCLUSION: African countries have made progress in the health related MDGs even though they have not met with the recommended benchmarks by the end of 2014 and will not in 2015. The progress made makes us believe that if little more time is given, further progress may be made. As achieving these MDGs remain an unfinished agenda, they have been reintroduced in the post 2015 agenda as Sustainable Development Goals (SDGs) that will be approved in September this year. Chairperson, thank you very much*

***Lebanon:** On behalf of the Member States of the Eastern Mediterranean Region, we welcome document A68/13 on Monitoring the Achievement of Health-related Millennium Development Goals, summarizing progress under several goals. These include reproductive, maternal and child health, HIV/AIDS, malaria and tuberculosis, safe drinking water and basic sanitation, affordable essential medicines and hunger.*

*It is clearly indicated that despite the overall progress made on different aspects of the health-related Millennium Development Goals, full attainment of set targets by 2015 was proven difficult for several countries, and this has certainly affected achievement at the global level.*

*We believe that there is need to reflect on the interconnectedness between this agenda item and agenda item 14.2 on Health in the post-2015 development agenda, including drawing on the lessons learned from the MDG experience in the conceptualization of different aspects related to the post-2015 health related agenda. This should include an in-depth assessment of the different aspects of the MDG initiative to better understand the lessons learned from experiences in different countries with different levels of achievement.*

*The high-level of political commitment and international support to achieve the health-related MDGs were important conducive factors. One important challenge relates to achieving universal health coverage, while optimizing investments and enhancing accountability, to improve the health of women, children and vulnerable groups, particularly in view of the existing limited resources and widely adopted public sector reform policies.*

*Consideration of cross-cutting issues, such as health system strengthening, equitable access to quality health care and functional infrastructure, as well as social determinants, is of extreme importance. Health in emergency and conflict situations, which are behind numerous deaths, diseases, injuries and disabilities, also needs to be fully considered in relation to disaster risk reduction.*

*It is crucial to emphasize the multi-sectoral nature of development goals in general and the need for strong cooperation between stakeholders at all levels.*

*Mr Chair, We call upon the Director General to support coordination within UN agencies and across key development partners, based on the lessons learned from the MDGs experience; and to harness the necessary political commitment and financial support for the next era of the development agenda in order to maintain adequate levels of investment in the post-2015 health development agenda.*

*WHO is also requested to adopt an accommodating approach to forging health in the Sustainable Development Goals in the post 2015 development agenda. Within this approach, there should be an alignment with related global efforts, such as the renewed Global Strategy for Women's, Children's and Adolescent's Health, which is led by the office of the UN Secretary-General and is due to be launched in September 2015, as a roadmap for ending all preventable deaths by 2030. Thank you Sir.*

**Bahrain:** report examined we commend efforts made to achieve progress to reduce maternal and child death... Evaluations of 2010 indicate that we made major progress in reaching the targets, we are on the right track, for mother and children we have to provide appropriate care, stronger measures needed to speed up progress and efforts to achieve MDGs, esp financial support, improve coordination within UN emergencies, esp where political unrest is present: we should achieve our goals, taking into account complex emergencies and unrest. Transmission of HIV from mother to child, and complex policies re malaria, second line medicines for MULTIdrug resistant TB; price of drugsd

**Iraq:** MDGs was a great challenge for the health system in collab with WHO; within the current health situation in EMRO and AFRO we need to reprioritise MDGS in relevance to crisis management; refview our indicators, achievements; more pragmatic within epid and demogra variables; accelerate work plan for MDGS 4 and 5; more SDGs need to be produced; previous period ought to be reviewing period; adherence to PHC; developmental goals...

**Brazil:** there will be a UNASUR statement (lacking audio), report comes from response of countries to issues of development, concrete results, thorough analysis. Joint multisectoral access needed to progress. B sees UHC as right for all citizens as basis to go on. SDG agenda should guarantee equity, access to universal health etc, let's maintain the commitment for the future

**Philippines:** thanks WHO sect for report; country has achd access to water and gains in <5 and IMR and malaria; and TB; while HSS and workforce still lagging on maternal and neonatal; and HIV; on top of these the emergencies; cont threat of em inf dis also threat to ach goals; looking to str health services: affordable, sustainable, resilient

**Senegal:** endorse statement made by cameroun

**South Africa:** SA thanks for report, globally there been significant but uneven progress, areas concerning in which little or no progress, LIC slow progress in maternal and child health, not surprising. Child mortality 90/1000live births and maternal mortality data. Progress in decreasing U5 mortality but slow progress in neonatal mortality, birth rate remains high in poor countries so more effort has to be made

and WHO has to support countries to implement action plan. SA has made Progress in HIV and TB, WHO, stop TB, and UNAIDS have to work together, targets adopted by BRICS countries (909090??). Additional supports needed in the area of adolescent health.

**Trinidad and Tobago:** note report and continues to impl plans and programs for MDGs incl upgrading health facilities, healthy life style, mental health; firm stand on daay collection and IT structures; quality practice in health care;

**Japan:** Commends impr in indicators; disparities in improvement and we have to achieve results despite difficulties, efforts should be made. Difference between regions in achievement, inclusiveness important for achievement of UHC. Re Post 2015 development agenda, J will continue to address health challenges in coordination with international organizations as WHO

**Mexico:** thanks; Mex worked towards MDGs; agree with WHO that we should step up work on <5s and <1 and esp NN deaths; greater investment in prenatal care, birthing and first 24 hrs; 25-45 of NN deaths appear in that period; diarrhoeal diseases; vaccination, breast feeding ORT, hand hygiene, vit a; mexico has adopted al of these; TB: follows standards of WHO in treatment; reduction of AIDS; non discrim; stable epidemic situation; greatest treatment >80%of affected pop on treatment; continue working on the ach of MDGs

**Turkey:** *Thank you Chair, Distinguished delegates, Turkey is among the countries that have not reached maternal mortality goal, but on track with 58% reduction in maternal mortality ratio, according to the World Health Statistics. It is just because that, there is no maternal mortality data for 1990 in Turkey and the holy experts, working for estimation in the interagency group, make it up 48 for Turkey, by an inspiration. The nearest number available in Turkey is 49, which is delivered from a survey in just only based on hospital records in 1998 after 8 years later. More interestingly in another report published three years ago, by the same group of guys, it was 67 for 1990.*

*Ladies and gentleman, Turkey is trying to deal with so many problems. We are still not among the developed countries. We are still struggling. But we did something meaningful and repeatable for other countries to decrease maternal and infant mortality rates. We used so many incentives concomitantly to succeed. But the experts didn't believe the change. They didn't know what's happening in Turkey but decided by themselves that, it's not possible. So they changed the numbers accordingly. There is a message here, not for Turkey but for other countries who are taking inspiration from Turkey in their endeavors to reach the goal: you cannot. Expert group is an obstacle to reach the MDG goals.*

*Ladies and Gentlemen, It seems that Turkey had been faced a health crisis and as a result of this, infant mortality rates have increased up by nearly 50% in just one year, in 2013. World Health Statistics Report informs us about this health disaster, that no one ever realized in Turkey.*

*As you all know conflicts and unrest is going on in our neighboring countries for years. Unfortunately we all know that women and children are the first victims of these human made disasters as WHO reported repeatedly. When you reluctantly want to see the effects of the conflicts in the region, you happily realize*



*that no children effected in the area but the ones are going to die, passed the Turkish border and lost their life.*

*WHO, declares two completely different numbers for infant mortality in Turkey. One is in the Global Health Observatory database and the other in the Health for All database. The first one reports 17, and the latter less than 12. I am experiencing difficulties to understand why two WHO databases are different. Which one of these people can trust?*

*World Health Statistics, ladies and gentleman, is just a crap. Thank you Chair*

**Canada:** welcome sthis report; progress remains uneven; too many women and children continue to die; Canada will continue to agitate for W&C Health; Note the reference to Commission on Info and Acc but worried about the gaps in the data; Need to strengthen health systems esp at the local level; this is why canada is in the global financing facility for every woman every child; for post 2015 dev agenda; strong monitoring framework, timely reliable disagg data supported by civil and vital registration; Maternal and Child health should be part of the Post 2015 deve agenda

**UK:** *Thank you Mr Chairman. We appreciate the Secretariat's report on this agenda item. The United Kingdom has been working hard towards the achievement of the MDGs, and we have reached our commitment of spending 0.7 per cent of GDP on International Development over the last two years.*

*We very much welcome the progress that has been made, but are concerned that further acceleration is still needed, particularly with regard to maternal and child health. As many distinguished delegates have said already, we especially need to focus on newborn health. Thank you "*

**Oman:** very important; indicators show that we have ach'd much but you will agree that the acht of these goals call upon involvt of other sectors;

**China:** thanks for report, commend efforts by WHO globally, noted impressive progress in maternal and child mortality, but meanwhile developing countries still have great gaps and health inequalities is a great challenge in many countries so WHO has a leading role to help reaching MDGs, Secretariat should incorporate health in all policies, including regular updates, learn from lesson and collect best practices in order to provide evidence for implementation of post 2015 development agenda

**USA:** US appr reports; rallying the world around poverty health and settlemenst; for the post 2015 SDGs there is coverage of important health areas; health system str activities critical; committed to supporting

**India:** *Mr. Chairman, We thank the Secretariat for presenting a useful report on monitoring the achievement of the health-related Millennium Development Goals. It is heartening to note that, globally, in the past decade, much progress has been made towards the health-related Millennium Development Goals.*

*India has made substantial progress in reducing mortality in children under five years of age and would be close to the MDG target if the present trend in decline in the rate of under-five mortality continues. Maternal mortality rate in India has declined at a compounded annual rate of 5.7% during the period*

*2010-2012 and at 6.2% in 2011-13. Mission Indradhanush has been launched which is an inspiring reflection of the seven colours of the rainbow, and aims to protect all children in the country from seven vaccine-preventable diseases. In addition, pregnant mothers are being provided with tetanus toxoid vaccine during this drive. Our endeavour is to achieve more than 90% full immunization coverage by 2020.*

*Dakshata is a recent strategic initiative launched by the Government of India aimed at strengthening capacity of the healthcare providers to provide highquality services during childbirth in health facilities across the country.*

*The prevalence of all forms of TB in India has substantially reduced. There has been a reduction of 47% reduction in the incidence of malaria cases during the period 2000-2012.*

*The National AIDS Control Programme in India targets to reduce new infections by 50% and provide comprehensive care, support, and treatment to all persons living with HIV/AIDS.*

*The current priority in India is to scale-up various components of the Universal Health Care with special focus on marginalized populations across the country, in order to sustain the health gains achieved so far and improve health of the people beyond MDGs.*

*Mr. Chairman, We are concerned with the findings that the people in the low and middle income countries continue to face a scarcity of medicines and that the patients in these countries were paying on average twice or over three times the international reference prices. This is a failure and definitely calls for renewed international action with strong support from WHO, Member States and other stakeholders. Thank You.*

**Indonesia:** appr sect for concern for MDGs; subst progress has been made in Indonesia; disparities; poverty; weak governance challenges; UHC critical for MDGs; distribution of health resources and facilities across Indonesia needed; average hides disparities; quality of care in public and private; harmonising and adapting global programs into domestic programs; address supply side bottlenecks; address SDH; key to ensuring equity towards MDGs and SDGs; monitor a/c of health related MDGs

**Kazakhstan:** thanks secretariat for report, comprehensive view of whats going on re MDGs considerable progress, national tas confirmed by international experts, in our country we are achieving our targets, success achieved and guarantees to achieve all MDGs in the future were possible for investments made and for support given by WHO, well organised health system and a properly trained health personnel essential so that we can implement IHR, and capacity for rural area, training esp role for nurses and this is crucial for us, monitoring and control prices charges for key medicines and medical equipment so we are committed for strategy drafted and with support of WHO we will be able to achieve our targets, Serious problem in our country cases of HIV increasing also TB, we hope approach taken will also help in the post 2015 era; HIV aids in our region a serious problem; Only region with incr inc of HIV and TB

**Iran:** commends sect for rep and appr efforts of WHO; a number of MS face difficulties to fully attain MDGs; crucial to understand why: although <5 mort has dropped; NN mort has not decreased; 38% of

infant deaths related to time of birth; incr NICUs; breast feeding, maternal death; high rate of CS in many countries; incentives to enc normal vag del of crucial importance; Iran has incentivised reduced CS. SDH of importance in attaining MDGs; violence and impact on pregnancy; addictions; impact of opium on NNR; indor poll, tobacco, ; use of m-health can address these; unregulated use of abortion pills; easy and convenient preg a basic human right

**Eritrea:** *Thank you Chair person Eritrea is in concurrence to the statement made by Cameroon who has taken the floor on behalf of the 47 member states of the African region.*

*During the last 24 years since independence, the Government of the State of Eritrea development strategy has focused on two broad objectives: (1) developing basic socio-economic, political, legal and administrative infrastructure that would serve the needs of the general population, and (2) preparing the ground work for productive investments and sustainable development. Major programs included development of land, air and sea transportation systems, legal and administrative institutions, health and educational systems, agricultural and irrigation systems, water conservation and distribution systems, environmental protection, and rural electrification. Also there has been an acceleration of efforts to improve housing, sanitation, and environmental quality.*

*Mr. Chair All of these national and regional development efforts impact the livelihood of citizens as they are the determinants of health. The Millennium Development Goals, the objectives of which the Government of Eritrea fully embraces bode well with Eritrea's development aspirations and programs.*

*Eritrea has made remarkable strides in the three health-related MDGs where it has already achieved the targets:*

- *Reduced under 5 mortality rate by two-third from 152 to 50/1000 live births*
- *Reduced Maternal mortality rate by 78% from 1700/100,000 live births to 380/100,00 live births*
- *Reduced incidences and mortality of malaria by 85% and 90% respectively*
- *Reduced HIV incidence below 1% and reduced TB prevalence, incidence and mortality*
- *Immunization coverage is above 95%*

*Eritrea is a low income country and resources are limited. However, we have the human capital and we value for money. PHC with innovative approaches including low-cost high impact are the key guides for our success. But Eritrea is not complacent as the indicators are still high.*

*Finally, Eritrea commends the work done by the secretariat in the preparation of the report. We also applaud the WHO and other international organizations and for their support. Eritrea bows for the same to increase their support as we are heading towards the SDGs. Thank you*

Thailand: req WHO cont to work on unfinished health related MDGs and relate them to SDGs as well as violence; every failure has its story; MDGs have good and not so good time; many partjners lots their interest; what mech to attains sustainability; compre review and make it public; the first success was rel easy but then countries found it getting harder; may be able to win the first battle; last mile of marathon partic difficult; need extra support; new SDG on UHC essential for acht of MDGs

Cote d'Ivoire: Cote d'Ivoire thanks secretariat for report and supports delegation of Cameroon's statement on behalf of African region. Would like to highlight contribution of malnutrition to child and maternal mortality - no clearcut MDG on malnutrition, but should be taken into account in goals 4-5-6.

DRC: supports Cam for Afro; in DRC mm remains high; sign progr in other areas; in 4 some progress; but more remains to be done; in our att to ach this the health min has coord'd work with all rel partners

Egypt: We note report on monitoring MDG, very objective in percentages and figures, gives us good overview. 2015: we have achieved something great for global health at global level, sustainable summit 2015: we need to finish unfinished business. Need to achieve not average but outstanding results, our population is first line of beneficiaries. Having HEALTH central in developmental agenda would be great for ...?. Many goals achieved, yet need to be committed to more and more. HCV: we hope to cover it in SDGs. Keep eye on equity and social justice -

Argentina: thanks for rep; health is also det'd by the social aspect; all of the MDGs are linked to health and should be included in this report; Arg continues to imple PHC; 19 free and compulsory vax; advisors in public health throughout the pop to protect their right to reproductive health; free supply of ess meds and prescription by generic name; committed to new post 2015 agenda; univ access to health; social determinants; as sect to carry out an final integrated review of MDGs from the perspective of social determinants of health

Tunisia: My country has NOT achieved MDG with ref to maternal mortality despite 40% cut in maternal deaths since 1990. 45 deaths/100 000 live births at present. Statistics sometimes overemphasized in int'l reports -- but what really concerns us is we consider this a failure, as high percentage of these deaths are preventable. Main reason: no gynecological and obstetric services in parts of our country - we try to encourage drs to go there, but we fail, very poor specialised coverage. Areas where worse indicators for maternal and child mortality is where we now attempt to work particularly hard.

Nauru: greetings; notes contents of the report; sig prog made in MMR, skilled staff attendance, access to meds, access to water and sanitation; requires access to a skilled health workforce; goals have gone up from 8 to 17 but N committed to str health system through whole of gov appr;

Chinese Taipei: recognises WHO endeavour towards achieving MDGs. Lowering morbidity and mortality for TB. Adolescent birth rate, infant mortality rate, maternal mortality rate, have all decreased. Postpartum haemorrhage leading cause of maternal death. Increased prenatal diagnosis - birth notification system. Promotes campaign to end TB in 10 years. Finally, reinforce that devoted to promoting global targets.

## NGOs

- [Global Health Council, Inc.\(GHC\)](#) Global Health Council / Elisabeth Glaser AIDS foundation

**Dr. Flavia Bustreo (Secretariat):** Thanks assembly for their valuable contributions in discussion, and work to achieve the MDGs. MDGs have achieved much in past 15 years in many countries: more money for health, unprecedented improvements in maternal and child deaths, AIDS, malaria, TB. Areas lacking

however - where critical action required. Maternal mortality, sexual and reproductive rights, adolescent health. Last 6 months still ahead of us: these must remain at center of new SDG goals. We assure MS that we are committed to work with countries to improve estimates and analysis as to indicators of maternal mortality. Take liberty to inform that the WHO Bulletin has issued a call for papers next year to work with countries to capture experience in progress to achieve MDGs. Unfinished business in MDGs must remain central to SDGs - clear vision to driving an end to maternal and child death. This is part of new strategy in women, children and adolescent health.

*Report noted; item closed.*

## Item 14.2 Health in the post-2015 development agenda (A22)

### Documents:

- [A68/14](#) – Sect report
- [PHM comment](#)

**Switzerland:** Thank you Secretariat for their report. During implementation of MDGs we learned great deal on technical and political dialogue - we need to use this experience for implementation of SDG. In terms of follow-up and measurement of MDGs. Insufficient quality of data provided and limited analysis, lack of essential data, lack of vital statistics, insufficient disaggregation with national and global data which masks disparities in results obtained. In terms of new framework of SDGs Switz supports the health goal: will foster commitment for universal health coverage, offering quality health care, incl sexual health. Vital instrument in ensuring right to health, lead to multidimensional approach. Must lead us to take into account vast majority of other SDG goals on health. Leave behind piecemeal approach, allow each individual to enjoy access to health. Will urge us to step up and exceed goals set forth for MDGs. Final point: WHO should follow up and dialogue at country level. WHA should be regularly appraised as to challenges in fulfilling these goals.

**Latvia:** *Distinguished Chairperson, I am speaking on behalf of the European Union and its Member States. The following countries align themselves with this statement: Serbia, Albania, Bosnia and Herzegovina, Ukraine and the Republic of Moldova.*

*The European Union congratulates WHO on its engagement in the processes leading up to the current open-ended working group proposal, which positions health as goal number 3, "Ensuring healthy lives and promote well-being for all at all ages". The nine targets focus on the completion and the extension of the Millennium Development Goals, including "universal access to sexual and reproductive health-care services" and include new elements such as universal health coverage (UHC), non-communicable diseases and mental health, as well as strengthening capacity for early warnings, risk reduction and management of national and global health risks.*

*These nine targets reflect the breadth of the global health agenda, including the social, economic and environmental determinants of health.*

*The EU has always highlighted the importance it attaches to health as an integral part of the post-2015 development agenda. The EU underlines the critical importance of ensuring universal health coverage and social protection for all, which are central for the achievement of sustainable development, linking hereby health and human rights, and highlighting the notion of equity in access to quality services. This is key to improving health outcomes, especially for the poorest and most vulnerable*

*Furthermore, the EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the ICPD and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context.*

*The EU stresses the need to focus on Universal Health Coverage with a strong emphasis on resilient, quality and affordable health systems. Moreover, the EU is committed to integrate a human-rights based approach into all development activities, including on sexual and reproductive health, in order to facilitate the achievement and successful implementation of the future SDGs, including in the health sector.*

*The EU underlines the importance of the prevention and the control of both communicable and non-communicable diseases in the post-2015 development agenda to alleviate the burden that disproportionately affects low- and middle-income countries.*

*The Ebola outbreak has further highlighted the need to address outbreak preparedness and response as part of the global health security context.*

*It is important to note the multisectoral and cross-cutting nature of health and its relevance for some of the other 16 Sustainable Development Goals. We reiterate that health remains one of the key drivers for poverty eradication.*

*We will follow with interest the technical work underway to develop the accompanying indicators to measure the proposed goals. The EU underlines the leading role of the WHO and other relevant partners in the development of the monitoring framework of the health-related SDGs.*

*Finally the EU highlights the importance of the ongoing discussion on the means of implementation that are essential in translating the post 2015 agenda into concrete, comprehensive action.*

**Fiji:** Speaks on behalf of 14 Pacific nations. Meeting of ministers: recognised that most of post-2015 health agenda aligned with their healthy islands agenda. Pacific Island States note that the theme of health is superseding all other SDGs - goals 13, 14, 15 is not only about health but about life itself. Pacific Island states now face the risk of being submerged. Goal regarding oceans (number??): also not about health for Fiji and Pacific states, it is about Life itself.

**Australia:** thanks for report, actively participating in negotiations, committed to deliver simple development agenda post 2015 for economic growth and poverty reduction, maintaining strong focus on health, SDGs open working group supported, new challenges not included in MDGs are welcome (like

NCDs) a lot of work between now and Sept, FOCUS on most pressing issues in global health, incl gender equality and building a fit for purpose accountability framework is crucial for delivering results

**Swaziland:** Chairperson, honour for us to read statement on behalf of 47 states of AFRO. Report clearly demonstrates that extensive global consultation was done with stakeholders. Consultation process on goals drawing to conclusion, but some input still possible, to solidify centrality of health in post2015 development agenda. 9 proposed targets take into account the unfinished business of MDGs. Africa region supports development of historic 15yr program of action ending poverty while protecting environment. We need a realistic yet fruitful outcome to summit this fall. We support initiative that captures spirit of world health goals (?). Need for international partnership can not be overemphasized. Need to review number of proposed targets / goals. Need for alignment and harmonisation with other existing monitoring systems. Ebola: lesson that entire economies can be affected by outbreaks. Surveillance of possible outbreaks necessary. Community ownership through primary health care strategies, need for universal health care coverage. People centered agenda 2063 (?) blueprint for Africa's development for next 50 years also underlined investment in people as central. Solidify position of health in post2015 agenda.

**Iraq:** affirm: all indicators and standards; strategic working plan; focusing on all epid and demogr variables; monitoring and evaluation more collaborative; accelerate reduction of mat and child mort; surveillance system for early warning; dealing with birth defects; more concern needed for comm disease and prev and control of NCDs; more concern to social and economic determinants; mass gatherings health; intersectoral collaboration; gender issues empowerment; health security; health and diplomacy

**Iceland:** thanks for preparing doc /14, pleased with work and active engagement of DG in the discussion, in order to ensure centrality of health in the post 2015 agenda. all goals; the overarching is promoting wellbeing for all, our work on NCDs on UHC, social environmental determinant of health, Iceland draws attention reduction by 1/3 NCDs and mental health and wellbeing, plus injuries and death from road traffic accidents, preventing death and promote wellbeing for NCDs, continued work with WHO and finding treatment for disease of spinal chord injuries, development of post 2015 agenda blablabla blah blah

**Malta:** chairman, Malta aligns with statement from Latvia on behalf of EU. From national perspective a few additional remarks. A single comprehensive coherent framework necessary. Healthy Lives and well being for all ages among 16-17 SDGs. Malta would like to reiterate that any commitment to health should not push abortion as a right in field of reproductive health.

**Iran:** commends secr for report, appropriate financing and experience consult, evaluation of impeding factors of MDGs crucial for sdgs; concern of large number of report indicators, preference for smaller number of indicators, moreover indicators must be consistent with previous indicators agreed on by WHO. post 2015 agenda must consider health in emergency situations, with broader partners collaboration, we must analyse impediments for achievement; health info system is crucial to sustain

achieved development, national health info system has to be strengthened, multisectorial partnership must be coordinated (health in all).

**Canada:** Canada thanks WHO for report and ensuring that health figures prominently in post2015 development agenda. Private and civil society partners crucial to commitments to health. Historic opportunity to end deaths of women and children. Canada will see to it that this remain a priority. Canada keeps focus on realistic targets in post-2015 agenda. We need credible monitoring systems, supported by civic statistic systems (census). Support of global financing system - multi-donor platform, which will leverage additional fundings.

**Lebanon:** *Thank you Mr Chair Lebanon would like to commend the concise and informative report of the secretariat. It is clear that there is a close association between poverty, environmental conditions, economic sustainability and health. In Lebanon, as we have achieved the MDGs 4 and 5 long before due time, we are now focusing on the discrepancies within and among regions aggravated by the Syrian crisis. Sustaining the achievements of the Millennium Development Goals is crucial for the post 2015 period. If examined carefully, all the 17 proposed Sustainable Development Goals are somehow related to health not just the 3rd goal of the series. The relation between economy and health is bidirectional, and poverty reduction cannot be achieved without investing in health; so much than on the social determinants of health and promoting healthy environments. In a sense, health had to be squeezed into one goal while it kept spreading across almost all the other goals.*

*We are looking forward to that promising program of work to be out by September 2015 by the world leaders, and expect that the WHO pushes forward the status of health on the agenda through integrating health targets and indicators for the health related goals in the implementation framework. We also expect that the outcome will not be less than a political declaration accompanied by the means of implementation of the targets with a proper monitoring and evaluation tools.*

*Mr Chair, Since it is expected that the number of indicators for the 169 SDG targets will be short listed to between 100 and 120 core indicators, we commend the secretariat report and stress that care must be taken to capitalize on the valuable recent work done on NCDs and injuries, on UHC, and on the social and environmental determinants of health. Also, care must be taken for consistency between the already agreed upon set of indicators and the new ones. In addition, much attention should be given to the health information systems to be strengthened and well equipped to report on the newly identified indicators. Thank you Chair.*

**Bahrain:** on behalf of EMRO welcome report, while ensuring health remain central in post 2015 agenda, important to incorporate NCDs, mental health injuries and Social determinants inclusion is mandatory, how the MDGs achievement was affected by the country underline situation must be taken into account. Support must be given in part for resource gap, consideration of emergency response, need of multisectorial approach, for social , environ, and economic determinants of health cannot be underestimated, Health and wellbeing is result of social and economic changes.WHO support coordination of system including other partners, including financial support for disruptive situations, High level meeting after endorsement of final goals



**Egypt:** Appreciation to WHO secretariat. We note the report. SDG summit next september. We would like to see health included beyond goal 3, would like promotion and curative aspects of health included as goals under many of the goals (poverty, ...). Multisectoriality of health. Egypt seconds the point made by Switzerland on having comprehensive health indicators under goal 3 and others. HCV in Egypt: would like to see it as one of the indicators of health under goal 3. Supporting the centrality of health is investment into future. Granting more equitable health access. Investing in health is a long term agenda, with positive effects. Our population's health and well being is most precious thing we have in our hands. Expectations of our communities. Triumphs!

**China:** thanks secretariat for report and commends Secretariat; progress made by developing countries has been encouraging; SDGs are closely related to devt of people all over the world; rec comprehensively evaluate current state of development cooperation and on the basis of lessons learned take forward the development of the SDGs; recognise the specificities of each country; further deepen global partnerships; stress dev ass for LDCs; encourage developing countries to harness their own resources.

**Republic of Korea:** *Thank you, Mr. Chairman. Republic of Korea thanks the Secretariat for this report. We note that health is positioned as one of the 17 Sustainable Development Goals, but is also a contributor to, as well as a beneficiary of 16 other SDGs.*

*We also note that the 9 targets that have been proposed by the Open Working Group are comprehensive to ensure "healthy lives and promote wellbeing for all at all ages." We cannot afford, however, to lose any of these targets this Health Assembly has identified as essential for the attainment of health for all, in particular Universal Health Coverage.*

*It is imperative that we start with the end in mind. If we cannot make sure we have the balanced set of measurable, affordable indicators that can clearly show the way forward and indicate what can be done to make things better, we are getting off on the wrong foot. In this regard, our delegation urges the Secretariat and Member States to collaborate to make sure that the Post-2015 health-related development agenda will be equipped with the right tools with which WHO can effectively contribute to making a difference for people's health.*

*Mr. Chairman, distinguished delegates, in this intergovernmental process for Sustainable Development Goals, we need to make sure that our voice is heard at national, regional, and international levels to ensure the central position of health in the Post-2015 development agenda. I thank you*

**Ecuador:** On behalf of union of south america nations (UNASUR) thanks Secretariat for the report and supports the resolution, and proposal that health play key role in post-2015 devt agenda. Still important challenges - we support work done on SDGs and welcome general goal to guarantee health and wellbeing of all, with connected goals that this represents. Universal health access and coverage approved as key by UNASUR. We need to work in intersectoral manner to maximise impact of our work int this area, poverty reduction, hunger reduction, reducing inequalities, reducing use of toxic substances, access to clean drinking water, access to land and water resources. Taking into account that social determinants must be ever-present in our health policies.

**Thailand:** app sect for rep; commend sect for tech briefing in this ass; support goal #3 on healthy life; 9 health targets includ health systems; 3.7 and 3.8 on UHC has no clear target; without clear common understanding of the target implementation will be nothing

**United Kingdom:** UK aligns with statement of Latvia for EU 2 further points: 1 attention of MS and WHO monitoring framework to achieve alignment on such tools/indicators; 2 attention of MS and leadership of WHO to achieve inclusion of AMR in the global context of post 2015 agenda. Credibility of the package depends on this.

**Namibia:** Namibia fully aligns with Swaziland statement on behalf of AFRO. Being a member of African High Level Committee to develop post-2015 agenda. Taking into consideration cross-cutting issues poorly articulated in MDGs like environment and gender is welcomed in formulation of SDGs. Acknowledges inclusion of universal health coverage. Gender equality (goal 5): expand it to include vulnerable peoples (people marginalised by age, disabled people). Good governance, strong national leadership, functioning health systems, good statistical capacity, are paramount to ensuring success of post-2015 goals. Broad partnership built on intersectorial collaboration key. Private sectors and NGOs mentioned. Community participation. Participation at all levels of implementation needed.

**Kenya:** thanks; aligns with Swaziland; recog effort of WHO and int cty in ensuring that health is central to post-2015 and integrate the Helath MDGs; NCDs, mental health, need for multi sectoral actoins; like many countries Kenya did not ach all of its MDGs; new constitution establishes health as a Human Right; underlines need to advocate for health to remain central to the pst 2015 agenda; malaria, TB, maternal mortality; happy to note that health is mainstreamed in the other goals; like to see WHO and other UN Agencies come together to assist developing countries to address NCDs

**Togo:** congratulates for quality of doc, support Swaziland statement on behalf of AFRO, appreciate work of WG, aimed at achievement of 17 SDG, SDG post 2015 should see inst working together in order to ensure progress in health; various contributions of MS have to be in harmony in order to achieve targets at national and international level. Proper use and collection of stats, and drafting of keylist of stats is crucial, Togo takes note of report at hand

**Brazil:** The post2015 development agenda is one of key challenges, as we need to adopt the 3 pillars for stability: economic development, social justice, and ?. Requires MS to renew their national plans to trigger intersetorial strategies. Issue of health not only contained in one goal, cross-cuts all other 16 goals. There are proposals in the pipeline based on intersectoriality of health. Wide range of indicators. Road to post2015 development agenda is a road still under construction.

*MUCHAS GRACIAS Señor Presidente, La agenda Pos 2015 es uno de los principales desafíos de nuestros países, no solo por el avance en los compromisos de los Objetivos de Desarrollo del Milenio (ODM), sino porque innova al adoptar los tres pilares de la sostenibilidad - el desarrollo económico, la protección al medio ambiente y la justicia social. La Agenda Pos 2015 es ambiciosa, y, sobretudo, requiere que los Estados-Miembros renueven sus planificaciones nacionales de manera a contemplar conceptos y principios que desencadenen acciones intersectoriales. El tema salud no solo está contemplado en un objetivo, pero también es transversal en los otros 16 Objetivos de Desarrollo Sostenible (ODS). 2 En este*

*momento, estamos en el proceso de negociación de los indicadores y sabemos que existen incontables propuestas que tienen como base la intersectorialidad. Creemos que la selección de buenos indicadores es fundamental para la implementación de la Agenda Pos-2015; por eso debemos tener en cuenta que un gran número de indicadores no se traducirá necesariamente en efectividad. El camino hacia Agenda Pos 2015 es una tarea que, todavía, se está construyendo. Juntos, estamos superando a los obstáculos iniciales. Sigamos firmes y con la confianza que seremos capaces de construir un modelo de desarrollo más inclusivo y sostenible. ¡Muchas Gracias!*

**Panama:** Thanks for this report; global challenges and SDGs; still do not reflect the future of the world we want to see; have decelerated in terms of Mat Mort and rural health; hunger; gender inequality; violence; lack of access to work; on going violation of HR and affect mental health; need measures to reduce burden mortality and morbidity; trauma; mental health nad UHC need envtl goals; esp goals of L&MICs (diabetes, obesity); poor and disfavoured populations; community organisations and civil society and industry are vital; prevention activities need to be set up; global city must do this to ensure the reduction on global poverty; reduce poverty gaps both between and within; while 20% of pop still living on <1\$ pd; 700m living with hunger; basic necessities for humans have not been satisfied; respect trust creativity yet to be obtained; health is pre-req; eco and soc development not poss without health; redistribute; peace; accelerate attempts;

*Muchas gracias señor presidente y agradecemos el trabajo del equipo que laboró el documento de La salud en la agenda para el desarrollo después de 2015. Deseamos hacer unas consideraciones relevantes en el marco de los retos mundiales. Los resultados de las metas compartidas en los ODM aún no reflejan el mundo y el futuro que queremos. Podemos señalar que se han logrado grandes avances en la consecución de algunos de estos objetivos de desarrollo del milenio pero otros se han ralentizado en los últimos años entre ellos: el descenso de la mortalidad materna, el uso de fuentes de aguas mejoradas en las áreas rurales, y se ha incrementado de la cantidad absoluta de personas que viven en tugurios. El hambre todavía sigue siendo un problema mundial, la desigualdad entre los géneros continúa, las mujeres siguen enfrentando la violencia de pareja, la discriminación en el acceso al trabajo, a la tenencia de bienes y su participación en los gobiernos es limitada. Lo previamente descrito, siembra la desigualdad, fomenta la violación de los derechos humanos, limita la capacidad de autorrealización y socava la salud mental. La salud en la agenda para el desarrollo después de 2015, considera la adopción de medidas destinadas a reducir la carga prevenible y evitable de mortalidad, morbilidad y discapacidad relacionada con las enfermedades no transmisibles, y los traumatismo, así como también las enfermedades transmisibles. Promover la salud física y mental y, fomentar la cobertura sanitaria universal subraya la necesidad de adoptar medidas multisectoriales para abordar los determinantes sociales, ambientales y económicos de la salud. La epidemia de enfermedades no transmisibles constituye un desafío para los países de ingresos bajos y medios, que soportan el 80% de la carga de morbilidad por estas enfermedades como los trastornos cardiovasculares, la diabetes, el cáncer, las enfermedades respiratorias crónicas y la obesidad. Las consecuencias para las sociedades y las economías son devastadoras en todas partes, pero sobre todo entre las poblaciones pobres, vulnerables y desfavorecidas; causan pérdidas de millones de dólares en la renta nacional y empujan a la gente por debajo del umbral de pobreza. El abordaje de esta epidemia, requiere de la promoción de la*

*salud, concepto usualmente ignorado o abandonado, en desmedro de la educación en salud, la organización comunitaria; la participación social más allá de las autoridades de salud pública, involucrando a sectores no sanitarios, la sociedad civil y la industria. Estas estrategias son 2 imprescindibles para la implementación de acciones de prevención primordial y primaria en salud. A menos que se combata enérgicamente esta epidemia en los países más afectados, el impacto de estas enfermedades se acentuarán y el objetivo mundial de reducción de la pobreza, no se alcanzará. Es necesario abordar los determinantes sociales, siendo el más importante la pobreza, sobretudo la disminución de las brechas entre y dentro de los países, Panamá no escapa de realidad, sobre todo en nuestros grupos originarios. Es una utopía promover la ingesta de alimentos saludables, cuando una de cada cinco personas (1.4 millones) vive con 1.25 dólares al día o menos y aunque la pobreza a nivel mundial a disminuido, más de 850 millones de personas padecen hambre, y los avances han sido lentos en la reducción de la desnutrición infantil. Ante este panorama, como “garantizar una vida sana y promover el bienestar para todos en todas las edades”? Cómo fomentar la salud mental, si las necesidades humanas básicas no son satisfechas (necesidades fisiológicas tales como alimentación y de seguridad: disponer de empleo y de vivienda), lo que conllevan a un nulo o pobre desarrollo de necesidades de mayor jerarquía como el respeto, la confianza, la creatividad y la autorealización. La salud mental es un pre-requisito para la promoción de la salud, el fomento de estilos de vida saludables y actitudes y prácticas para la protección del medio ambiente. El desarrollo económico y social de los países no es posible sin salud, entendida como un estado de completo bienestar físico, mental y social y no sólo la ausencia de enfermedades. Se requiere pasar del discurso a la acción, de la inequidad en todos sus contextos, a la distribución real de las riquezas y equiparación de oportunidades, a la salvaguarda de los derechos humanos y civiles de las poblaciones, a la promoción de la salud, y a la globalización de la tolerancia y la paz. Es por ello que Panamá apoya el documento sobre los 17 ODS.*

**Colombia:** supports joint statement made by Ecuador, health core issue of post 2015 devl agenda, reiterate need for MS and org to continue effort to achieve goals not yet achieved. Colombia moved forward ....country initiated process in order to achieve transformative process that will facilitate achievement of SDGs, now in parliament BETTER HEALTH FOR EVERYBODY. Need to ensure multisectorial approach in order to achieve ALL development goals

*Señor Presidente, Colombia se alinea con la declaración conjunta de UNASUR, leída por Ecuador. Mi país considera de vital importancia asegurar que la salud sea considerada un elemento central de la agenda de desarrollo post 2015. Además de reconocer la pertinencia del Informe que se presenta por la Secretaría, reiteramos la necesidad que los Estados, así como la Organización, continúen avanzando con miras a lograr las metas no alcanzadas y temas aún pendientes de la agenda, especialmente en las metas relacionadas con la salud. Celebramos los Objetivos de Desarrollo Sostenible. En efecto, Colombia ha dado un paso más adelante tomando la firme decisión de articular éstos objetivos, que serán la base de la agenda post 2015, con las políticas públicas nacionales, incluyéndolos dentro del Plan Nacional de Desarrollo. Para lograr esto, el país ha iniciado un proceso de transformación para implementar una agenda política alineada con los ODS. Asimismo, se ha creado una Comisión intersectorial de alto nivel que facilitará y dará seguimiento a la implementación de estos los*

*ODS. Esta nueva agenda traerá como resultado un mayor bienestar para todos los colombianos. Estas acciones y políticas están encaminadas, en particular, a fortalecer el sistema de salud, procurando reducir las inequidades, desde el enfoque de los determinantes sociales de la salud. Señor presidente, reconocemos la necesidad de promover el trabajo intersectorial desde el sector salud para contribuir en el diálogo y consecución de los otros objetivos de la agenda post-2015.*

**Papua New Guinea:** Thank you for report. My country did not make any interventions in 14.1 item. We feel that post2015 development agenda more in synch with us, better than previous MDG agenda. As republic of Fiji made intervention, we align with statement. Universal health coverage is overarching framework to achieve health equity for all, to build health systems that facilitate equitable access to high quality health services. PNG notes and appreciates report.

**Mexico:** thanks; health is a dynamo for devt; impt part of SDGs and pov red; must be located as a key compenent for well being; accelearting MDG goals; UHC; SDG must focus on individual; HR perspective; equity; must include civil sociedad and the Private sector; the goals laid out are universal; need to be adapted to the local context; proper measurement;

**Chinese-Taipei:** thanks sector for report, equity and human rights, maternal child health and Comm diseases control the context of UHC and injuries; NCDs control also to be included in post 2015 SDG agenda. all org and MS to be committed. reduction of NCDs and injuries and mental, health promote health system reform, efficient and better quality healthcare. Integrated health dept with social dept, collaboration of multiple sector, to eliminate health inequity, health central for social development.

**NGOs:**

- [FDI World Dental Federation \(FDI\)](#)
- [Global Health Council, Inc.\(GHC\)](#)
- [Handicap International Federation \(HI\)](#)
- [International Alliance of Patients' Organizations \(IAPO\)](#)
- [International Baby Food Action Network \(IBFAN\)](#)
- [International Council of Nurses \(ICN\)](#)
- [International Pediatric Association \(IPA\)](#)
- [IntraHealth International Inc.\(IntraHealth\)](#)
- [The Save the Children Fund \(Save the Children\)](#)
- [Union for International Cancer Control \(UICC\)](#)
- [WaterAid](#)
- [World Federation for Mental Health \(WFMH\)](#)
- [World Vision International \(WVI\)](#)

**Dr. Marie Paul Kiene (Secretariat):** WHO Secretariat will continue to play active role, inclusive of financing framework. 28 national statistic offices. WHO designated as an observer in this processes, and continues to provide technical advice. Goals, targets, financing and monitoring of SDGs still needs wok.

*Report noted; item concluded*

### Item 14.3 Adolescent health (A22)

#### Documents:

- [A68/15](#) – Sect report
- [PHM comment](#)

**Iraq:** on behalf of EMRO we welcome report on adol health and proposal for framework of action. adolescent resource for present and future, great potential to contribute to family communities and country urgent need to global health comprehensive approach, WHO needs to build framework for action, Wide range of sectors and actions and adolescents themselves... multisectoral approach needed. Flexible framework needed. Sexual and reproductive health, psychoactive substances have to taken into account. Required financial and human resources to provide adequate centres. Call WHO to develop consultative groups taking into consideration cultural differences in different contexts

**Iran:** Thanks Secretariat on extensive report and commends leadership in this process. Integrated approach is crucial, and UHC is most comprehensive approach to ado health. Highlights importance of taking into consideration socio-cultural contexts locally (esp. sexual health, psychoactive substance use, including alcohol). Should involvement of countries with diverse background to ensure applicability irrespective of socio-cultural context. Ado friendly primary health care services. Following components need addressed: engagement with multiple stakeholders, student screening programs at beg of each educational levels, designing educational packages for HCWs, prevention high-risk behaviour, healthy lifestyle training (phys health, prevention of risky behaviours), adolescent disease surveillance system to detect diseases needing special change. Addressing lifeskills education, addressing poverty.

**Kenya:** on behalf of Afro; notes rep and proposal to develop a framework; there are lots of adolescents around; reduction in childhood mortality contributes to more adolescence; high mortality in this cohort; injuries from accidents and violence and maternal consequences; alcohol, mental health substance abuse; adolescence a transition; resource for present and the future; such programs for accelerated action essential; notes the five domains of action: h/s, healthy diets, etc; should build on existing action plans; multisectoral nature of the issues; culturally sensitive; take into account their perspective; should be considered in the regional committees beyond the web based consultation

**UK:** generally little focus on adolescent health but crucial moment in development of, healthiest time of life in developed countries, in LIC HIV aids, maternal mortality and injuries lower health. Welcome framework, in the context of global strategy, in cooperation with other UN agencies, more info on HOW, success policy and programmes enabling to take care their own bodies, this esp relevant in sexual health. 1.2 billion adolescents, targets adol pop in history, imperative in global development taking them into account; Prevents adolescents from having voice choice and control over their own bodies. Today there are 1.2 billion adolescents between 10-19 yo.

**Bangladesh:** Thanks you chair, SE Asia region will be represented by Maldives, I propose to read my statement after the Maldives.

**Maldives:** *Thank you Chair, On behalf of eleven Member states of SEA Region, Maldives would like to deliberate on this important agenda item.*

*As a result of the improvements in health care and successful child survival interventions combined with continued high fertility rates, the adolescent population today has grown to an average of 20% of a country's population. South East Asia Region, home to a quarter of world's population, consists of over 350 million adolescents. The adolescent population across the member states range from 15% in Sri Lanka to 26% in Maldives. Public Health issues of adolescents include under nutrition, sexual and reproductive health, mental health, tobacco, physical inactivity and drug use, injury and accidents. Maternal mortality and childbirth ranks second among causes of death among 15 to 19-year-old girls in the South East Asia Region. Suicide is responsible for 1 of every 6 deaths amongst adolescent females in the South-East Asia Region. DALYs related to adolescents in the South-East Asia region were 148 per 1000 population in 2012.*

*Mr. Chairman, We, the member nations of the South East Asia region would like to report that a number of regional and national actions have been undertaken and presently underway to improve the health and wellbeing of the adolescent and youth population. WHO-SEARO along with partner agencies has supported Member States to strengthen policies and develop national programme for adolescent health. In the member states of SEAR, provision of comprehensive adolescent health services to adolescent remains a challenge due to cultural norms and restrictive policies.*

*In order for effectively produce results from the programs there is need to: strengthen adolescent health related information for evidence based policies and guidelines; improve regulatory framework to increase access of adolescents to health services and strengthen multi-sectoral response for the well being of adolescent population.*

*Chairman, The five domains of the Global Framework for accelerated action in adolescent health 'HELPS' would comprehensively address the health concerns of adolescent and holistically bring positive development to health and wellbeing of the adolescents in our populations. We, the member states of the South East Asia Region call upon the secretariat and member states to continue working on the proposed Global Framework for accelerated action in adolescent health. Thank you*

**Bangla:** appreciate report; ad health and devt; global action plan being developed; recognise that while adol 23% but a lot of other problems start in adolescinece; alcohol, i njury obesity; Bangla needs to scale up services for adols; common morb in B includes under and over nutrition; appr support of WHO Searo; nat strats for adol health multisectoral; programs to prevent suicides and accidents; needs help in mainstreaming adol health; results framework; urges WHO to mob more tech and fin res to impr adol health in short time frame.

**Australia:** Aus thanks secr for report, adolescent health is neglected in global dev, addressing the gap is crucial, the pattern has potential to undermine their future life and economic devpt, Reproductive,

maternal newborn child health HIV mental health are particularly crucial areas. Updated global strategy for women adolescent and ...AUS approves outline of the draft framework, duplication will be avoided this way. UN agencies cooperation needed but vital avoiding duplication of programs and efforts

**Japan:** Thank you chair. Burden of NCDs has been growing and lifestyle of adolescents has future implications as to NCDs onset. This approach must include collaboration multiple sectors. Formulating framework consistent with global strategy on women's and children's health necessary.

**Jamaica:** commends Sect for rep; clear summary; in Jam 72 births per 1000 one of the highest rates of female fertility in caribbean; very high pregnancy rate; 40% of adol women have been preg at least once; laws which prevent health care providers from giving services to adols; Jam is working on changng this; working on a policy; address the issue of health care providers facing liability

**Egypt:** appreciate report, regarded as topic of high importance, it's a ph challenge, health problems are specific to this age group, effective strategic interventions adopted. Developed PHC approach for this specific age group, user friendly surfaces in primary health care units, existing ph units, redesigning of those selected units, in order to develop adequate interventions and then monitoring the adequacy of these interventions, training for health workforce. Healthy lifestyle, nutrition, oral mental health, ncds, in the guidelines for males and females. Reproductive; road traffic accident major mortality cause in this age group. Assessment approach of mental health, Female genital mutilation taken into account. Appreciates efforts of secretariat no contradiction with our culture

**Tanzania:** Aligns with statement from Kenya from AFRO. 14 million people based on national census. Living environment for achievement of their full potential - hence strategies and standards in support of ado health put in place by Tanzania. challenges still: 45% of female have already had sex by age of 14 (?), by 19 yo 23% have started childbearing. contraceptive uptake rate low with met need...?? Young women 45% of new HIV infections. Need for health sector to respond to their health problems is paramount, as they form significant section of population and bear strong burden of reproductive illhealth. Appreciate that global strategy for women children etc, has been expanded. Lay the foundation for a positive transition to adulthood.

**Morocco:** thanks sect for excellent report; welcome this initiative; in Morocco lots of young folk; need to provide them with support and services: turning them towards healthy life style; importance of WHO support in study and research of emerging problems in particular addiction to screens and suicide; also need sexual and repro services in a culturally appropriate forms

*Merci Monsieur le président Mesdames et Messieurs, Au nom de la délégation marocaine, je tiens à remercier vivement le secrétariat général pour la qualité de ce rapport et salut l'initiative de l'OMS d'appuyer les pays en mettant en place un cadre pour accélérer l'action en faveur de la santé des adolescents. Au Maroc, le poids démographique des jeunes est considérable et les pouvoirs publics sont conscients de l'intérêt de la dispense de services appropriés, de la nécessité de l'accompagnement et du renforcement des compétences et des habilités de vie de cette frange de la population. Tout en soutenant la déclaration proposée, notre pays insiste sur l'importance de l'appui de l'OMS en matière de :*

- Développement d'études et de recherches concernant certains problèmes émergent chez les



*adolescents, notamment les suicides et les addictions aux écrans ; • Développement de programmes et d'actions spécifiques concernant l'éducation sexuelle des adolescents, prenant en compte les contextes socioculturels des pays. Merci Monsieur le président, Mesdames et Messieurs*

**Canada:** *Canada supports global action to advance adolescent health and recognizes the importance of taking a life course approach to health. Canada recognizes that reaching key demographics such as adolescents, and particularly adolescent girls, is central to progress towards global health targets.*

*We are pleased to note that the Secretariat is looking to align emerging policies, indicators and targets with existing frameworks and ensure coordination with strategies in development, such as the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health, and making linkages to other sectors, such as education.*

*Canada strongly believes that youth should be actively involved and consulted during the drafting of the Framework and subsequent consultations. Canada would like to make the following observations:*

*1. While Canada supports global actions to advance adolescent health, we would like to reiterate that the proposed framework should acknowledge in the context of universal health coverage, that countries need to define their own strategy to address adolescent health, taking into consideration particular social and economic contexts, as well as current and future health challenges.*

*2. Many of the health challenges faced by adolescents are due to the NCD risk factors, including tobacco and alcohol use, nutrition risk factors, injuries and accidents. Canada recognizes that effective prevention of noncommunicable diseases, requires leadership, coordinated multistakeholder engagement for health both at government level and at the level of a wide range of actors. Such engagement and action could include healthinall policies and wholeofgovernment approaches across multiple sectors and partnerships with relevant civil society and private sector entities.*

*3. Canada would like to ensure that the Framework includes a robust gender analysis and that it fully integrated gender equality. Additionally, accountability mechanisms and/or performance measurement frameworks should integrate gendersensitive indicators and collect data that is fully disaggregated by sex, age, and other relevant factors. Full consideration and integration of gender equality principles are required for this framework. Thank you*

**Brazil:** *Thank you Mister President, We congratulate WHO for promoting a discussion on adolescent health - a subject that draws particular attention due to the inherent vulnerability of this group which constitutes, in many countries, more than 20% of the population.*

*For Brazil, it is important to advance discussions at national, regional and global levels to accelerate action for adolescent health. Adolescents must be supported in order to develop to the fullest their capacities and have healthy and productive lives.*

*Brazil has a multidisciplinary approach in healthcare for adolescents, with the participation of many sectors involving government and civilsociety. Moreover, our policies are also aligned with the PAHO Adolescent and Youth Regional Strategy and Plan of Action.*

*Progress has been made in policy-making and actions to provide comprehensive guidance on this subject to health professionals, in order to ensure universal access to health services for adolescents, but we recognize that much remains to be done.*

*Health systems' strengthening are not an end in itself. Especially in the case, of adolescents, whose potential to contribute to society is still in development, it is essential to guarantee access to health based on the principles of universality, equity and integrality. Thank you!*

**Saudi Arabia:** Mr. Chair Saudi Arabia take note of the secretariat report on adolescent health and the proposal to develop a framework for accelerated action for adolescent health, *HOWEVER* in the report the secretariat gave attention to five important domains known as "HELPS". I want to take this opportunity to draw the attention that the 5th domain defined as "Safe Sexual Debut, when ready and wanted" is no way acceptable by my delegation due to cultural and religious sensitivities and urges the secretariat to consider either removing that domain or suggesting it with the specification of countries development plans and priorities

**Slovakia:** thanks report, and recommends further steps esp accelerated framework, Observation to the point 10> sexual debut not only ready and wanted but also *MATURE* esp in context of vulnerable group. Gender inequality important to take into consideration for women are considered inferior; HIV self-harm and interpersonal violence are major causes of morbidity. Framework of accelerated action. underline importance of education for boys, girls and parents, this is a mental health preventing factor. Mental health should be fundamental part of the framework; Safe sexual debut as ready and wanted - want to add on "natural" (??)

**China:** Chinese delegation thanks Secretariat for report. Young pple are country's wealth and future. Area of reproductive health needs help and support. Family planning in china based on norms and standards has increased health of pop of reproductive age. Adolescents with unwanted pregnancy is emerging problem: pilot project started in 5 provinces involving medical institutions universities businesses to help adolescents overcome health problems.

**Thailand:** aligns with Maldives statement; notes report; in addressing adol health we need to go beyond education and look at social determinants of health; not to create healthy adolescents one by one but to create a health culture in which they can grow and learn; cannot belong to any single dept or agency; need to move out of single health silos and address the determinants of multiple risk factors; name a few risks: alcohol, tobacco; lack of activity; esp state our concern about mental health and suicide and depression; many children have such disorders but go unrecognised and untreated;

**USA:** United States applauds WHO's leadership on developing framework on ado health in partnership with stakeholders. We encourage strategies that are age-appropriate. Age disaggregated strategies to measure avances needed. Multiple stake-holders to tests evaluate policies and programmes. Positive transition from ado to adulthood, including support. Particular vulnerability to HIV for young women in some parts of world, US via PEPFAR is proud to sponsor ALL IN and ?? - HIV is 2nd most common cause of death in adolescent worldover. By using evidence-based data and policies we can close gaps and catalyse change.

**Mexico:** despite efforts since 2012 the health of adolescence is not improving and problems increase, mortality increase, therefore we need to take measures on urgent basis, care provided to adolescent is crucial. health of women and adolescent has to be appropriate and services have to be targeted to adolescents specifically, Our country willing to work on this framework and we can share experience, Measures adopted will be more relevant and effective if we take into account real adolescent perspective

*A pesar de los esfuerzos que se han hecho a nivel internacional desde 2012, la salud de los adolescentes sigue siendo una tarea pendiente en materia de salud pública, ya que las problemáticas siguen incrementándose, así como las principales causas de mortalidad en adolescentes y su crecimiento acelerado. Todo ello exige hoy más que nunca, la adopción de medidas urgentes que mejoren en términos de calidad y cobertura, los servicios e intervenciones dirigidas los adolescentes.*

- *Mexico considera adecuada la propuesta para generar un marco armonizado con la salud de la mujer, el niño y el adolescente. No obstante, el desafío está en evitar soslayar su importancia en la agenda pública los Estados, incrementando por una parte, la utilización de los servicios destinados a los adolescentes, y por otra, su mejoramiento a efecto de brindar una atención de calidad y con calidez.*

- *Nuestro país está en la mejor disposición para trabajar durante las etapas planteadas para la elaboración e instrumentación del marco compartiendo su experiencia, y se congratula por la integración tanto de expertos como de los propios adolescentes en el proceso de redacción, ya que esto sin duda, hará más pertinentes y efectivas las medidas que se planteen al respecto.*

Sudan (d): adols are val assets if due att and apropr consideration; Sudan looks forward to the framework; will poush forward the national program; 7th 'P' a partnership: mult sectoral and partnership and coordination; wide variation of countries in the pilot phase of development; worried about the fifth domain, in particular "sexual debut when ready and wanted"; we all advocate against child and early marriage; but the domain refers to safe sex; but it is not so easy; readiness not well defined or measured; and might be as early as 10 years; this domain needs special attention and culturally sensitive and cautious to protect our young adolescents from risky behaviour

Readiness not appropriately defined or measured the need can emerge as of 10 years.

Russia (ce): Supports devt of a framework to accelerate issues of ado health. Several areas where we could improve ado health: obesity and encourage healthy eating (future atherosclerosis), smoking issue (consequences of tobacco and harms of 2nd hand smoke), prevention of abuse of alcohol (Russia: recently reclassified beer as alcohol - this prevents beer from being sold to adolescents/children), protecting repro health of adolescents (need to prevent emergency abortions). Need to coordinate youth organisation, health providers etc. etc. Approve the planned process of consultations on this issue and shall participate actively.

*Item suspended; item resumed in Committee A on Saturday 23 May*

**Document:**

- [A68/15](#)

We are now moving back to item 14.3 adolescent health.

**Bahrain:** supported the report of the secretariat and intergovernmental organisations are now talking

**UN Women:** importance of full reproductive control; UN women calls for implementation of Beijing platform, adopting human rights approach, and closing the health gap by addressing social and economic determinants of health

**Chinese Taipei:** low adol fertility rate

**Indonesia:** express our appreciation for report, adolescent health is becoming a focus for its importance, in line, taking into account the social component, school health is another important factor as most of adolescence are in schools, to improve adolescent health we developed primary health centres, the importance of gender based approach in adolescent health is important

**Chile:** thanks; clear targets and indicators; disaggregated data by age and sex; has adolescent health policy; 74% of adol pop in Chile benefits from public health insurance; four strategies; healthy childhood program; well being clinics; integrated approach health care with D&A services

**Philippines:** Thanks chair, we express gratitude for WHO leadership on improving quality of ado health, our highlights: in paragraph 4 to explore possibility of enhancing adolescent health in emergencies and war we want to add disaster, paragraph 14: documented mentioned, we already passed the parenthood law but requires parental consent; to add adolescents with special needs, gays lesbians to ensure inclusivity of the document. (He mentioned 3 points, second point is missed and to be retrieved from the video)

**Saudi Arabia:** requested change in 5th domain; now has words: instead of "when ready and wanted" we propose "safe sexual debut when ready and appropriate" which would adjust for social and religious diversity

**Ghana:** *Ghana wishes to congratulate the WHO Secretariat for putting together the document. Ghana has identified adolescent health as a priority and has developed an adolescent health policy and strategy to address the health needs of the adolescents. Adolescent health corners have been established in our major health facilities. This strategy enables the adolescent to access health care services without stigmatization. Under the new National Health Insurance ACT, all children below the age of 18 years can now access healthcare services without paying at the point of service delivery. The Ministry of Health in collaboration with the Ministry of Education is promoting school health in our schools. In order to reduce teen age pregnancy, radio and television adverts on health education targeting the adolescent is ongoing. All these strategies are geared towards the well being of the adolescent and Ghana therefore supports the passage of the resolution on Adolescent Health. Thank you.*

**Libya:** slight thing; supports the Saudi amendment but with slight change; "when ready and where appropriate"

No other requests, we move to NGOs

## NGOs

- [International Pediatric Association \(IPA\)](#)
- [IntraHealth International Inc.\(IntraHealth\)](#)
- 4. [Union for International Cancer Control \(UICC\)](#)
- 2. [World Heart Federation \(WHF\)](#)
- 1. [World Vision International \(WVI\)](#)

**Inf fed midwives:** supports the framework and inclusion in new strategy; recent Lancet series; midwifery covers the full spectrum of adolescent and women's health; pathway which includes; calls for full scope of miwifery practice be recognised in the framework; wish to be involved; will participate in the web-based consultation;

**Secretariat (DR Bustreo):** this topic requires additional discussion from MS and from young people; have had consultation in India and South Africa; reiterated health needs of countries; tobacco, unprotected sexual activity and unwanted pregnancies; in Jan EB emphasised importance of engaging young people; so we convened a group of young people working on specific issues; we heard from them loud and clear; nothing about us without us; reassure MS that we have taken note of the excellent comments that MS have made in relation to the five domains; we thank Saudi Arabia, Philippines, Libya and assure them that we will tak into consideration the social and religious considerations; we are working closely with colleagues in UN system on the development of this framework and aligned with the UN strategy on Womens's and Children's Health and young members of parliament (supported by Japan) this weekend;

*Report noted; item closed*

## Item 14.4 Women and health: 20 years of the Beijing Declaration and Platform for Action (A23)

### Document:

- [A68/16](#)

**Colombia:** thanks to Sect for report; region of Americas identifying and ack and addr needs of women in life cycle; progr impl of Platform of Action uneven; in regions and countries; opps to advance this agenda; urgently; health systems; gender blind norms; poverty, education, political participation; empowerment; violence against women world wide; str health system for compr response ot viol; sexual and reprod health prenatal care; contraception; availability to safe ab services to the extent avail under national law; tob use; diet; monitoring; age/sex deseg data; regoin of Americas call on WHO to effort to deseg data and gender analysis; put health of women and girls at the top of the list

**Iceland:** Speaking on behalf of scandnvia+estonia and latvia,we remain fully co

it remains a challenge to provide this right to women worldwide, to women to have full access to sexual rights, women are still deprived of equitable health services, there are troublesome barriers, once again females in general and FGM is highlighted in the draft resolution, despite the highlighted topics, there is still strong resistance, with rights women can contribute to social and economic developments, changing the attitude and behaviour of men and boys sometimes negatively affects women and girls, nordic countries will stay active promoting gender equality wherever the sexual and reproductive needs are not met.

**Netherlands:** commend sect for doc; fully subscribe to challenges and priorities in context of +20 and SDGs; this strategy builds on important work of Beijing platform; must do more in addressing health; women's rights and patriarchy; addressing gender inequality; investments to integrate reproductive rights; stress the unfinished business of MDGs requires our continued attention; lack of progress on MDG5 of concern to Netherlands; absent was the prevention of violence against women and girls; it is included in the post 2015 agenda reflects that violence impediment to full participation of women and girls in their society; comment Global Action Plan on violence against women and girls

**Chair:** informal working group on vaccine meeting in room 10

**Saudi Arabia:** *This report is timely given the finalization of the post-2015 sustainable development agenda and the renewed global strategy on women's, children's and adolescents' health. It is an opportunity to increase and strengthen commitment and translate it into measurable actions for reduction of maternal and child mortality and morbidity in Member States. WHO should continue to support countries in generating health indicators disaggregated by gender, and by measuring progress in the context of the accountability framework for women's and children's health. We need to ensure universal access to and affordability of quality health services, for example the human papillomavirus vaccine; through allocating the required financial and human resources. We need innovative approaches to resolve inequities between low- and high- income countries and to ensure that women's health is considered as part of a broad agenda. We need to develop a culture of accountability and measurements of the maternal health and non-health outcomes. Finally, culturally and religiously sensitive adolescent health issues especially sexual and reproductive health need adaptation at country level according to the local context as necessary. Thank you*

**Egypt:** on behalf of EMRO, progress made has been slow and uneven. maternal mortality ratio has halved, but still a major issue. will not allow to reach MDG (280 m women died from pregnancy complications) women have inequitable access to quality health services. not enough to target actions to women, importance of accountability and participation. call on DG to ensure more cooperation toward new strategy for women and girls health. calls for innovative strategies to address inequalities.

**Australia:** welcomes Sect report; firmly committed to full and effective implementation of Beijing Platform etc; reaffirms importance of addressing women's health issues; welcome progress in terms of mortality and morbidity; but concerned about inequities in some countries; gender issues to be fully considered in implementation; appropriate inclusion of such matters in SDGs; support gender mainstreaming to ensure implementation of Beijing Platform; encourages MS to accelerate implementation of existing commitments

**Bahrain:** read report. report on measures taken in the country. there is no discrimination between services provided to men and women, but there are services targeted to women due to their special role. support leading role for WHO to lead MS and support program that will support reaching MDGs.

**Barbados:** *The Government of Barbados congratulates the Secretariat on its continued work to promote the global realization of gender equality and women's empowerment, through the area of Women and Health. This is in keeping with the Government of Barbados' policy on gender equity and the right of all Barbadians to access health and social services. Our policy is consistent with the Beijing Declaration and Platform of Action, the outcomes of the Fourth World Conference on Women in Beijing 4-15 September 1995.*

*This is the target year for the Millennium Development Goals and Barbados continues its mission to advance the health and development of women, children and adolescents by adopting the principles in the new global strategy. This demonstrates our continued efforts to end preventable maternal, new-born, child and adolescent mortality and for promoting health and well-being of women throughout the life course.*

*Barbados remains committed to investing in universal access to health and universal health coverage, and in integrated sexual and reproductive health strategies. The commitment of shared goals with health-enhancing sectors is demonstrated by the establishment of an Inter-Ministerial Committee comprising the following eight Ministries – health education, finance, agriculture, commerce, housing, social care, and youth and sports.*

*The Government of Barbados is pleased to support the efforts of WHO in the development of strategies to achieve the goals on Women's Health within the framework of women's and children's health.*

**Thailand:** Beijing Platform equates women rights to human rights. important. notes the report. progress have been slow. can not be addressed in silos, need a women in all policy, global, community and family. social and cultural aspects and determinants, customs and cultural behaviors are key. this can be done under UHC. better women's health is good for the whole community.

**Brazil:** Thanks; align with intervention for American region; grateful for leadership of WHO; the opening of dialogue is crucial so that this question remains in view; discrim persists; not just the great diff in access or opportunity; UN conf on women in beijing this year was a major milestone; thematic advances; need to make sure this momentum is not lost; need to be in a position to face new challenges; looking for concrete results; cannot tolerate any rolling back of the momentum which has been maintained; need to strengthen our commitment in the Global Action pPlan; reproduction AIDS violence; political actions aimed at impr health of adolescents and women are the basis of the whole society; bear in mind the intersectoral aspects

**Chile:** associate with intervention of Colombia on behalf of panamerica. issue is a priority. addressing it needs to increase living standards and access to services. many issues that are in the report, forced marriage; reproductive health, action by men; conducting a national poll on sexual and reproductive

health; get a full picture. importance of disaggregated data. during chilean dictatorship women were not able to take their own decisions. new law that would allow the voluntary interruption of pregnancy.

*Gracias Sr. Presidente,: Chile adhiera a la declaracion efectuada por Colombia a nombre de GRUA. Para el Ministerio de Salud de Chile, es una prioridad y compromiso abordar la salud de las mujeres desde los enfoques de derechos, género, determinantes sociales y curso de vida. Por ello, agradece la inclusión y relevancia que se ha dado a este grupo, en esta 68ª Asamblea. El documento Mujer y salud: 20 años después de la Declaración y Plataforma de Acción de Beijing, hace mención a los acuerdos de la Cuarta Conferencia Mundial sobre la Mujer y en particular a los acuerdos en “la mujer y la salud”. Los progresos, desafíos y prioridades descritas detallan los compromisos de la plataforma. Sin embargo, si bien las necesidades en salud son de todas las mujeres y las niñas, en Salud Sexual y Reproductiva hay que considerar que existen algunas personas que necesitan más apoyo que otras, personas que viven situaciones de vulnerabilidad, tales como las mujeres de la diversidad sexual, las mujeres con algun tipo de discapacidad, y las mujeres privadas de libertad. En relacion con la Salud Sexual y la Salud Reproductiva, nuestro país reconoce desafíos que se plantean en el documento: mortalidad materna, necesidades insatisfechas en anticoncepción, violencia contra la mujer, SSR de adolescentes y jóvenes. Pero tambien consideramos importante la inclusion de programas dirigidos a las necesidades de salud de hombres. Por otra parte, para la formulacion de programas adecuados es necesario contar con informacion actualizada; para ello Chile esta desarrollando una encuesta Nacional sobre Salud Sexual y Reproductiva, que entregara información acerca de la sexualidad de los chilenos y su salud sexual y reproductiva. También hemos incorporado la distinción por sexo en las estadísticas nacionales. Dando respuesta al derecho a la toma de decisiones de las mujeres, que fue abolido por la dictadura militar en 1989, el gobierno de la Pdta Bachelet ha presentado un proyecto de ley que despenaliza la interrupcion voluntaria del embarazo por tres causales, riesgo vital de la mujer, inviabilidad fetal y violación, cambiando así la ley que actualmente penaliza a las mujeres que han tenido un aborto, ilegal en la actualidad. Finalmente esperamos que los avances planteados en el documento de la Secretaria sean reflejados en la renovada estrategia sobre la mujer, adolescentes y niños y niñas que OMS lidera, la que apoyara la implemetacion de los ODS. Gracias Sr. Presidente.*

**China:** thanks sect for report; criically meanigful; rel to sdgs; over last 20 yrs china has advanced the Bgj platform; has incorporated women’s and children;s health continuos improve; since health care reform basic public health service rolled out widely; subsidies to rural women for childbirth,etc; health equality has been advanced; womens and child health keeps improving but there remain challenges: HIV, cancer, DV, adol health; the global comm enter new dev phase after 20155; hope that WHO can learn lessons from MS and set new priorities for cap bldg for mat care and child care;

**Maldives:** *Thank you Mr Chair, Maldives would like to commend the report by secretariat. Overall progress has been made in reducing maternal mortality and, to a greater extent, infant mortality rates, objectives that were among the targets of the Millennium Development Goals. Despite these positive steps review and appraisal of the implementation of the Beijing Declaration and Platform for Action specifically related to women and health, such as nutrition, sexual and reproductive health including sexually transmitted infections, HIV and violence against women is a reminder that we cannot be*



*complacent; our progress as a global community has been slow and stagnant, and in some areas we have even regressed.*

*Member states need to achieve convergence between high -and low -income countries within a generation, to ensure that women's health is considered as part of a broad agenda, including the health of children and adolescents.*

*Mr Chair, In principle we agree that accountability needs to be based on certain core principles: clarity about stakeholder responsibility for action; accurate measurement; independent verification; impartial, transparent and participatory review; and clear recommendations for future action. Availability of high -quality data is imperative to understand the reasons for uneven progress.*

*We strongly believe that building on and extending the unfinished development goal, would elaborate actions needed to end preventable morbidity and mortality and promoting health and well -being of women, children and adolescents.*

*We urge member states to ensure that women's health is considered as part of a broad agenda, including the health of children and adolescents. Tackling these problems in an integrated way across all diseases and programmes will significantly improve women's health and well -being.*

*Mr Chair, The Maldives therefore calls for a universal, transformative post-2015 development agenda which integrating a gender -sensitive approach throughout all goals and targets. Thank you for your attention.*

**Uruguay:** ass with AMR statement; commend sect for this report; dr chan and her staff; 20 yrs since Bjg; have placed emphasis on need to protect right of women; we have attained obj 5; bec of eco crisis pregnancies have increased; the red of mat mort certain number of steps in sexual and reprod health including advice before and after abortion; using since 2004; earlier interruption of pregnancy; follow up of pregnancies that are carried to term; adopted a new law on sexual and repro health and another law on assisted repr health; fully covered by our health system in Uruguay; challenges to remove remaining obstacles in access to these services; identifying spec approaches to in private and public; integral appr to the health of women in the life course; legal norms essential; SDGs and new strategy for health of women and girls will help us to ach our objectives

*Gracias señor presidente, 1. Nos alineamos a los terminos de la intervencion de la Region de las Américas. 2. Agradecemos el informe de la Secretaria (A68/16) (en el que se identifican avances y desafios pendientes de la agenda global sobre mujer y salud) y en especial el liderazgo de la OMS en la persona de la Dra. Flavia Bustreo y de su equipo en los temas de salud de las mujeres y de las ninas. 3. Uruguay ha progresado en estos ultimos 20 anos en la implementacion de compromisos de la Declaración y Plataforma de Acción de Beijing, colocando especial énfasis en la superación de las inequidades de género, así como la protección de los Derechos de la Mujer. 4. Uruguay ha alcanzado la meta del milenio numero 5 (de reducir la mortalidad materna en tres cuartas partes (entre 1990 y 2015)). Pasamos de una tasa de mortalidad materna de 28/100.000 en 2002 -consecuencia de la grave crisis economica en la cual aumentaron los casos de embarazo no deseado e interrupciones de riesgo- a*

16/100.000 en 2014. 5. La reducción de la muerte materna ha estado vinculada a un conjunto de mejoras de los servicios de salud sexual y reproductiva, incluyendo: • la amplia cobertura de métodos anticonceptivos brindados gratuitamente (a las mujeres) en los centros de salud; • el desarrollo de la asesoría pre y pos aborto a través de equipos multidisciplinarios en el marco de Iniciativas Sanitarias contra el aborto en condiciones de riesgo, aplicadas desde el 2004 (modelo que ha servido de ejemplo en otros países) • la captación temprana del embarazo y la cantidad y frecuencia de los controles, • la asistencia de personal sanitario especializado en el parto (contamos con 99% de partos institucionalizados), • avances en el marco legislativo a través de la Ley de Defensa del Derecho a la Salud Sexual y Reproductiva (2008) y la Ley de Interrupción Voluntaria del Embarazo (2012) que ha sido refrendada por la ciudadanía; y la ley de Reproducción Humana Asistida (2013). (Estas medidas han contribuido directamente en la disminución de los riesgos relacionados con la gestación, el parto y el puerperio). No se han registrado muertes por aborto inseguro en Uruguay desde 2008. 6. Desde 2011 la Salud Sexual y Reproductiva forma parte de las prestaciones del Sistema Nacional Integrado de Salud en Uruguay. Ello implica la instrumentación de servicios integrales y universales de salud sexual y reproductiva por todos los prestadores del Sistema. El reto permanente es minimizar las barreras de acceso y mantener un nivel de calidad elevado de las prestaciones. 7. El sector salud ha buscado dar una respuesta efectiva al problema de la violencia contra las mujeres y niñas, desde un enfoque de género y generaciones, a través de la implementación de servicios de detección y atención en todos los prestadores de salud públicos y privados, así como de un trabajo coordinado con otros sectores (en el ámbito del Consejo Nacional de Género) y del marco normativo establecido por la Ley sobre violencia doméstica (2003). Señor Presidente, 8. Es necesario contar con una mirada integral de los problemas que afectan la salud de las mujeres a lo largo de su ciclo de vida. La aplicación de políticas de salud con una perspectiva de derechos es esencial para empoderar a las mujeres y avanzar en el cumplimiento de los compromisos pendientes (de la agenda de salud y mujer). Consideramos que la agenda de desarrollo sostenible post-2015 y la renovada estrategia Global para la Salud de las Mujeres y las niñas nos otorgan la oportunidad de seguir avanzando en los desafíos pendientes. Muchas gracias.

**Turkey:** Thank you Chair, Distinguished delegates, Turkey commends DG and the secretariat for this relatively short but informative report. More or less report touches nearly everything that affect women health.

Although it is far from what we have expected, there are some improvements let us to look from the brighter side. Yet, we shouldn't forget that, health couldn't be evaluated without taking into consideration of social determinants. It is much more important from women's health perspective. That's why sister UN organizations' support, such as UN Women, UNDP etc. is critical to improve women health. Gender equity and empowerment of women are the elements paving the way to a brighter future.

Ladies and gentleman, I will share a small but important and unique step we implemented for improving women health. Cervical cancer is the fourth most common cancer, affecting women worldwide and the third leading cause of death due to cancer, for most of the countries. Although it is possible to detect cervical cancer through screening, there are some practical difficulties. Cytological examination is the

*bottleneck for countrywide screening programs especially for the countries having shortage of healthcare staff.*

*Turkey initiated countrywide first-line HPV DNA screening program last year. Two laboratories are testing all specimens and a few pathologists performing cytological examination of HPV DNA positive specimens. We have obtained results of, a little more than 500.000 specimens so far and now we can say it is a good alternative national screening program for most of the countries. Thank you Chair*

**Trinidad & Tobago:** women have the right to health. inextricably linked to national health and development, so national agenda. reports on national programs and initiatives. Moving from a focus on family planning to a nat strat on sex and reprod health; adol friendly spaces in health system; with involvement of PAHO and civil society; gender mainstreaming focus points in all ministries; LE 74 years which is 4 yrs greater than men; burden of NCDs is high; STD screening and treatment is available but sex workers say that it is no avail to them so with support of PEPFAR we are extending it to them and sensitising health workers to reduce stigma; look forward to cont leadership of WHO in context of SDGs etc

**Bangladesh:** women empowerment inclusive of women health. good progress in south east asian region, support of office. 70% drop in maternal mortality. life expectancy is not more than men. women are better empowered than ever before in Bangladesh. community clinics are key elements of primary health care and reaching MDGs and SDG. run by women. improving women's health reduced social discrimination and inequality. in port MDG era, hope for fulfilling goals of Beijing declaration. support WHO strategy.

**Tanzania:** review progress of MDG. health interventions needed are linked to protecting maternal health. MDG 5, maternal mortality remains unacceptability high. africa cares campaign to reduce maternal mortality was launched. DG strategy in 2010 mobilised commitments and actions. women are confronted to violence which affects their health. data starting to be disaggregated on sex and age to be used to design policy. youth is an opportunity for economic growth, if investments are made properly. investment in education remains low and girls are more likely to be affected. acknowledge importance to women's health of NCDs tobacco, cancer, on behalf of AFRO, take notes of report and commits to work together for better health of women and girls.

**Chair:** still have Indo Mex Pak, SA Kazahkstan, Niger and ghana

*Item suspended; resumed in Committee A on Monday 25 May*

**Document:**

- [A68/16](#) – Sect report

**Indonesia:** progresses but in many parts of the region the situation remains difficult. Implement general mainstreaming , maternal health included in our plan. Maternal mortality still above the MDGs target. More attention given to 10-24 yo pop. Indonesia adopted maternal and child health book, keeps info of mother and child health. Shared with other SOutH regions. Data show progress, including domestic

violence. Consideration also case finding. Still uneven progress in core areas of women and health, so support as one of key focuses of MDGs, coordination with all stakeholders and cooperation with other partners including private sector

**Mexico:** Mexico endorses statement made by Colombia on behalf of AMERICAS, BEIJING platform for action nutrition has been uneven. Multicultural approach taken. Epidemiological analysis needed, to look at class factors. Physical activity and obesity in women so specific plans have to be made as women specific group and women at higher risk of NCDs, mental disorders have to be taken into account, women suffer from greater anxiety and

**Pakistan:** fully committed for women to enjoy higher health and mental health, necessary to participate in every; gender based disparities addressed in our country, key strategy is gender based . gender sensitive budgeting, resources allocated to gender inequalities. Social economic progress will be achieved like this. Maternal neonatal health also addressed. Training of health workforce in maternal health etc. Provision of child referral services. appreciation of WHO efforts towards. NCDs account for 82% of deaths in LIC, need of financial and technical assistance to tackle NCDs in LMIC

**Jordan:** Shukran rais, my delegation has noted report, Jordan remarkable progress related to main indicators, ie strategy of safe pregnancy, breastfeeding and family planning, also including free services for pre and post natal care. 90 days leave for maternity. Adopted system of women's health info, collect data on ongoing basis, also have register of maternal mortality which has improved our indicator and as maternal mortality is 19/1000. Managed to reduce adolescent pregnancy now at 5%. Fighting against violence against women, Program to promote women's health. life expectancy is now 74.5 year. Free health services for refugee women

**Oman:** Shukran said rais. Lack of women's specific health services has caused increase of morbidity and mortality in women - maternal health is part of most important health services, and thus we must offer these services according to Beijing platform. Eco and social development is possible only with participation of women and ensuring they enjoy good health. Lack of women's health programmes in many countries must be addressed.

**South Africa:** align with intervention made on behalf of AFRO region, thanks for work made in support of gender equality, progress has been made in 20 years but not enough, some due to inadequate resources, less action and commitment towards gender equality. A lot of work to do still : SA localized areas to strengthen, working closely with other depts org and institution, important actions making UHC a reality is our focus. Women should not die delivering their children or for preventable diseases. Emerging priorities, adolescence, elderly women, NCDs, this is included in the report

**Kazakhstan:** Thanks Secretariat for document prepared. K is consistently seeking to implement strategies from Beijing document, we fund this in my country. We attach importance to women and children's health, is our priority. Some areas where we have not achieve our goals: migration, women from migrated families. Also some legislative barriers preventing them from access when required. Health literacy needs improved, absolute prerequisite - can produce good results without enormous funding. Reproductive care - very important to improve health across the board. We need to improve

our use of indicators. Social determinants of health also have massive impact. Intersectorial collaboration at global and national level a must.

**Niger:** endorse statement of AFRO group, thanks for including this item in agenda. thanks for work done after declaration, In niger indicators show we have made progress one of the 6 countries who already achieved MDG 4. But situation on maternal mortality remains of concern, very slow decline not enough for MDG. low resources, so high impact interventions, on girls that are also mothers, family planning free of charge and gyno cancer treatment, not able to adopt legislation on age of marriage. Education hopefully will achieve some impact in this area. Need for all maternal deaths to be registered and recorded. Ambassador to focus on issue of maternal mortality. Universal access to care is vital step if we want women and children to improve their overall health

**Ghana:** Congrats on WHO secretariat, align ourselves with African region statement. Ghana recognises role of women in our society. If you educate a woman you educate a nation - if you educate a man, you educate an individual. Antenatal postnatal and pregnancy services, free. Attempts to reduce teenage pregnancy. Health insurance covers family planning. Gender issues - we are able to address most of barriers. Livelihood and poverty actions targeting women in particular. With all these strategies we are refocussing on primary health care - door to door services to provide basic health care needs of all people. We have reduced maternal deaths. We support this resolution.

**Iraq:** assert to following points empowering women with empowering of community, Accelerating workplan for MDGs 4 and 5. maternal mortality ratio declined (?). we are working for upgrading certain systems for maternal mortality ratio indicator to be integrated with obstetric care...programs to tackle violence against women, incorporating with HR programs, advocacy and social mobilization for all populations focusing on women health as a priority. also focusing; intersectoral collaboration. WHO and other organization to denounce behaviour of terroristic org in areas outside the control of government and promoting behaviours against women's health

**Sudan:** Comends efforts of Secretariat on preparing report. Many steps taken in past 20 years in continuum of care in Sudan, but we are not yet arrived to our goals. 2012-2016 national health sector plan - includes MCH action plan aiming on universal coverage. Identifies exact gap in health facilities equipment. In terms of HRs, plan tries to address this. Horizontal expansion, and vertical expansion to target better this segment of population. Midwives: 38 000 need to be trained in next 5 yrs as skilled birth attendants, plan is now in 3rd year and on track. Midwife production and integrated employment. Others needed: PHC doctors, community health workers. Sudan appreciates the report - with special focus on cancer and mental health, all relevant to Sudan. Global financing umbrella if widens its coverage will help.

**Nauru:** Nauru has a strategic national plan which identifies areas crucial for maternal health, free healthcare to all, NCDs, breastfeeding, maternal health, family planning and PH promotion. Also safe haven for women subject to domestic violence is provided.

**UK:** Welcomes the update provided which highlights emerging priorities. We take the floor to put emphasis on comprehensive sexual and reproductive rights & ensure that get realized, support

healthworkers, ado child health.... (lists series of health objectives outlined in the report that UK believes important, brief intervention).

**Philippines:** gratitude for WHO leadership for women and child health, P. wants to commit in champion, in the frsme of UHC, beyond al costs, making maternal health safer, bringing qwuality care to neonatal and maternal care in tot facilities. Competent doctors midwives etc present. Strategy of high impact breakthrough, 85% have at least 4 antenatal checkups, 60% have access to contrapetion, 95% children are fully immunized, social health insurance coverage by insuring at least 80% of them in the program, increasing number of women giving birth in facilities in which are supported by skilled personnel. Passing of national reform will facilitate meeting the targets

**Sri Lanka:** Chairman, Sri Lanka is pleased to emphasize progress made: 78yrs life expectancy currenty. 32/100 000 live births maternal mortality, well ahead of developping countries. Role model to nations in developping world. Series of stats on skilled birth attendants etc. Sri Lanka very successful over past half-century in reducing child mortality rate under 5s. Happy to note that 70% of adolescents are schooling with gender equality.

**Chair:** statement of representatives of other UN agencies and other governmental orgs

**UNFPA:** congratulates WHO for comprehensive report... 20 years ago the cairo int conf on pop marked a turning point for people rights health at the core of the efforts. Recognized great achievement on sexual reproductive health. Persistent inequalities though undermining process, discriminatory laws practices etc prevent women from accessing contraception and family planning. ICPD 20 year review including the 2014 in mexico, aims at closing gaps and increasing services esp for adolescent. UNFPA welcomes in particular inclusion if adolescent health in the global strategy and the maternal etc health in fragile and conflict context, reach any woman child whatever everywhere. UNFPA working hand in hand with WHO, special attention for reproductive health of men and women. Gender based violence of concern. 88% of pop in the world is women.

investment in girls education for young women, and provide package for sexual health, HIV prevention and of adolescent pregnancy. Accelerate action on adolescent health. All useless if we don't strengthen health systems and make sure they are not vulnerable

**Chinese-Taipei:** Thank you chair, sincerely appreciate efforts and comprehensive review, emerging priorities, including NCDs in womens health. Women live longer, but spend greater proportion of their lives with physical disabilities. Depressive symptoms more common in women. Like many other countries - missing girls with biased ratio at birth. Strong intervention in 2010 with social advocacy against selective abortion. Sex ration at birth framatically dropped after this intervention. 169 boys (??) for 100 girls initially and now this ratio is much better, number of baby girls saved as high as 5000 and some in just past 4 years. Selective abortion and genital mutilation actions. More equitable health developpment for women.

**NGOs:**

- [Handicap International Federation \(HI\)](#)
- [International Alliance of Women \(IAW\)](#)
- [World Heart Federation \(WHF\)](#)

**Secretariat:** thanks for intervention and positive feedback, excellent work made by WHO blabla. Its clearly that the 20 years anniversary is also a point of critical reflection to move forward the agenda of human health and rights, gender inequalities alone and in combo with SDH increase the risks for women health, Importance of gender disaggregated data are vital for country action on this issue. State of inequalities report started which focuses on health stratifiers. approach to end MDGs, will to continue address women's health, development of global strategy for women children and adolescent health for the next 20 health, focusing on unfinished MDGs esp ending maternal health NEw challenges for Universal access in the context of UHC, particular needs of women as NCDs and violence, focus also on adolescent women as specific issues affect them. Appreciate work and consultation with many countries on GAP against violence.will be discussed and hopefully agreed in 2016. Global strategy for women children and adol health will have a focus on humanitarian crisis and emergency settings, huge number maternal deaths occurring there. Need to recommit ourselves to vision of Beijing agenda and making it a reality for women and girls in the world

Chair: Thanks Dr. Bustreo from Secretariat and

*Report noted; item closed*

### **Item 14.5 Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion) (A25)**

**Document:**

- [A68/17](#) – Sect report

**Iraq:** Taking into consideration community based initiatives. Intersectoral collaboration within primary health care approach is crucial. Health promotion being the responsibility of all sectors. In Irak despite high security circumstances, we have planing in ministry of health and environment for community based initiatives.

**China:** appreciates report and agrees on main components

1. in order to take action across sectors to tackle inequalities essential capacity building, promoting training etc, Helsinki Statement.
2. 2. framework for action focuses at country level, but NGOs should focus on country level, secretariat support needed

Sustainable action across sectors needed. 2016 nov in Shangai we will hold a conference on health promotion (?). Great importance of transitioning to health promotion and SDGs. China will continue joining efforts with WHO and other govtl orgs to achieve targets

**Congo:** Speaks on behalf of AFRO - member states of region approve the progress made in terms of increase in health systems competency in Africa. This experience should be extended to large number of countries, given difficulties in combating health inequities in most countries. With respect to multisectorial approach in health policy, we are aware of challenges remaining, and require coordination with other sectors for health inclusion in all. Possibility of following impact of implementation. Rio declaration on social determinants. Putting in place of leadership to coordinate multisectorial approach, good governance. Strengthen head of MOH to act on social determinants of health. Support national and regional research on risk factors on social and behavioural determinants which impede implementation of measures. Takes note of report.

**Finland:** speaking of behalf sweden estonia norway etc 2013 conf on health promotion report 68/17 just received 6 days ago, 67/12 is mentioned in this doc. quoting doc: the determinants of health are very broad," we are now at an important crossroad, including AMR, climate change and SGDs, reaching sustainability... health in all policy is serious business. doesn't mirror intention of DG intention, other sectors sometimes; while achieving synergies remains a challenge. Time for action, focus on health in all. Planning and preparation for next conf on; propose a framework for the meeting, health in all focuses on multisectorial approach still much to do including better intersectoral links within WHO. propose approval of framework and ask WHO to enhance its dissemination in countries

**France:** Thanks secretariat for framework proposed and regrets that published so late. Health sector itself can not meet health challenges of contemporary world, cf climate change. To act effectively on eco and social determinants of health we need cross-sectorial approach. We MS count on work of WHO to guide us on this. France has recently created interministerial commission for health, to implement health in all policies. Beginning of 2016 we will convene high level meeting on Health in all Policy.

**Mexico:** convinced that the PH policies health dimension in all policies is needed, Our intervention in the context of Helsinki Declaration on Health in All Policies. Having regional plan to move approach forward, submitted national plan for prev and control for overweight in our country. since we have guidelines intersectoriality, working with CS, including SDH. State and local experiences to integrate new practice initiatives

**Thailand:** Acknowledges draft framework for country action. Thanks Finland for hosting 8th conference. Still 3 concerns: inclusive policy making process, we can not argue that private sector with conflict of interest want to take driver's seat - transparency necessary. Private sector should not replace the gvt in policy formulation process. Private sector actors with conflict of interest are encouraged to stay in their role of monitoring of their products, production chain etc. We cannot do everything for everyone, we need to select priorities and focus on these. Applicable to dif problem groups. Actions at country level, strengthening national capacity not possible if international trade and economic trade does not allow.

**Russia:** supports draft framework on country action, prepared on spirit of helsinki decl of ehalt in all policies. ... mesothelioma as regulation on asbestos > increases risk of mesothelioma to workers exposed to fibers as asbestos, carbon nanotubes. exposure could be caused by several causes. malignant mesothelioma is serious but extremely rare and causes are not well known. All possible risk factors have



to be taken into account. !!!! amendment proposed: emphasising efforts to combat asbestos related diseases; in line with text of resolution of previous WHA. If not supported by MS we could withdraw it and would introduce instead “package of measures and standards in the context of elimination and reduction of asbestos related diseases” (if amendment not accepted notes will support #SDOH passage but would like statement recorded in notes [reads])

**Barbados:** government of Barbados congratulates the Secretariat on progress in implementation of health in all policies. Country action and capacity building activities - CARACOM member states in forefront of campaign to include NCDs into this framework. Regional framework on addressing NCDs - gvt of Barbados in this respect recognises that highest level of leadership needed to address NCDs, equity and social determinants of health. Will seek to bolster such efforts with non health actors. Requests PAHO WHO to continue to provide evidence for health in all policies, that Barbados can use in its policy, and practical tools that will help in implementation of this approach.

**Trinidad and Tobago:** framework tool for working towards health of population; supports adoption of the strategy. participated in drafting of health in all strategy in helsinki and also in regional PAHO document/strategy, also part of expert consultation hosted by PAHO > how to operationalise this strategy. Recomm coming from those consultation to guide implementation this strategic approach on health promotion, in order to address also SDOH and inequalities. T&T supports this approach since 1993, health in all enabled us to re-energize policy action across sectors and reduce inequities. establishment of ministerial and intersectorial committees, including cs and private sectors. the ministry of health functions as an advocate and participant to health in all sectors, ensures also that actions to mitigate health; effective policies must be based on evidence that is scientifically sound, also based on experience and voices must be heard. limited capacity in caribbean region to use Health impact assessment, therefore look forward to WHO and regional org in order to build capacity in this area. Multisectorial approach and including building approach in all sectors and all people working together. Commend work of WHO for leadership and maintaining focus on SDOH, creating conditions that promote the health of people. PAHO promoted health in all; endorses draft framework for action on health and health equity and looks forward to its approval.

**Egypt:** Presents appreciation on such important report. Sustainable action across sectors necessary as health multidimensional. Health in All policy became a necessity. We also note universal health coverage, as brings protection against poverty. Needs for efforts to reinforce universal health care across whole world. Prioritisation of equity in access to health in internal egypt paper, with emphasis on universal health coverage. More health for money, efficiency transparency. Affirming health as key pillar for development. Egypt has put effort on identifying those in most need, and focussing on them with resources.

**Nauru:** supports report. small country pop of 10000, seasons are hot, Reliance on desalination of water. Dubious honour of highest obesity rate in the western pacific so NCDs are main priority. 99% of food imported, Chinese taipei showed that some vegetables can be grown here. Dialogue clear roles and responsibilities... Achieving UHC, strong primary care, strong health services is crucial. challenges on

NCDs, water and sanitation, climate change, Large number of donors supporting Nauru, including Chinese taipei, so urges participation of Chinese taipei to WHO/WHA

**Chair:** Asks if any further MS wishing to take floor. No. Rule 46: floor to UNDP.

**UNDP:** Congratulates many clusters of WHO who collaborated to devise this framework of action. A person's health status decided for most part by what happens outside the health sector. Two joint initiatives WHO-UNDP:

- multisectorial approach included in development initiatives - multisectoriality now part of the DNA of action on NCDs. Focus on governance of NCDs so all stakeholders are aware of contribution they can make.
- financing: integrated approach will benefit all sectors. Co-financing systems for health. Often responsibility for financing left to one sector alone - cf NCDs, action to be financed by health sector alone. Example of cash transfers to young girls to keep them in school and safe.

**Chinese-Taipei:** supports framework, it's comprehensive and clear, commends all participant. health in all approach adopted by CT. Taipei decl on global development of health in all policy was supported by all participants, obesity focus. National council with CS taken on board, report on health inequalities, action to be taken (3 points):

1. surveillance framework on health inequalities
2. govt to close the gap
3. health in all policy in all sectors???

stronger framing society inequality kills > implications for GDP suggest including stronger statement in the document, CT willing to engage with other MS on this doc

**NGOs:**

- [Alliance for Health Promotion \(AHP\)](#)
- Global Health Council - statement not available on WHO site.

**Dr. Chesnov (Secretariat):** The WHO secretariat always seeks to support efforts made by countries in these areas. This is a process that goes back 30 years almost in fact. In Helsinki we said that we had been discussing this for 25 yrs and that the followup would be here - I thank Finland and other countries for their unfailing support of this issue. Not enough to discuss, time for action. Finland conf comment: lack of actors from other sectors - we went, MOH came, but not other sectors that impact health. But progress has been made in report we consider today and that all countries support. Can not put it any better than France: health sector can not be responsible for health in isolation, number of other sectors need involvement. WHO can not lead this process unless you give us clear guidance as to where you want to be lead. Governments in Helsinki took ownership of the process, and that in itself is significant. Thailand spoke of barriers, like conflict of interest. Within dif gvt departments conflict of interests already exists - passivity within dif gvt departments. Caribbean region, initiator of work done on NCDs throughout the world. What do we want now? We want meeting in Shanghai with some tough talking so we can move forward. MS like cross-sectorial work, but don't know how to do this. Thailand again spoke

of mobilisation, not just against diseases but also FOR health. Disease control is all good, but fighting FOR health is radically different. 30 years is a long time, and we need now to get down to work as quickly as possible, and in specific terms as possible. Guidance given to WHO is crucial. Good grounds for optimism, we have political will. Confident secretariat with technical capacity. With regards to money we are not doing so well - but money will appear if you are specific in what you want.

**Chair:** note statement by Russia re Asbestos, report cannot be changed so Russia flexibility will be appreciated, without clarification then I assume we are ready to approve the report, record will reflect.

*Agenda item closed.*

## Item 14.6 Air pollution (A21)

[From [Jour 5](#) report: The Chairman opened the subitem and invited the Committee to consider document [A68/18](#) and the draft resolution Health and the environment: addressing the health impact of air pollution contained in document A68/A/CONF./2 ([Rev.1](#)). The Chairman announced that discussion of the agenda subitem would be suspended pending further consideration of the amendments during a drafting group. The agenda subitem remains open.]

**Doc:**

- [A68/18](#)

**Norway:** efforts on-going to agree on draft resolution on this item, suggests establishing working group on this item, and get back when WG is in the position to report back on this item

**Chair:** suspends consideration and WG reports back before we go on with discussion. WG is listed in today's journal, will meet in room 16 at 6 pm.

*Item suspende; resumed in Committee A on Tuesday 26 May*

**Documents:**

- [A68/18](#) – Sect report
- [A68/A/Conf./2](#) – draft resolution proposed by USA, several European countries and a few others
- A68/A/Conf./2 Add.1 – fin and admin implications
- EB136(14) – decision of EB136 referring to the debate between India and the US at EB136 and failure to achieve consensus at the EB (in [EB136/2015/REC/1](#))

No notes from Tuesday 26<sup>th</sup> May.

Note that [A68/A/Conf./2](#) is full of square brackets and that before the resolution WHA68.8 was adopted a further version of the resolution ([A68/A/CONF./2 Rev.1](#)) was circulated.

*Resolution ([WHA68.8](#)) adopted; item finalised*

## **Item 15 Preparedness, surveillance and response (A21)**

### **Item 15.1 Antimicrobial resistance (A21)**

[From [Jour 5](#) report: The Chairman opened the subitem and invited the Committee to consider documents A68/19, A68/20, A68/20 Corr.1 and the draft resolution Global action plan on antimicrobial resistance contained in document A68/A/CONF./1. The floor was then opened for discussion. This subitem was left open and the meeting was adjourned. ]

#### **Documents:**

- [A68/19](#) – Sect report
- [A68/20](#) – draft global action plan
- [A68/A/CONF./1](#) – draft resolution dated 18 May
- A68/A/CONF./1 ([Rev. 1](#)) – revised draft resolution after informal discussion, dated 25 May
- [A68/A/CONF./1 Add.1](#) – fin and admin

**India:** *I thank you Mr. Chairman, We align ourselves with the Statement made by Thailand on this agenda item on behalf of the member states of South East Asia region. However, we would like to flag some of the additional issues that we believe warrant attention while considering the draft resolution.*

*Anti-microbial resistance (AMR) today threatens all countries, big and small, rich and poor, developed and developing, and that is why requires concerted action by all Member Nations. We are, therefore, encouraged by the strong political commitment that is emerging globally to address AMR.*

*India attaches high priority to combating AMR in a comprehensive manner. We have rolled out a number of initiatives both at the national and regional levels that focus on infection prevention, rational use of antibiotics including correct prescription and consumption practices, improving surveillance and laboratories capacities, enhancing access to antibiotics and point of care diagnostics and stimulating R&D efforts. Together with other SEAR countries we have also adopted the Jaipur Declaration on AMR.*

*We thank the Secretariat for the revised draft global action plan. We appreciate the emphasis given to multi-sectoral action in the draft global action plan. However, we believe that AMR should be seen from a broader perspective as a development challenge rather than limiting it to a health security risk. Emphasis should be on raising awareness, infection prevention, promoting rational use of antibiotics and addressing the needs of developing countries in strengthening access to health care facilities, promoting availability and affordability of existing and new antibiotics, diagnostics and vaccines. The fact that no new class of antibiotics has been developed in the last 30yrs underscores the urgency to accelerate R&D for new antibiotics. We need to develop new mechanisms to promote the development of new antibiotics and ensure their access to those in need at affordable prices.*

*We thank the main sponsors for introducing the draft resolution on Antimicrobial Resistance with the intention of taking forward the global action plan. We, however, believe that all five objectives identified in the AMR should be simultaneously pursued with equal emphasis and priority.*

*We support the convening of a high level segment on AMR at the UN General Assembly in 2016. However, it is important that we sustain the political will and work towards achieving tangible deliverables at the proposed high-level segment that should include mechanisms to address the specific technical and financial needs of developing countries and also develop innovative R&D models to promote the development of new antibiotics.*

*We hope the main sponsors will take into consideration the above concerns so that we are ready to adopt a strong and consensus resolution at this Assembly. We request the Chair to allow further consultations on the draft resolution before it can be adopted. I thank you.*

**Latvia:** *I am speaking on behalf of the European Union and its Member States. The following countries align themselves with this statement: Turkey, the former Yugoslav Republic of Macedonia, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova, and Georgia.*

*The European Union is very pleased that a Draft Global Action Plan on Antimicrobial Resistance is presented to the Assembly. We are also pleased to cosponsor collectively the draft resolution that has been tabled for the adoption of the action plan.*

*The Draft Global Action plan is a major step for WHO and its Member States achieved in close cooperation with FAO and OIE. We wish to thank and acknowledge all stakeholders that were involved in developing this important Action Plan, in particular the Secretariat and the Strategic and Technical Advisory Group. Within one year, we have managed to develop in an inclusive manner a comprehensive plan ready for adoption.*

*With this draft, WHO succeeded in involving all relevant sectors, including human and veterinary medicine as well as agriculture. It considers all elements required to tackle AMR thoroughly. The principles and the five strategic objectives are well identified. They create good guidance to Member States for developing national action plans.*

*But we are not yet there: On financing, we would like to seek confirmation from the Secretariat that, irrespective of the outcome of the programme budget discussions, the action plan and the accompanying resolution will be fully budgeted in the Programme Budget for 2016-17.*

*A Framework for Monitoring and Evaluation of the Global Action Plan still needs to be developed by the Secretariat and the Strategic and Technical Advisory Group . This will be a very important instrument to WHO and its Member States in measuring their efforts.*

*The EU also underlines the urgent need to accelerate efforts to develop new antimicrobial medicines, diagnostic tools, vaccines and alternative therapies while preserving existing antimicrobial medicines through rational use. WHO is an important partner in this regard.*

*The adoption of the Global Action Plan is a first step. Now it is time to act. Member States are expected to implement the proposed actions and develop national plans. The European Union and its Member States have worked actively to ensure our public health interests via a One Health approach. This has led to the development and implementation of an EU Action Plan including national plans. However, much can still be done in our region. We are ready to support and interact with WHO, for example in the areas of responsible use and surveillance, in sharing our experiences with other countries, too.*

*We also have to look forward beyond the implementation of the Global Action Plan. Therefore, the European Union and its Member States support the call for a High Level Meeting in the United Nations General Assembly in 2016. This will create a platform to further strengthening awareness of all sectors and commitment to work collectively on the global threat of Antimicrobial resistance.*

**Ghana:** honored to take floor on behalf of AFRO states, the region knows that AMR has commitments by various member states, the man race will be put in a better place on adoption of AMR draft resolution, even though challenges were raised during consuttaions the problems of african region has to be addressed in the plan. there is a need to strentgthen data collection within the region. need to increase capacity for surveillance and pharmacovigilance. in countries where such systems exists the efficient AMR would be deployed; facilities for research and development for control of AMR remain weak. key issues of rational use of AM use , especially in the private sector is crucial; we recognize that implementation of global action plan can only be successful if financial issues in countries are addressed. the afro region is looking or effective collaboration, and committed for fight against AMR,

**Bahamas:** Welcomes plan and 5 strategic achievements, that can only be achieved if collaboration with laboratories. Use misuse and abuse of antibiotics - education of HCWs needed. Devt of superbugs. Agreed tripartite collaboration OIA FAO and WHO crucial to advancement of our peoples. Joint responsibility of many gvt agencies as well as private and public laboratories. Reinforce prescription practices, animal feeding practices. Limited data on prescription practices in carribean. (CARICOM states?) We are increasingglu depdt on tinernationa research to guide our national surveillance activities, and appropriately administer care tou our pple. We commend your work. Wishes to co-sponsor this draft resolution.

**USA:** apologies for confusion on speaking order, on the behalf of AMERICAN region states. AMRO requires actions on all levels nationally, regionally and globally, the states of Americas recognizes we are all vulnerable to AMR, committed to working together to fight AMR; we cannot highlight enough the impact of working together especially in increasing capacities for developing countries for AMROcommitted to prioritize the programs of operations including AMRO and surveillance. economically viable and technologicall effective programs; to improve health we prioritize id of best practices in the field of infection control, using WHO infection control guidance, and building surveillance systems in animal, human, environment interface; need for increase public awareness on AMR, 35 MS of America commend WHO on leadership and on progress of implementation of AMR.

Now brief on USA statement. gov is committed to global action plan specifically abided by resolution; committed to enabling EBD to assess economic impact and look for effectiveness of control measures on AMR; we encourage other nations to consider incorporation mechanisms for AMR.

**Thailand:** Speaks on behalf of 11 MS from SE Asia. Thanks report on AMR, 68/19 and DGAP A68/20. Acknowledge group work of MS drafting group resolution conf1 paper). Major public health issue... 2011 from our 11 MS committed to Jaipur Declaration on AMR. 2010-2015 plan to implement actions resulting from Jaipur Declaration. Chair, a few observations as to GAP implementation: clear statements on animals and crop plants needed (prophylaxis purpose), use of antimicrobial for crop protection/animals not clear - GAP promotes vaccination as promoted in food animals. Implementation must be guided by evidence on vaccination efficacy. Vaccination relevant to circulating pathogens? We might create more rather than solving problems. Bias against introducing vaccines in animals. Mentions food security (?). Strengthen knowledge and evidence base via surveillance and research on AMR - efforts to look at consumption of AM by humans and animals. At national, subnational level, or using sentinel sites if lacking funds. Biannual report should report this observations. Commitments on AMR despite reservations on GAP, Thailand supports GAP to guide member states on combatting AMR.

**Sweden:** aligns itself to EU statement, let me be brief, we need this action plan and we need it now, we urge u to adopt it now, action on national, regional and global level; finally we would like to support to higher meeting of high level panel in the UN (mentioned above)

**UK:** Aligns with remarks made by Latvia on behalf of EU and its MS. AMR serious threat needing coordinated global action. Thanks Secretariat for developing GAP. Antibiotics in human medicine are driving force for serious R in humans, wider pool of resistance via use in agriculture and farming. This GAP proposes comprehensive wide framework to drive action of all actors. AMR spans health agriculture food and environment and sanitation issue. We support the GAP and urge MS to develop national plans aligned, within 2 years. Most helpful that GAP clearly sets out actions by key stakeholders for integrated approach to tackle AMR. Developing national plans is stepwise process that requires political will rather than just additional resources. Cost of NOT implementing too high in terms of both productivity AND mortality. Fleming Fund (100 mio pounds) to help developing countries to align in GAP. UK supports GAP.

**Argentina:** Of course we endorse USA statement. Argentina is aware of general consensus that AMR threat to global health. We find ourselves working quite actively on AMR in Argentina, with a national plan fully in alignment with AMR (food, agriculture...). Paragraph 11: calls for adopting urgent measures - other competencies WTO, .... We think this correction of paragraph 11 is essential to adoption of the plan.

*Argentina, consciente del consenso general de que la resistencia a los antimicrobianos representa una grave amenaza a la salud mundial, agradece la elaboración de los informes y del proyecto de plan de acción mundial sobre la resistencia a los antimicrobianos.*

*Nos encontramos trabajando activamente sobre la resistencia a los antimicrobianos, contando actualmente con una estrategia nacional que se encuentra en línea con el presente plan de acción*

*mundial. El carácter distintivo e innovador de dicha estrategia nacional radica en que fue diseñada no solo a través del sector salud, sino integrando las miradas de las áreas de salud, economía, agricultura y alimentos.*

*En este sentido, señor presidente, esta delegación se suma a la declaración de la Región de las Américas y al apoyo del proyecto de plan de acción mundial.*

*No obstante, señor presidente, Argentina desea llamar la atención al párrafo 11 del documento A68/20, específicamente a la oración "La necesidad de adoptar medidas urgentes es coherente con un enfoque de precaución", a fines de que este documento sea consistente con los compromisos asumidos en foros con competencias comerciales multilaterales, e n particular la organización mundial del comercio (OMC), CODEX, OIE y la FAO. Por ello no solo apoyamos, sino que vemos indispensable, la propuesta de corrección sobre el mencionado párrafo remitida hoy por la Secretaria. Muchas gracias,*

**Iran:** GAP should be implemented rapidly. Indeed we hope that such an inter-organisational agreement (cf WHO, WTO, etc); Sexually transmitted diseases, malaria, MDR-TB have however received poor attention. This must be reversed. Multidisciplinary partnership, inclusion AMR in undergrad and postgrad education in medical school, food & agriculture; Classification of antibiotics so that not all levels of antibiotics accessible to prescription to all physicians of all levels; Data collection on antibiotic usage; IHR 2005 tightly related subject. Addressing issue of AMR requires new regulations: in Iran, is the case, and we thank WHO for guidance on this subject.

**Germany:** Aligns with Latvia on behalf of EU. Increasing threat. You heard chancellor Merkel on Monday - once you lose antibiotics, no way to get them back again. AMR do not stop at national borders need neither visas nor passports. Close joint collaboration needed, including human med, vet med. Urgent public health problem - one health approach needed. Mutual assistance between countries. Global responsibility to move milestone forward. Not only pass this GAP but go home and start implementing in national settings. Send strong message around globe that ready to act now!

**Australia:** We support GAP as committed approach to combat AMR. Our national strategy will guide action, congruently with GAP. Will have specific actions timeframes indicators. We look forward to working together.

**Chile:** jointly with recognizing the statement made by the US on behalf of Paho. Thanks the secretariat for the preparation of the report. recognize the seriousness of this problem. Difficult to provide universal access for the poorest. Dissemination of resistance major challenge for health systems. Our public health institute that establishes regulation. Regulated the sale of antibiotics only with prescription. Look at the vigilance, we draw national guides and recommends use with is necessary. Created a national committee to draft a strategy for use of antibiotics for animals as well. Articulation of the activities mentioned in one plan. Training of health teams , inclusion of activities for the use of antibiotics in the veterinary services. and National plan base on the guidelines of plan by the WHO. The use of measures to prevent diseases. Use of vaccines when available. Resolution would like to ask WHO to support the national and regional initiatives



**South Africa:** Thank you chair. Congratulate secretariat on GAP and for report on implementing past WHA plan (?). AMR global concern for both human and animal health - threat to gains made in reducing disease burden and mortality. GAP addressed key areas needing attention. Most of work relies on behaviour change of prescribers, consumers. Use of antimicrobials in agriculture sector now entrenched...need demonstration projects to prove other practices. SSFFCMPs (?) - rational use of medicines, control of MDR-TB: first time that such a comprehensive plan devised to address AMR with safe and effective medicines used responsibly. We support GAP, and WHA67.25 on AMR.

**Oman:** We thank the secretariat for its report. We think it's necessary to act urgently to put in place a World plan. Surveillance must be reinforced in all countries, so that these countries could reply accordingly. We must help poor countries or countries in conflict. We support the project. Il faut aider les pays faibles et en conflit, nous appuyons le projet. L'OMS doit aider les pays pour adopter des plans nationaux. L'OMS doit allouer une partie des fonds aux pays pour les aider. Oman accueillera une réunion régionale en septembre. Soutien au projet de plan d'action proposé.

**Kenya:** Aligns with statement of Ghana on behalf of 47 states of AFRO - committed to proposed GAP to combat AMR. Kenya reiterates gains made in recent decades under threat. TB, HIV, malaria, sexually transmitted dzs, food poisoning, sepsis etc becoming resistant to antibiotics. Multisectorial action needed, and should not be impeded by gaps in knowledge. Low levels of knowledge on use of antibiotics - with failure to complete course of antibiotics, sharing of medicines inappropriately, poor prescribing practices. Infection control guidelines. Evidence based practices needed. Kenya has established national medicines committee to address AMR. Through national medicines regulatory body has strong pharmacovigilance as to AMR, tries to eradicate irrational use of antibiotics. If financials to this plan are also addressed in detail, GAP has more chances of success.

**Republic of Korea:** *Thank you, Mr. Chair. The Republic of Korea extends full support to WHO, OIE, FAO and other relevant international organizations, and highly praises their efforts to prepare the comprehensive draft Global Action Plan on antimicrobial resistance (AMR). Our delegates call on all member states to support and adopt the draft as Director General Dr. Chan stated at the plenary speech, and to conduct thorough follow-up measures. And, we call for WHO's active support in holding the High-level meeting of the UN General Assembly. This meeting will call the world's attention to the seriousness of AMR, and the need for policy response in accordance with the 67th WHA resolution.*

*The Republic of Korea is set to reform the national plan for AMR control, in order to align with the WHO's Global Action Plan. Also, the Korean government has been dispatching experts to WHO and providing project funding relating to this issue. Furthermore, we will set AMR as a major agenda for the 2nd Global Health Security Agenda High-level meeting, which will be held in the Republic of Korea in September this year. We are going to make further details regarding this issue in this meeting to promote health security and to spur progress toward full implementation of IHR, PVS and other global health security frameworks by asking political commitment and international collaboration.*

*At the national level, the issue of AMR cannot be addressed by the efforts the Ministry of Health alone. It requires public and private cooperation across multi-sectors, including agriculture and aquaculture, so*

*the Republic of Korea is grappling with how to create a joint multi-sectoral response system. We would like to ask WHO to share the best practices with all member states to achieve the goal more efficiently. I thank Mr. Chair.*

**Switzerland:** AMR threat concerns us all. Switz supports overall objective of GAP, also attaches great importance to responsible use of medicines, and access of medicines to all pple who need them. Welcome WHO and FAO and OIE (UN world organisation for animal health) to coordinate and come up with cross-cutting approach. Draft urges states to commit and develop national strategies at national levels. Switz has a national strategy which should be ready by end 2015, one Health approach, agriculture/human health/environment. Switz commits to strengthen actions on AMR internationally. Switz has mandated comparative study on dif strategies gains AMR, objective: define / identify best practices. Switz supports GAP submitted to assembly.

**Bahrain:** Study at look at doc EB36. 19 in great detail. we support the GAP and its adoption and we call for a mechanism for monitoring of the progress made and to ensure that national plans are supported. Regional work to help put the national plans and strengthen collaboration with FAO and OIE. cooperation in the Golf a unified plan on AMR a working group and a workshop including national veterinarian. Multisectoral national commission and we have follow situation of AMR in our hospital. Continue to work hand in hand with partners and put in place national plan with cooperation from regional WHO

**Iraq:** We ought to tackle following points: health system modernisation and devt must be addressed. Pharmacovigilance ought to be consolidated, to deal with sideeffect of all drugs and antimicrobials in specific. Epi surveillance. Capacity building of health personnel - integrating that with institutional capacity building. Integration of AMR into PHC concepts integrated to tertiary and secondary level care. Lastly, work to integrate academia activities into MOH so as to elaborate research and studies under WHO guidance.

**Russia:** Council of health of cooperation Albania, Belarus, Tajistan and Kasakhstan; thank WHO. THIS is improtant doc, adop a common approach. The problem of AMR is a current issue in all countreis good candiate for cooperation, CI states work in antibiotics in anulmal products to ensure bio safety. Also in expereicnei in optomizing teatment of diseasea and use of an; increaseing acces on labs monitoring AMR and main, new quaity AMR medicies. AMR in each country opportunity for inter colaboration. 2014 WHO high level memetign we discussies the demand for antibiotics in human and animals, need for diagnostics and contol. Activires at preventing and containgin AMR. Improtance of the plan and suportit he plan as it stands; Maximal admissible levels of antibiotics in animals in terms of food safety? clinical and economic analysis as to use of Antibiotics / safetey. Monitoring of AMR and its main triggers.

**Japan:** In recent yrs AMR more and more important not only in clin practise but also other settings. Actual status of R studies by numerous researchers however they have not been adequatley refelcted in practice. Study reesults must be translated into adapted surveillance. WHO, FAO, OIE plus whole wide range of actors must collaborate. All the elements of the GAP are effective and important. We must make every effort to make this GAP more practical and prevalent. Sincere appreciation (UK, Finland,

Norway USA Sweden Germany etc.) for facilitating discussion and hosting int'l meetings on this subject. Japan wishes to co-sponsor this resolution.

**China:** L'AMR est un problème de santé mondiale. résultats positifs mais action nécessaire pour un plus grand nombre de pays. Chine a mis en place une approche pour suivre les principes l'utilisation clinique des antimicrobiens. toutes une série de mesures prises, nous avons amélioré le niveau de surveillance. nous pensons que nous allons consolider les résultats pour réduire l'AMR en Chine, un gros défi. nous espérons que l'OMS va poursuivre ses efforts

**Philippines:** Both gvt and private sector activities must be integrated into GAP. Tripartite collab WHO OIE FAO... Philippines fully support and commit to the principles of the GAP. Will also convene its first national summit this year. We pledge to have our own action plan in action within 2 years. Develop national guidelines, stewardship in hospitals, surveillance programme.

**Austria:** s'aligne avec l'Allemagne. Appuie l'OMS. plan d'action mondial est suffisamment complet pour réaliser de bonnes activités. L'approche nous permet de comprendre les différents secteurs. gestion des antibiotiques AMR, infections sont bien définies dans le plan mondial. Meilleure compréhension et prise de conscience est la clé. Supports.

**Tanzania:** Aligns to statement of AFRO. Thanks for advice on main areas of concern, priorities for action. Shares increasing burden of AMR. Key factors: inappropriate prescribing and consumption of medicines, use of AB in animals. Surveillance systems including labs to analyse not adequate. Successful implementation will depend on commitment at global & national levels. Need to bring together key stakeholders for human animal health and agriculture. We support GAP, and look forward to technical and financial resources to set plan forward.

**Brazil:** Brazil s'aligne avec AMRO (USA). Félicite le secrétariat pour la rédaction de son plan. Réunion à Brasilia cette année, vaste consultation sur les recherches AMR. Au cours d'une manifestation parallèle, nous avons parlé des ordonnances de médicaments pour les utiliser de façon rationnelle. D'ici 2 ans, plans d'action au AMR en utilisant secteurs pêche, agriculture, élevage. Nous approuvons.

**Mexico:** Endorses statement made by USA on behalf of AMRO. Thanks Secretariat for report. Highly relevant. Supports way in which this problem has been handled, esp coordinated work among different agencies of UN. Coordination is the work required. Training becomes a central issue. Beyond training of health staff, work needed with community and society as a whole. Rational and responsible use of Antimicrobials. Mexico has already taken specific actions...need commitment of all member states to develop their own national plans. Support of WHO and regional offices will be needed. Mexico supports GAP.

*Señor presidente, señores delegados. Mexico se suma de manera decidida al planteamiento hecho por los Estados Unidos de Norteamérica a nombre de la región de las Américas. Se agradece el reporte del secretariado por el extraordinario trabajo realizado y nos parece de gran relevancia y una necesidad la adopción del plan de acción global. La delegación mexicana apoya el abordaje del problema desde la perspectiva de una salud y reitera la importancia del trabajo coordinado de diversas agencias del*

*sistema de Naciones Unidas para enfrentar este, que es uno de los mayores retos en materia de la salud global y seguridad en salud y siendo esta la naturaleza del problema requiere una respuesta global coordinada. Es muy importante el trabajo que se requiere para garantizar la prescripción adecuada de antimicrobianos en la esfera de la salud humana y veterinaria, en donde la capacitación se convierte en un tema central. Pero más allá de esta urgente necesidad de fortalecimiento en la formación del personal de salud, se requiere el trabajo con la comunidad y la sociedad en su conjunto, así como la puesta en marcha de políticas regulatorias firmes que garanticen el uso racional y responsable de antibióticos, el fortalecimiento de la farmacovigilancia y el monitoreo de resistencia antimicrobiana, entre otras acciones. Mexico ya ha tomado acciones concretas para enfrentar el problema y considera que para lograr el éxito del plan de acción global se requerirá del compromiso de todos los Estados miembros para desarrollar sus propios planes nacionales a la brevedad posible y con la participación de todos los sectores involucrados, y en ello el apoyo de la organización mundial de la salud y de sus oficinas regionales será de gran relevancia. Mexico invita a los Estados miembros a apoyar el plan de acción global en la materia sometido a la consideración de esta asamblea. Muchas gracias señor presidente.*

**Cote d'Ivoire:** felicite secretaria;, soutien le Ghana au nom des 47 membres de la region africaine. AMR problème de santé publique. outien l'elaboration de plans nationaux, avec utilisation de medocs generiques. osuhaite le renforcement de la lutte contre medcos illicites et contrefaits. necessité pour les etats membres d'assiner l'envoronnement. Soutien aux labos de resistance aux AMR dans les etats membres

**Turkey:** First thank you WHO. AMR has become global problem, multifactorial problem, and so solution must also be multifactorial. Food, education, social, communication, etc. Rational use of antibiotics has a plan in Turkey. Use of antibiotic use has significantly dropped. Online feedbacks to prescribers, public awareness campaigns contributed to this positive response. Strong ministerial coordination and dedicated field team helped a lot. WHO takes active and efficient role in this process of implementation of GAP. We appreciate adoption of World Food Security as world helath day theme (??). We endorse this GAP statement.

**Indonesia:** Joins Thailand delegation statement on behalf of SE Asia. AMR will affect everyone, lifestyle and behaviour. Eco development. August 2014, ministerial degree for AMR committee engaging multiple sectors within and outside of MOH. Control committee for AMR in Indonesia with action plan over next 5 years. National action plan also includes universities to help raise awareness early. Reduce incidence of AMR infections. As developping country we recognise challenges, both technical and financial. Implementation in-line with GAP supported, and we support this GAP resolution.

**Moldova:** *Mr. Chairman, We fully align with the statement delivered earlier by Latvia, on behalf of the European Union. The delegation of the Republic of Moldova joins other delegations in expressing its concern with regard to the challenges posed by resistance to antimicrobial medicines, which causes increased health risks and has wide public health implications.*

*In this context, we welcome the proposed Global Action Plan on Antimicrobial Resistance and support its adoption. The 5 strategic objectives and measures contained therein, in particular with regard to improving awareness and understanding of AMR, strengthening knowledge through surveillance and research, and optimizing the use of antimicrobial agents, will undoubtedly enable Member States to better address this issue at the national level.*

*We would like to express our country's commitment to continue preventing and combating AMR, with the support and guidance of the WHO. In this context, we would like to announce co-sponsorship of the draft resolution A68/A/CONF/1 on a Global Action Plan on antimicrobial resistance and would like to be added among the co-sponsoring countries on the text. I thank you.*

**Cook Islands:** Acknowledges excellent work. We are small Island state still facing challenges with AMR, related to use/misuse of antibiotics. Inappropriate prescribing and dispensing. Patient pressure. Medical staff constantly face many patients that feel that antibiotics will cure illnesses like coughs and colds which are virus-spread. Awareness-raising necessary. More resources needed to ensure support at country level. Diagnostic capacity, effective antimicrobial stewardship. Endorses GAP.

**Netherlands:** *The Netherlands aligns with the statement made by Latvia on behalf of the European Union and its Member States.*

*Let me also express our thanks and gratitude to WHO for the Global Action Plan. The simple fact that one year ago we still had to start, and now we are about to adopt a strategy, is a clear sign of not only WHO's commitment, but of the commitment of all Member States. I can assure that the Netherlands is already working on a national strategy that will be based on the GAP. But it is not just about a plan.*

*Yesterday the Thai Minister said: it is better to have action without a plan, than to have a plan without action. And this is what we already have been doing in the Netherlands for many years.*

*You know that in our country antibiotic use in human health is very low. In veterinary health we came from far, but we managed to reduce antibiotic use as well for more than 50 %. A critical succes factor was and still is a One Health approach where public health interest prevails. And because we let public health interest prevail, we took a a precautionary approach - in partnership with the industry itself, taking full responsibility for effective measures. And you know how it affected the business of this sector? It did not! (On the contrary, it restores confidence in our food producing industry.)*

*Ladies and gentlemen, our message is simple: we have strong indications that the use of antibiotics in the veterinary sector are a threat to human health; we have the tools to prevent this threat and the tools turn out to be acceptable and cost-effective*

*So what are we waiting for? How long are you going to wait? health ministers should take the lead on this. The World Health Assemblée should set the standards in the interest of public health. We can and should do that by adopting the GAP. Not because it is perfect, but because it flags to the World that we take this topic serious. And that we now want to start with the action. Thank you*

**Paraguay:** endorses position submitted by USA when read AMRO statement, however want to underscore difficulty to develop multisectoral plan.

**Norway:** on soutien l’OMS. satisfaite du plan d’action et appuie. nous aurions préférer une plus forte : inclure le role de l’environnement dans les OMS. Fuite dans l’environnement, et notamment les pollutions des industries de medocs. il faut processus de reflexion pour reduire le volume des ventes des antibio, tout en preservant revenus des MNC et le respect des systemes de sante nationaux. tout le monde doit avoir acces a des antimicrobiens à des prix raisonnables. Decourager toute utilisation dangereuse. Les fabricants et commercants doivent participer de plus en plus à la prévention de l’utilisation non approprié des non microbiens.

**Chair:** Awards ceremony so only half an hour left.

**France:** Aligns with statement of Latvia (EU). Welcomes Secretariat’s rapid response in development of GAP. Takes into account all aspects of AMR and differences all across the world France committed for over a decade on AMR. significant increase of bacteria creating nosocomial illness, concerned by resistance linked to TB (MDR-TB resurgent in many countries). Integrated approach like One Health Approach clearly needed, and applaud involvement of OIE and FAO. France involves all sectors, health agriculture etc. We favor cross-cutting action. 3 important priorities at global level: serach of new antibiotics, uses of existant antibiotics, and ?

**Egypt:** *Egypt would like to thank the secretariat on their remarkable work on the draft Global Action Plan on Antimicrobial Resistance, and we align with the statement of Oman on behalf of the Member States of the Eastern Mediterranean Region on the Action Plan.*

*Egypt totally supports the presence of a unified Global Action Plan on Antimicrobial Resistance, and we appreciate the plan in hand. However, we have some comments we would like to highlight:*

*First, we feel the plan couldn’t cover the point of antiseptics; as you may know, several international studies are pointing to an undeniable link between the abuse of antiseptic agents and the antimicrobial resistance, you can see antibacterial tissues, hand wash and soaps everywhere you go all around the world. The question here, has this been inspected, monitored and studies or it has not?*

*Second, though the part regarding antimicrobial agents used by farmers, animal husbandry and food industry is mentioned in the plan, it is not highlighted properly regarding the action points that shall be taken specifically. And with the increased burden of zoonotic diseases in the world e.g. Avian Influenza situation globally, comes the great importance of covering this issue thoroughly.*

*Third, there is a real global anticipation that antimicrobial resistance will create a huge problem with the currently used antimicrobial medicines regarding their efficacy and effectiveness, which consequently will lead to a new market for new medicines with higher efficacy and effectiveness and certainly new prices. My point is how the WHO shall and its partners address the access and affordability of such medicines for the low and middle income countries.*

*Finally, these points that have been raised are originating from the Egyptian belief in the leadership of the WHO in addressing this progressively urgent matter of antimicrobial resistance..*

**Dominican Republic:** Align with statement from USA for AMRO. This GAP is of great importance for Dominican Republic. National labs as point of control, dealing with TB, retroviral treatments,...National plan of action - harmonise basic capacities with GAP. Thank you for preparation of this document. Sure medicines accessible to anybody needing them.

*Muchas gracias señor Presidente, agradecemos a la Secretaría por la presentación del informe resumido sobre los progresos realizados en la aplicación de la resolución WHA67.25 y nos adherimos a la intervención de los Estados Unidos de América, en representación de los países de la región de las Américas. Este plan de acción mundial tiene una alta pertinencia para la República Dominicana, debido a que representa la continuidad de la cooperación para el fortalecimiento de la respuesta en el marco del Reglamento Sanitario Internacional, el Laboratorio Nacional de Salud Pública para la mejora de la oferta de servicios de diagnóstico de la sensibilidad a las drogas y la vigilancia de la resistencia, como parte del programa de control de infecciones asociadas a los servicios de salud, el control de la tuberculosis drogoresistente y el tratamiento con antirretrovirales. Siendo la tuberculosis y el VIH problemas de salud de relevancia en nuestro país, a pesar del éxito obtenido en el alcance de las metas y resultados esperados, así como la alta incidencia de enfermedades nosocomiales en la red pública de servicios de salud se ha constituido en una preocupación para el gobierno dominicano, este proyecto permitirá establecer el marco de trabajo para implementar un plan de acción nacional en consonancia con las prioridades técnicas establecidas en el mismo, y hacer sinergias con las capacidades básicas necesarias en el marco de la aplicación del Reglamento Sanitario Internacional en la República Dominicana. De igual manera consideramos que el mismo será de apoyo técnico para otros países con similares problemas de salud. Agradecemos la preparación de este documento, compartiendo la finalidad del mismo, que tiene por prioridad contribuir a asegurar la continuidad del tratamiento y prevención satisfactoria de enfermedades infecciosas con medicamentos eficaces, seguros y de calidad garantizada, accesibles a todas las personas que los necesiten. Muchas gracias.*

**Canada:** Aligns with AMRO statement - and Canada cosponsors this draft resolution. Canada has recently taken steps to address this problem domestically. Provides basis for panCanadian approach, discussed with provincial and territorial govts. We consulted number of our stakeholders on GAP, will continue to work in collaboration with our federal / provincial / territorial partners.

**Pakistan:** L'AMR est un problème global qui contribue à une forte mortalité. Déploiement activités de masse projet de plan d'action national a 5 objectifs : renforcer les connaissances et données, réduire l'insidence des infections par meilleures hygiène, AMR dans la santé animale et humaine. prise en compte de tous les pays. le projet de plan d'action mondial va dans la bonne direction. Il faut veiller à un financement adéquat pour pays pauvres. La communauté doit se consacrer à la recherche. collaboration internationale est essentielle. on veut s'associer au projet de résolution.

**Greece:** align with EU. one health approach is necessary. Greece is characterised by high AMR compared by the region, and is a national priority. New gov gave specific directions for combating infection.

**Malaysia:** congratulates comprehensive report. reaffirms support to WHO on all initiative aiming at toppling antimicrobial resistance. Takes notes of draft and supports AMR GAP. Latest initiative october 2014 national plan. Multisectorial collaboration.

(personal comment: the more I listen to all countries self-report, the more I think they are ASKING themselves to expose their own national healthcare achievements and shortcoming to submit them to annual review mechanism....)

**Kitts and Nevis:** join caricom partners in supporting the resolution. AMR is an issue and can increase mortality and morbidity characteristic of pre antibiotic era. request support for pooling systems in caricom. call for support of resolution.

**Slovakia:** Aligns with statement made by Latvia on behalf of EU. as to 15.1, point 34 of document on gaps of information on AMR, and lack of collection on data on AMR. Co-sponsors draft resolution. A68/20 comment: effective sanitation and hygiene, we draw your attention to MDR screening and international standards as to screening for MDR-bacteria screening to find colonise patients and healthworkers. We note that active screening objective factor to achieve objective 3.

**Ethiopia:** supports statement of AFRO (delivered by Ghana) based on WHA67 resolution, ghana's been strengthening its institutions related to AMR. Fully supports the resolution and committed to implement global vaccine action plan. requests WHO sec for more support, especially for laboratories, surveillance capacity.

**Mauritius:** Aligns with statement delivered by AFRO, recognise quality of document, congratulates countries who spearheaded this document. We co-sponsor the resolution.

**Colombia:** endorses AMRO statement. thanks for global action plan. AMR is serious treat. speaks of national actions with relation to AMR. underscores importance of industry's role. in line with action plan proposed by secretariat, underlines importance of having systems for when market does not work. endorses resolution presented by secretariat.

*Gracias señor Presidente Colombia se alinea con la declaración leída por los Estados Unidos en nombre de la Región de las Américas. Colombia agradece a la Secretaría el Proyecto de plan de acción mundial sobre la resistencia a los antimicrobianos. Reconocemos que la resistencia a los antimicrobianos representa una grave amenaza para la salud humana. Nuestro país viene avanzando en la reducción de la incidencia de infecciones, especialmente las intra hospitalarias, y en el seguimiento a los eventos de resistencia antimicrobiana. Comprometidos con optimizar el uso de antimicrobianos, hemos diseñado además una Política Nacional de Uso Racional de medicamentos que nos permita, entre otras, poner en marcha muchas de las recomendaciones incluidas en el proyecto de borrador de plan de acción presentado por la Secretaría. Dada la necesidad urgente de sistemas coordinados de vigilancia de la resistencia a los antimicrobianos, resaltamos la importancia del rol que otros actores, y especialmente las industrias involucradas en esta problemática, juegan en la prevención y el monitoreo de eventos de resistencia antimicrobiana. Consideramos importante que el plan de acción mencione el papel de dichas entidades, teniendo en cuenta la influencia que las mismas tienen en el uso de estos productos a través*



*de sus actividades promocionales y educativas. Por último, en línea con el borrador de propuesta de plan de acción propuesto por la Secretaría consideramos fundamental la creación de incentivos para la innovación que apunten a modelos sostenibles de desarrollo de productos de interés en salud pública para los que el mercado no es suficiente. Consideramos sustancial que se establezcan también mecanismos para fomentar que los medicamentos que ya existen sean preservados, evitando su obsolescencia artificial o prematura. Teniendo en cuenta lo anterior, señor presidente, mi delegación desea respaldar la propuesta de proyecto de plan de acción presentada por la Secretaría.*

***Item suspended; resumed in Committee A on Friday 22 May***

**Georgia:** fully aligns to statement by Latvia on behalf of EU, thank for global action plan, support resolution GAP, add to list of cosponsors

**Togo:** quality of documents supports statement by Ghana on behalf of AFRO. Cooperation of FAO, OIE (?) and WHO is vital to tackle this issue, welcomes technical meeting on antimicrobial resistance. AMR exists in Togo but multisectoral committee needed to analyse the prevalence. Major challenges at communication level with respect to AMR issues in animal sector and food. Multinational corporations involvement needed.

**Trin and Tob:** on behalf AMR; supports the program; About a beautiful Caribbean workshop held recently on integrated surveillance and AMR; conjointly with FAO, OEI, etc. Participants learned a lot about microbiology, surveillance. In T&T will require coordination of various stakeholders who contribute to overuse. The Over, Under and Mis-use of ABs a big problem. Need for action. T&T has developed an AMR policy; studying health and eco impact. Public awareness is ongoing. to prevent AMR becoming an emergency situation

**Congo:** associate to Ghana on behalf of AFRO, commend secretariat for effort, and DG. Particularly gratified with preventive aspect on communicable diseases taken on board, also re animals and people. The draft plan also took into account quality of diagnostics, major achievement. Prevention basic education at preschool and school level should raise awareness, to avoid irrational use of antibiotics. indicators of antiviral resistance show that efforts must be maintained, monitoring has to be reinforced, enhance delivery of ??, more rational Prescription, Supports plan

*La République du Congo se joint expressément à la République du Ghana qui a fait une déclaration au nom des 47 pays de la région africaine de l'OMS. Aussi se réjouit elle du travail combien pertinent du secrétariat, qui a produit ce projet de plan soumis ce jour à l'approbation des États membres. Nous félicitons donc le secrétariat de l'OMS et à sa tête madame Margaret Chan, Directrice générale de l'OMS. Le Congo se réjouit particulièrement du fait de la prise en compte de la dimension prévention des maladies transmissibles, prévention qui conduite correctement, rationnellement et avec des moyens suffisants, réduirait considérablement le nombre de personnes ou d'animaux exposés aux antimicrobiens dont l'utilisation abusive et irrationnelle conduit inévitablement à la production des microorganismes résistants. D'autre part, le projet de plan a pris en compte la dimension qualité du diagnostic qui à notre sens, est un élément majeur dans le processus d'une prise en charge de qualité des personnes ou animaux infectés ou malades. Dans le sens de la prévention, nous pensons que l'éducation de base au*

*niveau préscolaire et scolaire contribuera certainement à l'émergence d'une génération fortement sensibilisée sur les dangers liés aux résistances , particulièrement les résistances consécutives à une utilisation abusive et irrationnelle des antimicrobiens dont l'automédication. une étude menée dans mon pays avec l'appui de l'OMS sur les indicateurs d'alerte précoce aux résistances aux anti rétro viraux montre que des efforts doivent être maintenus dans le sens de : Renforcer les mécanismes pour éviter ou retrouver les perdus de vue; Renforcer les délais de délivrance des médicaments particulièrement dans les zones reculées du pays; Et Bien entendu, renforcer la gestion rationnelle des stocks dans les structures de santé tout comme la rationalité des prescriptions. Eu égard à ce qui précède, la République du Congo soutient l'adoption du projet de plan. Je vous remercie*

**Singapore:** *Singapore shares the concerns of the World Health Organisation and other countries regarding the growing problem of Anti-Microbial Resistance. We thank the secretariat and welcome the draft action plan, given the urgent need to combat the threat that AMR poses to public health.*

*Singapore has made efforts to combat AMR locally, through our multidisciplinary National Antimicrobial Resistance Committee, and will continue to place priority on the areas delineated in the global action plan, such as surveillance, research, training, infection control, and anti-microbial stewardship.*

*There is still much that we can learn from other countries and we are confident of achieving more in the next few years, with the support of WHO, FAO and OIE in collaboration with leading countries, such as the UK, Switzerland and Australia, to name but a few. Therefore, Singapore will like to support the call to endorse the draft Global Action Plan as it stands, and co-sponsor the resolution. Thank you.*

**Chinese Taipei:** appreciates global action plan, and appreciates efforts, promoting strategies to tackle AMR, in line with 3 year stewardship program promoted there, surveillance and research and prevention and control in healthcare facilities, the rate of AMR has decline since implementation, so effective urge WHO Speed up process involving all stakeholders. will continue Collaboration with counterparts, to fight AMR

#### **NGOs**

- [Global Health Council, Inc.\(GHC\)](#)
- [International Council of Nurses \(ICN\)](#)
- 9. [International Federation of Medical Students' Associations \(IFMSA\)](#)
- [International Federation of Pharmaceutical Manufacturers and Associations \(IFPMA\)](#)
- [International Pharmaceutical Federation \(FIP\)](#)
- [International Pharmaceutical Students' Federation \(IPSF\)](#)
- [Médecins Sans Frontières International \(MSF\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [Stichting Health Action International \(HAI\)](#)
- 3. [The World Medical Association, Inc. \(WMA\)](#)
- 2. [WaterAid](#)

**MMI/PHM:** ([Video](#)) Thank you, Chair, for the opportunity of addressing the distinguished delegates to the WHA on behalf of MMI and PHM.

*We commend the Secretariat and the member states for preparing the GAP and for highlighting the misuse and overuse of antimicrobial medicines in humans and animals and the need for strong and effective regulatory regimes.*

*Intensive industrial food production is a major driver of antibiotic resistance. The use of antibiotics as growth enhancers and overcrowding, unhygienic conditions, inappropriate diets, and early weaning drive routine antibiotic administration. We urge MS to commit to phasing out the non-therapeutic use of antimicrobial medicines in animal health.*

*Environment pollution via livestock waste, sewage, industrial meat processing waste, and hospital disposal all contribute to the spread of resistance and need to be monitored and controlled.*

*Health systems strengthening will be needed to ensure appropriate use of anti-microbials including regulation of the marketing and use of antibiotics. Mandatory provisions will be needed to ensure adequate surveillance of antibiotic use in human and veterinary medicine and livestock production.*

*The GAP is weak in relation to accountability. We urge WHO to develop robust standards against which national action plans can be measured and to put in place rigorous accountability mechanisms to ensure they are implemented. However, many developing countries will require financial and technical assistance in order to implement their national plans. Surveillance mechanisms, lab capacities, health system strengthening, human resources all need huge investments.*

*The fact that no new class of antibiotics has been developed in the last 30yrs, underscores the urgency to accelerate R&D for new antibiotics. Profit driven priority setting has failed to drive innovation in this important area. The mobilising of funds for R&D needs to be delinked from monopoly pricing and anticipated profits.*

**IFPMA:** Thank you for the opportunity to contribute to this important discussion. IFPMA represents leading research-based pharmaceutical companies as well as national and regional industry associations across the world. IFPMA commends WHO for its efforts to generate a Global Action Plan to combat Anti-Microbial Resistance and its efforts to increase political awareness, engagement and leadership on AMR. We believe that a globally coordinated policy approach is urgently needed to address each of the challenges contributing to resistance. To this end, we support the implementation of consistent regulations to ensure the responsible use of antibiotics and their good quality, efficacy and safety. Our members are currently working on 34 antibacterial compounds, 8 of which are undergoing the final stages of development. However, as we have heard many times during this week, developing new antibiotics is difficult, this is due to scientific, regulatory and economic challenges. The slowdown of new antibiotic approvals is only the tip of the iceberg: actions are needed, from basic research to regulatory requirements and clinical use. A robust pipeline of new antibiotics will not be sufficient to address AMR without ensuring increased awareness among the public and appropriate prescribing and use. Antibiotics

*hold a high societal value that should be rewarded via a combination of incentives to sustainably foster innovation.*

*We will continue to support high quality patient care by strengthening ethical collaboration, transparency and accountability to ensure preservation and safe access to antibiotics. We are committed to working with partners to improve stewardship and to ensure patients have access to the right treatment at the right moment. Rethinking the way we fight bacteria is a shared responsibility that belongs to everybody. We support the Global Action Plan and stand ready to provide expertise and to help design solutions to effectively combat this threat to public health.*

**HAI:** *We commend WHO for taking the initiative in laying out a GAP on AMR and urge MSs to support its adoption. It is critical that country stakeholders now commit to bringing high-level government and cross-sectoral coordination of actions against AMR, including setting measurable and actionable national targets. As the recent WHO-NGO Dialogue highlighted, the GAP is silent on the financing of the development and implementation of national plans to tackle AMR within 2 years of endorsement. We urge WHO to significantly strengthen resources for technical and financial support to all MS country stakeholders in implementing the GAP.*

*To secure conservation of antimicrobials, global standards are needed for surveillance and infection control and against misaligned incentives for overuse, such as DTCA. But holding countries accountable for conservation must also be coupled to ensuring the appropriate availability of effective antibiotics in LMICs. To overcome the dearth of novel classes of antibiotics, any new innovation model needs to delink return of investment from volume-based sales while simultaneously ensuring affordable access to those in need as recommended by the CEWG.*

*Any implementation of the GAP should reflect a One Health approach through concrete inter-agency guidance spanning from use of antimicrobials in animals to environmental contamination. WHO should also monitor implications of potential trade agreements on such use.*

*A framework for monitoring, and evaluation of the GAP needs to be established, ensuring that elements of the GAP are incorporated in national plans. With country-level implementation but global targets, the framework for accountability needs to reflect both the starting point of each country and ensure commensurate resources and implementing mechanisms to bridge the gap.*

*Lastly, we urge WHO to not forget the key principles put forward by last year's ARC Declaration nor the importance of effective ABs in achieving the SDGs.*

**Sri Lanka:** *Thank you chair for giving Sri Lanka the floor. Sri Lanka admires the global action plan on antimicrobial resistance and is grateful to the secretariat for presenting it. And also Sri Lanka would be willing to congratulate all countries which brought the draft resolution and in general extend the support.. Sri Lanka being a country which is committed to deploy its resources effectively and efficiently to ensure the the universal health coverage unfortunately has got to import majority of required pharmaceuticals at a high cost. Hence would be pleased to say that the country has commenced every possible action in this regard to ensure the development of resistance to anti microbial s is minimum.*

*How ever Sri Lanka and such resembling member states experience that they are not in a position to access for first and second line anti biotic discs probably due to market forces for ensuring the rational use of anti microbials and fulfill the requirements of objective 4 of the frame work for action plan.*

*Sri Lanka hence suggest to include the following to the resolution.*

*OP 4'10: Director General : to review regularly with the pharmaceutical industry associations for the free availability of common 1st-and second line antibiotic discs in the market for nmember states to fulfill the requirements with regard to the objective 4 of framework on action plan. Thank you.*

amendment proposal: insert par 4.10 “to review regularly with industry, in order to ensure access to first and second line antibiotics (...)

**Secretariat:** Dr Fukuda: salutations; in 2014 WHA requested a draft GAP on AMR; strong endorsement from MS; has been delivered; process worth mentioning; MS tremendous input (meetings and e cons); some MS led consultations on sp issue; close collab with FAO and OIE and one health approach; strong support from CS; also individual champions (countries, orgs and individuals); all of the regional offices and programmes were involved; off to a good start; the GaP is a means to an end not a goal; challenges ahead; surveillance, inf vacc, inf control, hyg and san, sound financing base; investment; innovation development use and access and use of medicines; better diagnostic tools list goes on and on

Ref Thai and Egy more detailed guidance in imple

ROK asked for best examples about how these thing can be done’

India said that AMR is a developmental and health systems issue as well as global security issue. (AMR developmental issue but also health systems issue)

Re the GAP - builds upon previous existing work (highlighting OIE and FAO both of which are also addressing AMR this year - One Health). Draws upon existing programs at WHO; this plan dovetails with existing work in HIV, Malaria and TB.

Points were raised about further discussion at the margins at the UN GA.

Finally: this plan is global in scope; space for all of us. Top priority will be to work with MS in the development of Nat Plans. Plan not perfect but a strong start.

**Chair:** turn to draft resolution [A68/A/conf/1](#), asks delegations to raise their name plates in order to prepare list of speakers

**India:** *We have already made our comments on the draft Resolution. We request Chair to defer the adoption and allow Member States to have further consultations in the sidelines to achieve a consensus on the Resolution.*

**Chair:** firm support for the GAP in debate but proposal to amend resolution; so let's suspend consideration to allow reconcile various proposals; then please let us know if you can do it informally of if we need a drafting group

*Discussion suspended; resumed in Committee A on Monday 25 May*

**Sweden:** in the discussion we had last week, some countries had modifications to the resolution, as proposed by the chair and the co sponsor, we got involved in informal discussions on the topic, I am pleased that after second round of discussions thursday morning we had a consensus, the current format speaks for all countries and regions, we thank everyone for constructive participation of everyone, this resolution enjoys the co sponsorship of 60 countries, I hope this committee is ready to adopt this resolution and release the first ever global strategy on that topic.

**Chair:** committee is ready to brief the resolution?

**Ghana:** thanks, on behalf of AFRO, as a proponent of the AMR resolution we adopt the modification, thanking the flexibility and leadership of informal discussions, we need to pay attention for use of antimicrobials that we have now, we urge the WHO to create mechanisms and support countries to help countries implement strategies,

**Sri Lanka:** Thanks, congratulations, we stand hand in hand with all countries to take the strategy to reality, WHO should ensure to provide old and new antimicrobials and tools, I urge the secret to address this requirement in the draft resolution.

**India:** thanks, we inform that we support the draft resolution, antimicrobial resistance is a challenge facing humanity, the current resolution is collective, in our view AMR isn't just health challenges it is also economic one for middle and low income countries, the needs for ensuring access to AM is also critical , we are happy of the cooperation on writing a clear course of action for all us, we are confident and hopeful that WHO will pursue all routes to carry out the actions, thanks.

**Korea (republic):** appreciation, fully support, as MS will contribute developing specific action package for the AMR, will present by september in conference happening in september, we want to be enlisted as a co sponsor for this resolution, thank you.

**Philippines:** Thanks, support, request to co sponsor.

**South Africa:** strong support, congratulations, pleased, extend thanks to UK and sweden.

**Congo:** we take the AMR risk so seriously, support the resolution.

**Mexico:** thanks for all participants, we recognise importance of implementation of actions specially on national levels.

**Chair:** any objections on approving this revolution?! Adopted!

**UK:** We thank everyone who helped approving this resolution, we are delighted to announce that UK will give 3 million pounds to help kick off implementation of the strategy, analyse the gaps and needs; we recognise that there is a lot needed to be made, not only the money but also commitment and willingness to move plans into actions.

**DG:** I want to apologize for interrupting the session, on that achievement shall not we do something?! you clab? let's sing CONGRATULATIONNNSSSSS; working with everyone and civil society who needs to understand their role advocating and raising awareness ; it's a historical moment here, as UK ambassador said here let's move from words into action, let's work you guys.

*Resolution ([WHA68.7](#)) is adopted; the item is concluded.*

### Item 15.2 Polio (A21)

[From [Jour 5](#) report: The Chairman opened the subitem and drew the Committee's attention to documents [A68/21](#), [A68/21 Add.1](#), [A68/21 Add.2](#) and [A68/21 Add.3](#). Comments were invited from the floor and, at the invitation of the Chairman, the Secretariat responded to issues raised. The Committee adopted the draft decision Poliomyelitis as contained in document [A68/21 Add.3](#). Discussion of the draft resolution Poliomyelitis as contained in document [A68/21 Add.1](#) was suspended, pending the outcome of informal consultations. The agenda item remains open.]

#### Documents:

- [A68/21](#) – report by Sect
- [A68/21 Add.1](#) – draft resolution proposed by Sect (15 May)
- [A68/21 Add.2](#) – fin and admin implications
- [A68/21 Add.3](#) – sect report regarding the continuation of temporary recommendations regarding the international spread of wild poliovirus: in the light of Article 15.3 of the IHRs

**Monaco:** *I deliver this statement on behalf of the 53 Member States of the EURO Region.*

*As reflected in the updated report by the WHO Secretariat and SAGE, the global coordinated withdrawal of OPV2, as part of the phased cessation of oral polio vaccines, is a crucial step in the polio endgame strategy. Coordinated withdrawal of OPV2 in April 2016 is on track and all countries should plan accordingly. The success of this endeavor will only be possible through global solidarity and strong determination from all actors. The work on IPV introduction is particularly encouraging, including in the EURO region, with excellent WHO joint work with Gavi globally.*

*The latest developments are promising, but complex challenges persist. A polio-free Africa is closer than ever. The outbreaks in the Middle East and Africa appear to have been brought under control and the intense virus transmission in Pakistan is being addressed with a robust low season emergency plan, and high-level political commitment. However, we acknowledge the fragility of the gains made to date and the need for unabated vigilance. The new exportations of wild poliovirus from Afghanistan in late 2014,*

*in the context of cross-border population movements, highlight the continuous risk of international spread.*

*Enhancing population immunity and surveillance underpins the polio eradication strategy. In this context, we welcome the recent decision to kick-off the first polio and measles vaccination campaign in Liberia and Sierra Leone since the Ebola outbreak, as one of the first steps to restoring health services.*

*Moreover, the EURO Member States appreciate and further encourage the efforts undertaken by the polio-endemic countries to improve the quality of supplementary immunization activities and increase access to children in conflict-affected areas. Sound political commitment is key, including engagement of all social actors, local and religious leaders.*

*In 2015, the legacy work must receive higher priority under the leadership of national authorities and in collaboration with donors and partners. The remarkable efforts to defeat polio can help to build stronger national public health systems.*

*While polio eradication is a global effort, frontline workers really make it happen. We would like to applaud their commitment, despite highly challenging circumstances. The ongoing attacks and threats on polio workers are unacceptable and must be condemned in the strongest terms.*

*With so many competing health priorities, the world's patience could yet falter. Maintaining a sense of urgency and focus, and re-doubling efforts, is key to succeed. Thank you, Mr Chairman.*

**Belgium:** *Mr Chair, We fully align to the statement made by Monaco on behalf of the 53 European Member States. With regard to the report on financial and administrative implications of the polio resolution, we noticed this report does not specify the impact of this resolution on the Program Budget 2016-2017. As we adopted only yesterday an increased Program Budget for the next biennium, we assume that this resolution is fully included in the new budget. We would also like to ask the secretariate to confirm for the upcoming resolutions that the costs for implementation in the PB 2016-2017 are fully included in the approved budget. Could the Secretariat confirm this? Thank you,*

**Canada:** *Canada remains firmly committed to polio eradication, a key component Canada's top development priority, to reduce preventable maternal, newborn and child mortality.*

*Canada commends the work undertaken by the Global Polio Eradication Initiative and national governments to achieve key milestones this past year, including Africa making progress to being polio free.*

*Despite this progress, including positive developments in Pakistan, Canada remains concerned about challenges that could threaten the achievement of polio eradication, including the risk of new outbreaks due to cross border transmission. As per the recommendations from the May 2015 International Health Recommendations Emergency Committee, we encourage strengthened coordination between Afghanistan and Pakistan to further address this issue, and reduce the risk of setting back progress made to date by both countries.*



*Canada strongly encourages donors to continue to support polio eradication efforts through the initiative, to fulfill pledges and address the outstanding funding gap for the 2013-2018 Strategic plan. As a global community, we must maintain momentum on significant results achieved to date, to ensure this enduring disease is eradicated once and for all.*

*Canada looks forward to the recommendations from the initiative midterm review, which will be critical to guide the partnership as it course corrects and addresses challenges, thereby strengthening its approach to ensure the 2018 polio eradication target is achieved.*

*On the mid-term review, we will be particularly interested to hear more about whether – given delays in implementation and the current funding gaps - the initiative will require additional funding and if so, how it plans to raise those funds.*

*Finally, Canada continues to stress the importance of the legacy planning process as a key component to the initiative's success and we commend its efforts to date in this area. This process is vital to capture strong evidence on lessons learned, to best inform future global health initiatives, in particular routine immunization programs, and to enhance the initiative's ability to explain how the significant investments made towards polio eradication also contribute to broader global health interventions. We call on the Global Polio Eradication Initiative and Member States to continue its efforts in this area, including clarifying roles and responsibilities, identifying how this process will be funded and lines of accountability. In addition, while legacy planning is a priority and should be undertaken as early as possible, it should not distract the polio community from the task at hand of eradicating polio by 2018.*

*Finally, we strongly endorse the resolution proposed and its emphasis on the removal of type 2 OPV. The synchronicity of the switch from trivalent OPV to bivalent OPV in April 2016 is key to the achievement of the polio endgame and we encourage all Member States concerned to contribute to this global effort.*

Indonesia: Indonesia continues to be deeply concerned for outbreak of polio in several countries, considering emerging cases through transmission remind us not to lower the guard on polio we have to continue to work together on this issue, availability of polio vaccine esp for developing countries is crucial. Implementing polio plan 2013-14. Implementation should be conducted on countries self-assessment and priorities. For Indonesia, with remote islands, there is a continuing challenge for succeeding in coverage. Our current in maintaining zero polio cases, in continuing polio program, not achieved overnight nor taken for granted. the timelines contained in plan may be a problem for Indonesia, Amendments proposed A68/31...

Read out proposed ones:

- replace section operating par 2 > all MS to consider the use of inactivated polio vaccines in their national vaccination programmes
- par3 parenthesis 7 replace "by the end 2015" with "April 2016"
- Par 4 parenthesis 2 substitute with "April ???"

**Pakistan:** Thank you Chair for the opportunity!

*I am pleased to report a major turnaround in the Polio situation in Pakistan over the last seven months owing to a heightened level of Political commitment, ingenuity and a renewed determination to change the course of events and convert challenges in to opportunities by doing business differently. The key issue of inaccessibility that was the single major impediment to fighting Polio has been effectively addressed by launching a military operation to flush out terrorists, initiating campaigns protected by the armed forces and establishing an effective security strategy that is in sync with operational strategy in sensitive areas.*

*All agencies of FATA, an area in the north of Pakistan, which was consistently reporting the largest number of Polio cases and where there was a ban on Polio immunization, are now accessible to health workers and Polio vaccination is in full swing.*

*In the backdrop of target killing of Polio workers and those protecting them that finds no precedence in the history of the anti-Polio effort, security of Polio teams has received the greatest attention by the Government. Security protection of campaigns has been enhanced with introduction of innovations like security cordoned and one day campaigns. As a result, 39 culprits have been arrested so far. The accused have been indicted and judicial process is taking its due course.*

*With improved monitoring and coordination through establishing the National and Provincial Emergency Operations Centres, there has been a marked improvement in campaign coverage, significant enhancement in LQAS pass percentage and about 70% dip in number of reported cases from 73 in the corresponding period last year to 23 cases this year. Poliovirus is increasingly disappearing from the environmental samples also. The epicenter (North Waziristan) and the amplifier (Karachi) of the 2013-14 outbreaks have not reported polio cases for more than 6 months.*

*With enhanced focus on missed children, eleven Data Support Centers have been established to help the programme record and track coverage of missed children.*

*As a result of effective communication strategy and interventions to engage refusal families, there has been a sharp decrease in refusals from the previous 0.30 percent to 0.11 percent - the lowest ever in program's history. religious refusals according to data, is now no longer the major cause of refusal to vaccinate children*

*Strategies like the introduction of IPV , establishing health camps delivering not only polio but also other antigens and primary health interventions in our security compromised areas have helped the Program reach the unreached and boost the immunity of our most difficult to reach children. Involvement of one thousand female Community Health Workers in eight Super-High-Risk areas of Karachi is having a major impact. We are now expanding this innovation to other high risk areas.*

*Realizing that frontline workers constitute the most vital link in the initiative, an elaborate Program for their motivation has been initiated. This includes improved training, recognition of performance and timely payment. We have also involved 4000 pediatricians to effectively promote the cause.*

*Pakistan has shown seriousness in implementing the IHR Emergency Committee's recommendations. All outbound travelers from Pakistan are being immunized and passengers not in possession of a valid vaccination certificate are stopped at the Points of Exit.*

*We have reached out to Afghanistan to strengthen cross border collaboration as we are of the view that Poliovirus anywhere in the two countries means there is a risk of cross border transmission given the mass movement across one of the longest borders in the world. The IHR emergency committee of WHO has recognized Pakistan and Afghanistan as one epidemiological block.*

*We have laid special emphasis on vaccinating mobile populations within Pakistan and currently have 675 Permanent Transit Vaccination Posts with 19.2 million children vaccinated in 2014 and 7.96 million hence far in 2015*

*The turnaround in the situation in the last seven months has been appreciated by the Technical Advisory Group on the Polio Eradication that met in February this year and the Independent Monitoring Board on Polio that met last month in Abu Dhabi; a great morale booster for the frontline workers.*

*We are mindful of the fact that there is still a considerable distance to cover and we will with a strong Political commitment, strengthened monitoring, effective coordination and with the support of our partners, make it happen. Let me hold out this assurance to the world on behalf of my Prime Minister that Pakistan is fully committed to polio eradication. As a responsible member of the international community, we are cognizant of our obligations not only to our own children but those beyond our borders. I thank you Chair*

**Jamaica:** *Thanks Mr. Chairman, Jamaica wishes to thank the Secretariat of the WHO for providing such a comprehensive and timely report on Poliomyelitis. The document has clearly summarized the status of the four objectives of the Polio Eradication and Endgame Strategic Plan 2013-2018 after completion of the first 2 years.*

*In addition to the actions listed, Jamaica is further urging the WHO to provide increased support to countries to assist them in dealing with the anti-vaccination groups, and to play more active roles in public awareness with respect to vaccine safety issues through the media. Jamaica and other countries would benefit from support and technical guidance of the WHO regarding risk communication and the development of messages regarding the benefits of immunization in the context of health of the family and nation.*

*Jamaica maintains a strong and active surveillance system for polio and since 1982, there have been no confirmed cases of polio on the island. Jamaica, although not being an endemic country or one at particularly high risk, has an implementation plan for the introduction of the single dose of IPV in September 2015 and will move to the recommended 2-dose schedule in 2016.*

*Finance is however a major threat, and in this regard, Jamaica is asking the WHO and international partners to continue to advocate for lower prices of the vaccines. IPV for example is far more expensive*

than OPV. This year, Jamaica paid US\$2.80 for one dose of IPV compared to US\$0.13 for a single dose of OPV.

*Also additional funds are required to close the gap in resources required to intensify efforts at global eradication. This is even more critical in view of the recent declaration by the WHO Director General declaration on May 5, 2014 of the international spread of wild polio virus in 2014 a Public Health Emergency of International Concern. Countries will also require technical guidance and support to mount the appropriate response to limit further international spread and the possible consequences.*

*Jamaica endorses and supports the actions recommended by the Executive Board. I wish to thank you Mr. Chairman*

**Japan:** Thanks chair, Wishes to appreciate the ongoing effort for polio eradication. at the same time its true that there is no decisive measures. the last phase of eradication requires significant investments of HR and supplies. this is because last stages are hardest to reach. Effective intervention requires all related organization to work together, finally Japan is committed to work with all parties involved to achieve eradication of polio

**Russian federation:** RF intervening on behalf of PH council of the area MS, appreciate achievements on transmission of wild polio but concern on transmission in countries like Pakistan, this hampers goals of global strategic plan. Russia fully put in supply of strategies, all in conformity with IHR. Commitment to maintain high quality immunisation. CIS countries are committed to speedy implementation of plan and adoption of bivalent vaccination, pro inactivated vaccine. Lowering vaccine prices, assisting deliveries, and assisting manufacturing in LMIC is also wanted. Stock of polio virus type 2 vaccines needed but this needs appropriate storage. Propose to support draft resolution.

**India:** Has been polio free for the last 4 years, its imp to remain keeping guards up, need to start preparations now that we have dates for ipv 2015. india fully supports draft resolution.

**Malaysia:** takes note of proposed report, as well as latest decision of ... committee. Concords on draft resolution and welcomes will to speed phaseout of oral vaccine. Full support to basically everything.

**USA:** USA continues to fully support the polio eradication initiative and endgame strategic plan 2013-218, commends India for freeing from polio for 4 years, invites Pakistan and Afghanistan for similar. endorse the international concern and support the recommendation to support the MSs with polio towards eradication strategies. USA supports the adoption of resolution as proposed to the WHA, urges other MSs to help fill remaining financial gaps. USA recognizes importance of timeline, will not be able to agree to Indonesia amendments and would want to hear them in full.

**Mexico:** grateful for report, welcomes efforts undertaken to eradicate polio. MS are faced a number of challenges among which are deliveries, use of inactivated vaccine and bivalent vaccine, so we have to continue working to suppliers in order to have a continued supply. Mexico has universal vaccination program, conducting study at the moment, intro of bivalent vaccine will be done as planned by WHO plan

**Austria:** Austria pays tribute to admirable efforts of all but especially by those affected by polio. regarding draft resolution we have friendly proposal on para 3,

- by putting in place national health emergency measures instead of declaring emergency
- indent in para 3 and delete statement of declaring health emergency line
- insert immediately put in place national health emergency measures, to respond to emergency in polio countries?

**Oman:** shukran, delegation has taken note of contents of doc /31 re polio and supports recommendations by global eradication strategy. we have taken very serious effort, although we have no reported transmission. we are going to apply IHR re this issue

**Australia:** Thanks sec for report on polio, support resolution, and support actions it contains, welcome concrete actions, commend the actions by countries affected by polio. Welcome the reports of no polio in Africa in 2015, Australia doesn't use the opv but is ready to assist all countries that does.

**Bahrain:** delegation has taken notes of doc containing recommendations from global vaccination group, thanks WHO... efforts to combat wild polio are also large scale and we need to work on the regions still affected and strengthen international surveillance. B has taken major efforts to immunise our popo using single dose oral vaccine. We also have regular review in order to attain full eradication, a commision examines all rules etc and we have regular review by WHO experts. We support the draft resolution in /21 and agree on deadline proposed for the eradication (probs phaseout of oral vaccine??)

**Saudi Arabia:** Mass gathering being a very relevant element we support polio eradication, we applaud the efforts and positive turn arounds in the past few months. MSs that has not introduced IPV should expedite at least one injection in their immunization schedules as per international regulations. trivalent to bivalent OPV is essential and extraction of remnant stocks of trivalent are keys to elimination.

**Switzerland:** endorses statement by EU and supports resolution, tribute to health professionals that take risks in order to vaccinate children. congrats secretariat and partner involved for progresses and achievement. struggles for difficult geographical access and situations of insecurity. Monitoring and implementation also an issue. raises accountability and financial matters and this should be included in the programme budget, also for the forthcoming 2016-17, A68/38 > direct financial contributions directed to activities to eradicate polio. Major weaknesses in the report are in the internal monitoring system, but also in direct financial corporations. Concludes latent risk in program finance and reputation related to the polio eradication program, WHO should deal with it on priority basis. S supports major changes on management and transparency strengthen responsibility and internal management system in document 6 > WHO reform(?)

**UK:** support statement made by Monaco on behalf of EU, WHO statement regarding recent spreads and recommendation of report. UK remains fully committed to achieving eradication, 700m pounds was allocated for polio eradication efforts, outbreaks in Affrica has been contained, afgahnistan has tremendous progress, africas last case was 9 months ago, pakistan gov is now making huge progress and we commend that, pakistan must keep working to acvhive further developments. legacy of global efforts to eradicate polio has positive effect in ebola mgmt by countries.

**Egypt:** thanks, on behalf of EMRO, the MS are fully aware of critical importance of effort for eradicating polio transmission, in Somalia critical region. Fully supports engagements political leaders involvement. Strengthening immunisation system, Early warning surveillance system. IHR 2005 infected travellers circulation. Commitment to comply with SAGE recommendations for coordinated withdrawal of vaccines containing type 2 component + switch to bivalent vaccines by April 2016. Considering high importance for maintaining momentum in the NOT favour in the time change for global verification process. Reaffirm commitment and certification of eradication,

**Norway:** *I am speaking on behalf of the 53 Member States of the EUROPEAN region. These Member states strongly support the current process and date proposed in the draft resolution for the withdrawal of the type 2 component in the OPV and introduction of IPV by April 2016 as foreseen by the Polio Eradication and Endgame Strategic Plan 2013-2018. On this basis, the Member States of the EUROPEAN region oppose the amendment proposed by Indonesia."*

**Monaco:** support statement made by Norway on behalf of EU and suggests amendments to draft res technical amendments:

- 3 par 1: certification standards to detect...and to take all measures necessary... put "polio virus" not any virus
- under 4.1 after "to continue in situation of humanitarian crisis... Missed the amendment!

**Trinidad and Tobago:** like rest of world supports the efforts of eradication progr. since 2002? no cases in Trinidad, zero cases maintained by the efforts of all stakeholders in Trinidad. Fully supports the resolution and ensures that immunization is essential towards eradication, in T & T inactivated polio vaccine already deployed, and heightening surveillance is in place.

**Maldives:** *Thank you Mr Chair, Maldives appreciates the report by secretariat.*

*Being a country free of Polio for more than 2 decades now, Maldives is committed to fully implement all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018. Despite the certification of South-East Asia as polio-free in March 2014, the risks persist until the disease is eradicated globally. Inactivated Polio Virus has been introduced into the national immunization schedule in March 2015 and we are now awaiting the availability of bivalent OPV in the wider market for replacing the type 2 oral polio vaccine.*

*Current international spread of wild poliovirus continues to constitute a public health emergency of international concern. The only way to achieve a polio-free world is through global solidarity and international cooperation, by implementing fully the temporary recommendations under the International Health Regulations (2005).*

*It is of utmost importance that Member states continue to coordinate with all relevant partners, including vaccine manufacturers, to ensure that Member States are fully supported for a globally- coordinated phased removal of oral poliovirus vaccines from all immunization programmes, beginning with the type 2 component in oral poliovirus vaccine in April 2016, including by ensuring a*

*sufficient global supply of inactivated poliovirus vaccine for use in all countries introducing the vaccine in their routine immunization schedules.*

*Mr Chair, To achieve this objective, we urge Member states to strengthen immunization systems along with sensitive surveillance system with an emphasis on improving immunization systems in key geographies, to realise the importance of reaching every child with vaccines. Strengthening national capacities for the management of programmes, microplanning, the mobilization of communities and influencers, and the monitoring of programme performance responsibly to benefit other development goals and global health priorities.*

*Recalling resolution WHA65.5, we urge member states to work towards intensification of Polio Eradication and Endgame Strategic Plan 2013–2018 and secure recent gains towards a polio-free world through stronger immunization systems.*

*On a concluding note, we commend the tireless efforts of WHO and UNICEF and other health partners in joining the efforts with continuous support to Member states. I thank you for your attention.*

**Ecuador:** thanks sec for report presented and aligns its commitment to the resolution which began with removal of type 2 and introduction of bivalent. last case was reported in 1990, thanks to commitment to fighting the disease. Support the resolution put forward and urge countries to adopt it

**Turkey:** *Dear Chairman, At the outset, we would like to thank the Secretariat for the comprehensive report.*

*We would like to reiterate our appreciation for the achievement of South-East Asia Region, particularly India of being certified polio-free. It is also promising that no cases of polio have been reported in Africa for a certain time..*

*Although Syria is declared as a state no longer infected by polio by the IHR Emergency Committee in April, given the current situation in the Middle East, we should be vigilant and continue vaccination campaigns.*

*We should also ensure that the surveillance system is operational and effective in the region. We should keep in mind that the risk of re-importation of the virus is still high. In this vein, we support the recommendations of the IHR Emergency Committee.*

*Our efforts aiming to reach all children for vaccination are of utmost importance. In this regard, we hope to overcome the barriers to access in endemic countries. We pay tribute to those who lost their lives in order to reach and vaccinate every child.*

*There is no doubt that national efforts backed by international community's support can be successful. We are all aware of the challenges endemic countries, particularly Pakistan, are facing.*

*Indeed, affected countries exert tremendous efforts in polio eradication. Pakistan's national plan for 2015 has all the right elements with strong focus on missed children. Moreover, Pakistan's determination*

*has been acknowledged at the last meeting of the IHR Emergency Committee in April. We are pleased that there has been no exportation from Pakistan since October 2014 and the number of persistently missed and inaccessible children is declining.*

*Mr. Chairman, We would like to reiterate Turkey's commitment to take every precaution against this disease. We are also advocating for political support within the OIC.*

*Furthermore, we exert every effort to prevent a possible transfer of the virus through our border following the outbreak in Syria. We held several rounds of polio vaccination. The latest round was held on April 2015. The next one will be initiated on 29 May 2015. All the children under age five, residing in the cities bordering Syria, as well as Syrian children under age five, be they residing in the camps or outside the camps are being vaccinated.*

*Mr. Chairman, We should not caught up with "polio fatigue" and continue our efforts for global eradication of polio. We believe that our concerted efforts in all regions of WHO will help us in achieving our goals. Thank you.*

**Iran:** Aligns itself with EMRO statement mentioned by Egypt and supports draft resolution, IRAN has been polio free for the last 15 years? We are committed to compliance with global readiness report by end of 2015, Iran action plan has been started in early 2015, and the switch trivalent to bivalent. We are improving existent surveillance system alongside with environmental surveillance. We cannot emphasize enough on necessity of cross border collaboration, at the global level in order to reach eradication need to improve global surveillance system, particularly in countries that reported cases in the last 3 years. Promote regional cooperation for transborder control of virus since the virus crosses borders we plead our neighbouring countries to control the transmission.

**Venezuela:** thanks for report and supports resolution. preventing vaccination has been playing major role in progress made by V in achieving good health. Eradicating polio measles etc. In 2016 will including inactivated polio vaccine this is key in our plan for eradication. Risk in withdrawal of trivalent oral vaccine, we will guarantee that the new vaccine will include type 2 to avoid reappearance of polio in new generations. Eradicated in venezuela, last case in 1989. Any case all over the world is a threat. System of notification in V. in those below 15 and suspected cases in any age, system to put in place necessary monitor measures.

**Cote d'Ivoire:** Commends the sec for placing the topic on our agenda, and fully supports Togo? on statement on the behalf of 45 MSs of AFRO, in certain regions of our conuntry strengtheneing of epid surveillance is required and thats why we support the draft resolution

**Madagascar:** commends for report, and thanks for efforts. No cases of wild polio in M since 1997. but early 2015 2 cases and we are grateful to WHO for support. IPV implementation en route-63% vaccinated, by last May started to use IPV vaccine 25000 children vaccinated. Gratitude to all those who helped in eradicating this virus (is it?)



*Monsieur le Président, Nous félicitons le Secrétariat pour la proposition de résolution. Nous saluons également l'OMS pour tous les efforts déployés pour l'éradication de la poliomyélite. Deux cas de polio à VDPV ont été diagnostiqués à Madagascar en Octobre 2014 et en Février 2015 Trois campagnes de vaccinations sont prévues pour faire face à cette épidémie. La première campagne à été organisée le 27/04/2015 dans la région du Sud-Est, 2.231.851 enfants de 0 à 59 mois (68%) ont été vaccinés. Une deuxième campagne à été organisée le 11/05/2015 en utilisant pour la première fois le VPI, 28.786 enfants ont été vaccinés. Nous remercierons ici l' OMS pour son soutien permanent dans cette lutte pour l'éradication de la poliomyélite.*

**Papua new Guinea:** *Mr. Chair, Papua New Guinea appreciates and acknowledges the report by the Secretariat of Agenda Item WHA68/21 Poliomyelitis. Up to date, in Papua New Guinea;*

- *has had no case of Poliomyelitis reported in PNG since 2000*
- *there is Polio specific Acute Flaccid Paralysis (AFP) surveillance and laboratory testing ongoing in PNG 12 AFP CASES in 2014 all laboratory negative, 9 AFP CASES in 2015 April all laboratory negative*
- *the Vaccine Preventable Diseases (VPDs) Laboratory network is being upgrade to facilitate diagnostic capacity.*
- *Surveillance activity is based on weekly reporting and bulletins written up to monitor cases that may appear for investigations to be conducted.*
- *Current work is being done to develop the integrated surveillance system*
- *Field Epidemiology training of health workers has graduated 22 field epidemiologists in 2013 & 2014 and now having 3rd cohorts under training for 2015*
- *We thank WHO, USAid, CDC other Partners for this important initiative in improving surveillance system and outbreak.*

*OPV coverage still remains under 70%. Multi antigen SIAs had been used as catch up campaigns to maintain polio free status since 2000. PNG will be using opportunity of MR vaccine together with Injectable Polio Vaccine (IPV) to progress towards maintain Polio-free PNG.*

*PNG is committed to Global polio endgame strategy and is annually participating in various consultative venues for support to implement in country activities towards polio elimination.*

*PNG currently has OPV on the National schedule with three doses at 1 month, 2 months and 3 months of life for three doses of oral polio vaccines and will be introducing IPV in 2015 and phasing off OPV then.*

*Mr. Chair, Papua New Guinea once again appreciates the report of WHA68/ 21 Poliomyelitis and supports the endorsements of Draft Resolution A68/21 Add.1, A68/21 Add.2 and A68/21 Add.3 and agrees with amendments as intervened by Austria and supports the statement of Norway and Monaco. Thank you Chair.*

**Togo:** *on behalf of 47 of AFRO commend secretariat for report... progress achieved in reduction of international transmission risk, implementing strategic plan. AFRO supports draft resolution as temp measure to arrest international transmission. AFRO takes notes of various proposed strategies and*

focuses on need to maintaining surveillance and develop individual approaches, concerned about difficulties in certain countries to implement esp in conflict areas. Bivalent intro noted and satisfied on plan of intro inactivated vaccine thanks to GAVI and IC. In order to minimize risk transmission of type 2 intro. Strengthening PH sector. takes note of report and proposes to adopt the draft resolution

**China:** Has noted with care the report of draft resolution on polio, appreciate effort by who in leading global polio eradication. the resolution and end game plan requires the following:eradicating polio includes introducing ipv and simultaneously switching from trivalent to bivalent.currently the sabin ipv has been introduced to access the market. we would suggest:

1. help MSs establish implementation plan
2. increase financial and tech support to developing countries esp those affected by polio and by war crises
3. enhance cooperation between countries and region

China is willing to support the WHO and contributes to global efforts in polio eradication

**Finland:** aligns with statement of EU. in addition supports amendment proposed by Austria

**Canada:** *We would like to echo the concerns raised by many, including the EMRO and EURO Member States stemming from the proposed amendments requesting flexibility put forward by Indonesia as regards the April 2016 date for the t OPV to b OPB switch.*

*We understand the challenges that IPV introduction represents. This is a significant endeavor and we commend the 83 Member States that have already introduced IPV.*

*The Global polio Strategy approved by the Assembly requires the phased removal of all OPV. This is to eliminate the risk of vaccine derived polio. The current target date for the switch to bivalent OPV is April 2016 and should be maintained.*

*We fully support the draft resolution. We also agree with India and Saudi Arabia that momentum must be maintained at this point in time. Our common engagement, including on timing and scheduling is required.*

*We encourage the GPEI to work with countries that experience challenges to overcome these challenges so that global efforts to eradicate polio remain on course, and with no delays. We also take note of Australia's offer to support their region in this regard.*

**Argentina:** our country example of exempt since 2004 we haven't used trivalent, we are now in transition to inactivated virus and the 4th dose sufficient stocks needed. Support draft resolutions and no objections transition from trivalent. Suggest treatment with 3 doses as one single dose doesn't give enough protection, equitable mechanism to access vaccine has to provided so that no stock interruption occurs, crucial to have enough guarantees, the withdrawal of trivalent vaccine should coordinated. the duration still needs to be determined, we need to have type 2 stock in order to ensure enough protection in the transition phase.

**Myanmar:** Thank secretariat for report 68/21, last polio case in 2011 end game strategic plan we support and follow withdraw of type 2 vaccine and switching to tri to bivalent vaccine. We try to strengthen high population immunity and prepare responsiveness for polio and surveillance. Finally we are committed to achieve polio eradication with cooperation with all polio member states and supports draft resolution

**Algeria:** associates herself with Togo on behalf of AFRO. Support of HWO in terms of introduction of bivalent and injectable vaccinations, mobilized all resources(?) issue of availability of injectable bivalent vaccine. serious issues alarmed. Cautious effort to support affected countries at affordable COST

**Ghana:** Absent

**Iraq:** we support for all polio eradication and reaffirm it, we consider it international responsibility so cooperation between region is required, more collaborative and technical efforts are to be submitted for upgrading labs to ensure its accreditation. We have controlled polio and been free for about 14 years when there was 2 cases imported from syria due to security circumstances. community participation and collaboration is reaffirmed by our side especially in areas outside the control of the government

**Bangladesh:** support of draft for eradication, polio free for last 4 years still a challenge to maintain it. New polio should not spread in polio free country. Oral polio vaccine supplies and immunisation schedule should be provided. support again this draft resolution. Travellers should be monitored

**Nigeria:** Supports resolution and share our commitment to endgame strategy with one new case only of polio recently reported. on obj 3 a working group on legacy plan has commenced operation. several innovative strategies been in place in campaigns as well as recently introduced directly observed oral polio vaccination. Introduction of IPV into routine immunization is done in phased approach, in high endemic stages first and on track to other areas. difficult access areas were targeted since it's difficult to capture children due to their high mobility. we call on global partners to sustain on global efforts, there is danger of political transition and efforts are in place to reach political order we support resolution in summary

**Tanzania:** routine oral polio vaccine has been maintained i high coverage. NGOs have conducted house to house vaccination campaigns targeting special communities etc Tanzania is among the countries with introduction of IPV. unprecedented and highly. Trivalent vaccine currently used. Acknowledge global partners in eradication plan. thanks for technical and whatever support

**Thailand:** We appreciate endemic countries efforts to stop polio circulation and achieve target of polio eradication. Deeply concerned re: supply and availability of vaccines. Need to scale up production capacity. WHO prequalification – multidose policy serious concern. In economy theory limited supply and high demands means high price. Technology transfer. Thailand committed to global polio eradication.

**Ethiopia:** Speaks on behalf of 47 states of AFRO region Eradication, crossing finishing line difficult. Intensify surveillance in high risk areas. 4 national immunisation days and 10 subnational immunisation days. Difficulties in securing border. Govt commitment at highest level. Full support to proposed action

points and resolution. Refugee and displaced peoples worth mentioning as routine health care service provided by humanitarian actors.

**Barbados:** *Mr Chairman Barbados wishes to express its support for WHO's Polio eradication programme and share the views of other Caribbean delegations which have been so eloquently put here today.*

*Although Barbados has been declared polio free since the 1960s, the commitment to universal immunisation coverage has remained unrelenting.*

*From 2016, Barbados will move from administration of oral polio to injectable polio. However, we are cognisant of a growing anti-vaccine lobby among members of civil society, which can threaten the gains of the past three decades. Programmes are currently being designed to help counter this movement.*

*Of major concern, however, is the significant increase in the cost of the national polio vaccination programme. The cost of injectable is about four times higher than the cost of oral polio vaccine. Barbados urges WHO to support the efforts of small developing states in their quest to source vaccines at the best prices available.*

**Spain:** Endorses statements made on behalf of euro region. We support draft resolution and express thanks to HCWs who risk their lives to fight this terrible disease. Cooperation doublements (?) when effective leadership as shown by WHO. Entire population vaccinated with inactive vaccine in Spain. This resolution is a step towards eradication for the 2nd time.

Senegal: thanks for report. senegal interrupted transmission in 68 and all the documentation was accepted in 2004, there was an import of wild polio virus interrupted just after a few months of efforts to contain it. no cases since 2010. Achieved major indicators of monitoring with respect to flaccid paralysis. Vaccine introduced in national vaccine plan. Part in GVA plan towards complete eradication etc

**Tunisia:** We welcome the quality of secretariat report. Endorse declaration made by Egypt on behalf of EMRO. Endorse draft resolution. Polio already eradicated in Tunisia. Sept 2014 introduction of bivalent inline with recommendations, and move to introduction of 2nd dose of vaccine as of 2016.

**Kenya:** *Chairperson Kenya aligns itself with the statement made by TOGO on behalf of the African Member states.*

*Chairperson Kenya eradicated endemic polio in 1986. However, it has had 4 importations since then that have resulted in a total of 36 Wild Polio cases: 2 in 2006 in the Daadab refugee camp 19 in 2009 in Turkana, 1 in 2011 in Migori and 14 in 2013 in Garissa County.*

*Kenya has consistently worked towards improving its routine and active surveillance for polio and immunisation. However the geographical insecurities in the region, northern and northern eastern part of kenya it make it difficult for Physical access for routine vaccination and active surveillance.*

*Chairperson Kenya, takes note of the report of the secretariat on the progress made in the polio eradication (Document A68/21) which is in line with the Polio Eradication End Game Strategic Plan 2013-2018.*

*Kenya, also agrees with the recommendation requesting all members states affected by polio to implement fully the polio eradication strategies and temporary recommendations issued under International Health Regulations (2005).*

*Kenya, also agrees with the request to members states to ensure that they are ready for the withdrawal of OPV type 2 by ensuring that they introduce at least 1 dose of IPV into routine immunisation by end of 2015.*

*Kenya will also follow up on the draft resolution given to members states to ensure that approval for use of bivalent oral polio vaccines in the country for routine immunisation is done in readiness for withdrawal of OPV 2 in April 2016. The country will also work on the recommendation to members states to submit relevant documentation to the regional certification commissions on interruption of wild poliovirus type 2.*

*In this regards, Kenya urges WHO at global, regional and national level to maintain the momentum toward the eradication of Polio by continued technical and financial support and to support peer mechanisms of assisting member states with active transmission. Thank you chairperson.*

**Jordan:** Shukran! Notes draft resolution A68/21, Jordan one of first countries in EMRO region to adopt vaccines to eliminate polio (adopted vaccines in 1969). We provide free vaccines to all Jordanian and non-Jordanian children resident on our territory. Polio free since 1995.

**The Congo:** fully endorses statement of Togo and AFRO, Congo notes report of Secretariat and congratulates for work that has been done. pay tributes to efforts of pakistan where 85% notified in 2014-15, praise multisectoral approach of this campaign, Congo remains attached to international efforts to eradicate polio, multisectoral basis and active partnerships needed. support draft resolution, max risk of transmission around Congo

*La République du Congo s'associe pleinement à la déclaration faite par la République du Togo au nom des 47 pays de la région africaine de l'OMS et prend note du rapport du secrétariat de l'OMS sur la poliomyélite. Le Congo reconnaît et salue les efforts déployés par le Pakistan pour lutter contre la poliomyélite où 85 pour cent des cas ont été notifiés en 2014 et 2015. Le Congo salue particulièrement le cadre multisectoriel dans lequel cette lutte s'effectue sans oublier l'abnégation et les efforts des agents de santé. Le Congo reste attaché aux objectifs mondiaux d'éradication de la poliomyélite et des stratégies qui en découlent. Dans ce sens, les différentes commissions mises en place continuent de travailler dans un contexte multisectoriel et dans un partenariat actif. C'est donc ainsi que la République du Congo tout comme la République du Togo l'a dit au nom des pays de la région africaine de l'OMS appelle à soutenir le projet de résolution et étant entendu que notre pays est entouré, comme annoncé dans le rapport, par certains pays dont le risque pour que la transmission du virus passe inaperçu est maximal . Je vous remercie*

**Sri Lanka:** *Chairman Sir Sri Lanka is please to support the quality document 68/21 on behalf of the SEAR countries. Sri Lanka is free of Poliomyelitis Since1993. The South East Asia Region has declared polio free certification in March 2014.Sri Lanka maintains strengthened surveillance system with Active surveillance since 1993 of all paralyzed cases (<15 years) to ensure that no more cases of Poliomyelitis. Heading towards Polio Eradication with global strategies, Polio vaccination is recommended for travelers to polio endemic/infected countries at least 4 weeks before international travel and maximum within 1 year.*

*Further Sri Lanka is introducing the injectable vaccine from July 2015 as the first step in withdrawal of oral polio vaccine in addition to the 5 OPV doses which is given currently. This will be given at the age of 4 months as another injectable vaccine, with the 2nd vaccination dose of Pentavalent and OPV. I take this opportunity to thank the polio eradication partners for the support rendered to Sri lank*

**Saint Kitts and Nevis:** *vaccinations contribute greatly to healthy lives, approved vaccines, provides vaccine free of charge because of procurement mechanism, related to transmissible disease, IPV, intro hepB 2 doses. Price of IPV 4 times more than OPV, support of continue strengthening of PAHo... protection from vaccine preventable diseases. Support of resolution*

**Croatia:** *[posted the following statement; not sure if they delivered it] Dear Ladies and Gentlemen, Croatia fully endorses the Global Poliomyelitis Eradication Initiative.*

*We support the work of WHO and emphasize the importance of Regional Certification Committees, which provide external assessment of countries' progress and evidence-based guidelines for improvement of eradication activities.*

*Understanding that poliomyelitis is a continuous threat, as long as it is not globally eradicated, we are dedicated to maintaining high vaccination coverage, which is the only tool available to prevent poliovirus transmission in case of importation.*

*In order to identify potential importation, our health system is working hard to approve Acute Flaccid Paralysis (AFP) surveillance and investigating possibilities to re-introduce environmental poliovirus surveillance.*

*Failure to meet deadlines for polio eradication, which have been set earlier, must not discourage us and we believe that global polio eradication will be achieved in a few years.*

*Croatia is officially polio-free since 2002, when the WHO European Region was declared polio-free.*

*The last case of polio caused by wild polio virus was reported in Croatia in 1989.*

*In order to maintain it's polio-free status, Croatia is dedicated to maintain high vaccination coverage above 95% for primary vaccination and booster at pre-school and at school age, as well as to maintain high quality surveillance for poliomyelitis and for circulation of wild polio viruses.*

*WHO's role in assisting countries in maintenance of polio free status through up-to-date recommendations and guidelines is more than appreciated.*

**Taipei China:** Applaud the sec report on polio 2013-2018, since 2000 eradicated in Taipei to prepare for withdrawal of type 2 vacc in 2016. To maintain polio free status continued high vaccination levels and surveillances on environmental and personal elements. support the global vaccination plan to achieve a polio free world

## NGOS

- [World medical association](#)

**Secretariat:** deeply appreciates comments by delegates and partners. 3 large country outbreaks has started in 2015 and was mainly affected by conflicts and instabilities. program in pakistan is starting to reach areas where was inaccessible previously in the past. In april 2015 the Strategic Advisory Group of Experts recommends countries to plan firmly and prepare for withdrawal of type 2 opv in 2015. they have already established very clear global readiness plan in 2015. switch to be carried out in 2016. Recommendations of the resolutions upon hearing amendments from 3 countries, 2 of which received support. In the case of indonesia, recognizing the challenges Indonesia is facing so that moment can still proceed. Implementation in countries is still variable. Now addressing specific questions from Belgium on budget that has been presented, recognizing polio as emergency budget ceiling is flexible. A number of member states raised question of affordability of ipv, WHO is taking a number of steps to increase availability including negotiations with manufacturers.

**Chair:** thanks to secretariat proposal for amendments, suspend discussion to allow informal meeting to reconsider the MS proposals of amendments, assistance will be given if asked from secretariat. if drafting group needed we will create one.

Now we consider draft decision 21.3

Resolution will be considered as approved

Propose to adjourn Item 15.2

**Monaco:** point of procedure, amendments to be introduced, Austria's or others? indonesia? not sure about what informal discussion is needed, or if we are to accept

**Chair:** asking Indonesia if they prepare to withdraw their amendments to proceed

**Brazil:** preference for having written version of amendments proposed several have to be consider because they delimit the scope of work of WHO and if possible we will endorse the proposal to have informal consultation to reach consensus in the plenary

**Indonesia:** Thanks Chair, we listen carefully on comments from MS and Sec, we are prepared to discuss our amendments, we follow your wise guidance on how to move forward on this matter considering the limited time.

**Chair:** believe as suggested by Brazil the best solution it's putting everything on paper and then proceed to find a consensus

Discussion of the draft resolution Poliomyelitis as contained in document A68/21 Add.1 was suspended, pending the outcome of informal consultations.

*Item suspended; resumed in Committee A on Friday 22 May*

**Chair:** Previous session was suspended, delegations met informally and agrees on compromised language for draft resolution [A68/21 Add.1](#)

Par3 sub1: to achieve and maintain certification standard surveillance to detect polio virus and to respond fully to polio virus detected from any source to immediately put in place ph measures to respond ...in a polio free country, following withdrawal of type 2 vaccine, reference to resolution 59.1

Doc ...op 4 sub 1: to continue to collaborate with all relevant acrot govt and admin on partnership with other , ngos to support national efforts for èolio eradication to benefit children in all areas

**Indonesia:** appr chair, MS, other stakeholders; unfortunately inf cons did not come up with soln to add main reservations but will not stand in the way if the Committee adopts

**Romania:** on behalf of EU Euro MS support the adoption of resolution, commitment in eradication

**Chair:** the resolution is adopted

**Indonesia:** reiterate full support to polio eradication and strategy plan, since 2013 no cases, and since 2015 certified polio free. committed to maintain this. Not in a position to adopt some of the issues. Timelines seems to be the issue. Importance of flexible time frame on the withdrawal of OPV and also on intro of IPV, depending on country conditions and capacity. Dissociate from whole of OP2 and the timelines components of several other paras. Committed to working closely with WHO, MS and other stakeholders with impl of End Game. Request our statement to be included in summary record of the meeting.

From Second Draft Report of Committee A ([A68/67](#)):

The Sixty-eighth World Health Assembly, having considered the report of the Secretariat on poliomyelitis<sup>1</sup>,  
 (1) endorsed the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005) in connection with the public health emergency of international concern arising from the international spread of wild poliovirus; and  
 (2) requested the Director-General to report on progress towards reduction in the risk of international spread of wild poliovirus to the Sixty-ninth World Health Assembly.

1. Document A68/21 Add.3.



*Resolution ([WHA68.3](#)) adopted, item closed, acclamation.*

## Item 15.3 Implementation of the International Health Regulations (2005) (A22)

### Documents

- [A68/22](#), - Sect report on impl of IHRs
- [A68/22 Add.1](#) - Report of Review Committee on second extensions regarding public health capabilities
- [EB136.R5](#) - draft resolution for WHA consideration forwarded from EB136 regarding Yellow Fever risk mapping and vaccination policies
- [EB136.R6](#) - draft resolution for WHA consideration forwarded from EB136 regarding second extensions
- [PHM comment](#)
- [EB136/2015/REC/1](#) (official versions of R5 and R6 above)

**Mexico:** statement on behalf of region of the americas, thanks Paraguay in helping with statement, compliance in provision with IHR, as it should be in a region that has reached milestones as in the fight against rubella. Call to establish basic capacities at national level to report on events, must respond on risk and PH emergencies, preparedness surveillance and response, and contribute collectively to global response. Implementation of IHR, potential benefits of granting extensions could be a driver to reach global compliance. Essential to find new methodology that goes beyond and besides the mandate (?). Advocate that corporations and MS that into account sustainability of the process (?)

**Lithuania:** on behalf of EU; EVD OB tragic reminder of need to accelerate impl; EU shares 'integral rel between IHR and HSS; role of health workers in preventing etc; incr involvement of IRHs in other areas; high costs of Eb response the benefits of investing in IHR capacity; accelerate in short term long term resourcing; role of WHO needs to be further enhanced; more acc monitor of progress at countries; need ext assessment and certification purposes; prepare now for the 2016 deadline and beyond;

**ADG:** Noted the report and adopted resolution on yellow fever mapping, at EB136 of the review committee, numerous MS commented on report, and on ongoing response to Ebola outbreak, in Jan ebola response and IHR was discussed, the emergency committee met and the recommendations were well received by the committee. Recomm showing close relations, need to study options to report including independent mechanism. Argentina del tabled a draft resolution on yellow fever risk mapping and ... this was adopted. Please consider R5 and R6

**Myanmar:** on behalf of SEAR; all have est focal point; incr comms, early warning; better coord between animal and human; communication; no EVD reported from the region; MS are alert; at the onset of the EVD OB MS of SEAR got ready; have tested IHRs repeatedly; challenges: lack of capacity of focal points, legislation, involvement of other sectors, investment in institutional systems, need fin mech, proper self-assessment independently; workshops on readiness and preparedness on radiation, EVD, borders,

quality management, biosafety and biosecurity etc; learning lessons from EVD OB recognise need for stronger; coordination important;

**Iran:** Thanks Chair, draw attention once again to statement by Prof Harvey Fineberg in WHA 2011, pandemic influenza committee in 2001, the world is ill prepared in facing influenza, as mentioned by DG Ebola and other emergencies stresses importance of having strong IHRs, The diversity of infectious diseases remain foundational element for global health security, IHR national focal point should receive support from Ministry of interior additionally to Ministries of Health. WHO should become more active in giving regional more power to strengthen IHR implementation. The emergence of recent epidemics shows importance of early warning and response systems. fully agree with para 28, since Iran had experience with integrating lab base and case base epidemio investigations. Iran is ready to jointly work with other MSs to support IHR

**Bangladesh:** supports Myanmar statement; appr report of Review Cttee; understand imp of IHR 2005; may face more complex emergencies; good time to examine; MS of region make progress reflected in IHR country self-assessment reports; have est cttees, drafting new IHR law; web based integ dis surv systems to capture data from field; transport of lab samples; 64 district hospitals have isolation; core cap str; nat food safety action plan; still weakness in multisectoral PH preparedness due to limited understanding in other sectors and stakeholders; points of entry needed to increase; skilled resources; will need tech ass to finish unfinished tasks; thank committee for good job; agree with challenges and 9 recs; but specific recs

Under 6 tech wg permanent or longer term to enable advise DG on continued basis; not just data management and practices and lessons learned; we have other recs will submit in paper;

**Lebanon:** *Mr Chair, We would like to express our sincere appreciation to the Director General for this comprehensive report.*

*It is clear that most member states which are requesting extension are facing serious institutional and resource constraints, and for some of them, particularly in the EMR region, civil unrest and political instability remain the main obstacles hindering their progress in implementing IHR Core capacities. Lebanon is one of these countries. Its borders have been witnessing for years episodic armed conflicts and massive migration movement. These conditions hinder capacity building, impede IHR enforcement particularly at the points of entry, and complicate further the chronic shortage in human resources and the high turn over among health professionals.*

*Unfortunately, there is little hope that the situation in this part of the world will improve in the near future. Therefore, and due to the nature of relationship of IHR with the emerging crises, strengthening capacities and investing in building resilient health systems able to withstand emergencies anytime they arise would be the right approach. Hence, we support what is proposed by the DG report of the change in perspective into a continuous process with more coordination at a health systems level and a sustained investment necessitating, hence, more resources and most of all more coordination at the political level. We, in addition support the proposal of having an external independent assessment to detect national*

*weaknesses in order to provide the appropriate support for countries to meet, on time, the IHR requirements. Thank you Sir.*

**Iraq:** consider testing compet of aCHTs starting at borders of entry; capability of preventing occ comm dis; Ebola and pandemic influenza put IHR on stage; countries with security need to give support to scale up; collaboration with other ministries and IGOs, G5 initiative pragmatic with tech sponsorship of WHO; range of initiatives.

**Bahamas:** IHRs one of most imp tools in WHO toolkit, thanks to WHO for work done on IHR to prepare states to respond to health emergencies such as ebola, notably few were able to meet the deadline and fulfill req to meet IHR. We are making significant progress and working to be compliant to deadline of june 2016, recently we have comprehensive strategy for chemical management and response, core capacities related to safety is lagging almost to inexistence, commend the work of the committee and leadership of its chair, thank PAHO for continued technical support.

**Liberia:** on behalf of Afro; re review cttee; thanks to MS for progress in impl; Afr region considers impl as critical; rights and obligations and responsibilities to countries and international community; review identifies progress and challenges; those who have achieved, have sought or have failed to report; misconception that IHR is sole respo of MOH; limited investment; high staff turnover; the world in recent years has witnessed epidemics; economic damage and countries should be supported to engage with WHO; not to be sanctioned or restrictions placed or incentives; WHO should provide the support; countries should not only req extensions but invest in full strengthening; learn from EVD to fast track; sustained fin and human support needed to ach basic cap in next two years; supports rec of review cttee

**Bahrain:** Speak on behalf of EMR, thank sec for report on IHR implementation and for final report of IHR review committee, acknowledge report and review; Recommends: establish WG or work closely on implementing IHR review committee; Strength HR and Financial resources to maintain IHR national capacity; facilitate experience and share and document best practices on global and regional level; establish mechanism strengthening crossborder cooperation on IHR

**Philippines:** thanks; Philippines and asean strategy; committed to improve national system esp; points of entry; IHR 2005 ess tool

**China:** appreciates implementation of IHR, notice it as an imp guidance in enhancing health security.. after several years effort, significantly we raised our capacities to strengthen our IHR capacities, china has achieved good level in tackling major threats to public health, we agree with the 2 resolutions, the chinese delegation thanks the work done by review committee.

**Ecuador:** support Mex on behalf of AMR; Ec has program of recovering public capacity; have made progress towards full impl; face continuing challenges appr acc of req for ext but will need further help for our action plan; fundament to support our development; stress also the pos experiences in regions to str tech cooperation; WHO plays essential role here; appr support of PAHO; esp tech missions; need to str tech coop at all three levels; need definition of monitoring and str current self assessment system;

should be participative process led by MS; look at the options; and recs of Expert group and review panel

**France:** on behalf of EU MS, fully approves recommendations of IHR committee; crucial to have efficient surveillance means and we need WHO for that, genuine implementation of IHR is going to be a priority of France, would like to see WHO provide enabling conditions for beyond 2016 implementation. regional offices are drivers and need to be behind proposals to make more concrete commitments in enhancing implementation, happy to welcome in the first 4 months an international conference on this topic

**EU:** (the following statement was posted in the name of the EU; France says that it is speaking for EU but our notes do not correspond closely to the posted statement): *I am speaking on behalf of the European Union and its Member States. The Ebola outbreak is a tragic reminder of why we need to take action and accelerate progress to ensure that all State Parties meet the core capacities to implement the International Health Regulations by June 2016.*

*The EU shares the view of the IHR review committee that we need to shift our perspective by better taking into account the integral relationship that exists between the IHR and health system strengthening. This is reflected in the central role played by health workers which are crucial in preventing, detecting and addressing outbreaks.*

*We also need to recognise the specific needs of countries with weak health systems and governance structures where IHR implementation may need particular attention and additional support. In addition, we need to increase the involvement and awareness of IHR in relevant sectors other than human health.*

*We also agree that in light of the high costs associated with the Ebola crisis response, the advantages of investing now in capacities to better prevent, detect and respond rapidly to public health events have never been more evident.*

*For these reasons, the EU supports the recommendations of the committee which encourage states to fully implement the IHR, including accelerating their implementation in the short term, while confirming their commitment to invest in longer term sustainable objectives.*

*The WHO plays a key role in this respect, by providing further expertise and guidance to Member States. The role of the organisation should therefore be further enhanced and WHO should work with partners working to support IHR implementation to help facilitate and coordinate action to this end.*

*Finally, in order to have a more accurate view on the level of implementation of countries, the EU would like to emphasise the importance of having improved assessment tools. The EU supports the use of solid, transparent and reliable assessment instruments like external assessment and certification processes.*

*The International Health Regulations are the cornerstone of global health security. The EU would like to stress the importance of preparing now for the 2016 deadline and beyond, by defining a roadmap and timeframe for implementation, including regional meetings, as part of a global process.*

**Finland:** aligns with Latvia for EU; 10 yrs after 2005 reviewing progress; obligations for all of us to detect, assess, notify events and resp to emergencies; initial target date was June 2012 then ½ had achieved, now ⅓; what is happening; EVD not over; huge amount of work to do; did not bec a pandemic; something has been done right; although interconnected circumstances across regions not the same; resources differ; vulnerability varies; call for solidarity heard in second IHR rev cttee; twinning and networking would provide opps to assist; walking diff path always easier with a friend; urge MS to implement and str health services; DG is well equipped to assist in this work;

**Russia:** Thanks Chair, we on the behalf of the countries making up the public health council; optimal framework needed to react to emergencies, Ebola highlighted need to strengthen IHR, given fact that still some MS are still not ready for IHR, we need to identify priorities and coordinate and support IHR in that regard, we support all those who were able to meet DL of IHR. Annual assistance programs are in place to eastern europe for implementation of IHR to strengthen readiness. targeted contribution to WHO is in place for IHR, it's a dynamic process and we are grateful for review committee for its work and we support resolution

**Saudi Arabia:** *Mr Chairman; We Support the report of the IHR review committee and the EB resolution EB136.R6 on the implementation of the recommendations contained in the report and also support EB resolution 136.R5 to update the status of countries regarding yellow fever vaccination and the validity of the yellow fever vaccination certificates.*

*Technical expertise are needed to support Member States to implement the recommendations of the review committee and report on the progress of the implementation to the 69th World Health Assembly.*

*We need to Continue advocacy activities targeting senior official including from key sectors other than health to promote awareness about IHR and to obtain their political commitments.*

*We need to Enhance ties with international and regional institutions and bodies to mobilize global and regional technical and financial resources to support the implementation of IHR capacity requirements.*

*We need to Facilitate dialogue and provide technical support to Member States to enhance collaboration for cross border surveillance and response.*

*We need to Review the IHR framework in order to establish linkages with key programmes such as patient safety, development of human resources for health, legislation and information systems*

*We need to Reinforce preparedness from an all hazards approach at country level and strengthen linkages with national disaster/emergency preparedness and response mechanism.*

*We need to Establish an independent regional group of experts to work with countries in their assessment of IHR capacities and updating their national plans and to support the development of the needed capacities and expertise. Thank you*

**T&T:** as one of 81 MS requested extension, we fully support the implementation containing report of review on IHR. T &T faces challenges to fully implement IHR particularly HR, we have strengthened our

capacities though and increased our response measures through integrated multisectorial strategy. stakeholders nationally highlights importance of IHR and this shows potential for successful implementation of IHR nationally. efforts will remain on national level to scale up all capacities for IHR on ports of entries. we remain committed to pay our part to prevent spread of infectious diseases

**UAE:** committed to impl of IHRs have achd qual progress on all levels; created a ctteed with all rel stakdholders; achd progress in measures to contain diseases; safety and bio safety; continuing to work on our capacities and look forward to regional support in border functions; have to put into place a mech of cont self assessment and not only once a year

**UK:** supports statement made by latvia on behalf of EU. as highlighted Ebola has been a reminder on need for IHR, this means preparing concrete plans now and to prepare for 2016 deadline. we are supportive of review committee recommendations and move the implementation beyond checklist approach.

**Indonesia:** *Chairperson, Distinguished delegates, Indonesia delegation would like to support regional one voice of South East Asia Region delivered by the delegation of Myanmar.*

*In addition to that particular group statement, we would also like to emphasize that the functions of the IHR National Focal Point is essential particularly for international communication and coordination. In this regard, We need that member states should publish or inform to WHO their international communication mechanism as already stated in the IHR itself and it is accessible to all member states. I thank you*

**Norway:** informative report; all countries to adhere to obligations and not to imple restrictive measures on travel and trade; unfort no sanctions; Norway likes new appr to assessment incld peer review and external assessment; sust imple of IHR resp of country govns; need LT investment in infrastructures and commodities; states parties to collaborate; country twinning working with Palestine and Malawy and for other; support Global Health Security initiative; action package on supporting imple of IHRs; should be consistent with IHRs and support WHO; benefits of working together on inf control

**Malaysia:** takes note of report submitted, support timeline proposed, agree that countries should go beyond focus on mere compliance, and regard core capacity req as continuous process essential to fight emergencies, we urge the capacity building of the countries to implement IHR

**Mali:** congrats; need str polit commit to apply IHRs; with Ebola we respected but requires human resources for follow up and border control; at our country level we have multilevel consultative group and interministerial group; to monitor entry points; thanks to WHO for the eff imple of IHR in support of country efforts; ongoing assessment to prepare and impl action plan

**Jamaica:** *Mr. Chairman, Jamaica wishes to align itself with the statement made by Mexico on behalf of the Region of the Americas. Chairman, Jamaica must also commend the Review Committee on the comprehensive analysis for the establishment of the second extension of the National Public Health Core Capacities and on the IHR Implementation. The document was concise and clear. It was evident that*

*there were common issues affecting the full realization of the core capacities in the various countries examined. We note the list of highly qualified professionals who were a part of the Review Committee and appreciate the importance WHO placed on this assessment.*

*Jamaica has made significant strides in developing the core capacities to respond to disease outbreaks and physical events that could trigger public health emergencies of national/international concern. Several policies such as a Food Safety Policy, Risk Communication Plan and the Animal Preparedness Plan have been drafted or updated.*

*In addition to the recommendations listed, Jamaica is further urging the WHO to provide increased support to countries to assist them in dealing with significant deficits in human, financial and material resources, resulting in a compromised ability to fully implement IHR (2005) and mount an adequate outbreak control response when necessary.*

*Of concern is the fact that in the Sub-Region of the Caribbean, most of the events posted were infectious hazards. The Ministry of Health, Jamaica has a robust surveillance system but it needs strengthening in the area of electronic data capture and transfer. Jamaica and other State Parties would benefit from support and technical guidance of the WHO.*

*Urgent support is needed in the Sub-Region of the Caribbean to build the capacity, including at the designated Points of Entry for preparedness and response especially to radio-nuclear emergencies. There is the need to establish a Regulatory Authority for the control of radioactive sources framed by the introduction of supporting policies and enabling legislation.*

*The recommended actions suggested in the draft resolution EB136.R6 by the Review Committee are fully endorsed and supported by Jamaica.*

*Chairman, on the matter of administering a single dose of Yellow Fever vaccine that will confer sustained lifelong immunity thus negating the need for a booster dose and ensuring that the validity of a certificate of vaccination extends for the life; Jamaica supports the recommendation on proposed resolution EB136.R5 and has volunteered to adopt Annex 7 immediately and not wait until June 2016.*

**Sudan:** *Although Sudan is exerting huge efforts to fulfill its commitment to IHR, still the country is suffering to complete building the national core capacities. Challenges related to obtaining the health technologies and building the capacities of the national health personnel are many. So, we do agree that most of the countries who asked for a second extension for IHR deadline are in a bad need for both technical and financial assistance. We also believe that the assistance will not be effective unless we strengthen capacities at both national health system and WHO countries offices. Thank you*

**Cameroon:** *Cameroon endorses statement on behalf of AFRO, we confirm the strategic importance of IHR 2005 in our health systems, we asked for 2 years extension for IHR implementation, welcoming the mission sent by DG in 2014 to countries that has not yet been affected by EVD, commit ourselves to strengthening health system for global security. With supported coordination of WHO we will not need a further extension and will be in line with IHR 2005, thanks to WHO for decisive support.*

**Colombia:** endorses Mex for AMRs; oblig of all states parties ...; list of recs to meet challenges; esp at nat level; imple dynamic and ongoing process; working on this; good to extend second period; training of prof and tec staff at nat and local levels and nec progress; need to continue with the verification processes to cover the existing gaps

*Gracias señor Presidente. Colombia se alinea con la declaración leída por México en nombre de la Región de las Américas. Coincidimos en que una de las disposiciones más importantes del Reglamento Sanitario Internacional es la obligación de todos los Estados Partes de establecer capacidades básicas para detectar, evaluar y notificar eventos para responder a los riesgos y emergencias de salud pública. El informe presentado por el Comité de Examen, realizó un minucioso análisis, y de este ejercicio resultaron importantes conclusiones, sobre todo, una lista clara de recomendaciones para hacer frente a los retos de la implementación del RSI, en especial a nivel nacional. Señor Presidente, Colombia sabe que la aplicación del RSI es un proceso dinámico y permanente, que es preciso evaluar, mantener y reforzar continuamente y como país nos comprometemos a mantener las capacidades alcanzadas y a fortalecer aquellas con aspectos faltantes, así como a asesorar a otros países de la región, como lo venimos haciendo. Buscando el cumplimiento de los compromisos y metas propuestas, consideramos que es preciso otorgar una segunda extensión a los países que así lo han solicitado. Se debe continuar con el desarrollo de herramientas que faciliten el entrenamiento del recurso humano profesional, tecnológico y técnico del nivel local para la detección y contención inicial, así como proporcionar los avances necesarios en el sostenimiento de estas capacidades para la estrategia de vigilancia comunitaria. Por lo anterior, señor presidente, mi delegación considera que es necesario continuar con los procesos de verificación y se debe acompañar aquellas capacidades o amenazas sobre las cuales es necesario acortar las brechas existentes. Gracias.*

**USA:** importance of rapid and full implementation of IHR, west africa is still lacking IHR, emphasis on implementation on regional level is an essential component for IHR implementation. strongly support external evaluation against specific targets allowing more effective seeking of partnerships to rapidly respond to disease threats. The USA is pleased by commitment in this assembly for full implementation of IHR by 2019. we assist at least 40 countries to achieve full IHR implementation. applaud recent announcement by US CDC on establishment on African CDC to defend against outbreaks.

**PNG:** has req a further 2 yrs; thanks for the extn; used opp to str and put in place IHR core cap; first in financing; est public health institute with a CDC with ability to investigate epidemics' also central and provincial laboratories; national health policy including IHRsl embarking on integrated dis surv and response policy; communications system; experience with H1N1 and cholera gave us useful experience; work plan on emerging inf dis will help with IHC Core Cap; training of field epidemiology; WHO country office provides advice to countries on legislation and regulation; we are doing the best we can; appr help of all of our partners; fully committed; notes and endorses Sect report and supports the resolutions

**Brazil:** working to insure the IHR regulations are essential to provide protection in public health, we work on ensuring coverage of most vulnerable groups of infections. experience of countries in 2015 with Ebola shows importance of IHR. it is of concern that restrictive measures is not foreseen on IHR. strenghtening health systems are essential, we commit to IHR in order to monitor core capacities in



terms of public health concerns. we congratulate argentina on yellow fever initiative and having a single yellow fever vaccine for life

*Señor Presidente, Conocer el Reglamento Sanitario Internacional y trabajar para que las medidas preconizadas sean imprescindibles para prevenir, proteger, controlar y dar una respuesta de salud pública contra la propagación internacional de enfermedades, son principios de las acciones de todos los trabajadores en salud de Brasil. Eventos recientes, de interés de salud pública, que repercutieron en los indicadores de morbilidad y mortalidad de la población de algunos países, demuestran la necesidad de organización de los servicios de salud, principalmente en lo que se refiere a las acciones de prevención para protección de los grupos poblacionales más vulnerables, asistencia a todas las personas afectadas, así como, a la capacidad de respuesta rápida a las emergencias de salud pública. La experiencia de los países a lo largo de 2014 con el Ébola demostró la importancia del Reglamento Sanitario Internacional como una plataforma eficaz para garantizar la transparencia y solidaridad en el combate a las amenazas a la seguridad de la salud global. Es preocupante que diversas medidas restrictivas, no previstas en el Reglamento Sanitario Internacional, hayan sido tomadas en distintas partes del mundo en respuesta a los casos de Ebola. El fortalecimiento de los sistemas de salud es, de hecho, la mejor y más duradera respuesta para promover y proteger el interés de la salud pública. Brasil considera fundamental que se mantenga el compromiso asumido por nosotros, en el sentido de hacer todos los esfuerzos para la implementación y la evaluación de las capacidades básicas de vigilancia y respuesta a las emergencias de salud pública, destacando el papel central de la OMS en la promoción de intercambio de buenas-prácticas entre los países. Señor Presidente, quiero aprovechar la oportunidad para apoyar la implementación de las recomendaciones contenidas en el informe del Comité de Revisión sobre la segunda extensión para el establecimiento de capacidades nacionales de salud pública y sobre la implementación del RSI, conforme la resolución presentada. Finalmente, nos gustaría, de modo particular, felicitar y manifestar nuestro apoyo a la iniciativa de Argentina sobre el mapeo de las áreas de riesgo de fiebre amarilla y de la extensión de la validez del certificado de vacunación de fiebre amarilla para toda la vida. ¡Muchas Gracias!*

**Barbados:** *Barbados joins with Member States especially from the Caribbean region to affirm its support of the International Health Regulations. The International Health Regulations stand as one of the most important instruments for monitoring and responding to public health events worldwide. The 2014 Ebola epidemic in Western Africa, and the outbreak of Chikungunya in the Caribbean indicate to us the importance and significance of scaling up national capacities, as well as ensuring that regional and international surveillance measures are in place and functioning effectively. Since the last World Health Assembly, Barbados has made considerable strides to become fully compliant with the IHR core capacities. The main area of concern for us was in the area of radiological and nuclear surveillance and management. Barbados has now applied to the IAEA for membership and has worked in collaboration with the Pan American Health Organization to undertake institutional strengthening and capacity building in relation to Chemical, Biological, Radiological and Nuclear Hazards. Barbados continues to pay significant attention to food and water surveillance and port health services. In this regard, the Ministry of Health continues to take an integrated approach by working closely with the Ministries of agriculture, finance, customs and immigration, trade and commerce to ensure that the surveillance mechanisms are*

*maintained. Let me also state that Barbados, with financial assistance of the US government, has embarked on the construction of a public health laboratory, not only to amalgamate three small laboratories, but to provide capacity to assist other countries of the Organisation of Eastern Caribbean States in the monitoring of public health issues. In closing Mr Chairman. Barbados commits to achieving full IHR compliance by 2016.*

**Namibia:** aligns with Liberia statement on AFRO statement. we take note on report contained a68/22 on IHR implementation, noting specially 2013 n 2014 has been exceptional in national health emergencies, noting especially EVD outbreak in west africa, we should heighten control which is mainly done due to EVD and not the IHR. this means we react and not proact, namibian delegation calls for accelerated response to take counter measures, and highlights need of multisectoral approach. strongly support the report and its now more than ever critical to strengthen capabilities and preparedness to response. lastly its encouraging to note that secretariat is currently considering options by improving system for international health capacities by working on the national healthcare capacities. we support the resolution on the implementation of IHR.

**St Kitts and Nevis:** committed to impl but cannot ach all core caps on our own; in chemical and radio nuclear requires regional action; looks forward to regional cooperation

**Thailand:** align with Myanmar, cooperation between animal and human laboratory surveillance, animal environment and human health have impact in implementation of IHR. agree with the review; support peer review, vol expert assessment; harmonised info system; private sector; border measures; communication with public; challenges remain: MS unable to meet core comp; renew commitment; incl confirm with SEAR to adopt 5 & 6

**Ethiopia:** aligns with Liberia for Afro; committed to impln; working towards core cap; public health inst est as focus of imple of IHR in Eth; public health officers trained; reporting system; updated legal frameworks; reportable diseases being rec'd regularly; can fulfill very soon; Objects any proposal of introducing sanctions on countries that fail to abide with IHR, we should proceed to support measures only

**Senegal:** thanks for report, adopted and communicated the IHR 2005 recommendations, and we benefited from extra funds in terms of microbial surveillance system. we still have quire a lot to do to improve our capacity to face new health emergencies. we have developed action plan and we have difficulties in mobilizing resources for the action plan hence we need international support to reach.

**Canada:** EVD critical imp of full impl of IHRs; notes the efforts of all states parties; ack challenges they face; fully supports need to str collaboration incl external assessments; as active member of global health security agenda canada supports meeting GHSA targets; this is an important instrument; working closely with it; supports imple of recs of review committee; joins other MS in support of the resolution; priority to provide support to countries needing tech and fin; prioritising and coordination; supports new monitoring framework; need a process which provides best possible picture of risks and

*Item suspended; resumed in Committee A on Friday 22 May*

**Chair:** continues on 15.3

**Venezuela:** thanks secretariat for resolution document and endorses Mexico declaration, read carefully, countries made progress on IHR re basic national capacity, preparation and HR over 90 points in combination etc Our country insists on relevancy and need of additional extension so that we can comply with the requirements. Need to setup and maintain basic capacity, to do so important predictability in finances and HR is needed and is now not in place. WHO funding necessary

**Tanzania:** welcomes report; appreciate role of IHR and have embarked on city based surveillance key for early detection; strengthening core caps of paramount importance; welcomes recs of rev cttee; a continuous process; local and global leadership important to move the process forward; welcomes indep review; happy to participate in first phase; multisectoral ap with WHO to address gaps identified; welcomes; agree with resolutions

**Algeria:** A supports statement made from Liberia on behalf of AFRO region, IHR relevant and included ... decree issued in order to have appropriate framework and a plan of action, obtained funding in order to take steps in case of emergency without affecting other budget, Support from WHO is needed, capacity building and lab capacity and cross-border cooperation we can share best practices as appropriate

**Japan:** *Thank you, Chair, I have heard comments and remarks of many delegations. I think that most of them are acceptable, and the comment by the Finland delegation reminded me of the discussion of IHR revision 10 years ago after the outbreak of SARS and threats of terrorism. The revised IHR was unanimously adopted, and its implementation started in June 2007.*

*Mr. Chairman, 8 years have already passed, and now we again extended it for 2 years. There are several reasons for its extension, so I accepted it. I hope that public emergency would not occur within 2 years. Many delegation agreed that IHR is at high priority. If Member States would accept this, we have to implement it step by step. I thank you, Mr. Chair.*

**South Africa:** SA welcomes report of review committee for establ health capacity, thank committee for recomm and conclusions, it is crucial to establish capacity in order to respond to emergencies, article 5.2 and 13.2 state opportunity in special circumstances to special extension, this remind state parties that it is a continuous process and needs continuous commitment from all state parties. Ebola proved how important strong IHR are, global health security is maintained by it. Financial and personal resources needed by MS, implementation of theoretical construct of IHR now need of action oriented approach, implementation checklist not enough. SA believes that principle and key themes, provided essential foundation of long term approach SA Supports draft resolution contained in 136R6

**Argentina:** thanks the review committee; ask the DG to public in real time the online state of countries; accepting that. est sci adv group to map risk; maintain a mapping register which is updated; should fac international procedures; advise; Arge has territory free from YF urge MS to adopt resolution; as the 64

MS who requested; self evaluations are reliable; there is a deficit in support provision; IHRs have a monitoring mech to be defined in the next WHA; self evaluation; performance functioning; welcome WHO regions and subregions acceptable monitoring system;

**Timor Leste:** commends report. IHR request strengthening capacity, however, require support, multi agency support. establishment of intersectoral coordination mechanism with border and port agencies. national laboratory is a challenge. support statement from Myanmar for SEARO region.

**Congo:** the DRC wants to endorse statement made by Liberia on behalf of AFRO. Rightly appreciates mandate in order to establish effective implementation of HR which are binding recommendations, in the course of first extension... risk communication and lab we made progress in these areas, we have to further develop capacity including on disasters of nuclear origin. (Congo supports the resolution) In order to give effect to recomm made

**Chinese Taipei:** Thanks. welcomes. R6 and supports rev cttees report second; Ch taipei has met the standards without need to req an extension; talking about information sysetms; working with global and local partners in response; single point of contact for; urge WHO to continue to comply with IHR, esp the 24 hrs notification; clinical or radiological .... hope global PH cty will work towards better response to global health outbreaks.

**Dr Fukuda:** thanks delegates for comments and strong support of IHR, since reform adopted in 2005 importance of this framework emphasized repeatedly, emergence of polio and ebola underlined this (plus influenza), we are at turning point of implementation of this regulation, ebola outbreak showed what happens when core capacity is not strong in countries, also self assessment has taught core capacity are not strong enough, the review committee pointed put how we are doing the assessment, we have to continue to

1. accelerate and improve support to strengthening core capacity, technical assistance to ne given, and strategical approaches, strengthen collaboration and initiatives that are there as global health community agenda

2. long term perspective needed, other countries will need extension to need core capacity, and to maintain and improve core capacity when reached, it's long term investment

3. improve monitoring of core capacity. move away from simple checklists, incorporate voluntary existence evaluations and assistance, all these effort aims at improving the system, how do we make countries better how do we improve the support to be provided.

More discussion with MS needed to choose way forward

Argentina real time provision of info as for who adopted the yellow fever... next few weeks

Another working group to be established for 136.R5

Difficult when most of the country is free from an infection and parts are not (like yellow fever in Argentina)

**NGOs:**

- [IntraHealth International Inc.\(IntraHealth\)](#) not read in correct time because not in room

**Chair:** we will look at draft resolution contained in EB136R5 committee ready to approve, resolution is adopted

[WHA68.4](#) Yellow fever risk mapping and recommended vaccination for travellers

[WHA68.5](#) The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

*Resolutions [WHA68.4](#) and [WHA68.5](#) adopted; item closed*

## Item 15.4 WHO response in severe large scale emergencies (A22)

**Documents:**

- [A68/23](#) – Sect report on WHO role in emergencies
- [PHM comment](#)

**Nepal:** SE asia member states commends report, Africa; who response to ebola outbreak, coordinating with government and NGOs and other agencies are commendable, appreciate efforts of WHO, WHO SE asia region one of largest region, one of Lowest income countries in the region was hit by earthquake more than 86000 lost their lives. Thank for immediate response, ask for providing mechanism, trauma and surgical care technical experts provided. To reyoung the health system is a priority we ask to technical assist the country, health procurement, in order to restart primary health services. Surveillance and... are equally important. from the Economic point of view, in order to build efficient health systems; Thank immediate and effective response in recent emergency and expect continuous effort in the future

**Latvia:** *Chair, I'm honored to speak on behalf of the European Union and its Member States. The following countries align themselves with this statement: Turkey, the former Yugoslav Republic of Macedonia, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova and Georgia. We would like to thank the WHO for the report on its response in severe, large-scale emergencies.*

*The world has faced an unprecedented magnitude of large scale and complex humanitarian and public health emergencies. They have required extraordinary response measures and reminded us that health concerns are present in all emergencies.*

*Large-scale health emergencies create a serious burden for the national health systems as well as for international response mechanisms. We acknowledge the work done by WHO in leading an effective response to the six Grade 3 emergencies during the period under review. At the same time we note that there are several protracted crises that require WHO's continuous emergency response.*

*The Ebola Virus outbreak showed us the importance of being able to respond quickly, timely, efficiently and in a coordinated manner. It, however, also highlighted the crucial importance of prevention, preparedness and early action at national level in order to save lives. Emergency preparedness and capacities required for health security must become routinely addressed in the context of health systems strengthening. In this regard, we would like to underline the urgent need to implement the International Health Regulations.*

*The mandate given to WHO in its constitution, the organization's response policy as defined in the Emergency Response Framework, its broad health expertise and its presence around the world are reasons why WHO should remain as the coordinator of health emergencies and the lead agency of the health cluster in humanitarian emergencies, in close coordination with other relevant actors.*

*We welcome the five changes announced by the Director-General in her opening statement to make WHO better fit for this role. In addition to these changes, an enhanced WHO response requires clear operational leadership by the Director-General, advised by the Global Policy Group. The EU requests that these improvements are brought for consideration to the 69th World Health Assembly through the Executive Board.*

*Chair, We have already witnessed progress, including the Emergency Response Framework and the implementation of the Inter-Agency Standing Committee transformative agenda for humanitarian assistance. The EU supports WHO's continued active engagement as an Inter-Agency Standing Committee partner in humanitarian assistance.*

*To conclude, we reiterate the importance of having a regular agenda item on emergencies in the governing bodies and suggest that the secretariat reports under this agenda item also on improvements made in WHO's emergency work, including with regard to work on preparedness.*

**Madagascar:** delegation of M honoured to make this statement on item blabla on behalf of AFRO region. Every year MS in africa face different emergencies and these situation have consequences of population displacement, disabilities etc...deplores the fact that these emergencies often have social, economical and health consequences that have serious effects on poor people, also MS have limited resources to face and tackle these situations, in humanitarian social and economic terms, We need a well prepared health system, so that it is ready to respond when emergency arrives, local capacity central to risk management, as adopted at 67 session of ...for africa Commending efforts made this far from MS in seeking to implement regional strategy and also applaude the establ of africa health emergency fund. WHO commitment applauded for eilarge emergency response: urge <WHO and partners and donors to take action together to risk management capacity building. disaster risk management for the health sector needs to be strengthen, events that are likely to become health emergency need to be contained

**Swaziland:** *Thank you Mr Chairman Swaziland would like to align itself fully to the statement read by Madagascar on behalf of the WHO Africa region.*

*We note with satisfaction and gratitude the Director General's report on who response in severe and large-scale emergencies*

*We further empathise with nations, communities and families that have had to endure the devastating effects of these emergencies, be they caused by natural disasters, political conflict, disease outbreaks and others. Indeed under such circumstances health needs are of utmost priority*

*Swaziland is acutely aware that dealing with such complex issues is very demanding. It is on this regard that we commend the work done by the DG in the response to these emergencies*

*We agree also that the response is not an end in itself. The secretariat needs to collaborate more with stakeholders and partners to better assist countries to build strong national emergency programmes and strategies to minimise the adverse effects of these emergencies and disasters*

*We further commend all the countries that have assisted in one way or another in this regard. One such country is Chinese Taipei, whose role in emergency response cannot go unrecognised. Their expertise in dealing with emergencies and disasters as well as willingness to assist countries in distress has not only been recognised in their region but beyond as well. Swaziland is one such beneficiary, as well as other countries.*

*We, therefore humbly request this assembly to consider enabling a broader participation of Chinese Taipei in the who processes and organs as the whole organisation stands to benefit from their experience and expertise in health. I thank you*

**Saudi Arabia:** thanks for report, major changes to emergency response, include financial and capacity building, internal report in dec 2013, 1387 staff globally needed by WHO to respond 53% of required staff. as WHO capacity to respond become overstressed MS have to provide capacity and provide consultation...minimize exacerbation on the affected populations

**Ethiopia:** *The Federal Democratic Republic of Ethiopia is in line with the statement made by Madagascar on behalf of the 47 Member states of the Afro region*

*Acknowledging the fact that there is increasing trend in the disease epidemics and disasters in the region, WHO country offices were overrun with active engagement in outbreak response. This may also be due to limited preparedness, capacities and technical expertise in Member States. This is worsened by the fact that there is very limited capacity building on disaster risk management in the health sector. Despite the facts stated in the document, with available resources and staffs at hand, there were delays from WHO in leadership, information sharing and assessment and grading of emergencies in the region despite availability of Emergency Response Framework (ERF).*

*We believe that country health systems should be further strengthened in terms of being resilient to severe and large scale emergencies caused by manmade and natural disasters. The government of Ethiopia is keen to support WHO in terms of emergency operations that need large scale response.*

**Tuvalu:** intervention on behalf of TUVALU, climate change threaten survival of our people, requires collective action and set strategy, very existence of the country is put at stake, natural disasters have destructed facilities including health facilities, we will not achieve sustainable development without this tackling point. Depending on technical and financial support, and also from other partners, To build resilient health system, recognize Chinese Taipei support, and supports Chinese Taipei participation in WHO meeting as permanent member

**Norway:** We have only received the report on 15th of May and didn't have the time to work on it. As a consequence we won't made any observation.

**Egypt:** on behalf of EMRO, a lot of people 58 million affected and more than 60 mil refugees, largest number of locally displaced people, economic development lost due to this situation, spread of Comm diseases risk, Sudan somalia and afghanistan have protracted emergencies. We need to support mobilized human and financial resources. Effective humanitarian response... preventing transportation and delivery of medicines: coordinated response to be assured, WHO maintain emergency ph experts for rapid deployment, critical medical supply, emergency contingency fund for emergency response, MS called for early financial support. Severe and large scale emergencies. HQ should have capacity to assess emergencies and utilize partners capacity

**Turkey:** *Thank you chair, We would like to convey our appreciation to secretariat for letting us to complete our preparations with this it We would like to thank the secretariat for the report and recognition of public health emergencies and crises going on. We welcome the WHO's efforts in terms of reforming its response capacities and fulfilling its mandate. As one of the co sponsor countries of WHA 65.20 resolution we are also pleased with WHO's reorientation in this area, building its capacity to adapt to the current challenges.*

*Turkey spare no effort to help respond various humanitarian emergencies worldwide, without any discrimination of nationality, language, religion or gender. We provide humanitarian assistance to the affected countries, be they caused by natural or man made disasters. Turkey is strongly committed to the value of experience sharing. We would like to reiterate our determination in continuing of our efforts in due course.*

*Mr chair As we stated in our address to the Assembly, In Turkey we are providing health services for two (2) million Syrian guests with the same quality as we provided to our citizens. Two hundred and fifty thousand (250.000) surgical operations were conducted and three hundred and twenty two thousand (322.000) in patient and 4 million outpatient health services were provided. Let me underline that nearly fifty one thousand (51.000) Syrian babies were born in Turkey.*

*We also provided assistance to the Ebola affected countries both bilaterally and through African Union. Also we sent medical rescue teams, medicine and non food items to Nepal immediately after the unfortunate earthquake.*

*Lastly, we would like to emphasize the importance of the last paragraph of the European Union's statement that Turkey aligned herself. we reiterate the importance of having a regular agenda item on*



*emergencies in the governing bodies and suggest that the secretariat reports under this agenda item also on improvements made in WHO's emergency work, including with regard to work on preparedness.*

**Iraq:** role of WHO is very important and this is a great challenge for WHO reform, early warning approach through coordinated activity, integrated activities with other international organizations and with MS, contingency working plan with consent of working countries. Ensure security of HQ esp interregional cooperation and intraregional cooperation. operational studies within emergencies. PHC conse...evidence practices, dealing with aftermath of emergencies

**Jordan:** lots of displaced people; Thanks WHO again; hope it will take into account that our res are limited; necessary assistance

**Philippines:** thanks for report. P has been stated as priority country, several emergencies as typhoon .., logistic distribution of essential medical supply, deployment of medical teams, potential areas of development for this outbreak response. COuntry capacity and WHO should be ensured. Strong coordination with other Un agencies and other Organizations should be enforced in order to provided financial and capacity provision

**Mexico:** WHO main body for resp to emergencies; impt that the Dir help countries and provide int support in regions and subregions; the MS will intervene in the country that is affected; general system to coordinate the health response enable the providing statesa and recipeints; legal,standard setting and budgets, for strategic reserve for regions and subregions; Mex offers exp of integrated system and components

*Considerando que la Organización es el organismo principal del grupo de acción sanitaria en la respuesta ante las emergencias humanitarias, será importante que su labor rectora y gestora, dirija acciones que favorezcan la mejora de las capacidades de respuesta local de los países y se establezcan aquellos que estén en condiciones de realizar apoyo internacional. En ese sentido, se sugiere el desarrollo de capacidades de preparación por regiones y subregiones, con la premisa de que los Estados Miembros de esas zonas con capacidad de apoyo, sean los que intervengan en el país afectado (Regionalización operativa). Consideramos necesario el establecimiento de un esquema general de organización y coordinación de la respuesta en salud, que permita a los Estados proveedores y receptores de apoyos, contar con un mecanismo ágil de operación. Asimismo, se deben impulsar adecuaciones jurídicas, normativas y presupuestales para el establecimiento de reservas estratégicas en los Estados, y en su caso, para las regiones o subregiones a través de un país sede. México pone a disposición de los Estados Miembros que así lo soliciten, su experiencia en la implementación de un esquema de atención integral por componentes.*

**Thai:** aligns with Nepal, massive earthquakes all catastrophic consequences continue to affect Nepal, we express gratitude to the world for help... partners to facilitate rescue and support wherever they can. Need to be very well prepared for disasters

obs: 1. number of ngo involved in humanitarian help, role of WHO? hamronization with UN system, 2 demand driven basis for help/repsonse, 3 better info system

WHO to provide technical assistance, risk management, Nepal

recovery is very challenging, need to be well prepared for the time ahead

Bangla: honoured; thanks; talking about earthquake in Nepal; sympathy; now on lessons from EVD; timely and efficient; need emergency fund to min probs; ... effective response; ...

**Nigeria:** *Nigeria aligns itself with the statement made on behalf of African member states.*

*Large scale emergencies not only affects socio-economic and political survival, it has become a national security issue and given top priority*

*Countries should therefore be prepared. Preparedness is key to mitigating impact. We should no longer be caught unaware.*

*Appropriate infrastructure to support detection risk, communication and response should be put in place*

*The health system is central to our response and should be strengthened*

*Real capacities should be built to cope with large scale emergencies*

*Nigeria appreciates the response and coordinating role of WHO in severe large scale emergencies. Thank you Mr. Chair.*

**USA:** *The United States would like to thank WHO for the report which demonstrates the breadth of emergencies to which WHO is responding; We recognize the unprecedented simultaneous demands on WHO's emergency capacities and appreciate the organizations commitment to responding to these crises*

*This report underscores the importance of WHO's role in both health emergencies and emergencies with health-related consequences. In particular, we would like to note our strong support for WHO's role as the lead of the Health Cluster at both the Global and country level. When a disaster strikes, WHO as health cluster lead is an integral part of the Humanitarian Country Team to assist countries' to coordinate health-related international assistance and to respond to needs.*

*We therefore urge WHO to take the necessary steps to ensure that it can be a predictable health cluster coordinator, and believe that the reforms being discussed in this WHA will contribute to that goal. The US has steadily increased funding to WHO for its humanitarian work over the past several years. WE are committed to helping strengthen WHO's unique and invaluable role in humanitarian response.*

**IFRC:** Int fed of RCRC Socs; support WHO work in emergencies; difficult role to play; need a WHO critical role to play in ph emergency scale, IFRC welcomes discussion ...helps provide timely and quality response, but WHO must be complemented and civil society organizations provide intelligence and technical capacity, knowledge from global network, so offer their support to WHO, strongly support and endorse emergency response coordination. Must remembered large influx of medical teams are anticipated should be cautious to leave response only to medical compartment (?). National civil society

organisations have to be supported as they are there before and after the crisis. PH programs often not captured in the framework of “medical team” response alone. New standard solutions

**Secretariat (Dr Alward):** apol for late subm of report; won't happen again; thank delegates for guidance and recognition of the number and scale of the crises we face and the numbers of people affected; 400 m people' over stretched the Organisation; support for WHO response reform program; references to Sendai conference on disaster risk reduction; need for increased assistance from WHO on disaster management guidance; new policy framework across the three levels on disaster risk management; covering wide range; also note comments about WHO's readiness; didn't mention the country office preparedness checklist; emphasis on acute crisis should not overlook protracted crisis; developing a new standardised framework in protracted crisis; a number of these initiatives have been delayed by Ebola; finally about the resources of partners; partnerships central to our work; thanks to delegates for their support to this difficult and dangerous work; only one of the crises we are working on now will cease in the next year;

*Report noted; item closed*

## **Item 16. Communicable disease (A18)**

### **Item 16.1 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola (A19)**

[From WHA [journal 3](#), summary: The Chairman invited the Committee to consider the report contained in document A68/25 Ebola Interim Assessment Panel. The floor was then given to the Chair of the Ebola Interim Assessment Panel to present the first progress report to the Committee. At the invitation of the Chairman, the Secretariat responded to the issues raised.

The Chairman invited comments from the floor on documents A68/24, A68/26 and A68/27. At the request of the Chairman, the Secretariat responded to issues raised.

The Committee agreed to establish a drafting group to discuss the draft decision 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola as contained in document A68/51 Rev.1.

The agenda sub-item remains open pending the results of discussions from the drafting group.]

#### **Documents:**

- [EBSS3.R1](#) - 'omnibus' resolution forwarded from EBSS3
- [A68/24](#) – Sect report on EVD outbreak
- [A68/25](#) – Conveying interim report of assessment panel
- [A68/26](#) – Sect report on options for contingency fund

- [A68/27](#) – Sect report on modalities for emergency workforce development
- [A68/51](#) - Draft decision proposed by Sect
- [A68/56](#) – Report from PBAC on the 2014 Ebola virus disease outbreak and follow-up to the special session of the Executive Board on Ebola: options for a contingency fund to support WHO's emergency response capacity
- [PHM's pre-Assembly comment](#)
- [MMI-PHM Statement](#)

**Chair:** reopens session on Ebola, relists relevant documents. proposes to follow this order 25, then 24, 27 then 26. The draft will be discussed at the end of the discussion on the previous topics. A68/25 is the first document to be analyzed. Each document is analyzed individually. Before invites the chair of Ebola Interim Assessment Panel to have a word

**Chair:** the interim board was nominated in January, full assessment report required when a crisis is declared. We need to learn lessons and make changes afterwards. This first report is this one, the final is due in mid July. Summary: central point, defining mainland for WHO, MS as well as Secretariat. The IHR are signed up to by MS and they together with WHO are safeguards of PH in the world. 3 areas, one is IHR, second development of WHO as emergency agency, final health emergency system and wide humanitarian system

1. panel agreed that urgent action is taken and this report is crucial on this. IHR country preparedness is the basic of all this. Many country need surveillance labs etc all in place, WHO needs to set priorities for countries to have these in place. Financing also crucial. We need surveillance system to be assessed from an external institution. Community engagement also crucial, on how people get their own need in their own communities. Common definitions and standards also needed. PH emergencies of international concern, with another intermediate and lower level of emergency aresponse. incentives needed to declare emergency at a local level, at the moment there are disincentives in terms of trade, health etc for which the countries didn't declare emergency immediately. Reinsurance mechanisms needed in this respect. Money have to follow for response but also for the economic impact. Concern for countries not affected that could put trade and transport barriers. WHO has to get more power in this regards. WTO might have a role in these incentives. Significant changes required in IHR then.
2. DG set her commitment to move to a position in which WHO can move to an emergency response institution, take a lead to put together IHR and emergency response issues. We don't think we need a separate agency for the latter, time and cost are against it and also this is within the mandate of WHO. But there is now a considerable lack in trust and confidence towards WHO and this process will not be easy. Fast decision making etc needed, to have this new entity within the WHO more funding will be needed. Now the finding comes from individual emergencies and this is not enough, there is need for a dedicated funding. Only 25% of WHO funding comes from assessed contributions and this is not enough at the moment. Changes are required and mechanism for accountability and monitoring for how they are put in place are

needed. partnerships needed, WFP, UNICEF with water and sanitation etc could be an example of this partnerships.

3. wider system, all the evidence taken on ebola crisis shows there are 2 systems not talking to each other. one is PH system and the other is WHO structure and inter-agency standing committee. The humanitarian system has to learn more about PH, and viceversa. International NGOs could spread their learning and experience.

Recommendations about linking with UNMEER review; still having Regional office in Brazzaville running analysis as we really want to understand how this works at local and national level before finalizing our report and giving recommendations

**Mexico:** Good afternoon. Congratulate the global experts for the work being carried out ...Congratulate DG for the interim assessment panel to evaluate how things were seen and done and what were the positive factors of this experience of the Ebola crisis. And which areas we need to work on as MS as well as the Secretariat in terms of being better prepared for emergencies. We have all benefitted from the work of his panel and hope to be able to learn from this. Each of our countries need to learn - need a plan that is inter-sectorial. Mexico has done this. President of the group has headed the group to be better prepared for similar situations. Thank Minister of Health of Mexico.

*México agradece al Grupo de Expertos para la Evaluación Interina de lo acontecido por el brote de Ébola, agradezco también a la Dra. Margaret Chan la conformación de este grupo de expertos que está llevando a cabo una tarea muy importante al evaluar las intervenciones realizadas así como el impacto que tuvieron a través del tiempo que ha durado esta emergencia.*

*La experiencia vivida en estos meses es motivo de un análisis obligado y profundo que permita identificar las áreas de oportunidad que se dieron en el evento y será de mucha utilidad para que los países estemos mejor preparados para enfrentar un emergencia como la del Ébola.*

*En todos los países realizamos acciones de preparación y respuesta ante el Ébola, en el caso de México y por instrucción del Presidente de la República el Lic. Enrique Peña Nieto, se desarrolló una estrategia intersectorial para la eventual atención de pacientes y para evitar su propagación al interior del país, este grupo de trabajo fue coordinado por el mismo Presidente de la República.*

*México agradece la entrega de este informe y estará atento a la entrega de los siguientes que permitan incrementar el conocimiento de esta enfermedad y ayudar a los países en la atención del mismo con un enfoque sectorial.*

**Latvia (for EU):** *I am speaking on behalf of the European Union and its Member States.*

*And I begin by extending our condolences to all those affected by Ebola virus disease in West Africa. The EU and its Member States remain fully committed to getting to zero cases, to contributing to the recovery of the three affected countries, as well as to strengthening the preparedness of the countries in the region.*

*In January, we highlighted the importance of launching an interim-assessment on WHO's response to Ebola and we thank the panel for its interim report. It provides very pertinent preliminary observations and recommendations for improving WHO's operational emergency response, within its mandate.*

*The report highlights the gaps and delays in WHO's response in the early months of the outbreak including the non-activation of the health cluster. We look forward to further analysis, references to information sources where possible, and more detailed recommendations in the final report, including on how WHO reforms can be implemented. In addition, we would propose a focus on WHO's relations with other partners on the ground. We think that the assessment would also benefit from further analysis on WHO's management of the Foreign Medical Teams.*

*We also welcome the emphasis by the panel on improving the implementation of the International Health Regulations especially the need to put in place systems and measures to address complex situations, including considering whether there should be different levels of alert. This becomes particularly relevant to outbreaks in countries more vulnerable to emergencies, which may have limited capacity to prevent, detect and respond effectively without additional support. We stress that this needs to be part of a wider approach to the strengthening of national health system. In this regard we have high expectations of the forthcoming IHR review addressing this particular issue. Nevertheless, we would remain cautious on any proposals going beyond the remit of the IHRs.*

*While waiting for the final report, we highlight the observation by the panel on the need for a cultural and organizational shift in emergency response, across and within all three levels of WHO within its mandate. We note that the report refers to leadership and crisis coordination as the biggest skill gap and we expect that the ongoing reforms within WHO and the definition of a single line of command will contribute to close that gap.*

*Conscious of our share of the responsibilities, the EU and its Member States are also undertaking a comprehensive lessons-learnt exercise. It examines the EU's own preparedness and response to the Ebola outbreak. We are aware of several ongoing lessons-learnt initiatives that we will collaborate with and hope that these will constitute a basis for further decisions and actions.*

*We look forward to the final report as a basis for further action and expect the conclusions to feed into the wider UN Secretary General's high-level panel on the global response to health crises. Thank you.*

**[Latvia \(for EU\) regarding contingency fund.](#)** (Latvia also posted a further statement on behalf of the EU regarding the proposed Contingency Fund but it does not appear to have been presented.)

*I am speaking on behalf of the European Union and its Member States. We thank the Secretariat for the report on the options for a contingency fund to support WHO's emergency response capacity. We support the creation of such a fund, which we understand will serve to complement other funds both inside and outside WHO. We also understand that it will be financed through flexible voluntary contributions.*

*We agree with the proposal to absorb the two "disused" existing funds within WHO Headquarters, namely the WHO Rapid Response Account and WHO-Nuclear Threat Initiative Emergency Outbreak Response Fund.*

*The primary goal for WHO is to act quickly to provide an effective response in case of an emergency with health consequences, and in order to prevent the escalation of any potential hazard or event becoming a serious health emergency. We support the use of this fund for these purposes, in line with the Emergency Response Framework and the International Health Regulations, and in order to bridge the gap before funds from appeals are received and other funds can be tapped.*

*With regards to the timing, we understand that a 3 months period should provide enough time for appeal funding to be made available. Disbursement of the fund should be at the discretion of the WHO Director General, or his/her delegate, and minimal bureaucracy should be maintained to provide rapid funding for WHO's immediate response, including delivery through partners.*

*We recognise the Review Committee on the Functioning of the International Health regulations of 2005, which recommended that the fund should have a size of USD 100 million.*

*We stress the need for the fund to be used in a reliable, transparent and accountable manner. This includes regular financial reporting, and applying the principles and practices of neutrality, humanity, impartiality and independence of good humanitarian donorship in its use.*

*Member States should exercise "a posteriori" oversight of such a use of the fund through WHO's governing bodies. Robust accountability structures, including full access to the fund's financial, implementation and performance data are strongly required. We propose that this Health Assembly establishes the contingency fund on a pilot basis and reviews its modalities after two years.*

**Lebanon:** [get statement] Thank you chairman. WHO should be better prepared and be able to deal with events of international concern. Build IHR core capacities; ...create a core fund without delay for emergency response. prime responsibility of WHO

**Japan:** thank the ebola interim assessment panel and the secretariat for the report. necessary operations for prompt response training and capacity building at country level indispensable for early response, contingency plan has to provide tools for immediate actions. [EBSS3/2](#) also planned it. Japan supports UK proposal to support interagency and partnerships. With regards to IHR japan also supports its importance in this field. Fragile health systems issue in the ebola crisis therefore need to build resilient health systems in the context of IHR. Point on financial issues and need of planning on resource allocation

**Monaco:** Monaco has read the interim report and we have also listened to the oral report with great care. we already highlighted during the eb in january that it is absolutely necessary that we should be able to identify at every level - all 3 levels- the problems and dysfunctional issues that might occur in other circumstances. We have taken note of the interim report's recommendations and are going to study them very carefully. We will give our viewpoint when the final report is ready. Should be able to

move forward faster and take measures. MS should be able to react as quickly as possible so that the WHO can carry out its mandate via its constitution and the reforms passed in 2005. We will take great care, we are watching and will intervene if necessary on these issues. We also have a question to the panel - how they are working with the sec general and how they will work after the presentations?

**Denmark:** aligning to the previous statement (?). Also DG has full support in saying that WHO has central role in emergency. Appreciate work done since draft resolution in Jan. Resources needed in disease outbreak and humanitarian emergency. Robust emergency capacity and culture needed. Clear objects to be defined and tough decisions to be made by DG. Deep and substantial organizational changes needed. Recognize the need to change structure and culture too. Awaiting the final report, including what has worked and what did not, at international and country level

**Congo:** The DRC is in line with the statement which will be made by the African region. We would like to remind that the DRC has been confronted with 6 cases of ebola since 1997. The 7th epidemic was brought under control in 40 days. The risk factors are socio-cultural in nature in direct relation with the african culture. This is why we our performance was so well in responding to this crisis, especially monitoring communities, multi sectoral coordination under the leadership of the competent authorities, strengthen diagnostics, multisectoral experts and team at the centre of the epidemic and all areas. after managing 6 epidemics of this kind, our experience was a trump card in dealing with the situation this time.

**Jamaica:** Jamaica wishes to commend for the establishment of high level panel, report is considered comprehensive and put objects in clear manner. Thinks that WHO should provide assistance to countries for surveillance. IHR crucial in this context. Adequate PPE crucial for adequate response, otherwise impossible to respond. Essential having stocked pile of equipment. Strengthening national capabilities through training. But jamaica does not have capacity, workforce especially, contingency fund to be implemented. Attention has to be paid to country specific attributes. Risk communication and development of messages to involve community, jamaica strong tradition. Humanitarian and emergency response in a wide degree of components have to be strengthened and coordinated. Actions recommended by panel are endorsed and supported and Jamaica awaits the final report in order to see them implemented

**Egypt:** I would like to thank the panel for the effort exerted, looking forward to seeing the finalised report in july. Regarding the relationship between WHO and the MS, egypt has adopted many protection and prevention measures since the epidemic. We had response plan, in many language, also helping african countries regarding preparedness and response plans on the basis of strategic relation with egypt and africa. However, did not find them to be in favor in steps taken by the egyptian health authorities. Surprised that other states are having the same issue. Impression that WHO is transferring the responsibility on MS, which is a mutual responsibility. wonder how the panel will handle...Will there be incentives and steps regarding the IHR. Egypt understands the burden the WHO carries, appreciate the strategies adopted by the WHO. Looking to strengthen the relationship between WHO and MS for more coordination for more emergencies in the long turn.



**Bahrain:** on behalf of EMRO thanks for report, also thanks chair of interim assessment for work done. Set of observation and recommendations in the provisional report welcomed. WHO capacity has important implications for global public health community. This implies right resources. The WHO reform of the emergency response structure is the only means to ensure WHO able to provide global health security. Supports conclusion of report on ebola crisis, including evidence of gaps etc

**Saudi Arabia:** We are thank for to the panel for comprehensive work highlighted key gaps in WHO response to any emergency/outbreak, particularly large scale like ebola....more robust and comprehensive way. Core capacities required under the IHR that are maintained, achieved and sustained in all countries. WHO internal capacity in event in public health crisis need to be well structured through sustainable financing mechanism as well as trained staff with adequate leadership skills.

**Norway:** take opportunity for thanking panel for insight and analysis, convincing analysis of shortcomings. Agrees that it is a defining moment for WHO and reforms are needed for emergency response to make WHO fit for leading future response crisis. As MS we provide financial resources and political backing to WHO for implementing reforms. Lack of capacity highlighted by the ebola crisis and thanks panel for focusing on what went wrong and gaps too. Value for money wise, structural changes for leadership and coordination needed. Prices management, mechanisms for quick decision making and unified lines of command. Partnership with NSA and private sector NEEDED, tight framework of engagement with NSAs would be detrimental to the process.

**Iran:** Appreciate EB and secretary for development of this valuable doc - outlines actions at 3 level of WHO and role of other international agencies. There would be 5 strategic directions to follow: 1. strong Health Systems in LMICS, one main is having capacity, early outbreak, surveillance system to detect outbreaks. 2. establish of rapid response team at global, national, regional levels. Need sufficient numbers of health care workers, training, access to equipment. With skills and urgently go to area. 3. military force in affected areas, particularly domestic forces, 4. simulations and drills for opportunities for exercises. fill gaps in performance in healthcare workers. 5. forster advanced r&d in med, vacci, diag as applicable in the field. if any virus for respiratory transmission, can affect the economy for trillions of dollars and death toll of millions. such investments improve global preparedness but also r&d reduce inequalities more secure world. steps according to IHR should be high priorities for all MS. iran is ready to share experiences in early warning and preparedness systems.

**Iraq:** Thanks to chair. We do think this Ebola is another case after pandemic influenza, already stressing HR and health development. 1. Effectiveness of IHR, the role of WHO in coordinating IHR's activities is of paramount importance. The role of other organisations also very important in IHR - agriculture, economics, trade etc. Regarding funding process we ought to refer to the following processes - budget for emergency preparedness plus response, work with other organisations and strengthening of health systems building blocks and HRH to strengthen health systems and achieve UHC for all.

**Chile:** Thank WHO and PAHO for the support given to the country in view of the efforts deployed. the aim to evaluate the international response, role of WHO in the crisis, etc. We see IHR as a tool which will

align countries with aim of achieving safer world. however, efficacy is not intrinsic to the regulations rather the compliance of the countries with them. in view of the difficulties of countries in order to implement the capacities and the practical/logistical problems which would contribute to the importation of virus means we look at prevention and detection of risks. international collaboration among MS and international orgs so that basic capacities implementation is a priority of emergency plans. We support contingency fund in keeping with documents 26, 51. in relation to IHR, thank DG for the presentation of the report of the review of the IHR. thank review committee and the status reports of the basic capacities in our country. Emergencies which have arisen in the last few months - earthquakes, volcanoes...etc. have strengthened conviction that we need a function evaluate system to analyse, notify and respond in respect of threats to our country. ask for strengthening of everything done so far. lessons should be systematised. stand ready to collaborate in the evaluation system.

**Turkey:** Mr chair, we are very please with the interim assessments 1st presented in January when we tried to adopt a resolution which lead to improved outcomes in Ebola and WHO structure - we can achieve this reform. We believe this unfortunate outbreak can help us reform. We have achieved alot, but must stay vigilant to get to zero ebola. This recent outbreak showed that a full mobilisation of resources is needed to close the gap. We welcome the global health contingency fund. Need UHC to address this and prevent further suffering Strong and sustainable partnerships for dev countries. Recovery, post Ebola - should be vigilant, help affected countries reestablish their countries, shouldnt be economically or socially isolated. WRT IHR turkish airlines have never stopped flights to these regions. Turkey has provided \$1.2 mill to 3 countries of medical supplies via bi and multi lateral. Keep focus, avoid ebola fatigue . Turkey will continue to fight this outbreak, and keep working to manage outcomes along the lines of global solidarity. Support this resolution.

**USA:** commend the secretariat for following the resolution that called for setting up interim assessment panel. appreciate the report led by barbara stocking. report highlight many imp factors - cultural engagement , earlier failures including lack of engagement with partner organizations. We agree with report observation that IHR implementation is not good enough and also travel and trade restrictions taken by the countries. US strongly support external delegation for IHR compliance. look forward to final report. Note reports creative solutions to address IHR; Likes the accelerated framework to address IHR

**Tanzania:** In line with the statement which will be read by south africa on behalf of africa. its important to note that ebola has tested Health Systems in developing and developing countries - panic has been expressed in all countries. Tanz expressing sympathy to all who lost loved ones, esp w. africa - we have learnt a lot in this, call for building robust surveillance in Health Systems, address ebola and other NTDs in an innovative way via SDGs, support countries to build capacities for emerging diseases. Thanks WHO for work at all levels esp at country levels - thanks AU, WHO, CSO, NGOs and all who have helped affected and non affected states, thanks to all frontline staff, lastly - appreciation to His. Exc SecGen BKM for selecting a dr to chair a HL panel on global response to health crises, Tanzania will use this opportunity to share IHR

**Chair:** please avoid repeating comments made by other MS

**Senegal:** Welcome the report by Secretariat. Senegal in line with South African statement nothing to say as of now.

**Cuba:** Thanks to secretariat for the report + comments from Barbara Stocking. Would like to know if the final report will be made to MS immediately. Barbara Stocking talked about the need to place more emphasis on basic capacities, more on surveying and community participation in all sectors, and the ability for all our countries to be able to detect an emergency situation which would require an emergency to be brought to intl atten. Have set up a national plan w/civilians + military which works 27/4, had a technical meeting of L American states which focused on training, 81 000 HR were trained to deal with ebola - think that this should be done for any similar situation which confront us. As BS says, we need to dev WHO capacity to confront and evaluate these situations, agree w/the call for greater synergy between UN systems and WHO. WHO should keep to its mandate.

**France:** follow the statement by European Union. as WHO MS we should all base on our actions on the conclusion of the report to prevent any negative things in future. Ebola is still not behind us we need to end it and come to zero cases. It has come down resulting from collaboration of all actors and also mainly due to community engagement. DG Chan said that we all have learnt collectively from this and need to mobilise funds quickly. welcome the technical briefing on this. In long term health systems which are resilient will be able to - Helping Guinea on this. France has already taken its responsibility - by building networks in the region - surveillance, diagnostics capacity and vaccines . France supports setting up IHR in countries. Mechanism we are creating in this context will be evaluated after 3 year period.

**Russia:** Than you sir. Russia thanks the WHO secretariat for its report. Also thanks Ebola interim assessment panel for its work. Overall Russia supports the majority of its recommendations. The Russian Federation believes the way to strengthen the response is to centralise crisis management under the edges of WHO and increase Member State resources. WHO must more effectively evaluate manage and track resources. Resources in Member States, medicines, staff, transport should all serve as a global reserve for a global health response. There is a need for a clear unified need to attract ways and means from MS, Russian Federation is interested in involving Russia's special resources ways and means for WHO's emergency response. Bulk of work in an emergency response should occur between outbreaks not during - we should focus on building capacity, support fund for unseen spending on the basis of voluntary contributions. Fund should operate of the experience RF should play a big part in dealing w ebola over 60million, financing to intl funds, research, scientific analysis, dev of vaccines, R to impacted countries will continue even after the outbreak

**Switzerland:** we would like to thank panel for the work and in-depth analysis which was imp within WHO where one phase is completed with interim report also with UN high level committee. Like to commend the role of both organisations. Global health security requires efforts to strengthen health systems. need to set up committee for implementation of IHR; take responsibility of community cluster. need to change in culture of handling emergency crisis. as of now we cant management crisis given our directives. Health cluster be effective and resilience. Corporations in emergency must work as there is no space for competencies at this time. Systems need to be set by UN before the crisis arises.

**Germany:** Thanks, Germany aligns w/Latvia's statement on behalf of EU. Greatly appreciates work by panel, to learn, not to blame, need to learn from all our mistakes (inc. WHO) re:ebola. Germany committed to learn - believe process is necessary to strengthen capacity, only way to regain credibility and role in GH. Serious gaps in early months wrt engaging with local communities. Strengthen country offices in emergencies. Should focus on developing their role. MS bare a major role in WHO's emergency responses. Panel underlined that WHO secs ability to respond to emergency is now inadequate. 0% nominal policy that has been in place for years has eroded its ability to respond to emergencies, so Member states have affected -needs to be considered; Currently WHO doesn't have capacity to respond to Public health emerg. WHO that can respond requires deep organisational change, commitment and drastic structural change. Now is the historical moment to give the WHO new relevance and empower it.

**China:** thanks secy and interim panel for the work. we highly appreciate WHO's efforts in combatting Ebola. We support proposal establishing contingency fund as well global emergency workforce. At current stage, quite large no. of countries say that they are far away from implementing IHR so external validation should not be our priority. strengthening health capacity of the countries including capacity of Africa region.

**Sudan:** have been affected by ebola in 1976 and 2004, s prepared to develop a plan in W Africa. MOst issues are related to IHR issues, so support should be focused here. Since response to health emergencies requires action to be taken to WHO we suggest that an action plan is a step in the right direction. Should be given paramount attn. Global workforce pool is a key issue, most countries affected by crises suffer a severe crisis in HRH

**South Africa:** pleased to take the floor on behalf of 47 states of Africa region. commends effort to come out of the interim assessment report. All 4 states had more than 11,000 deaths and 20,000 cases affected.

**Liberia** now free of ebola. we congratulate nigeria, mali, senegal for their response. emphasise that there has been a strong impact this had on affected countries' health system and we will help in building the health system in the continent.

#### **Brazil**

**Canada:** congratulate Liberia for being ebola free and to recognise the impact of this in the other countries. Canada welcomes the report presented by interim panel. response on health crisis is collective and not just a responsibility of WHO. policy changes are needed on border measures taken by countries. we look forward to final finding.

**Bahamas:** We wish to thank secretary for the effort in the ebola response and work of the special committee. We have porous borders and an active maritime trade. Many countries of caribbean have similar vulnerabilities to have emergencies of global and regional concern. Sierra leone, GUinea and Liberia have direct shipping routes and at the same time flights for tourism. IHR review report states that IHR tool to be examined. We would like to request to look it from the point of view of Small island countries having poor capacity to tackle such crisis and also implementation of IHR in small island

countries. None of the countries of bahamas have IHR. IHR tool to be re-examined provides an opportunity to develop the core requirements for small island states that are likely to be impacted. Request special attention given to our member countries to prepare for public health emergencies of international concern.

**Nigeria:** in agreement with statement made by South Africa. Nigeria hit by Ebola disease outbreak, but also became fastly ebola disease free, response was swift, world class response at epidemiological level as defined by WHO. Unprecedented political management in our country. Contact tracing and daily mapping was crucial. Support of WHO and other partners. Sent contingents to neighbouring area. 9/4/15 declared ebola free. All the achievements made with the support of WHO, CDC, China CDC (?). Nigeria welcomes findings of the preliminary report and calls all MS to support African centre of disease control, this should complement and not replace African WHO office. Model of PAHO and US CDC as they carry out different assignments. Supports draft resolution.

**UK:** aligns itself statement made by Latvia on behalf of EU. commend the rich report from interim panel and also final report that shows that WHO is fit for handling emergency crisis. Report highlights how we can act quicker and better next time. Great significance to be given on alert in case of emergencies. We welcome recommendation to boost WHO capacity to handle crisis. We need to ensure that this response is in line with community health cluster system.

**Trinidad and Tobago:** Ebola threat gave opportunity to operationalize IHR. Emergent and reemergent crisis will need to be tackled now and in the future. Effective framework to respond to international outbreaks needed. Implementation of recommendations to respond to emergencies is awaited. Establishment of review committee for IHR implementation. Full support of the IHR implementation support in the countries that are facing more difficulties. Proposed contingency funds supported. Finally Praise to the majorly affected countries. Strengthen health systems crucial in the fight against these emergencies.

**Bangladesh:** appreciates the steps taken by WHO on Ebola crisis. It was released that health systems are not resilient enough right now to take up such crisis. Following announcement of WHO on EVD in August, Bangladesh started national preparedness for Ebola. The existence core capacities globally were utilised by Bagnladesh at country level. Airpoirts - ebola virus health controls were set up. Screening flow charts and questionnaire, thermal scanner at airport. Ebola health centre was set up. Health charts and questionnaire was formulated. Key persons at airport, land borders and sea port were trained. Request WHO to mobilise resources for technical training for countries to fight crisis like Ebola.

**Panama:** will be brief and not repeating comments already made. Need to fully implement IHR in this regard we think adequate financing is needed in order to have quick and appropriate response. In the face of emergency that has to be officially validated; we should have voluntary contributions A68/28, accountability and explanations needed regarding the use of the funds

**Vietnam:** strengthen health system and core capacity as required from IHR. Supports call from WHO to fullfill commitment; finally VN appr WHO initiative to support W Africa; sent one expert to join Eb support team to Sierra Leone

**Morocco:** need of strong WHO. Human and financial resources needed to confront international crises. In order to implement IHR. Collected humanitarian response should prevail and in order to combat transnational emergencies we have to act transnationally. We are pleased for coordination with WHO in order to combat emergencies in affected countries. Solidarity with affected countries; continued to fly to these countries

**Italy:** pleased with coord with WHO to br ass to these countries; Italy speaks for EU; welcomes panel's int concl; strong WHO key; cannot be left alone; compl and not repl country capacity; how resources are mobilised and dep;oyed; people, money information; regional pattern, threat may be glo bal; foci national; regional response; regionalised WHO; review ex an ex start for work; building a responsive WHO

**Israel:** taking part in delib of reforms of WHO; due to shortage of resources; MS wanted a small WHO; it seems that the world had an unrealistic expectation of WHO; now WHO should do this should do that; if the org is to be small and efft the MS should be the extension fo WHO by emplacement of personel and equipment; need to be honest with ourselves; our opinion we need to add a chapter to WHO to give the leadership needed; stand behind our DG in this time of crisis; has led us from one crisis to the next in a wonderful way; we need to give her all support

**Australia:** Welcomes first report of Int aSs Panel; thsi report plus the IHR report will give a picture on hwo WHO reform has strengthened responsiveness; for eb138; concern for the peoples and govtsr of west africa; need to build a stronger sysetm for health security; thank DG for committing to reforming the org in the light of the lessons of the ebola response; contingnecy fund and em resp mech and spec workfroce but what about governance; urge MS to provide flexibel fundng for the emerg mechanism; the mechaniskms need to prevent grade 2 progressing to grade 3 shoudl be funded throught he progr budget; involves GOarn and MS contributions; welcome commitment to str med evac arrangements

**Paraguay:** In terms of preparedness and response, Paraguay reviewed its capacity once WHO issued its Ebola alert, however problems in relation to these capacities in human and material resources. Important in everything to have a contingency plan. Should be monitoring of IHR - not only in basic capacities, but in ability for flexible response. We need to measure our capacity for response.

**India:** thanks for compr rep on EVD outbreak and follow up of SSEB and panel; agree with the assesst of panel; emergency preparedness; three levels of alert at nat reg and global levels; strongly appr efforts of WHO and other UN agencies in managing the outbreak; agree that WHO needs to be str financially and str4ucturally; India committs to supporting the Emergency support fund

**Thailand:** *Thank you Chair, My delegations express our sincere appreciation to the Secretariat for the comprehensive report.*

*To tackle Ebola and other potential outbreaks in systematic approach, we have two concerns.*

*First, There have been a number of key research questions to support the effective control of the disease. Therefore we request WHO to continuously support and facilitate the research on Ebola. The key*

*research are including epidemiology, natural course of disease, mode of transmission in particular sexual contact transmission, strategy and model of prevention and control of the disease in both scientific and sociocultural aspects as well as the new tools in diagnostic, prevention and treatment.*

*Second, Adequate financing is essential in enabling all aspects in Ebola prevention and control. We agree in principle of the contingency fund which would be allocated to improve the preparedness and response in large scale outbreaks. However; the good governance, effective management and transparency in management of this fund are crucial. Therefore we request WHO to establish the good governance system in managing this fund in the participatory basis with relevant partners and timely report to the member states. Thank you, chair.*

**Colombia:** Thanks. Comment group of experts for this report; WHO has the mandate to mount an organisational response; should be at WHO not another body; for WHO to rise to the challenge, need greater transparency and accountability; links more complex; need coordination; lot of pressure to respond bearing in mind the unpredictable outbreaks; also climate change; need to str WHO to face up to these events; es if we have outbreaks in fragile countries; we consider that the IHRs main mech to str world wide safety; WHO must lead the activity when there are crises like this ; need to ensure that the outbreak does not become a fully fledged crisis; in hum emergencies need a direct evaluation; need to build alliances for such emergency; have to develop our work before the outbreak; At what point does a health problem become a humanitarian crisis of international proportions that needs to be tackled with WHO?

**Liberia:** *I bring you greetings from Liberia, the West Africa "EBOLA FREE" nation. Let me extend my thanks & appreciations to the Chairman, Director General, Members of the Assessment Panel, Secretariat and the WHO Family for her Response efforts in Liberia and the reports submitted.*

*Liberia supports the need for Contingency Funds to help WHO quickly & adequately response to Health Emergencies, be it national or international. Initially, some Liberians lost their lives during the Ebola epidemic because of delays in responding; due to lack of adequate financial resources, logistical supplies, advanced diagnostic capacities, trained staffs, etc. So, the need for contingency funds to address health emergencies should not only be the responsibility of WHO but same MUST reflect in the national budget of member countries.*

*Additionally, closing the gap between ALERT and RESPONSE is a lesson that we have to learn in this Ebola pandemic. You can not respond adequately with out an effective & efficient Alert System. Take for instance, the Ebola epidemic in Guinea actually started December 31, 2013, but was not reported until March 21, 2014; that's almost three(3) months later. So, strengthening the alert system in member countries & elsewhere will be crucial as we prepare for a better Global Health Emergency Response.*

*Finally, some people think that WHO should be blamed for the delays in adequately responding to the Ebola epidemic in West Africa & elsewhere, but no one is talking about how much money donors, partners, or member countries have given to WHO to provide such response.*

*In conclusion, WHO should not only be strengthened structurally or programmatically, but should be well funded with support from donors, partners, and member countries. Mr. Chairman, I thank you.*

**Secretariat:** thanks; accolades to the committee reflects the value of the Int Ass Panel to us; we will come back to some of the issues discussed; note the demand of MS to develop and build the capacity to go forward; include IHR core capacity; note the call for WHO to strengthen and capacitate itself for emergencies; note the support for continued fund and emergency workforce; especially need for partnerships as well as organisations within the UN system; heard strong concern of MS with the direction given from the Int Ass Panel; can assure you we will take forward the reforms highlighted by the Panel

**Director General Mme Chan:** like to join comments; excellent work done by Int Ass Panel; in short time you have done so much; will continue to provide sector support; look forward to your report in July; have started to make changes in the areas where I have delegated management authority; within this field I have taken action on your recommendations; some of the other items in the special resolution of EB 136 will take them on board and continue the process of reform

**Margaret Stocking:** will be brief; Bruce Aylward has summarised; as a panel do appreciate your comments; have noted where you have suggested or raised reservations; heartened by the degree of commitment to the structure of IHRs and PH surveillance at country level and globally; we thought hard about recommendation WHO be the organisation to be the emergency agency and taken forward now; appreciate your comments; will get on with our work; what happens at the end of our work: it was the EB that set us up and can stand us down but we are keen to contribute to the UN process the G7 process and the IOM inquiry

**Chair:** In view of comments from floor invite comments on any of the three issues remaining

#### **Docs now in spotlight**

- [A68/24](#) – Sector report on EVD outbreak
- [A68/26](#) – Sector report on options for contingency fund
- [A68/27](#) – Sector report on modalities for emergency workforce development
- [A68/51 Rev.1](#) - revised version (18 May) of Sector's proposed draft decision (original [A68/51](#) dated 14 May)

**USA:** Thank you, the United States will first give comments on the emergency workforce; proposal; US supports draft plan for emergency workforce; one theme of informal MS discussions in Spring was about training; see DG plan and urge other MS to do so also; referring to Cluster response, not entirely up to the DG but part of the response; support development of GOARN to be deployed to improve surveillance locally and globally; about WHO's internal management; ability of WHO to mobilise quickly; need a clear line of authority which starts with the DG; as we have seen in the Ebola response country and regional are not always the most ready to respond. Re omnibus resolution we comment on the R&D WHO should play a role here but; need to strengthen its capacity in clinical trials; US not happy for WHO to be an investigator in clinical trials

**Egypt:** I will be talking about the emergency fund on behalf of EMRO countries. Thanks Secretariat on report and on issue of establishment of contingency fund. This will give WHO ability to respond



promptly to such crisis. Scope, accountability mechanisms for contingency fund. one of the questions is How can we ensure that the fund will be replenished quickly as money is dispersed,

We believe that this propose of contingency fund will enable the emergency response funtion of WHO. Coordination operational mechanism within regional offices. Amendments to draft decision proposed by Egypt, this will be discussed afterwards.

**Latvia (for EU) regarding Global Health Emergency Workforce:** *I am speaking on behalf of the European Union and its Member States.*

*The Ebola outbreak has had a tragic toll on the lives of thousands of people including hundreds of health workers and we pay tribute to their sacrifice and extend our sympathies to all those affected. We commend all the national and international humanitarian and health workers who continue to work tirelessly to bring this outbreak to a close.*

*We need to learn the lessons from this outbreak and we need to continue enhancing our capacity for a quick and effective response to emergencies.*

*We believe that the plan for a Global Health Emergency Workforce presented today is an ambitious and comprehensive step in the right direction. Having said this, we recognise that implementing this plan will require the necessary financial and human resources. We therefore assume that the related costs are included in the Programme Budget 2016-17, and that the contingency fund, once established, can also be drawn on, in emergencies. Moreover, a clear and effective trigger mechanism will need to be designed as part of the operationalization of this global emergency health workforce.*

*We agree with the broad scope proposed by the secretariat on emergency response, reiterating that nearly all emergencies have health consequences.*

*Raising the all-hazards surge capacity for rapid deployment is essential. The reform of the WHO emergency structures, including improved leadership and coordination, is key. We support the need for separate administrative and technology systems to ensure rapid deployment in emergencies.*

*WHO needs to better fulfill its role in addressing emergencies, including as global health cluster lead, within its mandate. Therefore, better preparation is needed, such as advance agreements with partners on the lead roles of teams on the ground.*

*In addition, links with existing networks and partnerships need to be improved in order to both build on experience and guarantee the multidisciplinary skills needed. For instance, the medical evacuation system MEDEVAC established during the Ebola outbreak by the European Union and other partners, in collaboration with WHO is one area to develop further. Under the European Union Civil Protection Mechanism we are contributing to the global effort by developing a voluntary pool of medical experts and response capacities which can be drawn from participating States to ensure a faster and more effective response. The European Union will continue to work closely with WHO to ensure complementarity, synergies and alignment in this area and in relation to Foreign Medical Teams.*

*We welcome the proposal for a steering committee representing the relevant networks and partners to ensure coherence and the EU is willing to play an active and constructive role in that effort.*

*The immediate response must always be based on national capacity. We support investing in emergency preparedness and response at national level by increasing quality training and certification as a core capacity of resilient health systems.*

*In conclusion, we look forward to the swift implementation of this plan to be presented for the consideration of the 69th WHA through the Executive Board, while ensuring that it does not impede WHO's emergency response in the transition period. Thank you.*

**Mexico:** thanks secretariat for preparing documents discussed this time. Global health emergency workforce is needed to make available experience in such crisis as ebola. We have strengthening response to mitigate effect on population, and also capacity building at local level. Transparent resources, available through donations. International commitment to respond to international crisis with the resources the countries have available.

**Germany:** on behalf of eu and MS; thank for options on em cont fund; such a fund will compl other funds inside and outside; understand it will be financed by flexible vol donations; and the rolling in of dead funds (rapid response and nuclear threat); primary goal is to act quickly and prevent escalation into health emergency; support the use of the fund for these purposes and need to draw from this fund before other appeal funding can be tapped, perhaps 3 month; disbural by DG or delegate; recognise review comm if IHR; recogniser rec of \$100m; used in a trnsaparent manneer; blah; MS shoudl over see through GBs[]; full access to the funds accounts and performance; rec this Assembly establishse the cont fund on a pilot basis and review in two years;

**Norway:** make comments on global health emergency workforce. conceptual plan provided building on existing capacities and based on local responders is crucial. It is clear that some crisis as this may need the intervention of external forces. While there are many proposal in the report, including emphasis on early identification of and training, and recognition of role of deep partnership of WFP UNFP etc We welcome DG announcement for unified WHO for emergencies and welcome DG that emergency response will be directly accountable to her and the direct line of command will enable a swift response. Staff and resources should be flexible and mobile and managed by DG directly. Structure of emergency response team should be lead by experienced managers and these should be consulted when managing these crisis in the future.

**Canada:** Glob al health emergency workforce; recognice importance of strong governance of Emergency response; welcome Global Emergency Workforce to respond to acute risks; support the modalities of the plan as outlined; we support the work proposed predeloyment, rosters, trainging simulation. insurance medical evacuation. welcome planned efforts including surge ready. Est cont fund equip WHO to rapidly respond; welcome this report on size scope, sustainabilty, and acc mechanisms; agree that the proposed options will result in a fund which meets the needs; support proposed vol contrib; and support exploring private sector' brief remarkks about R&D; welcome WHO proposal to develop and R&D initiation caacity in emergencies; very ambitious; better anticipate new developments

**UK:** the UK aligns with Latvia and EU, 2 essential of emergency response and contingency fund, ability to intervene more speedily and effectively. Firstly supports paper for contingency fund however wants to make 2 points: ensure balance in trigger mech stop grade 2 but enable ...;

we believe the fund should be used only for a period up to 3 months, overall that these are details on which agreement can be reached. 10million dollars contributed by UK and thanks India for funds put. Comprehensive emergency workforce is needed. welcomes priority given to this issue, ambitious but needed. Reform of WHO also needed and including supporting national level where events are occurring. We need to respond early before these emergencies become international crisis

**Chair:** entertaining comments on three remaining documents 24, 26 and 27; any remaining comments

**USA:** *The United States welcomes the WHO contingency fund proposal as called for in the EBSSR. • We believe such a fund could be an important contribution to WHO's work, helping it become a more systematic health emergency responder. If this fund can help mitigate the impact of an emergency early, it could be an especially useful tool.*

*That said, we believe that it was problems of organizational structure and capacity, not resource availability, that were the primary issue in the early Ebola outbreak response And so this fund's usefulness is likewise inextricably tied to the broader reforms of WHO's emergency capacities. The success of those reforms will heavily influence donor enthusiasm for this fund.*

*The WHO's preferences for the mechanism's characteristics and modalities are spelled out in its paper, and are consistent with many informal discussions since the EB.*

*When the United States' various emergency response agencies first considered WHO'S performance in responding to the Ebola virus epidemic, one of our conclusions was that WHO needed to be able to make funds available early to improve the prospects of halting a health emergency early, rather than have to wait until an outbreak becomes an epidemic to activate funds. So we need to look carefully at the triggers for use of such a fund.*

*And we would like to reiterate that the Fund should be for first-phase emergency response and to bridge a gap in immediate response needs; thus it should be focused on providing funding for the first month or two, out to a maximum of the first three months from an emergency's onset.*

*We commend WHO the focus on other, existing mechanisms to which a contingency fund should complement, rather than duplicate. We do not want to create redundant funding mechanisms, and need to understand how this fund will relate to other available resources, such as the UN Central Emergency Response Fund.*

*We would recommend that WHO report on the uses of this fund after two years, so that Member States can assess whether it is fit for purpose and not redundant to other resources.*

*Additionally, it is important to clarify the authorities for both how the funds are activated and how they are implemented. Fragmentation of authority hindered the Ebola response – we hear reports that these problems continue to this day. – so we think the Decision Point should consider clarifying these questions.*

*Sustainability is an important issue. We support a replenishment model, via flash appeals and other mechanisms, which will solicit voluntary funding from a variety of sources for this important work. The U.S. can also support WHO providing some flexible resources for the Fund's initial funding. and we believe this could be assisted by a commitment from the DG to look at what resources could go into this fund partially from the general pool of WHO's flexible resources, as we understand to be the case in other similar funds in the UN system*

*Approval of this proposal is important in taking forward the reform needed to enable the WHO to respond rapidly and effectively to urgent health emergencies in the future, thereby preserving the lives of those at risk from these health emergencies.*

**Republic of Korea:** ebola poubrak is a painful experience in international community. Condolences given. The experience in responding this should be an asset. Contingency transparent management of the fund needed. In order to minimize the emergence of this or other infectious disease outbreaks, surveillance implementation at country level is crucial. IHR should be the guide to implementation of capacity and health system strengthen, Partnerships needed including NSAa. Global health security agenda is important to build resilience of civil society etc. MS have to accelerate this process. This must be a priority at national and international level.

**GCFA (?):** effective platform for this process.

**World Bank:** WB group welcomes draft docs and discussions following SSEB3; ack and express our support for govts of Guinea, Liberia and SL to get healthsystems and to get their economies back on track; welcome the honest report; welcome strengthened and well funded WHO; welcomes the focus of the first report on financing; urges MS to reconsider zero ACs place at risk, not some but all of WHO's functions in the longer term; WB developing an emergency financing facility; on rec a trigger from WHO will disburse sig funds; with funds flowing to WHO, other UN agencies and NGOs; welcomes also the Global Em WFOrc; the proposed pandemic financing facility; as the various reviews move towards conclusions it will be critical to agree on how finances can be mobilised quickly; will be a meeting later this year between WB and WHO to discuss pandemic financing

**Int Org for Migration (IOM):** no representative present??!

**Chinese Taipei:** supports contingency plan. suggests utilizing strong health system in information technology (like theirs) would be useful also for disease surveillance. Healthcare workers from Asian-pacific area welcome to join the training we organize.

**UNDP:** *The Ebola outbreak in West Africa clearly demonstrates why all health systems must have crisis-prevention mechanisms inherent to their design and structures. As one part of its efforts to promote national resilience during the outbreak, UNDP supported an Ebola response worker payments*

*programme. The difficulties the three countries faced in making timely salary and incentive payments to the increased number of healthcare workers fighting Ebola is a good example of partial systems failure that was preventable, had robust health governance systems been in place.*

*In October 2014, UNDP, with support from the UNMEER and other partners, and working closely with the governments of the three countries, set up and coordinated a programme to ensure that 49,000 workers, or around 70 percent of the estimated total Ebola response workforce, were paid their full salary plus incentives on time. The programme, particularly the use of innovative, digitized payment systems and biometric registration to validate a highly dynamic payroll, provide several lessons that are relevant to future health and development crisis situations.*

*Health systems rather than health sectors are needed, and crises also illustrate where a sector-based arrangement has structural weakness. Epidemic preparedness must consider health worker payment systems and mitigation planning as a core component. This requires interagency coordination, inter-institutional data creation and sharing protocols, country based needs assessment protocols, guidance, technical assistance and planning. WHO can work with other UN and civil society partners in this regard.*

*It is also important to note that some of our collective efforts to stop Ebola will have benefits that outlive the outbreak. Those health workers who were introduced to the banking system through this programme will keep their bank accounts. The mobile payment systems that were scaled up and streamlined will stay in use after the outbreak. It is crucial that our work on health emergencies center on interventions that can fast track a community's (or a country's) development.*

*We note the panel's recommendation that a Global Contingency Fund would stress preparedness, prevention and response and would set aside funding 'for staffing issues, including hazard pay and insurance for, health care workers'.*

*We also recognize that in responding to future health crises we need:*

- 1) more robust investments in social mobilization and supporting communities are important for crisis response and recovery;*
- 2) to strengthen engagement and coordination across the health sector; and*
- 3) other sectors such as communication, banking and transport to play an important role in immediate crisis response and recovery efforts as does decentralisation and building local governance systems.*

*UNDP stands ready to work with WHO in addressing the social and structural determinants of public health emergencies and in building such holistic preparedness and response capacity. Thank you.*

**UNICEF:** *UNICEF responds in emergencies when children, their families and their communities, or the services benefitting them, are under threat, we respond in partnership with governments, NGO's, civil society and especially UN agencies, as has been the case with the current Ebola outbreak in West Africa, as well as in previous Ebola outbreaks and others such as SARS, cholera, measles and meningitis.*

*UNICEF's history of working with WHO goes long and strong. Since the adoption of the Declaration of Alma Ata at the International Conference on Primary Health Care in 1978, UNICEF has partnered with WHO and others to support countries at both national and subnational levels, to produce public health outcomes. Communications and social mobilization dedicated to engaging communities towards public health goals and promoting positive behaviour and social change, are core fields of UNICEF expertise. And UNICEF's procurement and supply operations have provided essential commodities, drugs and vaccines when and where they are needed. While empowering communities and families we also supported community systems for delivering key health interventions such as immunisation, oral rehydration, sanitation and hygiene, infant and young child feeding. In 2014 alone UNICEF contributed to these public health outcomes with over 2 billion US dollars in health supplies.*

*In the Ebola epidemic, we have faced challenges together, to mobilise and engage communities so that they made the necessary behaviour changes and keep themselves safe from Ebola, to make available dignified isolation and care close to the communities and to attend to children in need of protection. Water, sanitation, hygiene, and nutrition interventions had to be delivered as well as ensuring the pipeline of key commodities and medicines. And when countries decided that schools had to be reopened, support had to be provided to do it safely. Together we have learned several lessons and further evaluations and documentation are required to inform future responses.*

*On behalf of UNICEF I would like to reiterate that we look forward to WHO's continued technical leadership and coordination in public health and other emergencies. UNICEF stands ready to strengthen the partnership with WHO and to continue to make available our complementary expertise and capacities so as to contribute to future timely and effective responses to health-related crises. I thank you for your attention.*

**GAVI Alliance:** have examined where we can add value; pleased to be a partner in short and long term; GAVI will ensure that any vaccines developed will be available at the right time and right place; will help get immunisation programs back on track; already seeing measles outbreaks; thousands of children at risk bec imm programs interrupted; supporting programs of immunisation as part of PHC; will ensure future vacine availablility; assisting with imm recovery and health sytsems strengthening; pleased to see imm rec funds flowing in each country; this crisis underlines criss of health systems; welcome these discussions and GAVI stand ready to play our part

**NGOs:**

- [International Council of Nurses \(ICN\)](#)
- [International Pharmaceutical Federation \(FIP\)](#)
- [IntraHealth International Inc.\(IntraHealth\) - not presented](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [The Save the Children Fund \(Save the Children\)](#)

**MMI/PHM:** ([video](#)) Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

*Ebola outbreak was aggravated by fragile health systems in the affected countries. Structural adjustment policies by the WB and IMF, extreme donor dependency, and targeted donor support contributed to these deficiencies, while human resource policies were largely neglected by the donors. If this Ebola outbreak does not trigger substantial investments in building resilient health systems, then pre-existing deficiencies in health systems will be exacerbated.*

*In this context, we welcome the emphasis in EBSS/3/INF./2 on the necessity of grounding health systems in primary health care and universal health coverage principles, instead of creating a vertical programme.*

*It is to be deplored that WHO AFRO set up an African Public Health Emergency Fund two years ago which at the time of the crisis remained unfunded, and further that the African Development Bank refused to support it. The WHO's presence in the region is likely to be further undermined by the setting up of a new CDC institute, the African Centre for Disease Control and Prevention, with no projected involvement of AFRO. A concerted and coordinated effort amongst the members of the AFRO Region is needed to properly deal with the health challenges revealed by the Ebola crisis.*

*We do not share the Secretariat's appreciation for the pharmaceutical industry on the impressive progresses made in relation to the development and roll out of vaccines, blood therapies, drugs and diagnostics for Ebola. The prevailing model of profit-driven research & development neglected Ebola ever since the isolation of the virus in 1976, and needs to change. The world needs an alternate model which delinks research and development from profit expectations, and makes treatments more affordable and accessible.*

**IFMSA:** welcomes the reort 68/27 and the global health emerg wf; congrat the WHO since eb136; before creation of this mechanism must ensure that the deployment of this workforce when; ... recall importance of sdh and highlight health literacy! ;ref to Kick ebolar out campaign of guinea and SL med students

- [OXFAM](#)
- [World Vision International \(WVI\)](#)

**Secretariat (Ian Smith):** thank for the comments;some brief comments on the 3 strong support o emergency response contingency plan and... this needs to be part we heard of wider reform. Deployment needs to abide to humanitarian principles. Wider partnerships with other UN agencies and NGOs. Financial management under direct line of command of DG (?). Managers competent in emergency repsonse need to be consulted and relied on. Global health cluster structure important to repsonse. Also building capacity crucial. Steering committee needs offical representation from those groups. Support Paltform. We need more capacity but based on added value of WHO techincal capacity. Felxibility of human resources. Re contingency fund about triggers and

In the new emergency response will be delaing crisis and risks and we need to find right balance re triggers to this fund. The fund has been carefully designed to make it complementary to other funds and we can make it more explicit in order not to overlap. the mechanism should allow enough time to allow

appeals that might come in. 3 months limit of utilization of fund (?). About sustainability, capitalization; Involvement NSAs private sector to be looked at was a suggestion and this poses problems; R&D blueprint to go forward in the field. Strong comment made about coordination on research, this is the vision of DG and WHO; Defence of WHO involvement in clinical trials as trialler of last resort (reference to US criticism); Global health workforce (sorry is very fast for me!!!!)

**ADG Dr Smith:** following up with Egypt relating to sustainability; brought up in PBAC; proposing a replenishment model; perhaps multi-year agreements from member states; other aspects include: status and political commitment; replenishment appr through the financing dialogue; every two years; accountability mech to gov bods (assests expenditures and results)

**Chair:** Now consider draft decision contained in [A68/51](#) ([A68/51 Rev.1](#)) drafting group has been proposed and SA and USA would facilitate the drafting group, suggests that the MS that made suggestion participate. They will meet on Thursday 21 May, details will be made available on Journal. Tomorrow starts at 9am

*Item suspended pending the results of discussions from the drafting group; resumed in Committee A on Sat 23 May*

#### Documents

- [A68/24](#) – Sect report on EVD outbreak
- [A68/26](#) – Sect report on options for contingency fund
- [A68/27](#) – Sect report on modalities for emergency workforce development
- [A68/51 Rev.1](#) - revised version (18 May) of Sect's proposed draft decision (original [A68/51](#) dated 14 May)
- [A68/A/CONF./5](#) – further revision of Sect's draft decision prepared by Drafting Group and dated 23 May
- [A68/A/CONF./5 Add.1](#) - fin and admin implications

No notes but see Draft 4<sup>th</sup> Report of Committee A ([Jour8](#)) published on Tues 26 reporting from Sat 23:

The Chairman opened the meeting and invited the Rapporteur (Dr Liis Roováli [Estonia]), to read out the fourth draft report of Committee A, document (draft) [A68/71](#) containing one decision entitled: – *2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola*

#### **2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola**

The Sixty-eighth World Health Assembly, having recalled the resolution adopted by the Executive Board in its Special Session of 25 January 2015,<sup>1</sup>

##### **Interim assessment**

1. Welcomed the preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25;
2. Thanked the Ebola Interim Assessment Panel for its work to date;
3. Requested the Ebola Interim Assessment Panel to continue its work as mandated by the Executive Board Special Session resolution on Ebola,1 and to issue a final report to be made available to the Director-General not later than



31 July 2015.

### **International Health Regulations (2005)**

1. Requested the Director-General to establish a Review Committee under the International Health Regulations (2005) to examine the role of the International Health Regulations (2005) in the Ebola outbreak and response, with the following objectives:

(a) to assess the effectiveness of the International Health Regulations (2005) with regard to the prevention, preparedness and response to the Ebola outbreak, with a particular focus on notification and related incentives, temporary recommendations, additional measures, declaration of a public health emergency of international concern, national core capacities, and context and links to the Emergency Response Framework<sup>2</sup> and other humanitarian responsibilities of the Organization;

(b) to assess the status of implementation of recommendations from the previous Review Committee in 2011<sup>3</sup> and related impact on the current Ebola outbreak;

(c) to recommend steps to improve the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including WHO response, and to strengthen preparedness and response for future emergencies with health consequences, with proposed timelines for any such steps;

2. Requested the Director-General to convene the International Health Regulations (2005) Review Committee as provided by the International Health Regulations (2005) in August 2015, and to report on its progress to the Sixty-ninth World Health Assembly in May 2016;

3. Agreed to support west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005), including meeting the requirements of the core capacities, by June 2019;

4. Noted the recommendation of the Ebola Interim Assessment Panel for WHO to propose a plan with resourcing requirements to be shared with Member States and other relevant stakeholders to develop the core public health capacities for all countries in respect of the International Health Regulations (2005), and further to explore mechanisms and options for objective analysis through self-assessment and, on a voluntary basis, peer-review and/or external evaluation for the requesting Member States.

### **Global health emergency workforce**

1. Welcomed the Director-General's efforts to provide an initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme, which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization, and under the direct supervision of the Director-General, in support of countries' own response;<sup>4</sup>

2. Reiterated that WHO emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the WHO constitution and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

3. Emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nations agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners<sup>5</sup> and the lead role of WHO in the Global Health Cluster;

4. Requested the Director-General to report on progress on the establishment, coordination and management of the emergency response programme, including the global health emergency workforce, to the Sixty-ninth World Health Assembly through the 138th Executive Board in January 2016.

### **Contingency fund**

1. Welcomed the parameters described in document A68/26, which include the guiding principles that must govern the fund, such as: size, scope, sustainability, operations, voluntary sources of financing and accountability mechanisms;

2. Decided to create a specific, replenishable contingency fund to rapidly scale up WHO's initial response to outbreaks and emergencies with health consequences, that merges the existing two WHO funds,<sup>6</sup> with a target

capitalization of US\$ 100 million fully funded by voluntary contributions, flexible within the fund's scope;

3. Agreed that the contingency fund will reliably and transparently, including with regard to financial reporting and accountability, provide financing, for a period of up to three months, emphasizing predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship;<sup>7</sup>
4. Decided that the contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion;
5. Requested the Director-General to review the scope and criteria of the contingency fund after two years of implementation, and include, in a report to be presented at the Seventieth World Health Assembly in May 2017, proposals to improve the fund's performance and sustainability;
6. Thanked Member States for contributions already committed to the contingency fund;
7. Requested the Director-General to approach donors to encourage contribution to the contingency fund, including through the next round of the financing dialogue;
8. Requested the Director-General to report on the performance of the contingency fund, including amount raised and spent, value added and for what purpose, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016;
9. Requested the Director-General to prioritize in-field operations in affected countries when using the contingency fund.<sup>8</sup>

#### **Research and development**

1. Appreciated the key coordination role played by WHO for ongoing work in development of vaccines, diagnostics and drugs for the Ebola virus disease;
2. Welcomed the development of a blueprint, in consultation with Member States and relevant stakeholders, for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive, and curative solutions, taking into account other relevant work streams within WHO;
3. Reaffirmed the global strategy and plan of action on public health, innovation and intellectual property.

#### **Health systems strengthening**

1. Welcomed the development of the robust, costed national health system recovery plans for Guinea, Liberia and Sierra Leone, which were presented at the World Bank Spring Meetings on 17 April 2015, as the basis for donor coordination and strategic investments;
2. Requested WHO to continue its coordination role in support of national administrations as they prepare for the United Nations Secretary General's high-level pledging conference on Ebola, to be held on 10 July 2015;
3. Acknowledged the leadership shown by the Ministries of Health of the three countries in focusing, with support of WHO country offices, on early recovery through emphases on infection prevention and control, reactivation of essential services, immediate health workforce priorities and integrated disease surveillance;
4. Requested the Director-General to continue and enhance the work of the Organization in supporting Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems.

#### **Way forward**

1. Welcomed the Director-General's commitment to reform the work and culture of WHO in emergencies with health consequences, and in particular to establish effective, clear command and control across the three levels of the Organization;
2. Welcomed the Director-General's proposal to establish a small, focused expert advisory group to guide and support the further development of reform of WHO's work in emergencies with health consequences;
3. Requested the Director-General to report on progress on these reforms, and on the other decisions taken herein, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016, and reiterated the request to the Director-General to report annually to the Health Assembly on all Grade 3 and United Nations InterAgency Standing Committee Level 3 emergencies where WHO has taken action.

<sup>1</sup> Resolution EBSS3.R1.

<sup>2</sup> See resolution WHA65.20.

<sup>3</sup> See document A64/10.

4 See paragraph 44 of document A68/27.

5 See paragraph 15 of document A68/27.

6 WHO's Rapid Response Account and WHO-Nuclear Threat Initiative Emergency Outbreak Response Fund.

7 This may be extended by the Director-General if needed, for an additional period of up to three months to support continuity, only if other funding cannot be mobilized by that time.

8 See A/58/59-E/2003/94, annex II.

*Decision (WHA68(10) [here](#)) adopted item closed*

## Item 16.2 Malaria: draft global technical strategy (A18)

[From [Jour 2](#) Report: At the invitation of the Chairman, the Committee was asked to consider the report contained in document A68/28 and the draft resolution EB136.R1 Global technical strategy and targets for malaria 2016–2030 contained in document EB136/2015/REC/1. It was announced that discussion of this item would resume at the next meeting of Committee A.]

### Documents:

- [A68/28](#) – sect report on Malaria and draft global tech strat post 2015
- [EB136.R1](#) – draft resolution suggested by EB to WHA68 (also in EB136/2015/REC/1)
- [A68/28 Add.1](#) – fin and admin implications
- [PHM pre-Assembly comment](#)

**Belgium:** Member states happy with quality of document. GTS draft resolution 2016-2030. The draft resolution is sponsored by Australia, Kenya, US, Zambia, etc. EB decided to endorse draft resolution, and forward draft resolution + report, WHA now asked to consult.

**Australia:** Supports the global technical strategy 2016-2030 and is pleased to cosponsor resolution and to continue commitment to eliminate malaria from Asian pacific region, APLMA. We encourage MS to support the road map of APLMA. Need to ensure coherence between countries and regions.

**Italy:** Government of Italy appreciates the past decades progress in global burden reduction. Resources channelled to Global Fund have helped to reduce mortality. A total of 65 malaria endemic countries are on target to reducing malaria. Still malaria represents a massive cause of economic suffering, and mortality. Call for adoption of GTS sets new ambitious targets. Italy eradication malaria occurred only in the 1930s, supports this move towards malaria elimination. Supports new global targets as support deploying interventions already available and cost-effective. Strongly support the resolution, and mobilisation of domestic funds, and co-funding by international agencies. Support to member states for implementing GTS, detailed monitoring on impact achieved.

**Indonesia:** on behalf of 11 of South Asian Region thanks for preparing draft resolution. Appreciate for providing such comprehensive framework to target malaria elimination and prevent malaria reinfection. 3 pillars and 2 supporting elements fundamental to lead to a more intersectoral response. However the region thinks that some issues need special attention and should be included in the resolution. There has been significant process in elimination of malaria in the Southeast Asia region. the remaining high

burden of malaria is limited to forests in the region. the increasing interconnectivity of countries poses a risk of reintroduction of malaria. Additionally some key challenges need to be tackled drug resistance, outdoor transmission, population at risk, intersectoral inter-country collaboration, malaria diagnostic, operational research. these challenges are faced also by other regions. It is well understood that climate change has a role in this as well. The area ¾ of burden of Vivax malaria. Action needed to face these challenges and reintroduction of transmission should be prevented

**Iraq:** Focus on the following points:

- application of IHR
- work towards eradication of malaria, must take into consideration of all epidemiology locally
- Iraq, Iran, Pakistan: initiative for working together, suggest collaboration amongst countries with technical support from WHO
- states efforts made in Iraq despite the circumstances

**China:** Thanks the secretariat for its work, malaria is one of the most serious public health issues, represent one of the UN MDGs, China endorses the resolution. Artemisinin resistance hampers efforts of elimination - Need to pay attention to this issue, and recommends artemisinin sensitivity testing and monitoring in Africa. China has rich experience about eradication of malaria that's willing to exchange and promote. Anti malarial drugs produced in China are high quality and low in price, we hope that the WHO help us increase the affordability of anti malarial tools for africa

**Paraguay:** We consider this document as great support to countries en route to elimination and requiring technical adjustments. Guiding principles: multisectorial approach - Other diseases vector transmitted - expertise there should/could be highlighted in this document

**Philippines:** express gratitude for making this document available, remarkable achievement that has exceeded the targets in the Philippines. 90% reduction in malaria transmission from 2003 to 2013, this is due to vector control, surveillance and outbreak response etc. Although some of these strategies are mentioned in the plan, but some aspects need to be strengthened, however the Philippines strongly endorse the document presented.

**Canada:** supports GTS 2016-30 setting global targets and milestones. Aligns with Canada's strategies in prevention. Pillar 3 strongly supported, making surveillance a core component. Hopeful of effective implementation.

**Japan:** brief comment on global technical strategy on malaria. Reaching global universal coverage is fundamental importantly to reach individual inclusiveness at a regional level. Japan considers an important success of their malaria eradication. Efforts undertaken at further stages of eradication, confirm central and strategic role of WHO in the process. Japan supports this draft and the resolution and would like to cosponsor it.

**Malawi:** Takes floor on behalf of the African Region. Malaria still major global health problem though preventable and treatable. Contributes to strong mortality and morbidity, especially in children and pregnant women. Globally 625 million fewer malaria cases 2001-2013. Of estimated 4.3 million deaths averted, 75% in children under 5, thus helping to fill MDG target. Further reduction by more than 75%

incidence identified in 11 countries of the region (?). Turning point for further reduction and elimination of malaria. African region aware of current challenges in malaria control: resistance to antimalarial medicines, inadequate performance of health care systems, and lack of robust financing for malaria control activities. Special Summit Abuja July 2013: Declaration that African Countries commit to using effective insecticides. AidsWatch Africa: was extended to include malaria and TB. Glad that one of pillars expands innovation and research - African Region wants to stress the need to stretch human resources in the region. Regional and country HRs need to be expanded if we want elimination of malaria by 2030. Proposes adoption of resolution.

**Switzerland:** note that Switzerland co-sponsored resolution from EB 36, takes note of this report and would like to thank secretariat for commitment; Fight against malaria has intensified and reached unprecedented results, but it is a fragile process and needs resources; Resistance and surveillance etc as integrated in national health systems is crucial in this fight. Also access to poorer and marginalized population has to be increased. Switzerland welcomes mention of strengthening health systems as well as multisectoral approach. Country approach will be based on epidemiological data, solid partnership among all countries is needed. All stakeholders involved in eliminating malaria have to be involved. Proposes adoption of global strategy 2016-2030

**USA:** US supports vision of malaria free world, with achievable milestones. We support this with contributions to Global Fund. Recognises superior quality of this document, and endorses normative guidance on malaria control. USA recommends periodic review but otherwise endorses GTS

**Greece:** Notes this is a comprehensive framework for countries. Greece has been a malaria-free country since 1974. 20 cases reported in 2013, but no cases in 2014 (?). Mostly in rural non touristic areas. Systematic monitoring and laboratory control made the progress possible. Public health secretariat helped in setting up the organization for the prevention of transmission. Help will be needed as for also taking into account the incoming flow of migrants in the possible transmission of malaria.

**Egypt:** Egypt free of indigenous malaria for several years, with only imported cases treated for free. May 2013 (?) outbreak of malaria vivax, cross-border migrants - hopes that GTS will include issue of cross-border migration and associated importation of malaria.

**Bahrain:** my delegation has examined document A68/28 that includes GTS for post 2016. commends the effort by secretariat for preparing this draft strategy. Mobilizing efforts at national level. Bahrain eradicated malaria. Since 1979 no malaria in the country. Contributing to eradication with technical support and capacity building in the area in the context of GCC. Regional collaboration is fundamental

**United Kingdom:** greater investments in high quality surveillance needed. Clear technical guidance needed as suited to local context. Anticipate strong guidance from all WHO levels for implementation of this GTS. We endorse the resolution and welcome the GTS.

**Thailand:** align with Indonesia, global movement (do not understand person speaking). Thailand is PHC provider specific attention to malaria. We would add to paragraph OP2 para 6: to develop cross border malaria control, strengthen cross border malaria effort, PHC model, ... appreciate intern development,

financing sustainability + country ownership. delegation proposed *1 something at something*. Integrate donor support into national HSs.

**Mexico:** Supports adoption and implementation of GTS. Actions in-country for control and surveillance go hand in hand with goals/targets set out by GTS. Universal access, provided free of charge in Mexico. Surveillance of vector through pro-active initiatives with community participation. Certification of areas free of malaria, thus helping regions that have achieved this to maintain their efforts, with allocated budgets and resources to tackle any re- imported disease. Must not rest on our laurels, both in country and region.

**Russian federation:** speaking in behalf of Belarus, Armenia, Tadjikistan, Kirgysztan, Russia: more resources for events worldwide, improvement in malaria, still serious problem in world, global technical strategy and aim of elimination is timely. Keep financing of this project and a 40% decrease by end date is realistic. Elimination is only possible by increasing investment on R&D. capacity building professionals in malaria countries, with national for programmes prevention malaria and epidemiological & clinical diagnosis and treatment. Program should continue, and innovation is necessary. they support everything, thank you

**Brazil:** Congratulates chair on election. Recognises progress made by several countries in malaria reduction, challenges (biological) reminded. WHO MS are committed to eradicating this disease, and commends work done by experts and all parties that built this GTS. Salutes partnership with PAHO that contributed to malaria reduction in Brazil. Brazil supports GTS 2016-2030, cosponsored the resolution, and are ready to collaborate with other MSs for exchange of experiences tech coop etc.

**Iran:** support resolution EP136/OR1 Islamic Republic of Iran realised strengthening malaria surveillance can strengthen whole malaria program. social & economic development played a role, community part valuable in strengthening malaria surveillance, comm and inf students using simple language, educated students and they educate families. strong political commitment is fundamental sustainable financing and multisectoral collaboration towards elimination. Afghanistan, Iran, Iraq Pakistan WHO can be strengthened, urgent action by MSs necessary for resistance to malaria medicines and mosquitos resistance to insecticides. global mechanism needs to be established to strengthen system for rapid response to malaria epidemics HIS integrated surveillance system is crucial. MSs successfully eliminated keep their vigilance for reintroduction. East Mediterranean Region there is civil unrest and political crisis in both endemic and malaria free areas, therefore preparedness is necessary.

**Ethiopia:** Supports the statement read by Malawi on behalf of 47 states of AFRO. Thanks the excellent GTS. Ethiopia made significant progress in control of malaria by reducing hospital admission and mortality by 83% and 73% respectively (numbers unsure). Drug and insecticide resistance worrisome as limited options to counter. Innovation. Build capacity of local and regional manufacturing for insecticides. Ethiopia urges mechanisms for countries where national elimination not yet possible to work towards subnational elimination. Calls for WHO and other devt partners to invest in capacity building of HRs, especially in entomological surveillance, etc...

**Republic Korea:** pleased with draft of global technical strategy for malaria completed. agree to ongoing need for global technical strategy. support adoption of EB...something. Asia Pacific Coalition for Elimination of Malaria (?) We can contribute to devt of new drugs artemisinin resistance in line with AMR, most important in this WHA. research major obstacle to eradicating malaria

**Cote D'Ivoire:** submitted statement [here](#) but we have no record of them having delivered it.

*Item suspended; resumed in Committee A on Tuesday 19 May*

**Documents:**

- [A68/28](#) – sect report on Malaria and draft global tech strat post 2015
- [EB136.R1](#) – draft resolution suggested by EB to WHA68 (also in EB136/2015/REC/1)
- [A68/28 Add.1](#) – fin and admin implications
- [PHM pre-Assembly comment](#)

[From WHA [journal 3](#), summary: "The Chairman reopened the agenda subitem and invited comments from the floor and the Secretariat responded to issues raised. At the invitation of the Chairman, the Secretariat read out the proposed amendments to the draft resolution EB136.R1: Global technical strategy and targets for malaria 2016–2030 contained in document EB136/2015/REC/1. Discussion of the agenda subitem was suspended.]

**India:** Community participation is needed, a technical strategy is not enough.

**Tanzania:** *Chairperson, Tanzania would like to align itself with Malawi speaking on behalf of the 47 countries of the African region. We commend the secretariat on the submission of this draft global technical strategy for sustainable malaria control and elimination, a disease that affects several developing countries including Tanzania.*

*Chairperson, in the last decade, Tanzania has recorded a remarkable progress in scaling-up proven interventions, these include LLINs, rapid diagnosis and treatment, IRS in selected regions, and use of Malaria risk maps for targeted interventions and as a result there is a decline in all key parameters: prevalence, incidence and deaths (2004 - 2014 MoHSW/HMIS).*

*Achievements realised are result of enhanced funding, involvement of the key malaria stakeholders and development partners including the private sector in this fight.*

*Chairperson In the absence of cohesive strategies to ensure sustainable funding, the achievements made today will be lost due to rebound effect of the diseases. Long term funding and focus in increasing domestic and government's budget contribution to sustain the achieved coverage and scaling-up the recommended cost effective interventions should be prioritized.*

*Chairperson there is a need to strengthen malaria surveillance and improve the quality of data for assessing the impact; there is also a need for surveillance for emerging insecticide and drug resistance (as suggested by China). It is imperative to increase the capacity of research institutions to support research for new tools in the light of changing vector behavior, and insecticide resistance..*

*Chairperson, We commend the Secretariat for the well-articulated draft document which emphasizes on three pillars; universal coverage, accelerate efforts toward elimination and strengthening surveillance & improve data quality. The proposed draft resolutions of which I trust if implemented will substantially eliminate malaria in many high burden countries including Tanzania On behalf of my delegation, I propose the adoption of the draft resolution as recommended by the secretariat. I thank you all.*

**New Zealand:** NZ supports adoption of the global technical strategy as malaria poses a burden on the public health systems of several countries within the Western Pacific region and the vectors of transmission of malaria can be found across most of the region. Implementation of the strategy will improve the capacity and capability of health services and surveillance systems in affected countries and it has the potential to strengthen health systems across the region. Implementation will also provide additional benefits through impact on the prevalence and distribution of the mosquito species associated with the transmission of viral infections such as dengue, zika and chikungunia, infections which are currently causing significant morbidity and preventable mortality across the Pacific and the WPRO region.

**Venezuela:** Thanks the secretariat for submitting the report, we support its adoption because it gives the country a comprehensive framework. Measures have been taken for prevention and free treatment. It is important to emphasize that malaria is only in 2 states (**within Venezuela?**) where there is problems with access, control and medications.

**France** welcomes the high quality of the framework and is committed to the framework, being one of the main funders. Malarial challenge must be faced, climate changes challenge should never be underestimated, vector diseases generally, but especially malaria, might be considerably affected by changes in global climate, but the resolution doesn't mention it. We want to bring this in mind and integrate it in actions

**Malaysia:** There are still a number of gaps in our knowledge in transmission of this infection, We should study measures regarding zoonotic malaria, we must encourage cooperation and research in all related sciences, we support the report and the draft resolution.

**Swaziland:** Alignment with statement read by Malawi. We appreciate the inclusive approach used in writing the report and resolution. We request that secretariat makes available support at all levels. Do not t punish member states on their results fighting malaria.

**Pakistan** supports the report. More than 90% burden of the disease is shared by 61 countries. Pakistan is committed to fighting malaria and supports the framework, the national strategy of pakistan being aligned with all the international efforts. Social determinants of health and health systems (infrastructure and outcome and output) should be included,

**Sudan** has a national program fighting malaria 2000-2012 which led to a decrease of recorded cases by 46%. Sudan participated in the anti malaria initiative and was able to get funding support from WHO, UNICEF, world bank, islamic bank. A number of successful initiatives was performed in number of states in Sudan. Sudan learned from this experience that, successful organisation can lead to success. Technical support by the WHO is much needed for success, in the first quarter of 2015 the sudanese council provided financial support to fight malaria. Sudan highly appreciates the statement made by Ethiopia and likes to thank the WHO for this well prepared strategy.

**Papua New Guinea:** Mr. Chair, Thank you for the opportunity given to PNG to make this Intervention. PNG as many of you may know is a country in the Pacific, and the Pacific also has Malaria. PNG being a



testament to that, but also some of the bigger of the smaller 22 Island countries of the Pacific do have Malaria or did have Malaria and now they don't.

Papua New Guinea has a high burden of Malaria in the Western Pacific Region and certainly has the highest Malaria burden in the Pacific. But I am pleased to say Chair; my country has made significant progress over the last 5 years to Control Malaria:

1. Significant reduction in mortality due to Malaria from 205 in 2012 to only 48% per 1000 per person per year today. 2. Malaria incidences have fallen from 18.2% to 1.8% today, a 73% reduction in disease burden

Our success is attributed to a good National Malaria Control Strategy, Concerted efforts of coalition of partners, including the private sector and the sustained funding we have enjoyed with the Global fund.

These successes have to be sustained and therefore we are looking at ways on how we can do this. We heard yesterday the intervention by Australia on APLMA and support this. We heard yesterday also the intervention from China the offer of sharing of their technical expertise and appreciate this. A Tripartite Technical Agreement on Malaria that is now being finalized with Australia, China and PNG will certainly help us progress towards all our control efforts and we look forward to this.

Therefore, Chair as you can see from PNG's perspective, the report by the Secretariat of the Malaria: draft global technical strategy: post 2015, is a welcoming news and a timely one for us. We want to progress into the pre-elimination and elimination strategy because that is where the biggest gain is for us, but the last thing we want is to jeopardize the gains we have made in our Control Program so far.

We have already been engaged with some of our Private Sector partners and NGOs working in our rural and Island settings to explore ways of eliminating malaria and have recently asked to join the network of countries in our Region who are on the Elimination Campaign. We are preparing to visit and learn from some of the Island states in our region that are trailblazing the Elimination Campaign on Malaria.

Chair I started off by commenting about my country been in the Pacific and with small Island countries such as those in the Pacific with a Malaria Burden. PNG believes a Special Consideration be made for concerted efforts and support for small Island settings and countries as per this Strategy to eliminate Malaria where we believe we will have the greatest success and for those who remain free of Malaria should be provided all the support to remain so.

Papua New Guinea appreciates and acknowledges the report of the Malaria: Draft Global Technical Strategy: Post 2015 and congratulates the Secretariat for a job well done. Having considered the report, PNG now also joins all the Member states in endorsing and supporting the call for the adoption of the Resolution EB136.R1, including Annex 7 for the financial and administrative implications for the Secretariat.

Regional and country level costs we understand is also been considered at this meet. We would suggest regional and country consultation and input in this. Thank You Chair.

**Turkey:** Dear Chairman,

As Malaria: draft global technical strategy: post 2015 document determines general strategies and global targets for malaria control and elimination, it is a guiding document in preparation of regional and national strategies.

*Global technical strategy for malaria 2016 – 2030 includes some important targets with a vision of a world free of malaria; to reduce malaria incidence and mortality rates globally by at least 90% by 2030, to eliminate the disease in at least 35 new countries and to prevent its re-establishment in countries that were free of malaria in 2015.*

*We know that the leadership role of WHO in combating malaria disease and supporting member states is very important.*

*There are some important points in malaria elimination. These are malaria diagnostics, insecticides, drug resistance, vector control and surveillance activities. It needs multisectoral approaches. Adoption of the resolution by World Health Assembly is considered to be appropriate by Turkey. We support the Strategy. Thank you.*

**Morocco:** Thanks to WHO for its work against malaria. Morocco is among the malaria free countries after 40 years. It needs to maintain its surveillance in risk zones for this to continue. Morocco supports recommendations and resolutions to strengthen the fight against malaria.

*Merci Monsieur le président La délégation marocaine remercie l'OMS pour le travail qu'elle accomplit dans la lutte contre Le paludisme et son appui aux pays. Le Maroc figure parmi les pays certifiés exempt du paludisme par l'OMS. Ces résultats sont le fruit de plus de quatre décennies de lutte. Pour consolider et maintenir les acquis, l'ensemble des activités de surveillance et de lutte sont maintenues et dans les zones à risque En parallèle à cette situation, les nouveaux cas de paludisme Iqui sont des cas importés sont pris en charge gratuitement Le Maroc accueille favorablement le projet de Stratégie Technique Mondiale de lutte Contre le paludisme 2016 2030 Avec ses trois piliers et et ses deux elements de soutien ainsi que le projet de resolution. Nous avons tenu à intervenir durant cette séance pour appuyer les recommandations qui appellent à plus de collaboration transfrontalière en vue d'endiguer les risques de réintroduction du paludisme notamment dans ce contexte de changements climatiques. Je vous remercie monsieur le Président.*

**Egypt:** Cross border immigrants are a particular challenge. The global technical strategy is not clear on its application to cross border immigrants, eg. regarding epidemiological surveillance of malaria, however some small parts where vector control has stalled. Cross border immigrants carrying the disease might be a factor for its re-emergence. Egypt hopes that the technical strategy can tackle this issue. Medical care for these immigrants is of vital importance.

**Azerbaijan** is cooperating with WHO and GFATM to eradicate malaria. Azerbaijan has some isolated cases, but the situation in the country is under control. Azerbaijan is keen to share its experience with other countries.

**Myanmar:** malaria is priority disease in Myanmar, there has been significant reduction in both morbidity and mortality and MDG goal 6 achieved. At present looking forward for elimination strategy. Proposed strategy distinction between control phase and surveillance to rapidly interrupt transmission.

See also Myanmar's more extensive '[talking points](#)' posted on web:

*Malaria is one of the priority diseases in Myanmar. Malaria is endemic in 284 out of 330 townships in Myanmar. It is a remaining public health problem due to climatic and ecological changes; population migration that means migrants who seek economic opportunities in rural economic frontier areas and the economic development activities such as forestry, mining, plantations and road-building and development of multi-drug resistant P. falciparum parasite.*

*It shows significant reducing trend in both morbidity and mortality and already reached the MDG's goal 6. Mortality rate reduce from (1.20%) to (0.48%) from 2011 to 2013 while morbidity rate (11.58%) to (5.13%). However, there were 333,871 confirmed malaria cases and 236 deaths reported and Myanmar had the second highest morbidity rate and mortality rate among the countries in SEARO region in 2013.*

*One disastrous epidemic in 2001 was estimated to have caused nearly 1,000 deaths. Though, the number of outbreaks decreased during last five years. No malaria outbreak was reported in 2007, 2012 and 2013.*

*Package of malaria control activity has been given according to the result of risk area stratification that ensures the effective resource allocation. Validation on micro-stratification process was done by malariometric survey in some targeted townships*

*Community based Malaria Control Program has been introduced and implemented in some selected townships of Eastern Shan State since 2006-2007 and expanded in total 182 townships. 3875 volunteers were trained in 2013.*

*Malaria interventions – namely vector control, chemoprevention, community diagnostic testing and quality assured treatment are doing to scale up to cover all populations at risk. Out of 37 species of anophline mosquitoes in Myanmar, 8 species are malaria vectors namely, An. dirus, An. Minimus, An. annularis, An. sundaicus, An. Culicifacies, An. aconitus, An. Maculates and An. Vagus.*

*Malaria mobile teams and malaria voluntary health workers reached up to rural areas, hard-to reach and hardest to reach areas for improving access to quality diagnosis and effective treatment. We follow the new anti-malarial treatment policy and ACT (Artemisinin based combination therapy) was practiced in all 330 townships for case management. (887,969) and (1,587,745) fever cases were tested by Rapid Diagnostic Test (RDT) in 2012 and 2013 respectively. Among them, (294,173) and (275,559) P.f. cases were treated with ACT (Coartem) and (159,482) and (136,135) P.v. cases were treated with Chloroquine in 2012 and 2013 respectively.*

*There has elimination of falciparum malaria from the Greater Mekong sub region including Myanmar, where multidrug resistance, including artemisinin resistance, has emerged. Under the Regional Artemisinin Resistance Initiative (RAI), the containment activities will continue to be carried out in 72 townships. (Tier 1 and 2 area) to prevent the emergence or spread of artemisinin resistance to new areas.*

*During the 7th East Asia Summit (EAS) in Nay Pyi Taw, Myanmar agreed the goal of Asia Pacific free of Malaria by 2030. The new National Strategic Plan (NSP)–Malaria (2016-2020) will also focus on “Sub national elimination of malaria” in central areas of Myanmar. Sub national elimination will lead to national malaria elimination in Myanmar targeted in 2030 with the road map model of “Myanmar Model of Malaria Elimination” targeting to get falciparum elimination by 2030 and vivax elimination by 2035.*

*The proposed strategy for malaria elimination in the GMS includes a distinction between the control phase with a focus on universal coverage with high quality implementation and the elimination phase, where surveillance is the core strategy to detect and radically cure every infection and rapidly interrupt transmission in each focus. Countries which will enter the elimination phase should now plan to set up the mechanisms for elimination phase surveillance at national level and then gradually implement it in major areas, with less than 1 case per 1000 population at risk per year.*

*Our country also has ecological and community based surveillance system together with early case detection and management and preventive measures like indoor residual spray (IRS) in development projects and impregnation of existing bed nets in epidemic prone areas.*

*Dissemination of messages on malaria is carried out through various media channels with the emphasis on regular use of bed nets (if possible appropriate use of insecticide treated nets) and early (as soon as possible within 24 hours after onset of fever) seeking of quality diagnosis and appropriate treatment. Production and distribution of IEC materials is also carried out in different local languages for various ethnic groups and different target groups such as forest related travelers, pregnant women and general population. Advocacy activities are conducted to public and private sectors, NGOs, religious organizations and local authorities at different levels.*

*Selective and sustainable preventive measures are carried out emphasizing on personal protection and environmental management. With limited resources, areas were prioritized for ITN Program either distribution of Long Lasting Insecticidal Nets (LLIN) or impregnation of existing nets. (513,132)LLINs were distributed and (970,587) existing bed nets were impregnated in 2013.*

**Namibia:** Align with Malawi. We welcome the progress report secretariat 68/28. We are satisfied with the changes to the strategy since discussed in EB. With reference to the process to update the strategy, we appreciate consultative process. seek clarification from secr related to issue of SDGs and monitoring framework for that and to what extent malaria indicators could be clarified for SDGs. The emphasis for elimination is appreciated. Also the focus on cross border aspects, there is an elimination group in SA. We specifically appreciate effort by Swaziland keep this group together. Regarding funding we are happy with GFATM for cross border collaboration. political will and awareness raising is to be addressed.

**South Sudan:** MR. Chaiman, Your Excellencies, Ladies an Gentlemen. The Republic of South Sudan would like to join other member states to congratulate the Secretariat for the tremendous work done in the development of the Global Ttechnical Strategy 2016-2030 We also appericiate that this document is in total alignment with the South Sudan Strategic Plan 2014-2021 The Republic of South Sudan would, therefore, like to affirm its full support in the adoption and implementation of this document.

*1. The South Sudan Malaria Strategic Plan addresses fully two of the three pillars of the MALARIA GLOBAL TECHNICAL STRATEGY (GTS), which are: Ensure universal access to malaria prevention, diagnosis and treatment; and transform malaria surveillance into a core intervention. As we are still scaling up malaria control coverage, however, attainment of the third pillar of the Strategy– Accelerate efforts towards elimination and attainment of malaria free status – may be challenging despite our commitment and resolve to deliver a South Sudan free of malaria.*

*2. South Sudan has made tremendous progress in malaria control. Malaria prevention interventions in South Sudan revolve around Long Lasting Insecticide Treated Mosquito Nets (LLIN) distribution and Intermittent Preventive Treatment for Pregnant Women (IPTp). As a result, the coverage rose from 12% in 2007, to 66% in 2013. Net utilisation increased to 46% in under 5 children and 50% in pregnant women. Also percentage of pregnant women who received IPTp increased by 50%. It is these successes and others that prompted the African Leaders Malaria Alliance (ALMA) to award South Sudan the 2015 ALMA Award for Excellence for Most Improved in Malaria Control*

*3. However, South Sudan is still implementing healthcare services delivery in the face of inadequate human resources for health, in both, numbers and skills, financial resources from both the government and external sources still leave gaps, and procurement and supply management system does not fully address stock outs of essential malaria commodities.*

*4. Malaria policy and guidelines and protocols for vector control, BCC and emergency preparedness and response still need to be reviewed and updated with particular reference to implementing the Global Technical Strategy (GTS) over the next 15 years. Therefore, South Sudan will need support over the GTS period. We also believe that introduction of Indoor Residual Spraying (IRS) for vector control is essentially critical in eliminating malaria in South Sudan.*

*5. And finally, we thank the WHO and development partners for the support they have and are providing in support of our endeavor to eliminate malaria in South Sudan..*

**Bangladesh:** appreciates the report on malaria strategy, we support the Indonesian intervention, we achieved good control reducing the cases and diseases with support of global funds, we have updated our strategy to encompass the approaches, the target is to achieve a malaria free status at 2020. We will update our country strategy as needed after the WHA, initiative has been undertaken for elimination of malaria.

**Mauritius:** Malaria has been serious problem for so many years but now it's eradicated, we support the report and resolution.

Now going to UN organisations

**IOM** applauds leadership of WHO in drafting strategy. progress has been achieved, however in today's world with human mobility shows that malaria does not respect borders → with reintroduction in areas that are low malaria or malaria free. People particularly vulnerable. WHO resolution on health of migrants, UHC coverage for migrants necessary. Italy, Egypt Morocco, Namibia, Bahrain, Thailand... cross border populations, include malaria for migrants. They implement inclusive approaches for migrants.

**Chinese Taipei:** applauds draft global strategy. Malaria was eradicated in Taipei in 1965. In the last 10 years imported cases each year. The vector still present risk as is still there. We remain vigilant for any important malaria patient. globally. We face challenges in prevention and control including climate change, resistance; good strategy and will continue to implement surveillance and vector control. Appreciate any opportunity to collaborate with others.

Going to NGOs:

**MMV:** MMV would like to commend WHO global malaria programme. It is encouraging to note the strategy emphasises the need for innovation and research. Recognise urgent need for new tools. Today improvements in access to treatment and prevention deaths have fallen by 74%. Innovative PPPs has been promising. Yet, insecticide and drug resistance is a threat. we need tools and rapid actions in this battle. MMV encourages delegates to strongly support strategy.

**Secretariat (Dr. Nakatani, ADG) responds:** Secretariat appreciative of feedback from 40 MSs and 3 others, thanks the support given to draft resolution and GTS. As highlighted by Malawi representing AFRO, world has progressed well on malaria fight. Expansion of malaria interventions around world is averting many deaths. Major successes has provided momentum for GTS. This new strategy changes paradigm from CONTROL of malaria, to ELIMINATION of malaria - how can we end malaria in our lifetime? Challenges posed by vivax malaria, vector and parasite resistance all major issues.

China highlighted problem of access to "commodities". Several countries mentioned importance of investing in innovation and research - this will be essential for reaching targets. Further innovation is critical: **not only technical, but also social**. Need to include malaria surveillance. Sustainable funding

mentioned by Tanzania and climate change mentioned by France are important and must be kept in mind during journey to eliminating malaria. Specific indicators needed for malaria: not a 100 indicators, just 2: mortality and (i missed the 2nd). Universal coverage includes treatment and insect nets.

**Chair:** We now consider draft resolution EB 136/1: Can we adopt resolution? No objections. We will submit resolution for consideration.

**Thailand** proposes amendments:

- operative paragraph 2 following subparagraph 6: to develop a comprehensive cross border malaria control and programme to strengthen cross border control, using PHC as main platform, and integrate this model into the border health care delivery systems
- Operative paragraph 4 subparagraph 3: add sentence: WHO recommends policies and strategies and integrate donor supported programmes into national health systems to achieve long term programmatic and financial stability

(to be checked with official report)

**Chair:** No objections to these amendments?

**USA:** objects to open par 4 sub 3 phrasing. USA appreciates the need for integration but questions the phrasing and the intention in the phrasing and objects to this latter portion (PHC!)

**Thailand:** There are too many sad stories, programmes are not integrated in national programs. This is not desirable. Also have situation of donors leaving. Our amendment over this paragraph address these concerns: support into national health systems and long term sustainability. Amendment needs collaboration from international partners.

**Congo:** concerned because no FULL french version of the draft resolution available, difficult to get overall assessment.

*Item suspended while we wait for translations into official languages; resumed in Committee A on Wed 20 May*

[From [Jour 4](#): The Chairman reopened the subitem and requested that the proposed amendments to the draft resolution EB136.R1 contained in document EB136/2015/REC/1 be read from the floor. The draft resolution was approved and the subitem closed.]

**Chair:** Thailand and USA delegates met to make some amendments. They are now invited to read amendements slowly for the committee

**Thailand:** proposes OP4 sub 3. “and integrate the provision of ??” for adopting and implementing...

(WHO Watch comment: in Committee A on Tuesday, Thailand explicitly mentioned Primary Health Care principles” in their modifications wanted, but after informal meeting with US and UK delegation, no longer the case today)

See First Report of Committee A [A68/65](#)

*Resolution ([WHA68.2](#)) approved and subitem closed*

### Item 16.3 Dengue: prevention and control (A19)

**Documents:**

- [A68/29](#) – Sect report
- [PHM pre-Assembly comment](#)

[WHA [journal 3](#), summary: The Chairman opened the subitem and invited the Committee to consider the report contained in document A68/29 Dengue: prevention and control. The floor was opened for discussion and the Secretariat responded to issues raised. The report of the Secretariat was noted and the agenda subitem closed.]

**Timor-Leste:** very proud to talk for SE Asia region. Appreciate information in A68/29 on global epidemiology and control of dengue. in the Asia Pacific Region there are a million people at risk. Dengue is global concern. increasing trend of dengue incidence. Priority PH issue, comprehensive regional strategy developed in 2011 and widely referred by MSs. glad to report sustained effort and tech assistance by WHO. Dengue is not problem that can be fully supported by health sector. Multisectoral approach is answer; Dengue continues to be high on health agenda in our region.

**Gambia:** takes floor on behalf of AFRO. Important public health problem, tropics and subtropics. Dengue virus infection endemic to many parts of Africa, with antibodies demonstrated. Challenge lies in rapid diagnostic. Gap in capacity in vector surveillance and control. Important for countries to include vector control and surveillance in their national NTD plans. Some countries include this in their national plans. Good collaboration between countries on entomological and virological surveillance necessary. On behalf of AFRO, calls for support of global strategy on control of dengue. Support required in area of global advocacy among all stakeholders.

**Australia:** Australia thanks secretariat for report. Continue support WHO and encourage MSs to implement global strategy 2020. Progress happened, but dengue control efforts limited results because dengue is increasing around globe, impact of globalization, need to work harder. Heaviest disease burden in Asia Pacific with new outbreaks. Consider best means are strengthening local health systems and regional collaboration, not exclusive Health Sector problem but intersectoral efforts necessary. Need to explore inefficiencies of stand alone vertical programs and integrate into national HSs. pleased with planned revision of guideline.

**Philippines:** appreciates prepared strategy. Integrated in the Philippines into their disease control system. The country is implementing various vector control management. National Dengue reference lab has been enhanced, and other identified labs are doing dengue diagnosis.

**Mauritius:** exact words UN panel climate change: Dengue most important viral vector borne disease. They are registering cases of local transmission in Mauritius. Use of conventional insecticide have various effects, resistance is real. More guidance required in insecticide use. Funding for more research needed into eradication of vectors and vaccine devt. Innovation needed to eradication

**China:** Delegation appreciates report presenting scientific analysis and stocktaking of global disease burden and key elements. One of infectious diseases submitted to surveillance in China, 2014 outbreaks: 46000 cases reported. Dengue burden increased sharply in China. All regions in China required to

increase surveillance and reporting, vector control. Latest evidence of good combat strategy - the priority intervention is control. We hope that WHO will continue to pay attention to support and evidence to better fight dengue.

**Japan:** we appreciate the secretariat report. Japan supports policy for revision of the dengue guidelines periodically to implement more effectively this strategy. The risk is increasing, recognize efforts through international cooperation, in accordance with the global strategy. Re-emerging ID in Japan. (...) We will share our experience including comprehensive measures with MSs. Supports leadership of WHO, including re-emerging Infectious Diseases.

**Brazil:** *Chairman, We take note of report A68/29.*

*Our health systems continue facing arduous challenges in fighting dengue fever. Currently, Brazil is making an effort and counting on the involvement of a multiplicity of public, private and civil society actors, in a common response agenda.*

*Brazil reinforces the importance of strategic partnerships such as the ones developed with international foundations in the search for innovative solutions to common problems. Research and Development of a vaccine for dengue fever has been a target of Brazilian investment in R&D. For us, the WHO global Strategy for Prevention and Control of Dengue Fever 2012-2020 is an important guideline to combat this disease and a tool to improve the articulation between the various national and international stakeholders. Monitoring progress and results of the referred strategy has allowed the identification of the main obstacles in our countries. It also fosters a favorable environment for cooperation and Exchange of experiences and good practices between our health systems, for which Brazil makes itself available.*

*Finally, it is noteworthy the importance of response actions to Chikungunya fever, transmitted by the same vector. It is essential for our systems to offer health services for this disease in the same proportion and in conjunction with the response to Dengue fever. Thank you.*

**Mexico:** support Global strategy. National programme has included 5 technical elements of strategy. Serological confirmation of dengue has improved fast track diagnosis and treatment. stepped up to comprehensive oversight systems, including oversight for particular conditions fostering transmission. Led to risk maps to improve follow up of disease. Next is cross cutting operative detection systems to pick up on outbreaks and on epidemiological outbreaks in specific zones. Monitoring and oversight mechanisms have improved, this is key cornerstone of any programme. High cost limits coverage and reduces possible impact. Mexico carried out studies to better understand disease. Participation at local level is vital. Integrated management of dengue fever necessary. Dengue not the only disease, also chikungunya + zika disease is similar and there is a risk. Interstate cooperation is necessary. In 2014 study carried out on insecticides recommended and select appropriate insecticide. Confirmed general resistance to vectors in our countries, presented in international and national fora, possible to develop manual for rapid diagnosis to resistance.

*Muchas gracias Sr. Presidente. ·*

*México apoya la Estrategia Mundial para la Prevención y el Control del Dengue 2012-2020, y en ese sentido, el Programa Nacional de Vigilancia, Prevención y Control del Dengue ha incorporado los cinco elementos técnicos de esta Estrategia para lograr la meta de reducción de la mortalidad en al menos un 50% y de la morbilidad en al menos un 25% para 2020. ·*



*Nuestro país dispone de capacidad instalada para aplicar en los Laboratorios Estatales de Salud Pública de todo el país, un algoritmo diagnóstico que permite detección temprana de casos de dengue, tipificación y aislamiento viral, confirmación serológica y genotipificación de los virus. Con ello, el laboratorio contribuye a mejorar la certeza diagnóstica, y el tratamiento oportuno y específico.*

*La vigilancia epidemiológica avanza hacia una vigilancia integral a partir de la incorporación en 2008 de las plataformas de vigilancia epidemiológica, vigilancia entomológica, promoción de la salud, y más recientemente, del sistema de información de acciones de control, vigilancia entomoviológica y de la incorporación de vigilancia de las condiciones de vivienda para la transmisión. Todos estos elementos se combinan actualmente en mapas de riesgo e indicadores de riesgo de transmisión en constante revisión y mejora.*

*Con una mejor vigilancia, la preparación de México para hacer frente a los brotes se ve complementada con nuestra participación en proyectos multicéntricos de investigación operativa en detección temprana y atención oportuna de brotes y en proyectos para la elaboración de protocolos genéricos de vigilancia epidemiológica y estudios de carga de enfermedad. Se participa también en estudios para la mejora de los sistemas de vigilancia entomológica y el monitoreo de la resistencia de los vectores a insecticidas en América.*

*La lucha antivectorial sostenible es parte imprescindible de cualquier programa. El alto costo de las intervenciones en salud para el control de dengue limita la cobertura y oportunidad de las acciones y minimiza los impactos, es por ello que en México, se apoya el estudio de esquemas operativos que mejoren la eficiencia, los resultados e impactos.*

*Actualmente, se desarrollan trabajos orientados al mejor entendimiento de la dinámica de transmisión del dengue bajo el concepto de que entender el modelo de enfermedad es el primer paso para poder plantear mejores estrategias de prevención y control. La participación social a nivel local es necesaria para lograr los objetivos, para ello se requiere un fuerte componente de promoción y educación para la salud para hacer realidad la verdadera aplicación de la gestión integrada del dengue y el manejo integrado del vector.*

**Iraq:** most important point: county-wise approach with full technical support of WHO with field epidemiological approach. Environmental factors affecting transmission and exacerbation of Dengue must be addressed. Family health evidence based practices (?) - **this is what I heard**. Coordination of all vector control programmes to be integrated with primary health care.

**Iran:** dengue has transformed into a global Public Health threat. Global efforts necessary through Health System approach that truly harnesses intersectoral support at local levels and engagement of communities at risk in dengue efforts. Most effective preventive measures before start of outbreak. poss to prevent through vector control. research necessary to understand factors that help. A68/29 risk strat map mentioned, can not take action right away on this point now. Control of dengue is fundamentally different from malaria vector control, specific training for workers in the field necessary. Countries should alert neighbours, strengthened HS preparedness, info exchange and intersectoral collaboration necessary. Int scope: setting regulations related to trade which could transport vector, is high priority and should be taken into consideration.

**Sri Lanka (????):** **Difficult to understand**...full support of strategy laid out until 2020. Widespread availability of well trained healthcare workers. Mortality from dengue 0.004.

Integrated management of Dengue implemented by the Ministry of health/health education/county medical officer surveillance system. Mention of Zika virus. Primary and secondary care levels: guidelines, health personnel training programmes. Workshops to train staff in all regions. Pilot studies of mosquito control underway. “Corporate communication” has increased awareness to dengue in population.

**Saudi Arabia:** *Mr chairperson*

*We note the report of the Secretariat with an urgent plea to consolidate global efforts to support the implementation of the global strategy for dengue prevention and control using a health systems approach that truly harnesses inter-sectoral support at local levels and ensures active engagement of the communities at – risk in the dengue control efforts.*

*We Urge all dengue endemic Member States to commit themselves to strengthen health systems preparedness, improve cross-border surveillance and exchange of information as well as enhance integrated vector control for elimination of dengue threats.*

*We Request to fast-track the recommendations of the Strategic Advisory Group of Experts on Immunization on the public health utility of the candidate dengue vaccine (a tetravalent live-attenuated chimeric dengue vaccine) that have shown encouraging result on vaccine safety and efficacy in the phase III clinical trials in Asia and Latin America.*

*We Propose linkages to be discussed and negotiated with The Global Fund especially on surveillance, vector surveillance and control.*

*And to Conduct, at regional and global levels, research and studies to understand the factors and ecosystems as well as to document best practices in the control of the disease. Thank you*

**Senegal:** Takes due note of report, but also support report reported by Gambia. Dengue is “unidentified” in Senegal, is an unknown disease, poor level of investigation into this disease, no dengue surveillance at all appropriate levels, only weekly monitoring of cases announced through generalised health system. Attempt at reinforcing this both in private and public health systems.

**Colombia:** global strategy could be supported by institutional strengthening content involving development of national capacity building involving technical capacities and funding. Continuing to strengthen cooperation to increase diagnostic capacities. Important to increase participation at local level and involve various actors, broad alliance for efficient progress. Colombia participates in research for dengue vaccine for effective solutions. Strengthen oversight to strategy and monitoring of dengue to ensure control. Thanks for support in these efforts by WHO.

**Paraguay:** Believes that very important issue as burdens health sector, has singled this out as key epidemic in the country, with peak in 2012-2013. Socio-economic and cultural considerations making our country particularly vulnerable to this disease. Important to recognize efforts in Latin America and progresses in responding to this disease. Good surveillance system in Paraguay for detecting various fever-generating diseases. Vector control plans on the base of risk-maps. Cross-cutting vector management needs to be improved. Possibility of vaccine - should be considered as just one additional tool in fight. Financial issue - need to mobilise tools beyond the health sector. Research into new insecticides is needed, given considerable growth of resistance to existent insecticides. Chikungunya proliferation in our country and other countries in the region + Zika virus are additional/related challenges.

**Tanzania:** Chairperson, Tanzania aligns itself with the statement made by Republic of Gambia and commends the Secretariat for bringing this Paper of dengue prevention and control

Chairperson, Tanzania is among the African countries, which suffered a major epidemic in 2014, which recorded a total of 1384 cases and 4 deaths. In addressing the epidemic the major challenges were problems in differential diagnosis given the fact that the main febrile illness in the country is malaria and a lack of Point of Care diagnostics.

Chairperson, Tanzania was able to use the WHO global strategy for the prevention and control of dengue 2012-2020 framework to develop its own National country strategic plan. Significant achievements have been made to strengthen systems to ensure prompt surveillance and control and these include;

- Political engagement at the highest levels from His Excellency the President and other political leaders. This has stimulated implementation of some activities on integrated vector control with some regions having a designated “environmental cleanliness day”
- Capacity building for health workers
- Establishment of the sentinel sites surveillance for Acute Febrile Illness
- Ensure supply of point of care diagnostics (Rapid Diagnostic kits)
- Using data from research to understand the vectors responsible and their breeding habits and aetiology of dengue in Tanzania with an aim to improving case management.

Chairperson, Tanzania requests WHO to continue supporting African countries to build their surveillance system in order to detect this disease and initiate control measures; as well as assisting in “twinning” with countries that have been successful in controlling it and have good surveillance mechanisms in place. It is becoming very clear that dengue which was always considered an imported disease is endemic in parts of Africa. A good strategy of understanding dengue epidemiology in Africa is crucial if countries are to have effective preparedness plans.

Support is also needed in operational research to support implementation of the strategic activities in the National Contingency Plan. Tanzania also welcomes the research on the dengue vaccine, which will be crucial for dengue prevention.

Chairperson, with these few remarks, Tanzania wishes to express its sincere appreciation for WHO for the facilitating opportunities for capacity building for our health workers in Singapore. Tanzania welcomes the report and will ensure that intersectoral activities in dengue control and prevention continue to be advocated to support sustainability.

**Brunei/ Dar-es -salaam:** Dengue is one of most important mosquito borne diseases, namely in Asia Pacific where we are located. Alarming increase in incidence, 2014 highest report of cases ever. Commitment to strengthen our current electronic records, health system and infrastructure improvements, to achieve a resilient health system. We welcome further progress in technical strategies, cross border control etc as advised by WHO.

**Venezuela:** support 68/29. In the EB report MS raised economic burden of dengue and link with climate change. Report identifies measures, including public health services, sustainability and research for vaccine. Disease reproduced rapidly throughout WHO regions, International Trade facilitated spread of vector, including for chikungunya. Aware of extension of vectors in world. At moment also emerging Chikungunya in venezuela. Epidemiological aspects integrated in activity development of a programme for vector control, VC. Continuing using anti-insecticide for VC. Need to review and update VC, to improve outcomes.

**Barbados:** Notes Secretariat report, and while concur with global strategy, recognise that capacity for vector control strongly limited. Past decades of vector control achieved with success, but now main challenges linked to vector control strategies. New vector control technologies needed, like genetically modified mosquitos.

**Sudan:** on behalf of East Mediterranean region: dengue considered an emerging disease in East Mediterranean region, such as Pakistan, Sudan, Djibouti, Somalia, Armenia. Vectors expanded into rural areas. Current global efforts need to be consolidated between governments, partners and NGOs to accelerate strategy. Missing link in current global effort is active engagement of community at local level, increase financial resources needed. Involvement community is critical. Ensure sustainable prevention and control. Accepts report, call for renewal of global commitment. Recommends fast tracking of strategic advisory group.

**Cuba:** Congratulations to Chair on election. You have been doing good job up until now. Report well outlines threat of dengue in the world, underscores need for further research towards vaccine. For us international trade and circulation of goods carries eggs that circulate vectors containing viruses - Dengue, Chikungunya, Zika. We attach great importance to community in controlling vectors, and other sectors as well. It is essential to have intersectoral approach to vector control.

**United States:** USA committed to prevention and control and strongly supports the strategy. Secretariat should work with technical partners to update guidelines of 2009. Would help countries in technical strategies. Typical dengue patient had dengue twice. Need to find tools for primary prevention to reduce mortality.

**Croatia:** *Thank you Mr Chair, distinguished delegates,*

*I would like to thank the WHO Secretariat for recognizing and listing the NTDs (neglected tropical diseases) on the agenda of the 68 WHA.*

*NTDs are a major international public health concern globally. In recent years, we have witnessed an increase of NTDs presence in the European region as well.*

*We observe that transmission has increased predominantly in urban and semi-urban areas. With existing urban habitats, mosquitoes activities have resulted in an increased number of cases, outbreaks and spread of diseases to the new areas.*

*The threat of possible outbreaks of illnesses such as dengue and chickungunya now exists in Europe. Local transmission of dengue was reported in several European countries during the last few years and imported cases were detected in more than 10 European countries.*

*Apart from these diseases, there is a substantial threat of spread of other vector borne diseases such as the West Nile fever.*

*Considering climate change and its impact on health (rise in temperature and more frequent occurrence of events such as floods), we would like to emphasize the importance and the need to pay attention to emerging health threats due to NTDs.*

*The WHO's role and assistance in building national capacities addressed at raising public awareness, implementation of preventive measures, detection and confirmation of cases, as well as management of patients would be most welcome.*

**Myanmar:** 67 WHA MSs discussed economic burdens and link with climate. Now MSs implement plan 2012-2020 w/ 5 technical strategies, among them we want affordable vaccines.

**Bangladesh:** Appreciates Secretariat for its Report. We understand that the vector lives in more than 150 countries, but that there is a big problem of under-report and misclassification of cases. Hyperendemicity of multiple Dengue viruses also a problem. South East Asian region currently implementing the plan, 5000 and some cases in Bangladesh (which year?) after a long pause in cases. Disease control and research: all stakeholders must work closely to plan response. About 10 000 HCWs have been trained in dengue control. In Bangladesh we see upward trend of Dengue 2x/year: may-june, sept-october. Activities for Dengue control are linked with malaria and other communicable diseases control programmes in Bangladesh. We support the common intervention given by Timor-Leste on behalf of MSs of SE-Asia region.

**Saint Kitts:** *Mr. Chair, thank you for giving me the opportunity to address this important issue. Honourable Ministers, heads of delegations, ladies and gentlemen, I am pleased to report to this esteemed committee that the Federation of St. Kitts St. Kitts and Nevis supports the resolution in the urgent hope that WHO will ensure that the Caribbean Community receives the needed support, specifically as it relates to the critical areas of training and the acquisition of effective vector eradication technologies.*

*Dengue is endemic in the Caribbean and the mosquito vector is also responsible for the region's newest infection, Chikungunya or CHIKV. It is our view that eradication of the mosquito vector must be central to any efforts at prevention and control.*

*Dengue and CHIKV are health issues that have adverse implications regarding development. Prolonged sick days in sectors such as tourism, manufacturing and agriculture can impact negatively on the economies of small island nations. Additionally, disease outbreaks have the potential to go viral in this age of social media, adversely affecting Tourism-based economies like St. Kitts and Nevis'.*

*In light of these possibilities SKN believes that Vector Control needs to be given maximum and sustained attention.*

**Thailand:** My delegation aligns with Timor-Leste statement. Appreciation to Secretariat for comprehensive report. Real global challenge needing MS commitment. Vaccines/new tools: Request for clinical and strategic guidelines for intro and scale up of dengue vaccines, incorporated to national control of dengue. Given global regional burden of dengue, it is imperative that MS able to assess impact / costs of any new vaccine.

Vaccine must be available according to its merits. New diagnostic tools must be accessible at accessible price. Int-l and multisectoral collaboration- my delegation requests experience sharing among countries, incl epidemiological virological data. Requests update to "Dengue classification".

**Dominican Republic:** do not go into detail on epidemiological context and significance of dengue = important. Integrated management needs to be scientifically founded. Focus on 2 issues: community participation and institutional structure. Institutions involved in PHC do not depend on Ministry of Health. The Ministry of Health can work with local authorities, but also sanitation depends on cooperation in that area, and issue of communities as well will benefit from education. We need an understanding of the world of mosquitos. Poverty is a huge factor. How can we seek effective solutions for problems that lie outside of the sector? Institutional connections are necessary, each institution needs to recognize their responsibility, but very often the Ministry of Health is made responsible for

failures. Need to recognize other factors, importance for improvements of quality of life and reduce poverty. Our climate dictates the fact that we have mosquitos, we need to find resources that will help us work effectively, budget resources and long term view

**Panama:** Thanks and supports secretariat for report. Panama is a warm tropical country with Dengue present throughout history. Successes: Control of vector managed for decades, and moreover population is well aware of the issue. Since 1990 the virus has been reintroduced and now cyclical epidemic every 3 years. Raise awareness as to new classification of Dengue. Laboratory capacity consolidation. New clinical guidelines for clinical detection of dengue in patients is enabling the country to prevent multiple deaths. Cross-cutting implementation, with focus on elderly people and pregnant women. Challenges: communication.

Integrated monitoring of dengue in Panama, new protocol. Without effective social participation there will be no advances. This is not only health sector issue - appropriate response must be multisectorial. Yellow fever/Chikungunya/Dengue response share commonalities, therefore need to integrate response.

*Buenas días. Agradecemos y apoyamos el informe presentado ante esta Asamblea.*

*Panamá es un país tropical húmedo con características de desarrollo social que a lo largo de la historia nacional han incidido en que el Dengue este presente. Trabajamos en forma permanente en atacar este problema de salud con un éxito relativo, pues no basta la vigilancia y control del vector y de los casos en forma activa, sino logramos que la población asuma un compromiso en la prevención de los riesgos que le dan sostenibilidad a la presencia del vector: la eliminación de los criaderos.*

*Durante varias décadas vivimos sin dengue pero desde 1990 se reintroduce el virus del dengue y desde entonces tenemos la ocurrencia de una epidemia cíclica que se produce cada tres años con circulación de los 4 serotipos del virus. Desde el 2008 estamos realizando acciones de capacitación para la utilización de la nueva clasificación del dengue, contamos con laboratorios sub nacionales para el diagnóstico y tratamiento temprano, estas acciones nos han permitido disminuir la incidencia de casos y la reducción en la proporción de casos graves.*

*La Región de las Américas ha implementado las nuevas guías clínicas de atención del paciente con dengue, lo que se ha traducido en una disminución de la letalidad por esta causa y se estima que con ello se han evitado 3.300 muertes entre el 2011 y el 2014. Las guías de atención se actualizan periódicamente para incluir nuevos abordajes de carácter integrales para el manejo de los casos en embarazadas, recién nacidos y adultos mayores, así como sobre la reorganización de los servicios de salud en situaciones de brote. Sin embargo, aún debemos enfrentar muchos desafíos principalmente en temas de comunicación social, medio ambiente y manejo integrado de vectores. Recientemente hemos dado inicio al proyecto de "PROTOCOLO GENÉRICO PARA LA VIGILANCIA EPIDEMIOLÓGICA INTEGRADA DEL DENGUE" elaborado por OPS en preparación para la llegada de la vacuna del dengue, aunque pensamos que sin una participación social efectiva no tendremos una respuesta integral para abordar el tema con éxito.*

*Enfatizamos la naturaleza multisectorial del problema del dengue, condición que reafirma que no es un problema exclusivo del sector salud, quién por sí solo no puede, ni podrá dar respuesta adecuada a esta situación, por lo cual es esencial la promoción e implementación de políticas públicas para minimizar el riesgo de infección por esta enfermedad, así como de otras enfermedades transmitidas por vectores como el chikungunya, zika y fiebre amarilla ya que comparten factores de riesgo en común.*

**Americas:** ([Panama](#) also posted the following statement on behalf of the Americas but does not seem to have read the statement.)

*1. The Region of the Americas wishes to emphasize the importance of immunization as one of the most cost-effective interventions in public health, and access to immunization as a key step toward Universal access to health and universal health coverage. With effective vaccination we can prevent disease and specifically contribute to the economic and social development of our people. 2. It is encouraging to review the progress in global immunization and the commitment under the 2011-2020 Decade of Vaccines to achieve immunization goals. After being the first to achieve the eradication of smallpox and polio, we welcome the fact that the Region of the Americas was recently declared the first in the world to be free of endemic transmission of rubella, a success achieved due to more than a decade of work that involved the widespread administration of the vaccine against measles, mumps and rubella. 3. The availability of new vaccines against major causes of deadly diseases such as pneumonia, diarrhea and cervical cancer represent an important advancement in the prevention of the leading causes of death in women and infants. However, we encourage the international community to continue to support strategies to reduce the price of new vaccines, to help to promote sustainable financing and affordable prices for the world's population. It is worth recalling that, in our region, the "middle-income countries" are very often not eligible for support from donors to reduce the price of new vaccines. 4. It is essential that Member States contribute to the construction of databases for information exchange. Therefore we recognize the importance that WHO evaluate the recommendations of the Strategic Advisory Group of Experts (SAGE), that aim for a mechanism that is more transparent and open about sharing information. 5. In addition to the mechanisms that lower prices, it is essential to seek the strengthening and building of alliances that allow us to minimize financial inequalities. Each country and region should identify and prioritize how they address the challenges faced and achieve the benefits that the inclusion of new vaccines brings to the population. We highlight that in the Region of the Americas Dengue is a significant burden for the health systems, the economy and society; so we consider important to promote and strengthen efforts to develop a vaccine against dengue. 6. Immunization programs should be part of the national strategy and commitment of the State to ensure their affordability for all populations. PAHO's Revolving Fund is an example of a mechanism that helps to increase the affordability of vaccines in the Region of the Americas by encouraging Member States to pool their national resources to procure highquality, life-saving vaccines and related products at the lower price. 7. Therefore, the Region of the Americas wishes to emphasize the need for WHO and its regional committees to continue moving forward with tools and models that ensure the access, quality, safety and affordability of vaccines; while the financial sustainability of health systems is guaranteed.*

**Eritrea:** (diff to understand) Eritrea has prioritised NTDs. Yellow fever cases are now increasing globally. Dengue as well. Despite enormous PH impact few attempts of comprehensive data set. Aedes egypti, vector control is important + surveillance and data systems and monitoring

**Malaysia:** Mr. Chair,

*The increasing trend of dengue incidence in many countries for the past few decades is also experienced by Malaysia. Previously in our country, dengue is known to be a seasonal and cyclical disease tending to peak only during the rainy season and spiking at least every four years seem to be misbehaving out of its niche. Dengue has become an all year round public health threat has also expanded geographically. Dengue is largely a man-made problem and its expansion is expected to increase but there's a lack of tool to manage it*

*While many countries has adopted the WHO Biregional Dengue Strategic plan, there is a need for countries of the region to collaborate and work together in areas related to drug, vaccine, virus surveillance, innovative vector control and predictive model for outbreaks. These can be regional initiatives but WHO has an important role to promote, guide, facilitate and perhaps lead such regional collaborations.*

*With the increasing burden, dengue must be prioritized and perhaps the time has come to rethink how long do we still want to classify dengue as a neglected disease.*

*Malaysia reaffirms its commitment to collaborate with WHO, other agencies and member states. Thank you Chair.*

**Jamaica:** comment on report: Align with regional comment. In territories with chikungunya. N° dengue cases has increased + magnitude of outbreak + frequency, indicating hyperendemic patterns in certain regions. 2014 outbreak of Chikungunya, for which the population was naive. Primary and secondary care facilities were overwhelmed, with HCWs themselves not showing up to work due to disease (up to 30% of HCWs absent!). Thus the importance of building resilience into health systems. Large numbers of HWs were affected and high levels absenteeism.

**Pakistan:** supports doc A68/29. Dengue fastest emerging viral infection since 2005. disease epidemiology is complex and transmission patterns influenced by population dynamics, population density and timely control of vector. Federal government has developed strategies with all stakeholders, practical help to provincial and district authorities in disease reduction. Would like to be categorized with other countries with regular outbreaks like Djibouti, Somalia and Sudan. More focus on monitoring, evaluation and impact assessment. Also need for improved water storage practices.

**Morocco:** No dengue cases recorded in Morocco to date, but the risk is real that transmission will occur. Presence of the vector, and real risk of import and transmission of a mosquito vector very efficient in circulating the virus. Risk of Dengue on our national soil clear. National strategy on multi-sectoral basis drafted in order to prevent and control any emerging disease.

*Monsieur le président, Mesdames et messieurs Au Maroc aucun cas de dengue n'a été enregistré jusqu'à présent . Une analyse du risque d'introduction de ce virus à montré que ce risque d'importation est omniprésent. Pour les raisons suivantes:*

- *la situation géographique du pays qui est classé par l'OMS dans la zone de risque de transmission.*
- *la présence de vecteurs potentiel (Aedes aegypti) qui a déjà été signalé par plusieurs publications*
- *l'existence d'un risque potentiel d'introduction et d'implantation du vecteur Aedes Albopictus dans le nord du pays . Cet espèce à des capacités d'hibernation et d'adaptation au climat tempéré qui en fait un vecteur efficace pour l'extension de cette maladie.*

*Tous les arguments permettent de conclure que le risque d'introduction du virus de la dengue sur le territoire national existe bien et incite à la vigilance*

*Aussi le ministère de la santé a défini des loges directrices pour l'élaboration d'une stratégie nationale multisectorielle et intégrée de prévention et de contrôle des maladies émergentes et réémergentes conformément à la stratégie mondiale que nous soutenons.*



**Sri Lanka:** Sri Lanka is please to support Timor leste and appreciate the secretariat comprehensive document on behalf of the SEAR countries. Sri Lanka is committed to Dengue prevention and control activities and acknowledge the WHO support given to reduce the case fatality rate which is 0.2%. This reduction was achieved by Sri Lanka through An Integrated surveillance system covering the entire island, Entomological surveillance, Mosquito Control Weeks with high political commitment, Establishment of high dependency Units and by improving case management.

**Bahamas:** Hope that in my lifetime we can get rid of dengue. Burden is increasing... Greater need for better low cost diagnostic tools, with high specificity and sensitivity, deployable at the point of care. 2011 outbreak: Bahamas sought procurement of rapid diagnostic tests to reduce turn-around time, which did improve case detections at point of care. Continued support in providing technical resources critical. Department of environment needed to help in vector control nationally. Chikungunya mentioned as problem in Caribbean. Call for safe vaccine.

**Cote d'Ivoire:** support for report. Malaria endemic country, also recording dengue since 2006 → took measures to strengthen oversight over epidemic, carry out fight against mosquito and larvae. Similarities between dengue and malaria, set-up 5 stages for monitoring and early detection and other zones. Support this report and call on WHO to disseminate means for diagnosing dengue fever and giving tools for controlling disease. Arrival of new vectors is serious challenge. We need early diagnosis, give us tools.

*L'ordre du jour soumis à l'assemblée en séances plénières (A68/1) contient au point 16.3, les mesures préventives et de lutte contre la dengue (A68/29).*

*Le rapport du secrétariat note que plusieurs états membres ont évoqué le fardeau de cette maladie en terme économique et de la santé publique lors de la discussion en plénière et aussi sur le lien entre le climat et santé. Cette maladie est transmise par la piqûre d'un moustique femelle de l'espèce Aedes Egypti et dans une moindre mesure de l'espèce A. Albopictus. Il s'agit d'une pathologie répandue dans toutes les régions tropicales, avec une variation locale des risques fortement influencée par la pluviométrie, la température et l'urbanisation rapide et sauvage. Dans le monde, elle touche 390 millions de personnes infectées annuellement. Ces chiffres peuvent être dépassés à cause de la sous notification des cas. De 2010 à 2013, ce sont plus de 3 millions de cas qui ont été notifiés. Le profil épidémiologique et l'hyper-endémicité liée aux multiples stéréotypes du virus, éprouvent les stratégies de lutte, la santé humaine et les économies des pays touchés d'Asie et du Pacifique qui comptent plus de 1800 millions de personnes exposées au risque de contamination. En 2014 plus de 30 pays l'ont notifié, ce qui a permis de détecter le sérotype 3 en circulation aux Fidji après 30 années d'absence. Des pays comme la Malaisie, Singapour, la Chine et le Japon ont connu des flambées épidémiques dans la même année. En Europe, on annonce la propagation d'Aedes Albopictus dans plus de 25 pays par le biais du commerce international.*

*L'Afrique n'est pas épargnée. Depuis 2013, des flambées de dengue ont été notifiées en Angola, au Mozambique et en république uni de Tanzanie. En 2012, une stratégie mondiale de lutte 2012-2020 contre la dengue a été publiée dont les objectifs sont :*

*Objectif général : réduire le fardeau de la dengue a l'échelle mondiale.*

*Objectif spécifique : baisser d'au moins 50% la mortalité et la morbidité d'au moins 25% d'ici 2020.*

*La lutte contre cette maladie repose sur (selon la stratégie mondiale de lutte) :*

- *Le diagnostic et la prise en charge précoce des cas*

- *La surveillance intégrée et la préparation de riposte aux flambées,*
- *La lutte anti vectorielle durable,*
- *L'introduction de futurs vaccins,*
- *La recherche fondamentale opérationnelle et pratique.*

*Concernant la lutte anti vectorielle, elle doit tenir compte de plusieurs facteurs : la complexité et la croissance des milieux urbain, les conditions d'hygiène, l'approvisionnement en eau adéquat, la gestion des déchets solides et la résistance des moustiques aux insecticides. Parmi les outils de lutte anti vectorielle mis au point et évalués, on peut citer : les matériaux imprégnés d'insecticides rémanents (rideaux, écrans moustiquaires pour fenêtres et revêtements muraux), les ovitraps mortels, les répulsifs atmosphériques, les moustiques génétiquement modifiés et l'infection des aedes par wolbachia. Quant à l'introduction de nouveaux vaccins, un vaccin candidat est très avancé. Il s'agit d'un vaccin chimérique vivant tétravalent qui utilise comme squelette génétique le virus de la fièvre jaune. Ce vaccin est en évaluation d'essai clinique en phase III en Asie et en Amérique latine. Le succès de cette stratégie mondiale de lutte repose nécessairement sur des facteurs déterminants qui sont : le plaidoyer et la mobilisation des ressources, le partenariat, la coordination, la collaboration, la communication, le renforcement des capacités, la surveillance et l'évaluation des programmes. Pour terminer l'assemblée s'est engagée à appuyer la mise en œuvre de cette stratégie mondiale de lutte, à réviser périodiquement les lignes directrices et à renforcer les systèmes de santé pour atteindre ses objectifs.*

#### *Situation de la Côte d'Ivoire*

*Maladie grave, responsable d'épidémies meurtrières. Cette maladie s'est déjà manifestée dans notre pays. Quelques chiffres l'attestent : un cas en 2000, 2001, 12 cas entre 2006 et 2008. A chaque notification des cas, des mesures appropriées ont été prises qui consistent à :*

- *Au renforcement de la surveillance épidémiologique,*
- *La réalisation d'une enquête entomologique pour orienter la lutte anti vectorielle,*
- *la démoustication et la lutte anti larvaire dans les zones identifiées à risque,*
- *la prise en charge des cas. Ce dispositif de surveillance a permis d'identifier l'émergence d'Aedes Albopictus en Côte d'Ivoire.*

*Elle continue ses efforts de surveillance épidémiologiques et entomologiques. Mais, vu que le diagnostic de routine n'est accessible dans les structures de santé, l'ampleur de la dengue reste sousestimée.*

*Depuis 2012, en vue de surveiller le risque d'épidémisation, cinq (5) stations de captures et de suivi des vecteurs ont été installées dans différents écosystèmes du pays, au port et à l'aéroport.*

*DENGUE : PREVENTION ET LUTTE La Côte d'Ivoire félicite et remercie le Directeur général de l'OMS et constate une similitude dans la planification opérationnelle de son pays et les résolutions de l'OMS surtout en ce qui concerne tous les aspects de la lutte à savoir, la prévention et la lutte anti vectorielle. Elle soutient le rapport de 68ième Assemblée Mondiale de la Santé.*

**Grenada:** Applauds Secretariat's efforts in developing this document. Dengue is endemic in Grenada, yet despite strenuous efforts with assistance of PAHO, vector control issues and Dengue still significant problems, as demonstrated by Chikungunya outbreak 2014. Cost of outbreak on our economy very significant. We commit to building systems able to tackle these diseases. We support call from St Kitts and Barbados calling on WHO and PAHO to look at innovative best practices to control this vector that wreaks havoc on our populations.

**Honduras:** priority disease transmission control and prevention, county now implementing strategy with multisectoral approach, as recommended by WHO. Health sector is monitoring development of new Zika disease with same vector. With the new clinical guidelines and recommendations by WHO, been able to set up appropriate process integrated in national strategies. With the support of companies, NGOs, local government institutions have been able to strengthen technical pillars. Need to double efforts. Continue controlling epidemic.

**Chinese Taipei:** Applauds report. 2014: Taipei experienced exceptional outbreak. Taipei has established centers for dengue research and control, to better integrate efforts to combat dengue. Major threat throughout tropical regions of the world. We have good public health structure supporting diagnostics, and comprehensive health care system providing good care to patients - despite this Dengue still major problem and vector control is lacking. Urge WHO to support vaccine development. We welcome opportunities to collaborate with others in the region.

**NGOs:**

**Health Action International and UAEM:** *Honourable chair and distinguished delegates, on behalf of Stichting Health Action International and Universities Allied for Essential Medicines, we welcome WHO's attention to Dengue in the Global Strategy for Dengue Control.*

*230 years after the first cases of Dengue were reported, only a handful of vaccine candidates exist and with no available treatment for a disease that afflicts an estimated 100 million people per year, with incidence growing rapidly. The current profit-driven biomedical R&D model, has failed to generate treatments for a disease that primarily affects those in resource poor settings. Meanwhile, Dengue is spreading both within and among countries. For instance, in Brazil, the incidence of dengue increased 234% in the last 12 months--746,000 cases alone have been registered since January. Between 2013 and 2014 China experienced its worst outbreak in 20 years, with an increase of reported cases over approximately 800%.*

*With Ebola at the top of the global health community's agenda, Dengue reflects the same gap in research and lack of treatment for what is a rapidly expanding disease, which puts the world at risk of another preventable epidemic.*

*Whilst we welcome the goals of the Global Strategy, we are concerned to note the omission of a vital contributing factor; the global community's failure to develop biomedical R&D systems driven by need, and not by profit. We urge the WHO and Member States to adopt innovative research and development strategies, especially those that de-link the price of drugs from R&D costs, as part of its Dengue control strategy.*

*Ensuring the development of medicines for neglected diseases is at the heart of CEWG's principles. We urge Member States and the Secretariat to add an additional technical element to the Global Strategy, which recognizes the continuing research gap and endorses open knowledge innovation directed at preventing, diagnosing and treating neglected diseases, such as Dengue.*

**Secretariat** responds: thank you, we took notes, made the debate rich. Guidelines on Dengue: Australia Japan USA Trinidad and Tobago - work is on track and will be completed by end 2015. Vector control: in order to increase awareness. Chikungunya (Brazil, Jamaica): serious challenge, our NTD strategic committee advises to develop new guideline. Personally I am a little concerned that we are producing too many guidelines (separate or integrated to Dengue guideline??). Vaccines: trials underway for

dengue vaccine. We will review scientific info, and taking into account sci advisor mechanisms will make recommendations. Innovation: needed as diagnostics and effective treatment are lacking for Dengue.

*Report noted; item closed*

## Item 16.4 Global vaccine action plan (A19)

[WHA [journal 3](#), summary: The agenda subitem was opened and the Chairman invited comments from the floor. Discussion of the subitem was suspended]

### Documents:

- [A68/30](#) – Secretariat report on global vaccine action plan
- [A68/A/CONF./4](#) - Draft resolution proposed by Libya

**Libya:** *Thank you, Mr Chairman*

*Libya is pleased to have the opportunity to speak on this item. The recommendations of the Strategic Advisory Group of Experts to address the five (5) priority problems challenging the GVAP's success are well noted.*

*The EMRO region recently celebrated World Immunization Week under the banner of Closing the Gap. In Libya we are proud to be able to report a 98% coverage of children receiving their 3rd dose of DTP-containing vaccine.*

*As the 2014 assessment report warns, the GVAP is far off track and urgent*

*To start, it is urgent that we find a way to continue immunization services during crises and epidemics. Many countries in our region are facing disruption of routine vaccination services due to conflict. In addition to disrupted EPI activities, some countries of the EMRO region are absorbing significant refugee populations, which sees increased demand on EPI programmes; we should try to extend the vaccines package to these groups.*

*As recommended in the 2014 assessment report, WHO's guidance on vaccinating in humanitarian crises should be expanded; we also ask that WHO double their efforts to assist countries in implementing the existing guidance.*

*The aim of GVAP is to extend vaccination to all, and to reduce inequities in immunization. Fundamental to this is ensuring access to vaccines themselves. As noted in the 2014 assessment report, "the affordability and supply of vaccines need to be urgently examined." Libya has introduced a Resolution for the member states' consideration as an active step towards advancing this issue. The Assembly repetitively hears from governments, that vaccine affordability is a challenge to introducing and sustaining vaccines, in particular the newest vaccines.*

*We applaud the effort by donors and Gavi, The Vaccine Alliance, to provide subsidies for initial introduction of new vaccines in the lowest income countries but governments which do not benefit from donor support, nor lower negotiated prices, need solutions as well. Countries that receive donor support*

*today will face similar challenges like us in the future as they inherit the full cost of vaccines and immunization programmes.*

*The Resolution therefore invites member states and the Director General to take forward actions that have been proven to increase affordability. These include increased price transparency which must start with us, governments.*

*Utilizing procurement strategies, such as pooled procurement, are also included. And other steps, such as enabling a healthy and competitive new vaccine market that meets WHO pre-qualification standards are included. Tibya believes this is in the interest of all governments which wish to foster an affordable and sustainable supply of vaccines.*

*It is critical that in moving forward we pause, as governments and as the 'custodians of our people's' health, to critically think about these challenges outlined in the 2014 assessment report and what is needed to overcome them. We are encouraged by the increasing momentum to address vaccine affordability and thank the Secretariat for its leadership in this area. We hope that the Assembly will positively consider this Resolution.*

**Iceland:** Thank you chair, Denmark, Estonia, Iceland, Latvia,,,,, informed on progress of vaccine plan, one of 5 children is still not receiving routine immunization we urge the D to give importance to solve that, important not to miss opportunity to vaccinate, healthcare workers is a key, members take our responsibility to share all the data we have with healthcare workers, healthcare workers should understand the importance of the data, we have a problem of not evidenced based information, un evidenced information can create legends, we need consistency in evidence based knowledge.

**Panama:** speaking on behalf of Americas region: importance of immunization as most cost-effective action, access is key to UHC and universal access to care, through prevention and contribution to socio-economic development. Eliminated smallpox and polio, also recently free of rubella. Pneumonia, diarrhea and certain types of cancer will be major steps forward to prevent deaths. Bring down costs of vaccines, then progress will be made. We do not have entitlement to bring down price. Essential to strengthen alliances to bring down financial inequity levels. Promote and strengthen efforts in vaccine against dengue. Pool national resources to buy equipment to buy equipment and vaccines at lowest cost. Develop model and tools to access quality and safe vaccines and tools.

**Chile:** Thank you, ladies and gentlemen, we would like to endorse what was said by Panama and we want to add, the summary of 2012 on vaccines, We want to highlight:

- 1- the recommendations made by the experts, designing national plans based on diagnosis of the situation of every participating country
- 2- need for coordinated work to finance measures ensure that all immunisation is given according to guidelines

3- states should take responsibilities, guaranteeing of financing and provision of immunisation free of charge to their population, advocacy and lobbying. Cost effectiveness of vaccines should be included in the plan.

**AU:** remain concerned that progress is patchy and slow. Urge MSs to focus on routine immunization as cost-effective intervention. Support draft resolution, commit to further actions. Share concerns of sustainable financing, for LAMICs. Particular for Pacific region where Immunization rates remain low. Unable to comply with call to vaccine price transparency, but investigating to make price info available in future. Call for collective prioritization to focus on countries with DPT<80%. Core business of WHO is to improve vaccination rates.

*Discussion of the sub-item was suspended; resumed in Committee A on Wed 20 May*

[From [Jour 4](#) report: The Chairman reopened the subitem and invited the Committee to consider the report Global vaccine action plan as contained in document A68/30. The Chairman invited comments from the floor on the draft resolution Global vaccine action plan as contained in document A68/A/CONF./4. The Secretariat then responded to issues raised. Discussion of the subitem was suspended to allow Member States more time to consider the draft resolution.]

**Brazil:** is undeniable that preventive measures for preventive disease are more efficient and efficacious to ensure the safeguard of PH in the world. Importance of vaccines in the health of population, disease as polio began to present new challenges in places where it was eradicated. Brazil urges access to vaccines for pops in all countries, such measures are a challenge especially considering cost of vaccine. Articulation mechanisms are important such as Rotary fund in Panamerican region. Transparency and ...pricing, in order to provide quality safety and efficacy features. Congratulate MS efforts for broadening access coverage especially **the ...group**. Continue with strong emphasis in order to avoid any setback.

**Iran:** importance of national action plans. responsibility with countries. role of civil society and academia. advisory group role in evaluating situation. Iran considers high priority. new vaccines to all including migrants and refugees is priority for india. talking of national situation.

**Japan:** welcome intro of new vaccine but concern of not reaching target of existing routine vaccines. Intro of new vaccines is expected to have health benefits but implementation of basic vaccines through strengthening of health systems and delivery of routine vaccine is more important. IP essential to promote R&D but can cause cost increase. Is it a real barrier for national immunisation program? We need further analysis. Proposes to delete phrase "an IP barrier" in par 12. Japan able to obtain approval including report epi studies comprehensive testing etc. Japan will continue support of WHO GLocal vaccine plan

**Ethiopia:** on behalf of AFRO. immunisation along with PHC important to decrease mortality of children. however, africa still sees too many deaths. GCAP was adopted by all. emphasis on hard to reach areas. every child a VIP (vaccinated, immunised and Protected). EVD outbreak teaches to protect health system, and build robust them so that they can withstand disasters. but vulnerable in the region. lack of

data and other gaps are challenges for HS strengthening. WHO to shape market of vaccines so that they are affordable to developing countries. affordability, supply, management are important. appreciate role of GAVI. parallel campaigns should be promoted. cross border areas too. shortage of traditional vaccines to be addressed. AFRO commitment to decade of vaccines.

**Morocco:** supports resolution by Libya. vaccine priority for PH. resources deployed have produced results, 11 targets with 95% improvement. In the last decade 86% reduction of meningitis since vaccine intro in 2006, 95% from tetanus. The goals identified should be reviewed taking into account the health security and health situation. New mechanisms in order to be put in place in each country to achieve the goals. Technical and financial support, plus implementation of strategies from WHO needed, coordination mechanisms with EMRO and AFRO, importance of surveillance and post vaccine care also reinforcement of international and national partnerships for vaccines and also support of research.

*Merci monsieur le Président Mesdames et messieurs Le Maroc soutient le projet de résolution proposé par la Libye. Nous considérons la vaccination comme une action prioritaire de santé publique. Les efforts déployés dans le cadre du Programm National d'Immunisation ont donné leurs fruits comme en témoigne les constats ci-dessous - La couverture vaccinale contre les 11 maladies ciblées a enregistré des taux dépassant les 95%. - Aucun cas de poliomyélite et de diphtérie n'a été enregistré depuis respectivement 1987 et 1991. - La validation de l'élimination du tétonos néonatal au Maroc en 2002. - La réduction des cas de méningites à plus de 85 % après l'introduction du vaccin contre l'haemophilus influenza type b en 2007. - La réduction de la mortalité infanto-juvénile qui a régressé de 95% pour le tétanos, de 84% pour la rougeole et de 86% pour la coqueluche chez les enfants de un à 12 mois. Par ailleurs, la lecture du rapport du secrétariat de l'OMS concernant l'évaluation du plan d'action mondial pour les vaccins 2010- 2020 répond à notre vision pour atteindre les objectifs fixés par le plan. Toutefois, - Les objectifs fixés au départ doivent être revus tenant compte de la situation mondiale actuelle économique, sanitaire et sécuritaire. - Concernant l'accessibilité économique des vaccins et les systèmes d'approvisionnement notamment pour l'introduction de nouveaux vaccins, un appui de l'OMS et de ses partenaires pour la mise en place des mécanismes d'achats groupés des vaccins s'avère essentiel. Aussi, en vue d'atteindre les objectifs escomptés, nous souhaitons que l'OMS et les Organisations Internationales appuient les pays, notamment le Maroc, sur le plan technique mais aussi financier en particulier pour les domaines suivants: - la mise en oeuvre des stratégies de contrôle et d'élimination et d'éradication des maladies à prévention vaccinale - la mise en place de plateforme d'achats groupés des vaccins -le renforcement des mécanismes de coordination AFRO-EMRO dans la mise en oeuvre et le suivi du plan mondial pour les vaccins - le renforcement du système de surveillance épidémiologique des maladies cibles et des effets indésirables post-vaccinal -l'évaluation de l'impact de l'introduction des nouveaux vaccins - le renforcement du partenariat national et international en faveur de la vaccination - le développement et la recherche* Merci monsieur le Président

**Egypt:** speaks about national programs and data. sustainable immunisation financing is lacking. High prices of new vaccines means that they can not be included. Urge access and support action plan.

**Korea:** Thank you, Mr. Chair. The Republic of Korea would like to commend WHO's leadership and enormous endeavor of the international society to eliminate vaccine-preventable diseases (VPDs) and to reduce their global burden, including WHO member states as well as the SAGE, UNICEF, and GAVI.

Since 2002, the Republic of Korea has been operating the web-based integrated immunization information system. We believe that this system may serve as one of the best practice models for coping with the issue of poor data quality and use, which was highlighted in the 2014 assessment report on the Global Vaccine Action Plan by SAGE. The system allows vaccine providers to register the vaccination records online, using user-friendly web tools and resident registration numbers. This data is monitored on a real-time basis by public health centers as well as provincial and central government agencies, making it possible to trace individuals' immunization records permanently. Furthermore, public health centers use the system to identify unvaccinated people in each jurisdiction, and encourage them to get vaccinated. As a result, the Republic of Korea has achieved vaccination coverage of 99.8% among all young children regarding the national immunization program vaccines, and we'd be pleased to share our experience with other member states.

Also, the Republic of Korea supports the adoption of the draft resolution for vaccine affordability proposed by Libya. Infectious diseases are a serious health issue that goes beyond national boundaries. They have become global health security issues relating to high global mobility, as witnessed in the spread of measles and polio recent days. Thus, the adoption of this resolution will contribute to maintaining high population immunity in all nations. I thank Mr. Chair.

**China:** support the report, recognize the efforts of the secretariat and recommend WHO. **financial should be strengthened.** to improve the quality of data collected.

**Ecuador:** Supports statement made by panama and supports resolution made by Libia. Points: economies of scale, PAHO fund one of the pillars of PH in the americas this could be an example for others, Also point principle of solidarity, promoting immunisation campaign in our region and that's why we were the first to eliminate polio and other diseases, countries in the region have to be able to work together and put together efforts, that's why we support mechanism that make the process more transparent. Ecuador just promoted the Third vaccination week in the Americas. commitment to GVAP, improve surveillance in order to improve coverage and project above the 95% coverage

*Gracias Sr. Presidente. Ecuador acoge el informe presentado por la Secretaría sobre el "Plan de acción mundial sobre vacunas", permitiendo con ello, dar una mirada global de la ejecución del Plan por parte de los Estados Miembros. Manifestamos nuestro respaldo a la intervención realizada por Panamá a nombre de la Región de las Américas sobre este punto.*

*De igual manera, acogemos con beneplácito el proyecto de resolución presentado por Libia, dentro de la cual quisiéramos resaltar algunos aspectos de vital importancia.*

*El primer aspecto es la invitación a los estados miembros a mancomunar esfuerzos, con miras a aumentar la asequibilidad mediante economías de escala. Como muchos de ustedes saben, el Fondo Rotatorio de la Organización Panamericana de la Salud, se ha convertido en un pilar de los sistemas de*



*salud de la Región de las Américas, este es un ejemplo a ser replicado en otras regiones. El Ecuador apoya y comparte firmemente los principios del mismo, basados en equidad, solidaridad y panamericanismo. Y reconocemos los beneficios generados a través del mismo a lo largo de su existencia.*

*Estas características han sido claves en el éxito de los programas de inmunización de la región de las Américas, logrando ser la primera en el mundo en la eliminación de la poliomielitis y del sarampión autóctono, y la más avanzada en la eliminación de la rubéola y el síndrome de rubéola congénita (SRC).*

*En esta misma línea, la resolución hace referencia a otro tema clave: los precios de las vacunas. Es de suma importancia que los países, en las diferentes regiones, actuemos unidos y coordinados, para hacer contrapeso a los intereses comerciales que desgastan la capacidad de los estados para garantizar el derecho a la salud. Es por esto que apoyamos todo mecanismo mediante el cual podamos transparentar los procesos, y de esa manera asegurar una de las prestaciones más eficaces del sector salud.*

*En el mes de Abril pasado el Ecuador fue sede del lanzamiento de la Decimo Tercera Semana de Vacunación de las Américas y Cuarta Semana Mundial de Vacunación, por esta razón quisiéramos reiterar el compromiso del país con el “Plan de Acción Mundial de Vacunas”, y ratificar que seguiremos trabajando en un sistema de información para registro de coberturas y actividades de vigilancia, de tal manera de que podamos mantener coberturas de vacunación iguales o superiores al 95%.*

*Mantendremos las campañas de seguimiento para asegurar la sostenibilidad de la eliminación de la Rubéola, la consolidación de la eliminación del sarampión y mantener la erradicación de la poliomielitis. Muchas gracias Sr. Presidente,*

**Pakistan:** *Immunization is an important part of primary healthcare which can significantly lower healthcare costs especially in resource constrained developing and least developed countries. Affordable accessible vaccine supplies are imperative for strong efficient national health systems to provide optimal health care. Universal health coverage cannot be achieved until all countries have universal access to vaccines. National efforts are often limited. Y financial constraints especially in developing countries. Pakistan supports the draft resolution on vaccine affordability introduced by Libya which we believe is an important step forward in ensuring accessible, affordable health for all.*

**Lebanon:** *Mr Chair I would like to thank the Secretariat for the report on the Global Vaccine Action Plan. In view of the unrest that our Eastern Mediterranean Region is still passing through, we would like to stress once again the importance of maintaining immunization activities despite disruptive situations such as wars and people’s displacements. The massive influx of displaced Syrians to Lebanon since 2011 led to an increase, by 30%, of the number of children to be vaccinated. Syrians are receiving the same routine vaccinations as the Lebanese according to our national immunization calendar.*

*The financial burden, however, is becoming unbearable with the deficient international assistance to the displaced population and considering that Lebanon is still not eligible for GAVI. And this despite the social and economic hardship that is prevailing in the country for the fourth consecutive year. High prices of vaccines combined with the increased needs due to Influx of refugees are causing delays in introducing*

*Pneumococcal, rotavirus and hepatitis A vaccines in our calendar of routine immunization. We believe that armed conflicts and political instability deserve more attention, and hampered immunization is only an example to highlight the gravity of their effect on the health system.*

*Chairperson, As we have mentioned on several occasions, the situation has been complicating in countries where immunization relies to some extent on the private sector. This sector, in middle income countries, is still experiencing sudden acute shortages in several vaccines including MMR, Penta and DPT. We call upon WHO to monitor more closely the global supply of vaccines, and strive to avoid that developing, middle income countries bare the highest burden of the international shortfalls in vaccines.*

*Finally Mr. Chair, in line with the recommendation of the Strategic Advisory Group of Experts emphasizing that transparency of vaccine pricing is required to improve affordability, Lebanon would like to support and co-sponsor the draft resolution proposed by Lybia.*

**Brunei:** importance of laboratories in identifying viruses.

**USA:** Implementation has been disappointing. Polio legacy into action now . Surveillance is the foundation of pH programs. We support the development of guidance on immunisation, that would be useful in times of disruption. Affordability and delivery of the vaccines is considered in the plan and we appreciate it. Monitor supply and Meningococcal, rota, expand influenza. Partnerships needed.

**Russia:** Russia welcomes report, including global action plan for vaccination 2014. Many areas still difficult for countries to resolve, namely unstable funding for vaccination programmes - Russia is continually increasing funding to expand vaccination. Rendering assistance to fight HIV, measles, rubella, and polio. Extraordinary situations worthy of particular attention: cross-border issues, where international support required, with WHO guidance. We support technical manuals from WHO.

**UK:** welcomes report and fully supports recomm etc including eradicate polio globally. internationally UK is largest donor to GAVI, 1.44 billion £ of funding 2016-2020. we fully support GAVI model, until countries can afford programs it enhances sense of ownership. also major donor to Polio plan.

**Cape Verde:** recognises WHO leadership on this issue and welcomes global vaccine action plan GVAP, and supports statement made by ethiopia on behalf of African countries. Vaccines key tool to prevent diseases, but some of our African countries are not able to acquire vaccines at an affordable price and this undermines our health efforts - particularly to acquire NEW vaccines. Even if these countries are qualifiers to low and middle income countries, they are very vulnerable. We ask that WHO and MS show leadership to make vaccines affordable to our countries.

**Thailand:** appreciation to DG for report, implementation of GVAP, contribution of strategic advisory group on vaccination,. 2011-2015 slow progress unlikely MDG goal will be achieved. Propose comment: 1 effective and equitable distribution of health delivery systems, this improves health workforce, esp costly vaccines. One of the weakest links is the migrant populations, urban populations. Capacity to produce vaccines in developing countries, decrease in price, strengthen licensing, procurement etc crucial. Document proposed by Lybia thailand fully supports resolution.

**Philippines:** Thanks secretariat for GVAP report - useful as shows how our efforts doing in comparison to global efforts to achieve vaccination goals. we support this draft resolution by Libya as provides equitable access to lifesaving new vaccines.

**Tanzania:** supports Statement by Ethiopia for AFRO, continuing support action plan, reach every child strategy, remarkable progress made, more 90% coverage for polio. High level of coverage, continue to cofinance for use and underused vaccine, Neonatal tetanus, coverage of pregnant women, MR routine vaccination at 9 and 18 months introduced, revised material plan of action, data quality assessment also performed, immunisation service integrated with health delivery system. Support action plan.

**Nigeria:** Supports resolution tabled by Libya. More than 6 million children each year needing access to vaccines. Pentavalent vaccine introduced - learning a lot from intro of these vaccines. EPI programme: still face obstacles in rolling-out. Getting GVAP back on track. Crisis in North of country. Expanding WHO guidelines to immunisations in emergencies: most welcome by Nigeria. Vaccines remain a challenge, but Nigeria lucky to benefit of GAVI support. Wishes to accelerate use of vaccines in our country, but costing process.

**South Africa:** welcomes report, GVAP 2011-2020 decade of vaccines, end inequity of vaccinations and ensure vaccines vast future potential. Implementation has been patchy, necessary improvements must be made to achieve results. There has been some success in intro of new vaccines, but progress is far off track. Deadlines of 2014-2015, goals has to be on right track. support draft resolution proposed by Liba, important in reducing under 5 morb and mortality. Proposed amendments: point 9 read low and middle income not devel again on 10 same, point 16 noting with concern shortage of setting replace op 16 countries that request assistance, par ? to assist mobilizing....in accordance to national priorities. A few friendly amendments: not "developing" but "low and middle income countries" / instead of "low income countries" "countries that request assistance".

**Canada:** *Thank you Chair. Canada welcomes the report of progress on the Global Vaccine Action Plan (GVAP). Canada is strongly supportive of immunization, as a key component of our top development priority; Maternal, Newborn and Child Health.*

*Given the importance of immunization in reducing preventable child mortality, Canada is however concerned that the implementation of GVAP is off track. We therefore strongly support the recommendations put forward by the Strategic Advisory Group of Experts (SAGE), and would welcome WHO's views on how to support GVAP stakeholders in successfully addressing them.*

*We suggest that future GVAP reports highlight priorities, risks and mitigation measures for the upcoming year to ensure objectives and targets are reached within established timeframes. In addition, we would propose that clarity be provided on how efforts to implement GVAP are being tied to overall health systems strengthening activities.*

*We would also recommend that future GVAP reports address strengthened access to affordable medicines, which will be critical to achieving the GVAP's objectives. Within this context, we would*

*welcome clarity on how the GVAP is, or could address tiered pricing that seek to secure the lowest possible vaccines prices.*

*Finally, Canada would be interested in better understanding the leadership roles of key stakeholders involved in implementing the GVAP, and whether dedicated funds will be set aside to address recommendations.*

*We appreciate Libya's introduction of the resolution and share concerns with advancing the GVAP progress. However, we have comments to provide on the text and seek direction on the best way to provide them. Thank you.*

**Columbia:** support Panama for statement, different vaccines introduced recently in Columbia, now quality certification state, interruption of measles and congenital rubella in particular, all of these thanks for funding from national level. Concern regarding price of vaccines increasing, listen carefully to recomm of group of experts in sharing supply and developing strategies to make recomm effective. Fully prepared for vaccination campaign but pressure from financial burden in developing countries. Support draft resolution from Libya, strengthen mechanism to ensure universal access. implement effective R&D strategies. Pricing mechanisms for supply of vaccines. Columbia fully committed to continue to step up vaccination campaign, but huge financial burden for developing countries, so we support draft resolution by Libya to ensure access at a global level to vaccines. Effective R& D strategies.

**Bangladesh:** appreciate report operationalizing GAPVI and enhances accountability. In Bangladesh HBV, haemophilus, pneumococcal, IPV, all introduced with support from GAVI (all?). Success in routine immunisation in Bangladesh is a good global example, and often cited / internationally recognised. Production of vaccines locally - stringent national regulatory authorities, control process. Sensitivity surveillance from all the districts. National stock outs affect local supply and delivery. WHO needs to help if any shortfall, WHO + other technical partners need to see as to vaccine pricing, and ensure production and supply. BCG and TD vaccines are a problem in Bangladesh due to supply chain interruptions.

**Maldives:** *Thank you Mr Chair,*

*Maldives appreciates the report by secretariat. We believe there is an urgent need for more concerted action to accelerate the work to be on track to achieve some of the key immunization goals set by the Global Vaccine Action Plan.*

*Sustainable access to vaccines, especially the newer vaccines at affordable prices for all countries, especially the middle-income countries who are not eligible for funding support from the GAVI Alliance, calls for other collaborative mechanisms to facilitate the process for such countries.*

*Chair, Maldives urges countries with low coverage, to meet vaccination coverage targets; accelerate control of vaccine-preventable diseases. Further, even for countries like Maldives with high immunisation coverage focus need to shift to the population groups not being vaccinated, with the view of leaving NO ONE BEHIND. Also, for such countries maintaining high vaccine coverage, assistance on risk*

*communication and effective public awareness programs including the need and impact of immunization as well as addressing the misinformation within communities on vaccine usage.*

*We urge member states to fully integrate vaccination into the operation of all aspects of the health care system and to reduce missed opportunities to vaccinate, through more equitable access to routine and other immunization services for people in all communities, despite disruptive situations, such as war and disease outbreaks.*

*Member states should invest in improving data quality at the local level, and use data to strengthen accountability and to improve understanding of what the programmatic issues are and to also address fundamental issue like ensuring all births are included in the denominator of immunization programs.*

*In conclusion Maldives appreciates the contributions of WHO, UNICEF and other health partners including GAVI in their efforts to supporting and strengthening global immunisation services. Thank you for your attention.*

**Jamaica:** commends Secretariat on GVAP which outlines challenges so that goals met. Makes valid points for MS and donor agencies to consider. Jamaica urges WHO to help with advocacy and social support given popularity of anti-vaccination groups - this was not highlighted in the report. Development of messages advocating for vaccination. Much more resources needed for intro of new vaccines. Jamaica profits from PAHO revolving fund. Due to prohibitive cost of new vaccines (cf pneumococcal) Jamaica not able to fully roll-out, Jamaica has never been able to profit from GAVI support as GDP per capita too high. This does not reflect burden of disease or gap in vaccination - this needs addressed. Jamaica endorses draft resolution proposed by Libya.

**Bahamas:** thanks for protecting children every country's responsibilities, SAGE work shows as targets set are underachieved. WHO has not failed, we have failed because we are WHO. Immunisation are for all and not only for some. Financing crucial, also for combating. MDG impact on child mortality and adult morbidity, linked to the success of our economy. Immunisation best pH investment. SAGE and regional advisory group have given best advice and we have to follow. Poor low and high income countries we all have to immunise our children.

**Bahrain:** support draft resolution by Libya. Since 1995 tetanus eliminated notably alongside rubella measles, stopped contagion of rubella. Bahrain one of first countries in region to introduce new vaccines and follow recommendations as to polio both bivalent and inactivated. We conduct vaccine programmes supported by data surveillance etc. work in line with WHO recommendations. As regards complications produced by vaccines, public awareness raising programmes. Goes in direction of our work in alignment with devt goals.

**Saudi Arabia:** on behalf of EMRO thanks secretariat for report on GVAP, immunisation coverage low in several countries or decreasing, data inadequate, more investment needed in the countries supported by involved stakeholders, progress towards immunisation measles and rubella eradication far to be reached. Partners needed. Tetanus elimination target delayed. Countries hosting refugees need to

access vaccines at lower price. specially measles and rubella. as part of commitment to support GAVPi, Saudi arabia supports draft resolution proposed by Libia.

**Qatar:** We support GAVI programme with 10 million \$ until 2020 in order to improve vaccination coverage. We support Libya's resolution.

**Malaysia:** *Malaysia fully supports the recommendation on integration of health services. We have implemented it since early 2000. It encourages parents to take their children for immunization.*

*Global shortage of certain vaccines from certain manufacturer since end of last year could affect the immunization programme. Registration of vaccines from all manufacturers available will facilitate countries to overcome the issue.*

**Argentina:** thanks WHO for GVAP and progress report. In accordance with intl programme of 19 vaccines, vaccination in Argentine free for all ages groups. We are not a high income country, but we finance this via an array of strategies. PAHO centralising purchase fund: importance can not be stressed, also so as to NOT interrupt vaccination campaigns. Equal fair access to vaccines should not be blocked. Stockouts frequent in more than 40 countries of low income. Supports draft resolution from Libya.

**Kuwait:** Thanks WHO for efforts around GVAP which is basis for all national vaccination programmes as in Kuwait. Happy to see this document which includes lots of dif data, happy to see involvement of CSOs in vaccination. Commend efforts of expert group. Specific information as to pricing necessary, Kuwait is with pooled procurement system.

**Gabon:** One of few countries in sub saharan africa who fully immunise children from 0-11months age. Despite our efforts, objectives remain below those set out in GVAP. Polio: outbreaks, required substantial efforts and coordination with neighbouring countries. Injected vaccine in order to meet GVAP, will increase spending by 30% - so we commend MS support in implementing GVAP. But as we get no GAVI support - very difficult for us to implement. We support draft resolution by Libya, so we can respect the vaccination goals.

**India:** GVAP coincides with plan for universal elimination if (??) in India. Web-system introduced in India to ensure timely immunisation of every child. Endeavor to protect every child from 7 vaccine preventable diseases so far. Take this opportunity to acknowledge support from technical partners. Happy to endorse draft resolution from Libya: add " low and middle income" countries to draft res instead of only "middle".

**Venezuela:** support comment by Panama. Our constitution requests us to invest heavily to combat child mortality, and since 1970s with intro of vaccines we have succeeded in reducing under 5 mortality in major fashion. Never the less if you look at coverage particularly in cities, some areas were below 95%! Remote areas/areas of migration from neighbouring countries etc, national programme needs to address these issues. Vaccination fully free and universal in our country. WHO needs to support permanent capacity building in staff of our countries, helping to guide future activities in our countries in relation the EPI activities.

**Latvia:** Draft resolution by Libya: EU group still discussing this amongst member states. Requesting time to allow this and align their position.

**Iraq:** Sustainable procurement of vaccines in crisis situations - certain security circumstances (Iraq with 3 million IDPs with increased vulnerability). Crisis situations entails campaigns for seasonal influenza, HAV, meningococcal disease. Prerequisite: gradual conversion from trivalent to bivalent inactivated polio vaccine. Timely and sustainable procurement without interruption which affects effectiveness of elimination and eradication of poliomyelitis. **Pertussis: active to inactive pertussis vaccine may lead to reactivation.** World surveillance systems needed to combat any resurgences of diseases, should be included in this action plan. Vitamin A supplement with measles vaccination.

**Senegal:** We welcome report from Secretariat. Support draft resolution submitted by Libya. Our country has introduced all new vaccines in context of GVAP (pneumococcal, inactivated rubella, 2nd dose measles, pilot scheme HPV currently, and one-dose HBV as of July 2015 from birth).. Neonatal tetanus: elimination as of 2011.

*Madame, Monsieur le Président, Excellences Mesdames et Messieurs les Ministres de la santé, Mesdames et Messieurs, J'ai le plaisir de prononcer cette déclaration au nom des 47 Etats membres de la Région africaine de l'OMS.*

*I- Introduction de nouveaux vaccins Le Sénégal a pratiquement introduit tous les nouveaux vaccins recommandés dans le cadre de GVAP. Cette introduction concerne les vaccins contre les infections à pneumocoque, la rubéole, les rota virus, le Vaccin Polio Inactivé, une deuxième dose de vaccin contre la rougeole et le vaccin contre le virus du papillome humain (HPV) sous forme de projet de démonstration. Il est également prévu d'introduction d'une dose de vaccin contre l'hépatite B dans le courant de 2015.*

*II- Vaccination pour tous Les couvertures vaccinales administratives sont encore faibles du fait d'une mauvaise complétude des données. Une enquête nationale de couverture vaccinale organisée dans le pays en mars 2012 a révélé des taux de 90% de couverture pour le pentavalent au niveau national et de 80% au niveau de plus de 90% des districts. Ces données ont été confirmées par les estimations OMS/UNICEF. La dernière estimation réalisée au cours de l'EDS continu 2013-2014 montre les mêmes tendances. Des efforts sont en train d'être fournis pour maintenir et améliorer les performances en termes de couverture notamment en généralisant la mise en œuvre de l'approche ACD dans tous les districts avec l'implication des organisations de la société civile.*

*III- Elimination du Tétanos Maternel Néonatal L'élimination du tétanos maternel et néonatal dans tous les districts du pays a été validée par l'OMS en 2011. Le risque évalué de tétanos en 2014 reste faible pour l'essentiel des districts du pays.*

*IV- Elimination de la rougeole Le pays dispose depuis 2012 d'un plan stratégique d'élimination de la rougeole et avait en même temps organisé en 2013, une campagne de vaccination de rattrapage combinée rougeole-rubéole pour les enfants âgés de moins de 15 ans, suivie de l'introduction du vaccin rougeole-rubéole dans la vaccination de routine puis d'une deuxième dose du même vaccin dans le PEV à partir du 15ième mois. Un système de surveillance sentinelle du syndrome de rubéole congénitale est*

*également mis en place et aucune épidémie de rougeole d'envergure n'a été notifiée dans le pays depuis 2010.*

**Brazil:** In addition to previous comment, supports resolution presented by Libya. Following friendly amendment: and universal access to health, op1 4: “national regulatory standards including WHO prequalification”

**Algeria:** Supports statement by African group but underscores one issue core to implementation of GVAP: access! Price/cost should not be a barrier, is a real problem, not only for LOW income countries, also for MIDDLE income countries. We need to give greater transparency to pricing. Availability in sufficient quantity of these vaccines - for example for injectable poliovirus vaccine. Supports draft resolution of Libya.

**Libya:** India Brazil and so many others input appreciated.

- PP9 line 4: replace
- PP10 line 1: replace developing with low and middle income countries
- PP16 (60?): noting with concerns shortage of certain traditional vaccines (BCG/)
- PP?: immunisation gaps of low and middle income countries “that request assistance”
- PP2 line 2: access to health and / immunization as one of most effective measures in public health...and universal coverage
- PP?: to seek opportunity for establishing regional and national regulatory standard, including WHO prequalifications

**Canada:** 2 suggested deletions

- PP9: “mechanisms that lower price”
- PP 2: “ delete to secure funding”

**Chinese-Taipei:** Applauds GVAP progress report. Shortages have affected overall vaccination coverage. Hold manufacturers to commitment of sustainable supply. Information issue: WHO should promote vaccination plans coordination among countries. Chinese Taipei wants to share experiences with partners.

#### NGOs

- [International Pharmaceutical Federation \(FIP\)](#)
- [IntraHealth International Inc.\(IntraHealth\)](#)
- [Médecins Sans Frontières International \(MSF\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [The Save the Children Fund \(Save the Children\)](#)

**Save the Children** Statement: supports renewed attention to vaccination, GAVI, comprehensive primary health care systems etc.

**MSF:** middle income countries GAVI ineligible - 30% of births



**MMI/PHM:** *Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement. We endorse the resolution presented by Libya highlighting the urgent need for transparent pricing of vaccines and clearer documentation of price barriers, including regulatory and intellectual property barriers that undermine the introduction of priority vaccines. The resolution recognises the importance of competition to reduce prices and the need to support local manufacturing capacity in developing countries that can produce WHO-prequalified vaccines and make the vaccines affordable through generic competition. The entry of Indian generics into the market for Hepatitis B vaccines has brought the price down from \$23 to \$1.*

*We strongly supports the pooled regional procurement as reflected in the resolution which is the key for 24 middle income countries that have graduated from GAVI support this year.*

*We are concerned about the pressure on countries to introduce new vaccines in the absence of surveillance and information systems covering epidemiology, delivery, and evidence of safety and efficacy. The opportunity costs of introducing new vaccines need to be measured in terms of cost and health outcomes forgone.*

*We call upon WHO regional offices and country offices to provide the necessary support for fully informed decisions by countries on this issue, including guidance on the opportunity costs of expensive vaccines for low incidence conditions. This also requires that countries, which have not done so, proceed to establish and strengthen their National Immunisation Technical Advisory Groups as reflected in the Global Vaccination Action Plan.*

*We further urge WHO to give increased priority to the development of rigorous post-marketing surveillance systems including adverse events following immunisation.*

**Greece:** Supports the GVAP and stresses importance of vaccination as most effective prevention tool, 2-3 million deaths prevented annually. According to WHO guidelines countries must promote adherence to vaccination guidelines. Vaccination cover of vulnerable groups and social groups that refuse vaccination due to anti-vaccination thinking.

**Libya:** accepts amendment made by Canada PP9:

- point 7 line 1: to explore ways to secure funding

Latvia and EU asked for more time, we are very flexible for that - as we note that the draft was presented last week.

**Secretariat:** (Dr. Flavia): 3 years ago GVAP was approved in this very room - SAGE was agreed upon as regulatory body. Coverage is low and patchy. We have established a middle income country task force: affordability of new vaccines. Next year we will be able to come back I think with: pricing transparency, costing, surveillance, logistic capacity. As we work towards eliminating polio, we can also harness that effort for other diseases.

**Chair:** thank you dr, that completes discussion. We suspend discussion on resolution on doc [A68/A/CONF./4](#), to let time to reach agreement. The item will be rescheduled in the program. People supposed to attend general committee meeting can now attend that meeting

*Suspend discussion pending informal discussions; resumed in Committee A on Friday 22 May*

**Chair:** asks Libya to give short update

**Libya:** GVAP (16.4) commenced tuesday, with draft resolution by Libya with key measures towards making vaccination accessible. Total of 23 countries expressing support for draft resolution. South Af , Brazil, Canada, Brazil have proposed amendments. Latvia on behalf of EU asked for more time to study new resolution. Libya Thailand, Algeria held informal meeting with EU today - EU now says needs more time to share written inputs. Reminder, this resolution addresses unaffordable vaccines and inadequate supply. Since Tuesday Libya has received many requests for co-sponsorships. In light of these co-sponsorships, and 23 countries that gave their support, we request that decision be made as to next steps to accept resolution.

*Item suspended pending further discussion; resumed in Committee A on Sat 23 May*

**Documents:**

- [A68/30](#), - Sect report
- [A68/A/CONF./4 Rev.1](#) - revised version of Libyan draft resolution
- [A68/A/CONF./4 Add.1](#) – fin and admin

The draft has been discussed and updated through consultation, Lebanon Iraq2 and Kuwait Bahrain have also cooperated adopting this draft. Libya takes the floor to update on that draft.

**Libya:** following my statement yesterday; yesterday had mtg with EU, Thai, Nigeria; EU provided written comments; constructive;

PP6 Line 1 replace killer with vaccine preventable

PP9 line 1 add , inter alia,

pp17: new para: sources of vaccines, effective and sustainable vaccine production etc

PP18 new para: concerned about scepticism...Concerned that scepticism against vaccination is continuing to grow in society despite the proven efficacy and safety of modern vaccines, and that many children do not receive life-saving vaccines as a result of insufficient information to parents or health care workers or even of active anti-vaccination propaganda,

OP1 footnote 'where appropriate etc

OP1 2 Line 1 add as and where appropriate for pooling vaccine as appropriate

OP 1 line 3 providing to provide, where available timely vaccine price data with the goal of improving affordability

OP1(5) line 1-2 delete norms and add the availability of comparable; ...to create mech to increase availability of comparable data govt funding strategy public health benefit

OP1(7) new para improve purchasing uninterrupted and safe supply and avail

OP1(8) str imm advocacy and strn information to the public

OO2(2) replace explore ways to mob funding to fully ....support low and mid income ...

OP2(5) line 3 and 4 various deletions and edits: now reads: to str WHO prequal and provide....

OP2(6) line 1 delete 'IP barriers'that can enable....

OP2 call upon MS re tech su

OP2(8) new para continue to support MS ... str knowledge and skills of health care professiona;

OP2(9) new para report back through EB annual report

This agenda item started on Tuesday with 23 countries expressing support; corresponds to GVAP report on vaccine affordability and supply; we are requesting decision on next steps to adopting the resolution

**Chair:** thanks Libya

**Saudi Arabia:** I want to confirm our co sponsorship of this resolution and we support the amendments.

**Canada:** Thanks; appreciate the efforts of Libya; wish to see better progress to be made; Canada supports immunisation; remains concerned about the way the resolution was presented to the Assembly; full discussion in Jan would have been approp to discuss then; instead it appeared on the first day of this Assembly; support transfer to EB137 (seek Sect advice) also ask about the implications of this for the PB16-17?

**Tunisia:** Thank you chair, we are convinced that immunization is one of the most effective public health interventions, absolutely vital; we ensure 95% coverage; difficult to maintain bec of prices we are middle income country so we don't get full benefit; we have contributed to efforts composing this paper, price transparency and access to middle income countries for adequate supplies of vaccinations

**Pakistan:** strongly believes in eff immunisation; hampered by resource constraints; supports the resolution; confirms sponsorship

**Indonesia:** *Mr. Chairman We would like to convey our support to the draft resolution entitled Global Vaccine Action Plan as orally amended by the delegation of Libya. The current draft will directly contribute to our common endeavor in enhancing global immunization program. Our delegation shares the view that immunization is one of the most effective interventions in public health and access to immunization as a key step towards access to health and universal health coverage.*

*In order to make sure that the resolution is going to be fully implemented, we are of the view that we need to consider properly several follow up mechanism that will be derived from the draft resotluion, including the proper mechanism connected to the issue of pooling vaccie procurement. I thank you Thank you Chair.*

**Ethiopia:** draft was discussed this morning by Afro and it was agreed to support draft resolution in acc with GVAP

**India:** India strongly supports the draft resolution, thank you

**Iran:** add our name as cosponsor

**Congo:** thank you chairman, some african states like us because of the difficult situation of our economic indicators had benefited from GAVY but not anymore, some vaccines are expensive and depends on changing oil prices, we would like to support this resolution specially the transparency and affordability of the vaccines, it is essential to ensure that member states are aware of the importance of affordable vaccines as it's very important to a country like us

In relation to Op2(1,2 3,4) it's unreasonable to postpone adoption of this resolution as it would affect providing us with vaccines, as we are no more eligible for GAVY so we fully support of immediate adoption of the resolution.

**Sudan:** Global immunization...(to be retrieved from the video)....., sudan declares support and cosponsoring and alignment with co sponsoring

**Brazil:** congrat Libya; imm a key priority for Brazil; totally understand the Resolution; esp for dev countries; brings to the table guaranteed access to vaccines so must approve at this Assembly

**Libya:** while it maybe not the usual route of adoption of the resolution, the resolution can be accepted till the first day of the meeting.

we submitted the resolution week prior to commencement of the Assembly, we received feedback from concerned countries, all comments have been incorporated, the Assembly as sovereign body has the right to submit changes.

**USA:** *US a major supporter of global vaccine programs • Weve made enormous investments in this area • Some valuable elements of this resolution , including on promoting reporting of publicly avaialbe vaccine prices • We circulated edits late last night, have not received comments back, but would be happy to read these out if needed; • We're not prepared to support at this time • We echo the comments of Canada about the process – • Certainly does not violate the rules, but • there is a significant discussion taking place on best practices of the governing bodies, and note that the correct procedure would have been to have submitted this resolution ahead of the January EB • if it even could have been ciru We would support canada's call to move this item to the EB later this week*

**Jordan:** we realize the importance of providing affordable quality vaccines for the low and mid income countries, the EMRO region is going through crisis and lack of vaccines would cause added problems to the crisis.

**DR Congo:** for DRC vaccinating all our children a priority; imm a h9i9gh impact strategy; supports the adoption of this resolution as proposed by Libya

**Lebanon:** *Lebanon would like to reiterate its support and co-sponsorship for this resolution in view of its tremendous impact on raising immunization coverage through raising affordability and accessibility and hence the availability of vaccines to everyone especially in developing countries and those not eligible for GAVI.*

**Latvia:** thanks to Libya for taking into acc the comments made by MS; regarding OP1(3) there is 'where possible' but Libya changed it to 'where available' but we want to change it back because in some cases prices are available to government but bec of legal reasons not possible to publish them

**Bolivia:** we thank libya for the resolution fully support, OP2 asking the GD to continue.....(video)

**China:** thank Libya this res has comprehensively introduced the main issues from GVAP; has proposed feasible action plan; we support and hope taht the Assembly can adopt this resolution

**Thailand:** Thank you chair, we would like to thank libya for leadership and coordination, co sponsorship and support for the resolution and amendments, lastly

OP2(6) like to request to bring back after barriers, "including regulation and intellectual property", ....

**Timor Leste:** strongly and fully supports the resolution

**Zimbabwe:** aligns with statement with ethiopia, we noted consent of number of many african countries getting out of GAVY support so we support the resolution.

we are concerned of affordability of new vaccines, there is a need to address the gap between accessibility of the vaccines between high and low income countries.

**Maldives:** *Thank you Chair, Maldives would like to thank Libya for the proposed resolution. Maldives believes that immunization is key to preventing serious communicable diseases and we have managed to maintain a high immunization coverage in the Maldives. However a number of challenges still remain in terms of ensuring timely access to affordable supply of vaccines and reaching vulnerable groups. In this regard, we would like to support the proposed resolution by Libya with amendments proposed by Thailand and would like to urge member states to adopt this resolution during this assembly. Thank you for your attention.*

**Ecuador:** thank you chair, good morning, from the beginning we have strongly supported the report and we are grateful for libya, this is type of effort we need, we accept the most recent version but after hearing thailand this morning we would like to adopt the resolution including thailand amendments and adding "possible" instead of "available" and inclusion of intellectual property

**Myanmar:** thanks; thanks to Libya for its leadership; aware of issue of access to affordable vaccines; strongly support Lib draft resolution

**Ghana:** *Ghana supports the current resolution by Libya on the above subject and wishes to congratulation the WHO Secretariat for putting together the document. Immunization is no doubt one of the most cost effective interventions in reducing morbidity and mortality especially in children. Ghana*

*has made remarkable progress in immunization. Coverage for various antigens is high. New vaccines have been introduced into our routine immunization programme.*

*Since 2003, no child has died from measles and measles cases are rarely seen in the country. Since November 2008, no case of wild polio has been confirmed. All the above achievements are due to Global efforts to eradicate and eliminate vaccine preventable diseases.*

*Ghana is one of the GAVI eligible countries but has now attained a lower middle income country status and is among the countries to be graduated from GAVI support, starting 2015. This graduation definitely has its pros and cons. We find the graduation to be too soon since the initial date for Ghana to be graduated was 2030 and so the country has not put in place any plan for the graduation. We also feel that the timing is not good considering the current economic situation of the country and this could affect the remarkable gains made in immunization.*

*Mr. Chairman, middle income countries as well as developing countries that are not eligible for GAVI support including graduating countries like Ghana will need affordable vaccines in order to eradicate, eliminate and control vaccine preventable diseases globally. In view of the above, Ghana supports the current resolution by Libya on Global Vaccine Action Plan for information on vaccine manufacturers and prices of vaccines to be made available for member countries to enable them plan, access and sustain the gains. Thank you*

**Togo:** supports draft by Libya bec diff of supply and fin access to vaccines; new vaccines for L&MICs; would like to see it adopted immediately; and listed as co-sponsor

**Niger:** Thank you chairman, we just like the other want to align ourselves and list of speakers supporting libya, we had the benefit of GAVI (.....) we support the draft resolution and ask for adoption

**Botswana:** aligns with statement from Ethiopia on behalf of Afro; we buy vaccines without ass of Gavi and not easy; looking at draft OP1(3) don't know whether the vaccine price one country has negotiated with one company; or is it the country where the vaccine is manufactured; needs to be clarified; if it is the price negotiated by countries it will not be standard

**Eritrea:** Thank you chairman, we are fully aware of immunizations as important key for public health, we support the draft resolution

**Japan:** can support draft res as proposed and revised; however we cannot agree on proposal from Thailand "including reg and IP barriers"

**Australia:** Implementaion of action plan is vital for global health, this resolution will help access to developing country, despite the concern raised by USA and Canada the amount effort and good will made through the creating of this resolution we would Like to see that adopted this meeting; we would llke to see it adopted and ask Libya to engage with those who have outstanding comments with a view to adopting

**Oman:** thanks; why vaccines matter and we support adoption of this resolution

**PNG:** reviewing our compr health plan and aligning with GVAP into rubella conjugate. rubella, HPV, so we strongly support adoption as proposed by Libya; please lets work on the amendments and adopt at this assembly

**Mali:** Thank you chair, we thank libya for draft resolution and we support it, we benefits from GAVI support in regards new vaccine, we are in favor for affordable and accessible vaccines.

**Gabon:** support draft as proposed; commends Libya for the consultations; also concerned with the possibility that this resolution be not adopted by this resolution; fully support adopt during this assembly

*Le Gabon reprend la parole pour soutenir le projet de résolution de la Lybie et le félicite pour ses consultations en vue de trouver un consensus pour faire adopter cette résolution. Le Gabon s'inquiète cependant de la possibilité que cette résolution ne soit pas adoptée pendant la présente assemblée. Le Gabon finance entièrement sa vaccination car nous ne sommes pas éligibles à l'Alliance GAVI. Malgré plus d'un million de dollars dépensé chaque année pour la vaccination, nous avons du mal à atteindre les objectifs du Plan d'action mondial pour les vaccins. C'est pourquoi nous demandons instamment à l'assemblée d'adopter cette résolution.*

**Afghanistan:** Thank you, we strongly believe in the importance of immunization in reducing child and maternal mortality, we fully support the draft resolution.

**Benin:** Thank you, bearing in mind the importance of vaccines in reducing maternal and infant mortality we support the draft resolution made by libya and wishes this resolution will be adopted.

**Venezuela:** supports draft as amended by Lib; stress price reviews so we can afford vaccination; we have put in place a production plant to improve affordability; wish to be a co-sponsor;

**Azerbaijan:** colleague the action plan in communicable diseases has been proclaimed by the WHO; progressively generalise access to vaccines at all lelevels from glo to loca

**Argentina:** reiterate social and helath value and importance of imm; unacceptable to interrupt imm plans underway; in our region; [could technicians check microphones] bec of inad supply and unaffordable; negotiating with suppliers; imm vitally impt for PH; urges other delegations to support and we support the amendment proposed by Thailand regarding intellectual property

**Morocco:** our gratitudes go to libya for work undertaken, same time financing shouldn't be lagging, life expectancies is one of the positive outcomes, national plans on providing vaccines, we support the draft resolution made by libya.

**Chile:** in conformity with the comments of the GVAP we support this res and support the amendment from Thailand and urge adoption at this assembly

*En concordancia con los comentarios en relación a la Plan de Acción Mundial sobre Vacunas. Chile apoya el proyecto de resolución presentado por Libia y solicita se incluya la enmienda presentada por Tailandia , enfatizando la importancia de que esta resolución se apruebe en esta Asamblea. Gracias*

**Algeria:** Thank you chair, we support the draft resolution by libya, giving importance of vaccines we are supporting adoption of the resolution through this assembly

**South Africa:** joins Afro group in supporting this res; there maybe some amendments which can be considered as suggested by Australia but does not need to go to EB; we have introduced Rota virus ands concerned about measles and HPV vaccines as we role it out for ages 9+; prevention is the cornerstone of public health and we want to see this adopted in this assembly

**Namibia:** *Namibia , like the overwhelming majority who spoke before us , support the Draft Resolution by Lybia. We believe in Prevention as a best Strategy rather than Cure . We will however like to stress the importance of : Uninterrupted manufacturing and supply Chain as well as Access and transparent Pricing Structures especially for lower and middle income countries. Lastly , like Australia , we believe the imperative for adopting this Resolution as demonstrated by so many cannot be waived by minority objectives. We therefore believe the issues raised by Canada and U.S. can be addressed without halting the adoption of the resolution.*

**Bangladesh:** *Mr. Chair, Bangladesh delegation likes to mention that we are consistently maintaining high coverage of routine immunization. Bangladesh already achieved MDG4, and this high immunization coverage worked as one of the most important factors for this achievement.*

*Bangladesh has a high population and therefore has also a high child population. We want to make sure that high coverage of immunization is sustained and further improved in the remaining period of MDGs and in era of SDGs. Therefore, we strongly support the resolution and also strongly recommend to endorse this resolution in this 68th World Health Assembly.*

*Regarding the ammendment of Thailand, we express common views of other Member States of the South East Asia Region. We believe that accommodating the Thailand's ammendment should not be looked as a problem; because it calls for simply reporting. This reporting is important because we should know what are the factors that are creating barriers of maintaining high coverage of immunization in Member States. To simplify the text of the ammendment, we propose that the text of OP2 subparagraph6 can be rephrased as: "to report upon technical, IP and legal barriers that may undermine robust competition that can enable price reductionsfor the new vaccines" Thank you chair.*

**Cameroon:** we are in position with african states concerning this draft resolution, we thank libya, we will not be in GAVI list in 2 years that's why we support the draft resolution in it's current form and we would be really sorry if the draft wasn't adopted.

*Le Cameroun est solidaire de la déclaration faite au nom de la Région Afrique. A ce titre, le Cameroun félicite la Lybie pour l'initiative. En effet, le Cameroun voit avec inquiétude la perspective de sa sortie de la liste des pays bénéficiant de l'appui de GAVI pour l'acquisition des vaccins, et pour cause, la charge*



*énorme et subite qui serait difficilement supportable. En conséquence, le Cameroun soutien fermement le projet de résolution dans sa version actualisée par la Lybie. Merci Monsieur le Président.*

**Switzerland:** the impl of GVAP on Imm is of extreme relevance; Switz would like to see greater cov by imm in our country; have conducted a new campaign; we ass ourselves with the position of the US; this res was developed outside the formal structures; would have been better to be developed inside this house; concerned about the proposal by Thailand; support delegation of Japan; on the other hand we ass ourselves with Australia in terms of the need to work in parallel and ach a consensus on this resolution

*Monsieur le Président, La mise en œuvre du Plan d'action mondial pour les vaccins est d'une grande importance, également pour la Suisse qui a pris des mesures pour augmenter la couverture nationale de vaccinations, notamment pour la rougeole. La Suisse souhaite associer sa voix à la délégation des Etats-Unis. Nous regrettons que le projet de résolution ait été tablé in extremis au début de cette Assemblée. Afin de garantir la qualité de nos travaux et des documents adoptés, il eut été préférable de disposer de ce projet à l'avance. Au vu des nombreuses interventions et des diverses suggestions d'amendements sur ce projet de résolution, la délégation suisse n'a plus de vue d'ensemble de ces différentes propositions. Concernant l'OP 2, point 6, la Suisse s'oppose à la proposition du distingué délégué de la Thaïlande et appuie la déclaration faite par le distingué délégué du Japon. Au vu du large soutien donné à ce projet de résolution sur le Plan d'action mondial pour les vaccins, la Suisse estime, tout comme l'Australie, qu'il est important que cette résolution soit adoptée lors de cette Assemblée. Afin de trouver un consensus, ma délégation suggère au Président d'interrompre les discussions sur ce point afin qu'un consensus soit trouvé dans le cadre de discussions informelles, voire d'un groupe de rédaction. Je vous remercie Monsieur le Président.*

**Brazil:** SOrry to take the floor again, we fully support thai amendments we totally agree with procedures, it is important that we must discuss and adopt the resolution.

**Croatia** (the following statement is posted on the WHO website for the 11<sup>th</sup> meeting of Committee A on Sat 23; however we have no record of it being delivered): *Thank you Mr Chair, distuinguished delegates → Based on the noble targets of the Global Vaccine Action Plan, the regional European Vaccine Action Plan is prepared and we wish to emphasize our full support to the both strategic documents. → All six goals of the European Vaccine Action Plan have our full support and Croatia is dedicated to continuous improvement in achieving all of these goals. → The six goals of the European Vaccine Action Plan with Croatian achievements are the following: 1. sustaining polio-free status • Croatia is considered polio-free, as well as the entire WHO European region; 2. eliminating measles and rubella • Measles and rubella are practically eliminated in Croatia, with sporadic imported cases; 3. controlling hepatitis B infection • Croatia is a low prevalence country and following the introduction of hepatitis B vaccination into the national immunisation programme in 1999, the incidence of hepatitis B has been declining, especially in children, adolescents and young adults; 4. meeting regional vaccination coverage targets at all administrative levels throughout the Region • In the last decade, all counties have been achieving 95% vaccination coverage with childhood vaccines according to the programme; 5. making evidence-based decisions on introduction of new vaccines • The decision on introduction of new*

*vaccines in Croatia is based on solid epidemiological data, 6. achieving financial sustainability of national immunization programmes • Financing of traditional Expanded programme of Immunisation (EPI) vaccines is sustainable, but the lack of funds is an impediment for introduction of new vaccines. Over the last two years, due to problems with availability of certain vaccines on the market, Croatia, as well as a number of other countries, has experienced difficulties in timely procurement of vaccines for the Immunisation programme. → This shortage of vaccines has forced us to modify our National Immunisation programme. → In this respect, we see the continuous engagement of WHO in public communication strategies on the benefits of vaccination beneficial for Member States and would like to see WHO taking on a stronger role as mediator between the vaccine industry and national Immunisation programmes.*

**DG:** thanks; this is a v imp subject; judging by no of interventions; have been listening very carefully; no intervention disagrees with imp of immn; good news; the range of interventions is huge; many delegations support drdaft res and urge its imm adoption; also heard some countries who want more time; either move to EB or use the remaining hours from today onwards until countries can find consensus; given the importance and my suggestion is to follow advice of Australia, PNG and Switzerland; please get together and discuss; there are additional amendments; come together to discuss; propose we suspend the item and for those who need to consult please get together now;

**Chair:** there is a consensus supporting the DGs' rec so we move on

*Item suspended for further discussion; resumed in Committee A on Monday 25 May*

**Documents:**

- [A68/30](#) – Sect report
- [A68/A/CONF./4 Rev.2](#) – further revision of Libyan draft
- [A68/A/CONF./4 Add.1](#) – fin & admin

**Chair:** congratulates delegations for their informal discussions to advance the issue. Revision of draft resolution was prepared, this is contained in [A68/A/CONF./4 Rev.2](#)

**Libya:** Thank you for opportunity to update the floor. GVAP agenda item opened, through informal consultation helpful amendments incorporated into draft. More consultations held with EU thailand etc after thursday. On Saturday over 60 countries individually endorsed the resolution. A number of countries stressed importance of reaching an agreement. Information consultation: Algeria Argentina Australia, Canada EU, Latvia, Korea South Africa, Switzerland USA - convened in environment of good will and constructive discussion resulted. Thanks the 19 countries that requested co-sponsorship. With precious knowledge of SA, passion of Brazil, notes flexibility of MS to complete this work during WHA68. Is but one step towards more accessible and affordable vaccines. We should be proud to take a step in the right direction for our children.

**Chair:** adoption of resolution ready?? Brazil has the floor

**Brazil:** Gracias. we want to approve resolution and grateful to be part of this discussion and will to cosponsor resolution

**USA:** Thank you chair. Thanks all delegates that took part in discussion on sat afternoon. US had come in with concerns, driven in large part as this is such an important issue - we have made enormous investments in closing gaps in vaccine coverage. By no means were any rules violated, however we remind best practise which is to introduce resolutions in November-December before EB.

**Canada:** *as we noted in our earlier intervention, Canada deeply appreciates the efforts of Libya in advancing our collective efforts. We are aligned with our fellow Members in wishing to see better progress be made.*

*Canada wishes to reiterate that our primary and only concern was that the resolution was distributed to the Members on the same morning it was introduced on this floor. We need to ensure that important public health issues are given appropriate time for all Member States to consider so that all of our concerns and needs are incorporated.*

*Canada is pleased that we were able to move this important item forward in this Assembly. We are strongly supportive of immunization as a key component of our development work. It is extremely important that this work continues to move forward and that we look for collective solutions. In that light, we are pleased to join consensus on the resolution and will continue to work collaboratively on this very important issue. Thank you*

**Resolution ([WHA68.6](#)) adopted; item closed**

## **Item 17. Health Systems (B22)**

### **Item 17.1. Surgical Care and Anaesthesia as UHC (B21)**

#### **Documents:**

- [A68/31](#) – Sect report
- [EB 136/R7](#) – draft resolution forwarded from EB

The floor is now open for discussion

**Zambia:** thank you chair, Zambia feels honored to take the floor, on behalf of African region we congratulate you, our region and the whole world have slowly walking acknowledging need for surgical intervention to decrease the burden of disease, and we believe these intervention isn't available for areas that need them most, injured, burns, cataracts, CS are among many conditions that raise needs for surgical intervention, timely access to surgical and anaesthesia saves live and avoid disability, we urge the states; recognize the surgery and anesthesia as part of the UHC and must be integrated into health systems, recognize the impact of provision of safe surgical intervention on economic output and quality of life, develop comprehensive methods to close the gaps in human resources, infrastructure and research, needs improvement on task sharing and nursing; our investment in human resources and

consider supporting training institutions in our regions to enhance the performance, follow up continues to be left out; WHO must also take advantage of innovative mechanisms that already exist in our region

**Vietnam:** .... (can't understand person!) réseau hosp vietnam divisé en 3 niveaux provincial et district. Nous avons essayé de transférer des technologies dans les zones les plus reculées. Soins chirurgicaux d'urgence et SC essentiels sont essentiels, mais la capacité notamment anesthésiques est déficiente, nous manquons médicaux et infrastructure. RSEB136R7 a renforcé soins chir urg et ess comme comp de UHC, nous appuions pleinement le contenu de cette résolution, en ce qui concerne l'accréditation et les niveaux minimum. (how do these translators understand this?!?)

**Namibia:** aligns with African statement, welcomes sec report, and pleased to contribute to this item, 170 millions procedures are made every year, that shows how essential surgeries are, surgery manageable conditions go not treated or under treated, we want to recognise that surgical capacities of surgery anaesthesia and blood transfusion must go hand in hand, capacities are vital, health technology is key, in strengthening services we should stress of fundamentals standardisation and quality assurance, we refer that our emergency must be more active and logistically better resources, in this regard we agree that health system strengthening stands central in all of this, primary prevention of many surgical conditions is possible and should be addressed, lacking access to surgery and anaesthesia is unacceptable by us and we support the resolution

**Japan:** supports draft res and comments as core sponsor; we have to establish referral systems and strengthen HSs including HR devt. Each country has to tackle this issue. WHO should make effort to further consult with UNODC and INCB (???), to ensure universal surgical and anaesthesia care for all.

**Kenya:** Thank you, surgery is most needed in low and medium income countries, worldwide 5 billion people don't have access to appropriate surgical care, transportation is a problem too, 6% of these deficiencies occur in poor countries, west and sub-saharan countries face a lot of deficiencies. Surgical care includes C-sections (...) In low- and middle income countries women don't have access to C-sections, up to 53% of personnel lack skills, recommended targets are improving surgical services as part of health system, safe surgical care, we encourage to respect quality, strength; good example for trainings offered by east and west africa, data collection(.....)

**Chair:** reminder please observe traffic lights

**Togo:** each year more than 240 million surgeries carried out worldwide. Ds treated are .... Strategies proposed by secret on capacity building, nevertheless availability for anaesthetics is a major concern and obstruction in achieving UHC. Access to improved quality of services and care, improving data collection apart from GHPs to achieve UHC. (too fast speaking)

**DPR Korea:** On behalf of South East Asia regions, we thank for preparation of the report, South East Asia fully support the draft resolution, this is very good however we have a few observations on draft resolution as follows: we have reservations on draft res: 1) SEA wants action on ensuring actions on essential surgical services incl HR distribution to rural area; distribution of HR varies from country to country, need

for country-specific approaches. 2) we **strongly support application of telemedicine** which can be cost-effective in LAMICS. Support surg and anesth skills and focus on HWs. Support draft resolution.

**Trinidad & Tobago:** congratulate zambia USA Rwanda Kenya nigeria senegal, countries that cosponsor this res. Okt 2013 Trinidad & tobago, world congress of surgery obstetrics, trauma and anesthesia placed emergency surgical care on global agenda. 2mn people no acces, result IMR MMR high etc. Surgery resource is intensive, costly, no priority in LAMICS. Infrastructure, HR and capacity deficiencies. WHO can strongly disapprove. Strengthening PHC is essential, surg care and anesth on primary level are essential to ensure UHC surgery. Quality and safety in nat health sector to lead these improvements. T&T working to implement WHOO recomb for minimum standards to improve quality and safety. Supports resolution, with focus on tools needed.

**Switzerland:** Thanks to secretaire, significant global burden of conditions that requires surgical care, the resolution considered today aims at supporting health and surgical care on national and regional levels, which enhance the health systems, the idea must be a guiding principle of us, in this it is important to highlight as the WHO has done any international control of... shouldn't include medical use of substance including in humanitarian situations, the implementation of this resolution will strengthen fight against Communicable and non communicable disease and maternal health, we support this with forward example of health systems and that's why we co sponsor this resolution

**Canada:** coll efforts of WHO and partners for ess surg care and anesth as component of UHC. Some balance needed. Fe transportation to and from urban health center more cost-effectiveness than providing care in remote regions. Paramount that programs aiming to improve access. Need for PHC should only be emphasized with very limited workforce. Emphasis should then be placed on prevention to mitigate the need for surgery.

**Malaysia:** congratulate the sec for hard work preparing the report, we take notes on gaps of actions needed by states, we work on standards and quality of service specially in state hospitals, strengthening the critical mass including capacity and infrastructure, the second global patients safety challenges, indicators and targets to monitor progress 2009 we support the draft resolution

**Qatar:** EMR: level of surg anesth care does not meet quality standards in EMR → barriers: no access for remote populations, undue burden on tertiary care and hosp as pts travel far to have access. Elective surg procedures or C-sections are not available in LAMICS. Countries need more commitment and give more resources for surgery in LAMICS, includes skilled HR, equipment, consumables, repair, supervision system. Asks to promote low-cost interventions to build local capacity in health technology management.

**Australia:** welcomes the report by secretariat, strengthening emergencies will enhance service generally, provide training and support which is of significant use in australia, we are pleased to be co sponsor of this resolution

**Philippines:** support res, applauds importance. Providing access to critical care is important. Critical comp incl skilled and adeq HR, drugs and equipment, infrastructure, service del network, transport and comm and HC financing, social insurance benefits should be put in place.

**USA:** US co sponsor this resolution, access to emergency and ill essential for access to health care, we stress on side infection and nosocomial infection, stress on infection control and sterilization of medical devices.

**Thailand:** align w korea. support res. good opportunity to strengthen surg services to be universally accessible. Comment: 1) expanding access to rural areas including HR distribution, suport korean statement, surgical elective services should be at provincial level, not community based. 2) **supports concept of telemedicine as solution**, is not too expensive, willing to share our experience, where telemedicine has been used in diagnosis and treatment and capacity building of doctors in PHC; 3) task sharing of anesth and surgical skill on comm level. Supports adoption of draft res.

**Brazil:** Thank you chair, surgical care and anesthetic care is very important element of health care including emergency and improve of quality, this is in attention of brazil we welcome the work made by more than a decade, evidence based practices which is orianted about quality services for the patients, reduction of morbidity and mortality for mothers and infants we understand the maternal and natal complications, essential provision of cesarean is areas we are working on we believe that our role in this area is our major challenge and we need the support of the WHO and experienced members here we want to avoid the non recommended interventions, we support the resolution and together we can reach better quality and safety.

**Ecuador:** right to health is at heart of ecuadorian HC reform. Part area of surg care is priority, inc social care. We think it is complex issue and take measures, incl infrastructure, HR. reaffirm commitment to ensure UHC inc surg care and anesth services. Support resolution.

### *Suspended; resumed in Committee B on Friday 22 May*

**UK** pleased to see surgery and anaesthesia part of UHC, welcomes report, resolution, mention to urgently address AMR, and after care too. health workforce crisis is critical to LMIC and need to distribute it properly across the world. Ketamine access as key in A2M. would like to co-sponsor.

**Tonga:** speaks of importance of access to emergency and essential surgery. importance to integrate it in PHC. good support from institutions from Australia and New Zealand to islands, but need more. capacity and capability needs to be improved.

**Rwanda:** Align itself with statement of Zambia on behalf of African region. Support the resolution on strengthening emergency and surgical care and ensure universal health coverage and achieving MDGs.

**Indonesia:** importance as NCDs and injuries has increased. importance to integrate care, including this. Reports on national programs. challenges led to infrastructure, human resources, and technology. important to identify surgery for PHM and referral hospital. importance of quality doctors and nurses

according to this, along with necessary training. rural area to be given special attention. WHO capacity assistance is required.

**China :** As this resolution highlights district hospital coordination with medical centres, this will guarantee universal health coverage. Will also facilitate national emergency centre. Support the draft resolution.

**Zimbabwe:** aligns with AFRO. way of strengthening health systems. will benefit women, children and youth in rural areas. importance of infrastructure development, as well as human resources and relevant protocols and guidelines. data collection is a prerequisite. has to be accessible to rural areas. regional institutions are important. recommends adoption of resolution.

**Cook Island:** Appreciate that Toolkit is elaborated to ensure quality and safety of services of care on the ground. Support the draft resolution

**Haiti:** importance of ambulance services. potential to decrease mortality and neonatal death. supports resolution.

**Jordan:** supports the resolution

**Ethiopia:** supports statement on behalf of AFRO. main service area where there is disparity in coverage. surgery of treatable illness responsible for large proportion of mortality. importance to include surgery in UHC, and in PHC. critical service to prevent death related to childbirth. reports on national programs. intense human resources is challenge, brain drain to developed country is issue, and developed countries have a responsibility to address is at least through support of training institutions in the south.

**Egypt:** Any uninsured person can achieve universal health care. All these measures we have some challenges on assuring medical referent due geographic constraints .Egypt support adoption of this resolution that will save people's lives.

**Chinese Taipei:** report on national programs. has a legislation on emergency care system. reinforcing ability of district hospital for emergency and essential surgery.

#### NGOs

- [International Federation of Surgical Colleges \(IFSC\)](#)
- [IntraHealth International Inc.\(IntraHealth\)](#)
- [Union for International Cancer Control \(UICC\)](#)
- [World Federation of Societies of Anaesthesiologists \(WFSA\)](#)

**WHO Secretariat:** takes note of request for support. Access to Ketamine was also raised but will be discussed in Vienna and might be raised there. Notes challenges related to human resources training. ready to lead coordinated implementation of the Resolution

**Chair:** Report is noted. Go to resolution.

**Zambia:** This resolution has global consensus therefore we urge that we adopt it.

[WHA68.15](#) Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

*Resolution ([WHA68.15](#)) adopted; item closed*

## Item 17.2 WHO Global Code of Practice on the International Recruitment of Health Personnel (B22)

### Documents

- [A68/32](#) – Sect report on code
- [A68/32 Add.1](#) – report of Expert Adv Grp on relevance and effectiveness of Code
- [A68/B/CONF./3](#) – draft decision proposed by Bangla et al
- [A68/B/CONF./3 Add.1](#) – fin & admin

**Ireland:** Health workers are at the backbone of health systems. based on code have taken measures, but need to work regionally and globally too. worked with EAG on relevance and effectiveness. Code under Constitutional provision that had not been used for many years. work of EAG based on agreed definitions of relevance and effectiveness. group identified that it was relevant. implementation gaps were identified in effectiveness. information gaps exist. periodic review is a tool to strengthen implementation, needs to be a continuing process. recommendations, realisation of code objectives of awareness and information. WHO should increase capacity to support implementation. Review should be inline with reporting. cosponsor draft decision as will allow to fill identified gaps.

**Maldives:** notes the report. EAG has realistic recommendations. committed to implement the code. concern on low level of reporting. hinderance for advisory group to assess effectiveness of code. institutions to be shift to increase local workforce. brain drain impact on source country, as well as on receiving countries due to cultural barriers. calls on adoption of draft decision based on recommendations of EAG.

**Japan:** trend has moved from brain drain to brain circulation. It is expected that Asian country will meet health force requirement for developed countries. (Migration of health force even in case of profit driven models.) Developing countries needed to gather migration data and establish a legal framework regarding workforce migration.

**Switzerland:** supports draft decisions based on recommendations of EAG. welcomes collaboration with OECD on migration. thanks sec for a mechanism that will involve civil society. Switzerland will concert NSAs on this subject. importance to improve response rate of source countries on National reporting instruments. should also lead to identifying good practice in this area.

**Uganda:** on behalf of 48 countries of Africa region. statement circulated was on older version but changes made today by African nation. The number of countries reporting on migration data remain



very low especially from source countries. We call upon weak health system in Africa ultimately result in weak health systems globally. Support the resolution in national reporting to be done by 2018.

**Australia:** welcomes review. appropriately assesses if meaningfully adopted. indicates progress while acknowledging the lead effect. Australia invests in training. workforce is motivated and highly trained. ultimate goal is self sufficiency. friendly amendment, at conclusion of para 3 add “within the approved program budget”.

**Namibia:** aligns with Uganda statement made on behalf of Afro region. Many member states rely on trainer personnel. Namibia implementation of codes has helped in quality of health workforce. Acceleration of training of health personnel and importance of creation of new health personnel in achieving social determinants.

**Sudan:** designated a national authority to report to WHO. Code of practice is useful in Sudan also for training of health workers as we suffer from brain drain in Sudan. support code of practice. We suggest more awareness campaigns, data in terms of immigration and best practices.

**Thailand:** code is well places as global workforce strengthening. MS in the region are active in second report needed by 2015. SEARO will organise the meeting to discuss the draft report and look at further recommendation. Supports the draft decision.

**Canada:** recognises role of WHO and partners in addressing issues related to migration. encourage to address issues identified. Canada works as designated institution.

**Iceland:** on behalf of 6 countries. shortage and maldistribution of health workers. developing countries have issues to retain, situation is getting worse. strengthening health systems relies on having personnel. Ebola was an instance. human resources are part of the solution. priority in filling information gap to be given to countries with highest workers gap. recommendation that Code become part of overall human resource strategy. should not conclude on effectiveness of code yet. would like to co sponsor the resolution.

**Cuba:** raised the delay in publishing the report. Cuba raised the issue of compensation from destination to source country. Cuba noted that the report finds that code is relevant and effective, but raised that more evidence is needed to reach such a conclusion. Cuba raised the existence of agreements between source and origin countries on health workers migration and requested the secretariat to give information on the number and content of such agreements. Cuba also reminded that code mentions the responsibility of the host country and encourage them to look into possibility of compensation. Cuba requested the Secretariat for information if any country has contributed to training of health personnel in source country. would like to know if second round of review will be over in July when do we hear the results of that?

**Brasil:** as Cuba, would like to highlight importance that documents come out early. recife charter underlines importance of human resource management. in Brazil, guideline of the code are reference for registration of doctors from overseas. method which is temporary and reciprocal, based on

collaboration between brazil and overseas. assistance from PAHO and WHO is important, tripartite mechanism. high proportion of the population covered through this mechanism. trying to avoid the brain drain from other countries that have the same problems than brazil and sustainability is key consideration. cosponsors.

**Iraq:** lend support to Code. regulation of health personnel movement and recruitment important, as well as training for which WHO's support is required.

**Indonesia:** migration of health personnel is unstoppable, only can be influenced. has supported implementation of code in ASEAN. Code protects source country. Code is effective in giving direction and supporting policies, on recruitment and national planning training and utilisation.

**Egypt:** on behalf of EMRO highlights importance of Code. look forward to receive findings. many countries lose workforce to receiving countries. request WHO support for implementation. support speeding up implementation and support to regional institutions to scale up training of health resources.

**Zimbabwe:** aligns with statement of AFRO. Code remains relevant but could be better implemented. recommendations will lead to better implementation. young code needs to be supported to grow.

**USA:** health workforce is back bone especially in fragile states. supports global strategy to be presented next year. concerned with low number of countries that reported. asks WHO to identify barriers to reporting. NRI is unduly broad to monitor migration of human resources. request WHO to develop a more focus instrument for country led monitoring, along with ILO, WB and other agencies.

**Philippines:** ethical recruitment is shown by case of philippines. recruitment has increased Philippines international relations. high export of human resources. need fundamental changes in stakeholders perspectives. support recommendations.

**Ecuador:** takes note of report. importance of transparent, quantifiable data. essential to have technical support for public policy for health workers recruitment at national and regional level. necessary that norms for recruitment be made transparent. need dialogue on training. agree with Cuba and support draft decision.

**ILO:** increasing demand on health care services, shortage of human resources makes code even more relevant. crossing of several human rights of right to health, freedom of movement and workers rights. underlines the need to strengthen health systems. biggest gap in LMIC. majority of health workers are needed in developing countries, as key barrier to access to care. effectiveness depends on implementation. will be most effective where process is inclusive including of employers and workers.

**Morocco:** Quality and quantity of staffing is current challenge in health care for all for our populations. Another issue is lack of human resources will be difficulty in ensuring lack of implementation of this code. Should also bear in mind specificity of the countries which mean restoring services in these regions. Lead to a question whether the code will allow code a continuity for health workers in the region.

**Chinese Taipei:** reports on national situation.

- [International Federation of Medical Students' Associations \(IFMSA\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [The World Medical Association, Inc. \(WMA\)](#)

MMI: *We welcome the report of the Expert Advisory Group (EAG) on the Code review. The report is very clear about the relevance of the Code as a key instrument for health workforce development and health systems sustainability.*

*We support the EAG proposal to have an in-depth review of the Code in 2018-19 and to align the review with the third round of national reporting. We expect WHO and MS to implement Art. 9.5 stating that the Code “should be considered a dynamic text that should be brought up to date as required.” We expect MS to reconsider at that moment not only emerging trends and dynamic global policy drivers, but also current shortfalls of the Code, mainly the lack of provisions on compensation and the quality of the Code as a legally non-binding instrument.*

*As the EAG correctly states, because of implementation and governance gaps, the Code is not yet an effective instrument for achieving the change that is desperately needed for, e.g.:*

- *Protection of and equal labor rights for migrating health workers*
- *Protection of the human right to access health services in countries with critical health workforce shortage*
- *Better instruments for national, regional and global health workforce planning*

*Several EAG conclusions and recommendations reflect our statement at the 66th WHA, being:*

- *Weak uptake and ownership of the Code by too many member states*
- *Weak leadership by WHO due to limited resources*
- *The critical issue of information sharing, transparency and accountability*
- *The critical issue of cooperating with all stakeholders in global and national policy dialogues*

*We urge MS, the owners of the Code, to fulfill their commitments made when adopting it:*

- *Implement the Code as it is today!*
- *Report on its implementation before 31 July!*
- *Strengthen the capacities of WHO to better govern and manage Code implementation!*

**Secretariat Kayne:** today the code is 5 years old, happy birthday code, the secretariat thanks the expert group for the report the general director and regional ones for facilitating the evaluation and analysis, we thank the member states for co sponsoring, indeed the code is an integral part of programme budget, confirm that next biennium the cost is fully included in the proposed budget, regional level the sec support inter regional human resources for action plans that use the code as a foundation, we will provide response to Cuba question to country directly, USA suggestion will be taken into consideration with involvement of other relevant stakeholders

**Uruguay:** Ibero american institution to trace migration located in public health ministry of Uruguay, with support of PAHO, WHO and EU. network for health care staff to facilitate the fair sharing of resources. promotes intersectoral work, transparent information on migration flows. this is to facilitate allocation,

protect workers rights and support health system strengthening. on base of this experience, promote regional work and circular agreements.

**Chair:** note the report. move to draft decision. Latvia to be included. One amendment proposal by Australia, submitted in writing on para 3, expansion.

From Third Report of Committee B ([A68/70](#))

#### **WHO Global Code of Practice on the International Recruitment of Health Personnel**

The Sixty-eighth World Health Assembly, having reviewed the report of the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010),<sup>1</sup>

- (1) recognized the relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) in the context of growing regional and interregional labour mobility, and demographic and epidemiological transition that increases demand for health workforce;
- (2) urged Member States and other stakeholders to expand awareness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), in particular by strengthening of institutional capacity and resources to complete the second round of national reporting by July 31, 2015;
- (3) requested the Secretariat at the global, regional and country levels to expand its capacity to raise awareness, provide technical support and promote effective implementation and reporting of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) within the approved programme budget;
- (4) decided that the further assessment of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) should be considered in line with the third round of national reporting in 2018 and the scheduled progress report to the Seventy-second World Health Assembly in 2019.

<sup>1</sup> Document [A68/32 Add.1](#).

*Decision (WHA68(11) [here](#)) approved; item closed*

### **Item 17.3 Substandard/spurious/false-labelled/falsified/counterfeit medical products (B22)**

#### **Documents:**

- [A68/33](#) – sect report
- [EB136\(1\)](#) – draft decision on proposed deferment of review of SFC MSM (also here: EB136/2015/REC/1)

**Argentina:** thank you chairman, I would make this presentation as outgoing chair of SSFFC group, We took this respo in may last year and from there we had 3 meetings, Thank all the staff and GD for organisation and assistance, would like to thank member states for trust and cooperation, this recommendation will be incredibly useful to build capacity of member states, to create a network of focal groups, develop system of track systems, impact study on socioeconomic and health care effects, we have 5 documents for consideration, we have received many comments from many states, these will be assessed and combined by committee members to be presented in the last plenary of this meeting, the achievements of last year show the aims of and motivations of our group on controlling SSFFC, to

ensure transparency and accuracy, member states can involve actively in technical debates, to conclude I would like to thank the DG and all member states, thank you

**Bahrain:** noted the report which includes the result of 3rd meeting of SSFFC products. reiterate our commitment to strengthen the mechanism. My country has taken many measures including monitoring system to prohibit access to this product to the market. Health authorities also have very strict monitoring system. Strong coordination with custom authorities. Also exchange with other countries in Gulf region. Need support from other MS so that we can stop marketing of these products and strengthen national delegation.

**Mexico:** we welcomes the document, congratulate argentina, we read the activities on this area, it's suggested that all member states be presented with current list of activities planned 2014-2015, within this area of activity it's important to look at authority policies, programme budget, mexico commits itself continue cooperating working with the mechanism, work on national and regional capacities.

**Japan:** Japan supports the proposal of MSM review. We believe that it will be reasonable to carry out the review. Following is imp for counter measures- strengthen health system specially regulatory authorities, identify public health risks and socio economic impact and exchange information between countries.

**Nigeria:** on behalf of AFRO. Region that has also put forward recommendation to deal with action activities to deal with SSFFC, the african region. The evil of SSFFC of me, this counterfeit leads to therapeutic failure and increase the death threats, in 2013 established a workgroup for african region focusing on prevention and detection. Speaks of regional situation and programs. supports decision to propone review of MS mechanism by one year.

**Brazil:** recall the need to look at submission from India and deserves special highlight of seizures. apprehend the unnecessary seizures of drug shipment to other countries. Noted need for contributing financially to MSM. highlight must work in linked form with MSM in order to avoid drift from MSM. The resolution may favour criminal and enforcement approach in this. Criticises enforcement approach.

**Tanzania:** Aligns with AFRO. underlines detection of activities that result in SSFFC. reports on national actions.

**Korea :** importance of practical guideline in national and regional level. enhancing distribution transparency is a tool. prosecution systems have been streamlined. support postponement of review.

**Uruguay:** on behalf of PAHo, thank the support provided and delegation of argentina, we would like to offer our support for the new chair,we could see the capacity of the mechanism for the member states to develop,,,, we have had very valuable technical

we will have mechanisms from member states and work with the GD on international surveillance system, the will of many members to work on finance to cover the gaps, the discussions of definitions and combat mechanisms shouldn't be seen as barriers, the responsibility of ensuring the security and quality of medical drugs are under the national authority, we request a closer linkage of these activities,

we would like to look at various aspect of public health every time, we would also like to conclude we agree with the request of extension of 1 year we would call the WHA68 will formalise this extension

**India:** notes report of third meeting of MSM in oct 2014. MSM is MS lead process to deal with issue keeping focus on public health and successful. support decision to postpone review to 2017. MSM to be strengthened. needs finance. mandate excludes trademark consideration, however as definition of SSFFC is not common, danger of confusion. to advance work of MSM need to clarify, and INdia proposal to have a list of actions that are not part of the mandate was part of this. concerned that this could not be finalised. concerned by some MS that assume that seizures in transit is acceptable. Art 9 demands finalising work on definition of SSFFC, needs to be focus on again. reports on national programs. exclusive emphasis on regulation alone can not provide a solution. strengthen efforts to access need to be pursued. importance to strengthen regulatory mechanisms while strengthening access to medicines.

**Chile:** thank you chairman, thanks for argentina, since the setup of the mechanism there has been recommendation and strategies developed, these have been through the perspective of public health, we need to strengthen this body with adequate financial, in regards of the list of priority activities, would like to give particular importance as we are part of other networks on the same topic, we can say that medical products that can be transient in a specific country shouldn't be legitimised in the transient country as they are already legitimized in their original country, the government of chile is interested to know more about the involvement of NGO and pharma industry. support postponement of review. We share the statement by UNASUR

**Indonesia:** appreciates work of MSM. hope that difference of perceptions in how to deal with SSFFC should be directed to protect public health and access to medicines in developing countries. reports on national programs. challenges showed importance to strengthen regulatory systems. to combat SSFFC importance of WHO assistance and technical support

**Philippines:** congratulates sec of SSFFC for coming up with important document, we have no objections over the report made by EB, today we still in the process of establishing interagency to coordinate that government of philippines is going according to the mechanism, we would like to add clear definition of every expression to have clear understanding for all member states.

**Thailand:** appreciates contribution of MSM and report of third meeting. negative impact of SSFFC on public health and systems. prevention and combat of these product is important. linked to IP. scale and scope of SSFFC data need to be increased. important of MS to collect data for adequate policy at all levels. need to align with para 2, subpara 11, WHA67.20. program budget did not clearly describe budget for SSFFC. supports review to 2017.

**Zimbabwe:** aligns with AFRO, no one country alone can stop the use of SSFFC, we are in agreement in medical regulatory authorities. importance of coordination. will continue strengthening this mechanism and appreciates the recognition by many members. appreciates the technical support made by the WHO. supports postponement till 2017.

**Iran:** on behalf of EMRO. danger to public health. not enough funding to implement work plan. recommended to do a study on cost impact of SSFFC. even in transit countries have faced SSFFC. it is a danger. WHO to provide guidance for monitoring systems.

**Kenya:** aligns with AFRO, note the report and appreciate, kenya has made strive implementation of this recommendations to address this, rolling out of strong surveillance which was recognised as one of the best in africa, we have instituted based technology center, online application and authorization clear entry and exit points in all medicines coming in and out of the country, to ensure the safety of the supply chain we developed map that tracks and communicates between manufacturer and users, we support postponing

**Spain:** falsification of medical product has grown and is lucrative due to intense demand for medical product and low cost of producing fake product. importance to fight it, and report on national programs. focus on enforcement. coordination within EU. collaborating with WHO for EU mechanism. penal code has been modified for prosecution of ssffc. major barriers of MSM are lack of financing and would allow positions to be bridged and have efficient mechanism against ssffc.

**Ethiopia:** Thanks aligns with AFRO, based on our legislation 2009 and regulations of 2013 we have been strongly working to ensure safety, quality of medicines, the mechanism is walking in the right direction mitigating the activities that lead to SSFFC we are willing to work, commit and cooperate, therefore we support the proposal by the committee and the prioritised activities, recommend that secretariat update on the regulatory system and request the GD that any activity carried under the resolution doesn't duplicate the activities.

**China:** China has done Judicial interpretation of counterfeit products. Joint meetings were held for protection and safety from counterfeiting of medicines. Special Arms act against counterfeit products. Postpone the review of SSFFC of MSM by 2017.

**Sudan** highly appreciates the effort to reach this mechanism and we see no problem of extension, the spread of such project would undermine all steps we are taking to ensure safe medicines to our citizens, since we are in dire need to deal with this matter we have to take the necessary steps and require support to implement this with a national action plan

**Turkey:** we believe in significance of sharing experiences, we have a pharmaceutical tracking system which was started to be implemented since 2010, in terms of the officiality of struggle, we have started firm contact system to track and take immediate actions, analysing and evaluating we are conducting regular evaluation meetings with pharma representatives, we would like to state that we support activities. would like to participate in the working group working on activity C.

**Colombia:** Thank you chair, we support uruguay statement, appreciates work done by MS and WHO to meet the objectives we agree postponing the mechanisms by one year, the measures we are taking against SSFFC should prevent, the mechanism showed that it's a good and useful tool to provide data for the states

*Gracias señor presidente, Colombia suscribe la declaración hecha por Uruguay en nombre de UNASUR. Resalta y celebra también los logros del Mecanismo de Estados Miembros. Los productos generados del por el MSM son concretos y útiles, lo cual demuestra su capacidad para cumplir con el objetivo para el que fue creado. Estamos de acuerdo en aplazar el examen del mecanismo de Estados Miembros por un año, hasta 2017, como propuso el propio mecanismo en su informe. Celebramos además que el Mecanismo haya sido capaz de lograr este producto concreto de alta utilidad para los países, incluyendo el desarrollo de un estudio para mejorar los conocimientos y la comprensión de los vínculos entre la accesibilidad y la asequibilidad y sus repercusiones en la aparición de productos médicos SSFFC y recomendar estrategias para minimizar dichas repercusiones. Como han dicho otros países, las medidas que se tomen frente a productos SSFFC no pueden, de ninguna manera, limitar el acceso a medicamentos genéricos seguros y eficaces. El Mecanismo arroja lecciones importantes sobre la capacidad de los Estados de participar y tomar decisiones en foros de discusión global, como los de la OMS, que se consideran puramente técnicos. Creemos que esas lecciones deben nutrir los debates sobre la gobernanza de la OMS en torno a la conformación de los grupos de expertos permanentes y sobre todo, en relación con las consultas informales que constantemente realiza la OMS sobre temas técnicos. El Mecanismo ha demostrado ser una buena alternativa para proporcionar información técnica de utilidad da los Estados, con la ventaja de que resuelve el déficit democrático y las preocupaciones de transparencia sobre la conformación que puedan eventualmente llegar a tener los grupos de expertos o las consultas informales.*

**South africa:** thank sec for the report, applaud the MS mechanism on standards of SSFCC, ensure MS provided with timetable, further expand globally, carefully considered recommendations, we take note that the recommendation did not exhaust the discussion on SSFFC, call upon all authorities to be ready to respond to implement mechanisms against SSFC products. fight activities which result in SSFC products, finally we support adoption of the decision

**USA:** The member states continues to provide being efficient, the usa is encouraged by progress made, we remain deeply concerned being the only donor to the system we welcome the indian donation and we urge others to donate, we looks forward continuity of cooperation,

**Algeria:** Thank Argentina for all their efforts in the context of MS mech to combat SSFFC medical products, support Nigerian statement on behalf of AFRO, with regard to our country efforts, legislation and admin measures has been put in place to limit SSFFC. In order to implement effectively we need to ensure coordination between health authorities of MS otherwise individual efforts made by countries will be inefficient. we all need to underscore the statement made by WHO to improve access to medicines.support request of postpone review by one year?

**Chinese Taipei:** Thank you, we have our pharma authority that porhibit production of SSFFC, we have stroing lab capacities, in 2010 we established anti counter.. taskforce that resulted in prevention of distribution of counterfeit drugs

#### **NGO statements**

- [International Federation of Pharmaceutical Manufacturers and Associations \(IFPMA\)](#)



- [International Pharmaceutical Federation \(FIP\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)

**MMI/PHM (video):** *Le terme produits médicaux de qualité inférieure/faux/faussement étiquetés/falsifiés/contrefaits initialement conçu pour un usage ad interim est utilisé depuis plus de 5 ans. Le terme contrefait, relatif dans le droit à la violation des noms de marques, mélange deux problématiques bien distinctes: celle des médicaments de mauvaise qualité - indéniable problème de santé publique, et celle de la protection des noms de marque. Nous appelons les états membres à mettre de côté les considérations commerciales servant les intérêts de l'industrie pharmaceutique, et à se recentrer sur la vraie problématique de santé publique internationale et sur les mécanismes garantissant l'accès à des médicaments sûrs, efficaces, abordables, et de qualité.*

*L'usage obtus de cette terminologie fait ombrage aux discussions fondamentales quant aux médicaments présentant une qualité, sécurité ou efficacité douteuses. Nous appelons les états membres à développer une terminologie plus fructueuse.*

*La traçabilité est cruciale au rappel de médicaments de qualité inférieure. Cependant, la pratique actuelle de saisies de médicaments génériques "en transit" malgré qu'ils soient en parfaite conformité avec les exigences réglementaires du pays exportateur et importateur, fait barrière à l'accès aux médicaments.*

*Nous demandons au Mécanisme des états membres de statuer que la saisie en transit de médicaments génériques fasse partie des actions, activités et comportements en dehors de son mandat. Ces actions ne sont ni utiles ni nécessaires à la défense de standards de qualité, sûreté, ou efficacité.*

*La crise budgétaire de l'OMS a sévèrement atteint sa capacité à soutenir les agences réglementaires du médicament nationales et régionales dans leur bon fonctionnement. Le gel des contributions fixées doit être levé pour que l'OMS puisse remplir son mandat, y compris celui de garantir l'accès à des médicaments sûrs, efficaces, et d'usage approprié.*

**In English:** *Thank you, Chair, for this opportunity to address the distinguished members of the World Health Assembly on behalf of MMI, PHM and TWN.*

*The term SSFFC MP originally seen as an interim arrangement has continued in use for more than 5 years. The term "counterfeit", which legally refers to specific trademark violations conflates issues of poor-quality medicines (a clear global public health problem), with IP enforcement issues. We call upon the MS to shed the trade and IP enforcement considerations which constitute the core interests of the pharmaceutical Industry, and work on the core public health issues which are the mechanisms and processes that guarantee access to affordable medicines with quality and safety. The obtuse usage of SSFFC clouds discussions regarding medicines with compromised quality, safety and efficacy. We urge MS to undertake a work program with an objective to finalise more useful terminology.*

*While the traceability of medicines is necessary for the recall of substandard medicines, the current defense of in-transit seizures of generic medicines, notwithstanding that they are "in compliance with the*

*regulatory requirements of the country of export and the country of final destination” is an attack on access to legitimate generic medicines. The MSM should make it absolutely clear that in transit seizures of generic medicines clearly belongs on the list of actions, activities and behaviours which lie outside the mandate of the MSM, and has no justification in terms of defending standards of quality, safety and efficacy.*

*WHO’s budget crisis has impacted badly on the Organization’s support for development and effective functioning of national and regional drug regulatory agencies. The freeze on assessed contributions must be lifted if WHO is to fulfill its mandate, including ensuring access to safe and effective medicines, appropriately used.*

**IFPMA:** *Fakes medicines are a public health threat putting patient’s life at risk. The fastest growing numbers of fake medicines penetrating the legitimate medicine supply chain are knock-off of lifesaving medicines. A recent study published in The American Journal of Tropical Medicine and Hygiene found that 52.8% of all counterfeit medicines detected in the legitimate supply chain are lifesaving-related treatments (1).*

*Fake medicines undermine patients’ trust in health systems, their governments, health care providers and manufacturers of genuine medicines. Combating manufacturing and distribution of fake medicines requires an active participation that involves all stakeholders and should leverage several competencies at both local and global levels. As the leader on global health matters, the World Health Organization (WHO) has an unparalleled role to play.*

*IFPMA welcomes the adoption of the prioritized activities of WHO Member States Mechanism on Substandard/spurious/false-labelled/falsified/counterfeit medical products, in particular the strong focus on regulatory capacity strengthening, analysis of the public health and socio-economic impact of these products and effective risk communication.*

*Addressing fake medicines requires strong policies, legislation and penalties for those producing fake products as well as general education about the dangers. Combating this crime is a shared responsibility. This is the reason why IFPMA and other 28 partner organizations have united under the Fight the Fakes campaign, aiming to raise awareness on the danger of fake medicines and to provide a platform where true stories can be shared.*

*The trade of fake medicines is growing; IFPMA stands ready to play its part to put an end to this crime.*

(1) <http://www.ajtmh.org/content/early/2015/04/16/ajtmh.14-0389.full.pdf+html>

**Doctor Marie-Paule Kiény (ADG):** thank you delegates for your inputs, special thanks for argentina thank you for sharing national experiences, it is clear that globalization of production has become increasingly difficult for countries alone, countries has to work together and share experiences and practices, from your intervention we can see that mechanism is gaining further momentum , the surveillance project supported by UN, in the last two years we received 700 notifications and we

immediately follow up with these notifications, also in response on questions of thailand the SSFFC is included in the budget, we look forward to continue expansion work, thank you chair

**Chair:** consider the [EB 126\(1\)](#), no objections, decision is approved,

**Substandard/spurious/falsely-labelled/falsified/counterfeit medical products**

The Sixty-eighth World Health Assembly, having considered the report on substandard/spurious/falsely-labelled/falsified/counterfeit medical products<sup>1</sup> and decision EB136(1) of the Executive Board, decided to postpone the review of the Member State mechanism by one year, to 2017, as proposed by the mechanism in its report.<sup>2</sup>

1 Document A68/33.

2 Document A68/33, Annex.

*Decision (WHA68(12) [here](#)) adopted: item closed.*

## Item 17.4 CEWG (B22)

**Documents:**

- [A68/34](#) – sect report
- [A68/34 Add.1](#) – sect report on demonstration projects

**Angola:** on behalf of AFRO, welcomes the report and progress made (a lot more that couldn't be documented)

**Turkey:** appreciates the work of WHO, creating fund sources and supporting research should be given importance, suport should be made in voluntarily bases, we are ready to support with our knowledge and experiences.

**Thailand:** we commend hard work of secretariat, main concern is adequacy and sustainability of pool fund, effective fund raising is vital, support by MS and donors is needed, government must be accountable and sufficient, regular reporting is part of accountability framework, A68/34 shows governance structure and effective fundraising is as important as governance. in conclusion we would like to see more country action

**Tanzania:** align to statement made by Angola on behalf of AFRO, congrats to sec on CEWG report, in addressing issues of pool funding, we are glad that there is special prog for tropical diseases in which to hold pool for type 2 and 3 diseases with relevance to affected countries, we note government structures and WHO TDR efforts, we continue to urge our colleges to consider investments, true change can only happen with committed funding process, lack of coordination continues to affect system of funding, we urge Sec to place observatory so that tool funds can indeed address priority issues, while we applaud partners in this project. we sincerely hope that these observations would be considered

**T&T:** committed to pursuit of knowledge related to health systems development, it is envisaged that pool funding is required to foster innovation in R&D in public health esp in relation to type 2 and 3 diseases this development will provide support for decision making in health and will place approp key health intervention in place.

**France:** Europe committed to pool fund with voluntary contributions to address LMIC health issues. coordination mechanism is important, need observatory to allocate according to right priorities. TDR and WHO coordination. urge WHO that mechanisms are as lean and cost effective as possible. support TDR to host pooled fund. region urges that funding comes through WHO budget. identifying R&D needs and gaps are core function of WHO. urge WHO to explore funding options. welcome money from India and call other to come on board.

**Switzerland:** Thanks for the report and progress made in designing financing mechanism globally esp on diseases affecting LMIC, we are committed to the process of follow up, and would like to support global system for fostering R&D we decided to make following contributions 4.2 m dollar, more than 2 million for designing R&D; 40 thousand to set up global health R&D observatory, this report will fully depend on political will, for the last 15 years we have been talking about imp of providing medicine for neglected diseases, bring together as many stakeholders as possible, for each contribution of LMIC we will match that by 50% to a maximum of 2m? we welcome brazil, india and South Africa contributions, its also functional to have broader coalition of countries, Swiss calls all MS to make their contributions so that we move fwd with this process

*Monsieur le Président, - La Suisse s'associe à la déclaration de la France faite au nom de la région européenne de l'OMS. - La Suisse remercie le secrétariat pour ces rapports, ainsi que pour les progrès réalisés dans la conception d'un mécanisme global de financement pour la recherche-développement visant des maladies qui affectent de façon disproportionnée les populations des pays à faible et moyen revenu. - En accord avec son engagement dans le processus de suivi du rapport CEWG et afin de confirmer sa volonté d'appuyer la mise en place d'un système global de soutien à la recherche-développement, la Suisse a décidé de verser, comme elle l'a annoncé en janvier lors de la session du CE, les contributions suivantes : o Environ 4'200'000 USD comme contribution non-ciblée au financement des projets de démonstration. o Plus de 2'000'000 USD pour la conception d'un fonds global pour la recherche -développement, y compris l'analyse continue des expériences du fonds commun dédié aux projets de démonstration. o Environ 40'000 USD pour démarrer l'Observatoire global de la recherche-développement. - Le succès de cette approche, et son potentiel à préfigurer un futur mécanisme global de financement, dépendra pleinement du soutien politique et financier des Etats membres de l'OMS. - Si vous me permettez une analogie, en moins de 10 ans, nous avons mis un homme sur la lune. Depuis 15 ans, nous parlons de l'importance de développer des médicaments contre les maladies tropicales négligées et aujourd'hui, le 3ème étage de notre fusée n'est toujours pas prêt. - Si nous voulons atteindre les ambitieux objectifs de développement durable après 2015, nous devons assumer une responsabilité partagée et mettre en œuvre des initiatives qui réunissent un maximum d'acteurs et qui seront cofinancées par tous. - Ainsi, la Suisse a choisi un modèle de financement pour les projets de démonstration qui, outre une contribution directe et non-ciblée [que j'ai citée avant], prévoit un fonds de contrepartie où chaque contribution venant de pays à faible ou moyen 2/2 revenu, sera augmentée de 50% par la Suisse, jusqu'à un maximum de 2 mio USD. - En plus des annonces de la France et de la Norvège, nous tenons à saluer, dans le contexte du fonds de contrepartie, les contributions annoncées par le Brésil, l'Inde et l'Afrique du Sud. Néanmoins, afin d'assurer la mise en œuvre des projets de démonstration, il est indispensable d'avoir une coalition plus large de pays autour de notre*

*responsabilité commune de financement de la R&D pour les maladies qui affectent de façon disproportionnée les populations dans les pays à faible et moyen revenu. La Suisse fait donc un appel aux autres Etats-Membres pour qu'ils apportent leur contribution de manière à faire avancer et prospérer ce processus. Je vous remercie*

**Indonesia:** *Chairperson, Excellencies, Distinguished Delegates, Indonesia would like to appreciate the Director General of the World Health Organization and WHO Secretariat for preparing the report under this agenda item. Indonesia believe that Research in health has a strategic role in accelerating health development.*

*In Indonesia, a number of players are conducting health research and development, inter alia, National Institute of Health Research and Development (NIHRD) under Ministry of Health, universities under Ministry of Research, Technology and Higher Education, center and institutes under the Indonesia Institutes of Sciences, centers under the Ministry of Agriculture, Research and Development, agencies in local governments (province and districts) level, NGO and pharmaceutical companies.*

*Similarly with other developing countries, funding issue is still a challenge for research where the proportion for research funding compared to GDP is 0,05%. Other issues that affect the research development are research capacities and translating research into action in terms of research utilization.*

*Therefore, Indonesia support the Special Programme for Research and Training in Tropical Disease as reported on document A68/34. It is our believe that this particular program will be very important in addressing Tropical diseases, and at the same time sending a right signal to the international community that the issues are still need to be addressed in serious manner. Indonesia also encourage that the financial management will be managed by the Special Programme. However, we request guarantee that there will be no conflict of interest in decisions and fund allocation.*

*Regarding to health research and development demonstration project, Indonesia appreciate the progress of demonstration projects and advise further monitoring and evaluation of the projects. Indonesia is waiting the knowledge sharing resulted from the projects.*

*In conclusion, Indonesia acknowledge that international collaboration and networking are crucial for improving health research capacity. Therefore, Indonesia sees the Joint Coordinating Board of The Special Programme for Research and Training in Tropical Disease as a strategic programme to improve health research and development in developing countries. Indonesia is seeking more opportunities to join this program to meet our strategies. Thank you, Chair.*

**Uruguay:** *On behalf of the south american country we thank the sec, we underscore the different contributions from brazil norway and switzerland, we welcome the report on fund and possible financial mechanisms, specially in governance committee, the unfair loss of thousands of lives because of ebola so much relate to lack of research, it's possible to set new course to sustain health systems financially, we need to go back to discussions which was suspended, we ask the GD to convene an open ended working group to work on outcomes of R & D, [Uruguay also underscored the importance of delinkage in the context of the R&D Fund].*

**Bolivia:** welcome the report of secretariat and support uruguay, they must adapt a mandate so that MS can be assured.

**India:** *Mr. Chairman, We appreciate the Secretariat for presenting a comprehensive report on this agenda item. We support the demonstration projects finalized through the stakeholders' meeting in May 2014, as well as pursuant to the workshop organized in August 2014 and a subsequent follow up meeting in Geneva in November 2014. We also support the view that the project from Africa should be appraised and included in the scope of the R & D demonstration projects. As a mark of our commitment, we have already pledged our funding support of 1 million US dollars for this purpose.*

*Mr. Chairman, During Regional Consultations in July 2013 at Bangkok, the SEA Region Member States developed a grid for classification of norms and standards for health products R&D. This simplified classification has the potential to knit developed and developing countries on health products R&D mapping. We believe that this classification grid would be invaluable for the proposed R&D Observatory under consideration and may be considered for adoption.*

*Mr. Chairman, We strongly support the establishment of a pooled fund for voluntary contributions towards research and development for type III and type II diseases and the specific research and development needs of developing countries in relation to type I diseases, to be hosted by the Special Programme for Research and Training in Tropical Diseases. However, we also believe that a sustained funding mechanism with clarity and transparency is imperative to ensure success of the proposed mechanism and the R & D projects in global public health interest. The urgency of implementing the CEWG recommendations and taking them forward is underscored by the recent Ebola virus outbreak and the growing threat of anti- microbial resistance. We, therefore, appreciate, in this context, the strong commitment expressed by many member states to contribute to the pooled fund.*

*We look forward to further discussions under the CEWG framework as mandated by WHA resolution WHA 66.22 to assess progress and continue discussions on issues relating to monitoring, coordination and financing for health. In this regard, we request the DG to convene an open ended meeting of the member states prior to the 69th session of the World Health Assembly in 2016 as mandated by WHA 66.22. Thank you Mr. Chairman.*

**Bangladesh:** appreciates, we have also noticed that MS, the report by the secretariat lacks enough data

**USA:** we support the program and looking forward future updates.

**Brazil:** *Mr. President, First of all, Brazil would like to inform that it aligns itself with the UNASUR statement. Brazil would like to congratulate the Secretariat for drafting the document, as well as for hosting, in august 2014, a seminar to assist the proponents of the demonstration projects to improve the innovative aspects of the original proposals.*

*We reiterate that such demonstration projects can be implemented, especially since they fill the requirements of innovative nature, technical and scientific merit and address public health needs.*

*In light of the need of its rapid implementation and, taking in consideration the matching funds models outlined in the last EB, Brazil would like to confirm it has made a contribution of one million dollars for the implementation of the demonstration projects. We congratulate other Member States especially those from developing countries, such as India and South Africa, that have also contributed.*

*Brazil emphasizes the importance of establishing the Pooled Fund, that the Fund could be administrated by TDR, as long as there is a clear methodology to select the projects, taking into consideration the aspects outlined in the CEWG report, and transparency mechanisms to ensure Member States participation. The Fund could work with a model similar as UNITAID's.*

*Mr. President, In order to avoid the establishment of multiple funds and pulverization of resources to finance R&D for different diseases, it is important to have in mind how to align those initiatives with CEWG principles.*

*Regarding the Observatory, Brazil reinforces the importance to establish a mechanism to identify gaps and opportunities of R&D in health, as well as to monitor and analyze information regarding global financing flows for R&D. The development of the Observatory should be transparent and aligned to guidance from Member States. Therefore, we would appreciate if the Secretariat could provide updated information about the current status of its development.*

*We acknowledge the paramount role of the CEWG activities, and call Member States to continue in the virtuous and daring purpose of investing in modern actions that promotes a new thinking regarding innovation and access to medicines, as established by the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. Lastly, we request the Secretariat to convene the open ended working group to be held before the EB 138 to discuss the remaining issues of R&D, especially on the sustainability of it. Thank you,*

**Argentina:** those models can not be linked to economic interest instead of public health. like to support open ended meeting of working group before EB 137 particularly in need to ensure availability of financial mechanism for these models.

**Togo:** supports Angola's statement. supports the formation of pool fund for projects for Type-2 and type-3. Our national health policy provides of swift availability of health information. Our national health strategy plan that supports R&D for health.

**Malaysia:** *Mr Chair, Malaysia takes note of the report that clearly detailed the salient points for the establishment of a pooled fund towards better coordination for research and development. We take note of the governance and management of the pooled fund hosted by the Special Programme for Research and Training in Tropical Diseases with the focused funding for type III and type II diseases and for the specific research and development needs of developing countries in relation to type 1 diseases. We welcome the voluntary basis and unspecified funding from Member states and non-State members.*

*Thus, Malaysia agrees to the establishment of a pooled fund for voluntary contributions which is hosted by the Special Programme for Research and Training in Tropical Diseases. We suggest the pooled fund*

*maintains its governance and management with the principle of equal but differentiated responsibilities. Thank you Chair.*

**Morocco:** further attention required from civil society organisations. need of sustainable funding. quality of health in population is unvaluable element.

**China:** Thank you chair, support this pool fund and the fund should take into consideration principles of delinkage. 3 comments: we agree with establishment of neuroscientific WG. secretariat will establish criteria for membership of this WG to ensure inclusion of developing countries and ensure that their needs are taken care of. Each country need to strengthen R&D system. Also MS to support the Secretariat by collecting fees, they can also report regularly and ensure openness and transparency in the system.

**Canada:** thanks WHO for support in following up on recommendations of CEWG and supports pool fund as long as voluntary and managed by SPOTTD. recommends business plan demonstrating linkages to key disease.

**South Africa:** endorse Angola's statement. MS wish to reminded that this has come from CIPIH in 2003. We have made progress in terms of IPR. Particularly, Element 7 has been receiving focus. But we need to look at previous resolutions for review. we are encouraged countries that have already made the contribution and urge other countries to contribute as well. Need to continue this journey to come out with ideas for innovation and research to take care problems such as Ebola, AMR.

**Sudan:** support establishment of pool fund with voluntary contributions. situation in Sudan with neglected tropical disease. ongoing demonstration projects along with Gov of sudan is greatly helping

**Maldives:** *Thank You Chair, Maldives would like to commend the work of secretariat and acclaim the contribution of the CEWG and valuable contributions from WHO and member states in further developing CEWG recommendations including countries that volunteered to contribute voluntarily for this course.*

*Mr Chair, Maldives would like to note the report by Director General on the progress made in the implementation and further development of selected demonstration projects. Maldives would also like to welcome the proposed pooled fund and governance structure for managing CEWG voluntary funding by the special programme for Research and training in Tropical Diseases. We would also appreciate additional updates from WHO on the progress made in establishing the proposed global observatory.*

*Mr Chair, On a final note, although supporting the current voluntary mechanism for moving forward with CEWG recommendations, Maldives would like to emphasize on the importance of planning for a more concrete predictable financing mechanism to support the health Research &Development needs of developing countries to be in place. Thank you*

**Chinese Taipei:** `ready to promote research capacity. eager to work with international community sharing our research capacity as well financial resources and trainings.



**NGOs**

- [Drugs for Neglected Diseases initiative \(DNDi\)](#)
- [Médecins Sans Frontières International \(MSF\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [Stichting Health Action International \(HAI\)](#)

**MMI/PHM:** ([video](#)) *Thank you Chair. I take the floor on behalf of MMI and PHM.*

*The CEWG was given the mandate to address structural issues related to R&D, including through the de-linkage of the costs of R&D and reducing prices.*

*The CEWG report recommended an instrument that would ensure funding and coordination of R&D to meet health needs of LMICs. Given this background, the open-ended meeting of MS to take place prior to the next WHA is the appropriate place to discuss in a comprehensive manner the proposals contained in document A68/34.*

*We urge MS to defer the decision on the proposed pooled fund to WHA69 and to task the open-ended meeting of MS to assess progress on the recommendations of the CEWG, including the fund.*

*The proposals in A68/34 do not fully reflect the recommendation of the CEWG, which specified a legally binding instrument with sustainable funding for R&D. The proposals in A68/34 foreshadow voluntary mechanisms of funding which would be unsustainable.*

*The voluntary nature of the proposed fund will make it vulnerable to undue influence from vested interest, including from donor countries, private entities and philanthropic organisations. Para 11 of the document states that the pooled fund should also be able to accept voluntary funding by NSA following WHO's rules on acceptance of donations. MS should note that the WHO does not have rules on acceptance of donations.*

*We urge Member States not to agree to the creation of a fund that relies on voluntary contributions; rather than a fund based on mandatory contributions governed by a binding mechanism, as envisaged by the CEWG.*

*The decisions to postpone the decision on a R&D Treaty was concluded late in the night without adequate translation. This greatly compromised the participation of LMICs; a binding R&D treaty remains on the agenda.*

**Kayni?:** expect to launch observatory in January 2016, thanks for active participation for moving this forwards

*Chair: report is noted; item is closed.*

## **Item 17.5 Global strategy and plan of action on public health, innovation and intellectual property (B22)**

### **Documents:**

- [A68/35](#) – sect report
- [A68/B/CONF./1](#) -
- [A68/B/CONF./1 Add.1](#) – fin and admin
- EB136(17), decision of EB on GSPOA ([here](#), also EB136/2015/REC/1)

**UK:** GSPOA was for sustainable basis for public health and innovation. demands an evaluation, timeline is challenging.

**Uruguay:** on the behalf of UNASUR we agree on GPOAS , to stimulate new thinking on innovation, Ebola reminded us of investments in such developments, we welcome the report from SEC , this is significant progress in relation to the last doc from EB, for UNISOR? Given importance and scope of problem by strategy we support extending validity of going prog and extending evaluation period in accordance with EB

**Iran:** underscore the importance of GSPOA for creativeness and innovation and reducing prices of products for access to health. important for LMIC and poorest parts of society.

**Argentina:** Thank Sec for prepared proposals, support Statement made by Uruguay, evaluation is important, recommending extending deadline to 2018 and to 2020 too is supported, our delegation is fully prepared to collaborate in that work, ensure that those evaluation process are involving all sides, we need analysis for each of elements contained in GSPOA

**Mauritius:** *Chairperson Honourable Ministers & Distinguished Delegates Mauritius is honored to make a statement on the Agenda item 17.5 on behalf of the 47 Member States of the WHO Region for Africa.*

*The main concern for African countries remains the high reliance on imported pharmaceutical and medical products.*

*Recalling the Protocol Amendment to Article 31 of the TRIPS Agreement adopted by WTO members in 2005, allows imports of pharmaceutical products manufactured under compulsory licensing but it is yet to enter into force.*

*It is essential to ensure that resources allocated to Global public health research and development are focussed more to address the health needs of the developing world. Testimony to this has been amply illustrated in the ongoing Ebola Disease Outbreaks.*

*It is encouraging to note that African countries are reaping benefits based on endeavors to ensure a strengthened WHO prequalification program and a streamlining of the prequalification of diagnostics, medicines and vaccines into a single unit located within its Department of Essential Medicines and*

*Health Products. A landmark achievement has been the local production of 'triple compound' for HIV by Mozambique and Zimbabwe.*

*Mr. Chairperson, challenges, we face, include the tariff protection practice which makes pharmaceuticals more expensive and is ultimately counterproductive in providing access to medicine. Countries need to address this in a holistic way involving political will and commitment, amendment of their national policies and legislation to be compliant with TRIPS, formulation of sound micro and macro-economic policy and strengthening the National Drug Control Authorities to monitor the flow of counterfeit drugs. Other bottle-necks remain limited financial resources and inadequate capacities and shortage of skilled human resources in the area of intellectual property.*

*Many African countries are yet to develop the core and essential manufacturing capacity for efficient use of compulsory licensing.*

*Mr. Chairperson, in the light of the achievements and status of progress and remaining challenges the extension of the deadline for the overall program review of the global strategy and plan of action on public health, innovation and intellectual property to 2018 and the time frame of the plan of action until 2022 is supported. AFRO Member States are in favor of Option 21 (c) for the composition of the ad hoc evaluation management group. Afro Member States are also agreeable to the proposed Terms of Reference of the overall Programme Review. Thank you.*

**Malaysia:** 5 years after its adoption Malaysia interested to see how far it progressed GSPOA, especially in impacts of Intellectual trade agreements, stakeholders still yet to implement GSPOA, we support resolution and ext res til 2018 and plan of action till 2022

**India:** Thank you Mr. Chairman, The WHA resolution 62.16 called upon the public health community "to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievement, remaining challenges and recommendations on the way forward and report to the Assembly in 2015 through the Executive Board".

*South East Asia region adopted regional resolution SEA/RC65/R3 at the Regional Committee (RC) meeting in Yogyakarta, Indonesia with detailed recommendations and action points for Member States and WHO. These include inter alia, promote and strengthen health R&D capacities, promote coordination of health R&D, establish or strengthen health R&D observatories, promote partnerships and explore funding for health R&D.*

*We believe that the proposed extension of Global strategy and plan of action until 2022 would lead to investment in resources with implications for innovation, research and development. This resolution encompasses a number of diverse activities and has been quoted in many WHA resolutions in different programme areas. A deeper engagement of all Member states and stakeholders is needed for sustainable outcomes on appropriate R&D to generate health products to tackle diseases.*

*In this background, we strongly urge the Member States to support the draft resolution on the agenda. We believe that the mechanism of evaluation should preferably be member state driven. Also, as part of*

*the content of evaluation in considering the implementation of the Global strategy and plan of action, it is important to take note of determination of the member states to delink the cost of R&D from the price of products coming from the health R&D sector, which requires public investment. Thank you Chair.*

**China:** thanks secretariat, the plan under strategy is imp in guiding policies and coordination, we support time line for strategy and plan of action, group can take reference to overall evaluation and review, we think evaluation should be carried out by external evaluators for independence avoiding conflict of interest and enhancing transparency, as for the timeline we prefer option B, the review should be policy oriented and guarantee diversity of background of experts, we support resolution based on above mentioned comments

**Sri Lanka:** Chair, Sri Lanka fully endorses the Global Strategy and plan of action on public health, innovation and intellectual property. Although the reporting period was extended to 2018, we place on record in advance, the assessment carried out on the country situation and the recommended strategies for an action plan. Sri Lanka is the first country to carry out such an assessment and it is published as a joint publication by the Ministry of Health & Indigenous Medicine, Sri Lanka and the WHO The publication would be useful to member states who intend to carry out country assessments. Sri Lanka is most willing to share the lessons learnt in carrying out this assessment. Thank you Chair.

**Mali:** Thank u chairman, the delegation of Mali commends secretariat for elaborating this report on item 17.5, we stress that intellectual property report is constitutional in our national framework, we fully support the GSPOA

**Indonesia:** Chairperson, Excellencies, Distinguished Delegates, Indonesia thank the Secretariat for preparing the report document under this agenda item. Indonesia acknowledges that innovation and intellectual property right, one way or another might affect the public health. Indonesian natural environment has many potential to be utilized, but at the same time creates some public health challenges in the form of diseases. We are of the view that, should we can strike the right balance between those two aspects, the combination will bear influence for innovation research to meet the needs of public health management.

*In order to obtain positive results there must be optimal efforts to drive innovation research development becoming fruitful for society. Indonesia consider that the particular actions for this are setting research innovation as priority, research result utilization and getting innovation research along with industries and other member states.*

*Driven by public health needs, Indonesia is consistent in generating patents and copyrights products, such as herbal medicines in line with policies on medicines availability enhancement, accessibility, safety, quality, utilization, consumption, traditional medicine identification, medical equipment, and food supplement for nutrition improvement.*

*Moreover, we have establish consortium between National Institute of Health Research and Development and other research institutions in developing products related to self-sufficiency of drugs raw material and vaccines.*

*However, Indonesia spot many challenges related to research budget constraint issues, particularly for multi years research, limitation capability for clinical test, and also patents product development for scaling-up and industrialization.*

*In this regard, Indonesia is strongly support the applicability of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibility, such as compulsory license and bolar provision, in particular to increase access to affordable medicines.*

*In conclusion, Indonesia realize the long road from product invention to development and innovation, therefore Indonesia support the decision to extend the deadline of the overall programmes review of the global strategy and plan of action on public health, innovation and intellectual property and also support Draft Resolution proposed by Bolivia, Brazil, Ecuador, India and South Africa. Indonesia is pledged to work as hard as necessary to develop innovations and intellectual property and report the progress result of using national assessment tools from WHO. Indonesia is confident that under support from WHO with other member states and agencies, our strategy will be succeed as well as global strategy and plan of action agenda. Thank you, Chair.*

**USA:** *THE US looks forward to discussion on this decision point • We took part in good informal discussions at the EB that seemed to be moving in the direction of consensus, with agreement to have an evaluation that looks at implementation of the GSPOA, as well as a program review that is more forward looking in terms of implementation • Surprised to see the DP move quite far from that early consensus • Evaluation should adhere to WHO Evaluation Practices handbook • Concerned about MS selection of EMG – politicize and inappropriate for governing bodies to get so involved in a technical evaluation • Have circulated comments • Look forward to additional discussion • Request suspension*

**Thailand:** Appreciate report GSPOA, we need to extend from 2015 to 2018? we need to conduct complete evaluation, having reviewed conf paper we support draft resolution

**Bolivia:** begin by associating with Uruguay statement, interest to ours country is this report. support implementation until 2022 and program review until 2018, support adoption of resolution proposed by South Africa.

**Brazil:** Aligns our statement to Uruguay, attribute relevance to evaluation process now being discussed, we congratulate sec for drafting the report, the comprehensive evaluation and review, we have talked a lot, we have been working on this since EB, we highlights imp of greater involvement of member states in both processes, we emphasize importance. based on EB discussion we understand that it's too far in this Assembly to approve, manifest our agreement to this assembly to approve 2018 and 2022 plans.

**Colombia:** supports statement by UNASUR. consider that additional indicators to evaluate achievements meet recommendations of CEWG. support the resolution. agree with composition of evaluation group. belief that timeframe of the plan and evaluation can be extended. important for informed decisions in future.

*Gracias señor presidente Colombia suscribe la declaración hecha por Uruguay en nombre de UNASUR. Colombia agradece los esfuerzos hechos por la secretaría en cumplimiento de las decisiones de la Asamblea Mundial de la Salud y del Consejo Ejecutivo para avanzar en el proceso de los proyectos demostrativos y la evaluación de los cuatro proyectos adicionales. Consideramos que los indicadores adicionales propuestos por la Secretaría para medir los logros del proceso recogen en general los criterios y recomendaciones del CEWG y por lo tanto nos parecen apropiados. Agradecemos también la disposición de varios países para realizar contribuciones financieras que permitan avanzar en el proceso. Apoyamos la resolución y manifestamos nuestro acuerdo con los contenidos de la misma y con la forma de composición del grupo de evaluación, y celebramos la participación de los Estados Miembros al nominar los expertos. Teniendo en cuenta que la estrategia global y el plan de acción de salud pública, innovación y propiedad intelectual son fundamentales para promover nuevas formas de innovación y desarrollo que expandan las alternativas terapéuticas y permitan el acceso a medicamentos, consideramos importante extender el mandato del plan y ampliar el plazo para la evaluación, ya que contar con una evaluación completa y sustantiva es importante para que los estados miembros puedan tomar decisiones mejor informadas. Gracias señor presidente*

**Chile:** welcomes the report and aligns with south america, giving the WHO clear mandate to work on number of challenges, in particular diseases affecting developing countries, the GSPOA was adopted in 2008 considering this 8 elements today they remain relevant and current even the great progress made we are concerned about the work to be made, we welcome and support the draft resolution 2022/2018 so that the evaluation can b going and involve.

*Gracias Sr Presidente, Chile agradece el informe presentado por Secretaría para este ítem de la agenda y se asocia plenamente a la intervención de UNASUR al respecto. La Estrategia Mundial y Plan de Acción sobre Salud Pública, Innovación y Propiedad Intelectual (GSPOA) fue un momento crítico en la historia de esta organización, dando a la OMS un claro mandato para trabajar en abordar muchos de los desafíos en torno a la interacción entre I + D, innovación y acceso, en relación con las enfermedades que afectan desproporcionadamente a los países en desarrollo. Su objetivo final era, y sigue siendo, promover nuevas ideas sobre innovación y acceso a los productos médicos, ciertamente, con un enfoque en Salud Pública y con particular énfasis en acceso: un acceso equitativo, sostenible, de calidad y asequible. El GSPOA fue adoptada en 2008 e incluyó 8 elementos críticos para la salud pública global. Al volver a considerar estos ocho elementos hoy, está claro que todavía siguen siendo urgentemente actuales y dramáticamente relevantes y si bien se han logrado avances significativos, todavía queda mucho por hacer. Esta preocupación específica, en relación "al trabajo pendiente" en esta área, es una clara prioridad para los Estados Miembros, especialmente al reconocer que tenemos mucho camino por recorrer para poder presenciar la plena aplicación de la GSPOA, por todos los socios pertinentes. En este sentido, celebramos y apoyamos el proyecto de resolución presentado ante esta Asamblea de la Salud que llama a una extensión del Plan de Acción hasta 2022 y una extensión de la revisión del programa total del GSPOA hasta 2018, guiado de manera activa por la MS. Gracias Sr Presidente*

**Australia:** seek clarification on appropriate timeframe for evaluation. should be in accordance with WHO evaluation policy. creation of ad hoc processes should be avoided. agreed time frame should be

followed closely. evaluation technical group should have minimum participation of MS, in line with WHO evaluation policy.

**Chinese Taipei:** reporting on national situation.

**NGOs:**

- [Médecins Sans Frontières International \(MSF\)](#)
- [Medicus Mundi International – International Organisation for Cooperation in Health Care \(MMI\)](#)
- [Stichting Health Action International \(HAI\)](#)
- [The World Medical Association, Inc. \(WMA\)](#)
- [World Federation of Public Health Associations \(WFPHA\)](#)

**MMI/PHM/TWN:** *Thank you Chair. I take the floor on behalf of MMI, PHM and TWN .*

*We welcome the extension of the Plan of Action. The Global Strategy on Public Health, Innovation and Intellectual Property is a critical tool to ensure access and innovation in relation to health products. We welcome the extension of the Plan of Action in accordance with the same strategy to 2022.*

*We remind MS that the GSPOA emerged from the Commission for IP, Innovation and Public Health which itself emerged from struggles around the full utilization of the flexibilities of the TRIPS Agreement. Today the space for TRIPS flexibilities has been progressively reduced through TRIPS + provisions in bilateral and plurilateral trade agreements. In WHA59.26 this Assembly commissioned the Secretariat to provide advice to MS on the health implications of trade agreements but as a consequence of the freeze on assessed contributions and the lack of donor enthusiasm this resolution remains unfulfilled.*

*Nevertheless, the review process is a necessary step for the effective implementation of GSPOA. We call for a broad programme review of the GSPOA including its achievements, remaining challenges and recommendations as mandated by the WHA Resolution WHA62.16. A full and comprehensive review informed by a preliminary evaluation would be the ideal way to assess the plan of action and the performance of all the stakeholders and to steer the continued implementation the Plan of Action, based on the findings of the review.*

*The full participation of civil society organizations throughout the process of the review is essential for a productive and transparent process which canvasses all of the key issues.*

*Lastly, the funding problem still hasn't been addressed. We call for enhanced funding and recommend that implementation of the GSPOA should be fully funded from the core budget of the WHO.*

**Brazil:** suggests decision to be discussed today or at least tomorrow

**Chair:** any consultations should be on informal level at this stage

**Brazil:** This is very imp for my delegation, we can go informal but we want a drafting group

**Chair:** brazil asked for quick take on this matter and drafting group would take longer, if committee agrees I have no reservations.

**Brazil:** we need some time to consult with colleagues and get back to chair on this.

**USA:** objects?

**Chair:** if objection is in place, i would suspend till brazil gets back to us

**Ecuador:** thanks mr president we thank you; several States requesting formal drafting group

**UK:** we need to look at practical considerations since we already have too many formal technical drafting

**Chair:** I have a note here that we have no capacity for further formal consultations, thats why I suggested not to go for that option, I am trying to find a balance between demands of MS and capacity of secretariat, we suspend decision on formal or informal pathway and we move to next item

**South Africa:** we are unclear of the procedure

**Chair:** discussion in committee has been concluded and request has been to suspend until clarifications has been made since there is some objections to one particular area within this decision, I proposed to do discussions in informal manner, and received request to do it in formal way, which secretariat denied capacity to undergo a formal discussion.

**Legal:**

**USA:** I was imprecise when i spoke before, we have concerns on resolution and that is what We want to discuss

**Vice chair** (whispering): suspend suspend...

**Chair:** Suspend and move on to next item of the agenda

*Item suspended; resumed in Committee B on Monday 25 May*

**Documents:**

- [A68/35](#) – sect report
- EB136(17), recommendations from EB to WHA on GSPOA ([here](#), also in EB136/2015/REC/1)
- [A68/B/CONF./1 Rev.1](#) – Revised draft resolution from Bolivia, Brazil, Ecuador, India and South Africa
- [A68/B/CONF./1 Add.1](#) – fin and admin

**South Africa:** OP2.5 slight change on footnote regarding composition of working group.

**Switzerland:** we agree on the resolution but we want to make statement on it, we have been active in preparation of GSPOA since 2008-2009 significant challenges continue in the area of research and access to medicines which affects countries of low and medium income countries we support extension of plan of action with regards of the assessment and review we would like to thank the sec for its report, we prioritise the evaluation and the general review, we accept the compromise which was made in the informal evening thanks to the strong leadership of south african chair, it's important for us that the assessment is as technical and not political as possible so we support the informal agreement made by south africa.



**Brazil:** we have been one of the co sponsors the last EB and co sponsor for the resolution made by countries, we support the spirit of compromise, we have renewed commitment to fully implement the strategy in years to come, we also agree that evaluation would be important input for the whole process, with all due respect to all colleagues we register our support for this resolution

**USA:** we want briefly to thank everyone specially south africa, this issue is very important one for the world we appreciate the spirit of compromise that allowed us to reach a floor for consensus.

Decision

### **Global strategy and plan of action on public health, innovation and intellectual property**

The Sixty-eighth World Health Assembly,

Having considered the report by the Secretariat on the global strategy and plan of action on public health, innovation and intellectual property ([A68/35](#)),

Recalling resolutions WHA61.21 and WHA62.16 on the global strategy and plan of action on public health, innovation and intellectual property that aims to promote new thinking on innovation and access to medicines, as well as, based on the recommendation of the report of the Commission on Intellectual Property Rights, Innovation and Public Health, provide a medium-term framework to secure an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area;

Recognizing the central role the global strategy and plan of action on public health, innovation and intellectual property plays in directing and coordinating WHO's policies and programme of work on public health, innovation and intellectual property;

Welcoming resolution EBSS3.R1 entitled "Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences" which reaffirms the global strategy and plan of action on public health, innovation and intellectual property;

Concerned about the pace of implementation of the GSPOA by stakeholders as defined in the Appendix of the GSPOA;

Having considered the recommendations of the Executive Board to the Sixty-eighth World Health Assembly contained in decision EB136(17),

1 DECIDES:

- (1) to extend the time frames of the plan of action on public health, innovation and intellectual property from 2015 until 2022;
- (2) to extend the deadline of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property on its achievements, remaining challenges and recommendations on the way forward to 2018, recognizing that it was not presented in 2015, as requested by resolution WHA62.16;
- (3) to undertake the comprehensive evaluation and overall programme review of the global strategy and plan of action on public health, innovation and intellectual property separately in a staggered manner as set out in document A68/35 and its Annex, in consultation with Member States<sup>1</sup> subject to the process and provisions set out below;

REQUESTS the Director General:

- (1) to initiate, in line with the WHO Evaluation Policy and guided by the WHO Evaluation Practice Handbook, the comprehensive evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property in June 2015 as per the Terms of Reference specified in A68/35; to present the inception report and comments of the Evaluation Management Group for the consideration of the Executive Board at its 138th session in January 2016; and to submit the final comprehensive evaluation report for the consideration of the Seventieth World Health Assembly in 2017, through the Executive Board;

- (2) to convene an ad hoc Evaluation Management Group to assist the comprehensive evaluation composed of 6 independent external subject matter experts, and two evaluation experts from the United Nations Evaluation Group;
- (3) to select the 6 independent external subject matter experts in line with guidelines for selection of members for ad hoc evaluation management groups included in the WHO Evaluation Practice Handbook, including through consultation with the Regional Directors;
- (4) to establish a panel of 18 experts respecting gender balance, equal regional representation, and diversity of technical competence and expertise to conduct the overall programme review, with a broad and balanced mix of expertise, practical experience and backgrounds covering the eight elements of the global strategy and plan of action on public health, innovation and intellectual property, and including from developed and developing countries;
- (5) to invite Member States to nominate experts, including through the Regional Directors, for the roster beginning immediately following the 139th session of the Executive Board from which the Director-General will select the panel of 18 members for the overall programme review;
- (6) to present the Terms of Reference of the overall programme review for approval by the Executive Board at its 140th session in January 2017, and to present the composition of the overall programme review panel for consideration by the Bureau of the Executive Board in February 2017;
- (7) to present the final report of the overall programme review of the GSPOA, on its achievements, remaining challenges and recommendations on the way forward to the Seventy-first World Health Assembly in 2018 through the 142nd session of the Executive Board.

*Resolution [WHA68.18](#) adopted; item closed*

## Item 18. Progress reports (A25)

### Document:

- [A68/36](#) – Sect reports on follow up items

### Communicable diseases (A25)

- D. Eradication of dracunculiasis (resolution [WHA64.16](#))
- E. Elimination of schistosomiasis (resolution [WHA65.21](#))
- F. Neglected tropical diseases (resolution [WHA66.12](#))
- G. Prevention and control of sexually transmitted infections: global strategy (resolution [WHA59.19](#))

**Iraq:** how to collaborate in our health securities, diseases of importance, need to strengthen health systems / surveillance systems. Elimination of schistosomiasis, no cases in Irak for 3 years of hemorrhagic schisto. Important to eradicate this disease. For NTD, we don't like word neglected. We introduce mycetoma, as underscored by colleagues of Sudan. Also mentions scabies, and ??? in context of IDPs. Syndromic approach utilised in Irak - ought to be introduced within primary health care approaches in our catchment areas, helped by community participation.

**Togo:** wishes thank for quality of docs, supports statetn made by Cote di'voire on behalf of AFRO, on agenda item dracun and schisto. on the first welocme integration of dracun cases in operational research supporting countries in eradicating since dec 2011 as free from transimssion, cotneues effrot in

certification... participation with community actors. welcomes ghana as certified exempt from dracun. efforts must be continued for 8 remainign countrries still not transmission free. With respect to schisto, notices clear progress trhoguout the world and in the african region, in togo implemnetion of shiscto eradicaiton program has given good results reduction in morbidity due to disease, treatment enabled to inclide intervention with high impact recommended by..along with other negeltced diseases, add this to detection system in endemic zones; Welcome international bodies such as the Carter Center who help on eradication of dracunculiasis.

**USA:** D. Commends MS on erad of dracunculiasis, and congrats MS that have recently obtained certificates of eradication or pre-eradication. Case containment, provision of water supplies;

E. Decreased availability of praziquantel has caused advances in schisto.

F: Thanks WHO for critical leadership - and supply of 1.3 billion tfts in affected countries. however only 30% of pple in need have received tft.

G: USA is committed to control of STDs and strongly supports new devt of WHO global strategy. STI burden must be better assessed, including burden of resistant gonorrhea. HPV vaccine whenever feasible.

**Indonesia:** Appreciates elimination of schisto as agenda item. Efforts as of 40yrs in Indonesia, with only 2 (?) districts as schisto-endemic. Prevalence: 1.01% - low risk community treatment strategy. Reinforce ??? in human, snail, and animal.

Define the modalities of preventive chemotherapy. Task forces in affected sectors. Plan to eliminate by 2020, step up to achieve this.

NTDs - agrees with Irak that can not be considered as neglected, must be integrated into health plans.

**Equatorial Guinea:** On behalf of AFRO, NTDs major health problem in tropical regions. Resolution with strategic plan 2010-2020 is readmap for our goal of eliminating NTDs like guinea worm, trachoma, leprosy, schistosomiasis, dracunculiasis etc. Dracunculiasis plan of elimination by 2025 (the others by 2020). With respect to these diseases, programme to combat NTDs, coordination and massive distribution of medicines - integrated programmes in countries where they are prevalent. Capacity for databases in affected countries. Many countries 2014 have been applying preventive chemotherapies - ex: Burkina Faso (9 countries altogether). Ghana free of Guinea-worm. (Cites the different regional success stories). Welcome the comittment of MS to continue activities to eliminate thses diseases.

**Cote d'Ivoire:** I have 2 statements to make on behalf of AFRO - for guinea worm eradication. Significant progress in past 30 yrs - after smallpox, will be the 2nd disease to be eliminated, probably one of the most significant achievements of WHO! Is to be noted, as guinea worm hinders many of our development efforts. Anti barn disease, ate away crops in Togo etc. Phenomenal decline in incidence of Guinea worm disease - lots of countries certified as free in 2013 already (cote d'ivoir, somalia, etc.). Education of people has helped reach palpable results. we thank all helpers of this significant progress. We are not at the end of the tunnel yet - last mile always seems the longest. Endemic crisis in remain

countries: we can make progress! AFRO knows that we can do more. Another issue: Schistosomiasis, still a great problem in Africa. Millions of pple require preventive chemotherapy. 2nd parasite borne disease in the world after malaria....killer: stunts growth, prevents learning capacity, in its chronic form prevents adults from enjoying life and can be fatal. We have a program for combatting schisto. 36 countries in AFRO have preventive chemotherapy programmes, but only 14 have 100% coverage rates. Progress continues on mapping of the disease. Integrated approach focussing on education, clean drinking water sewage. All MS in endemic areas must work together to implement resolution for eradication as adopted in 2012 - goal: universal coverage in treating schisto. We ask all to mobilise \$\$ needed to eradicate schisto.

**Morocco:** thank you, we begin with thanking sec for adding this point to the agenda, this is endemic in many areas of morocco, 1982 we started the program to detect the disease and surveillance, since 2005 we saw no active transmission, few sporadic outbreaks and cases from abroad, we remain high level of preparedness we are implementing a strategy with participation of high risk region, we had WHO experts to confirm our findings, we are seeking certification for being free of the disease, we believe that we can try to copy success stories, we want to invite the WHO how to establish appropriate documentation system and certification of areas that eradicated the disease.

**Pakistan:** Very important area and our gvt is specially concerned. Dracunculiasis as of 1992 attempts to eliminate globally. 1987 efforts started in Pakistan. Certain diseases like leishmaniasis particularly visceral and cutaneous are still seen in the country - continuous supply of medicines needed or else affects populations affected. We urge for more and better research on these issues, as well as development of new vaccines.

**Philippines:** 2 interventions, elimination of schisto we thank WHO for regular reports, we aim to eradicate it in all areas by 2015, accessibility of drugs, surveillance and assessment of infected areas, we thank again the WHO.

For prevention and control of STDs, updating of relevant policies, recently finalized 2013-2015 medium plan, elimination of congenital syphilis monitor and implementation needs to be strengthened, focal antimicrobial resistance surveillance remains to be done in hospitals.

**Mexico:** Notes the reports on 18 D through G.

G. Mexico participated in consult meeting to assess global strategy in Americas (Sao Paulo), to define priorities in this area of STDs. Will lead to control of other public health issues related to sexual health - with respect to HIV part of strategy should include stopping transmission vertical syphilis transmission, checking for infection of all pregnant women and their partners. Congenital syphilis. Maternal and infant HIV. Trichomoniasis, HBV, chancre - since 2003 course on STIs from public health point of view. Syndromic diagnostic detection. Health ministry set up mobile HIV and STDs clinics, using multidisciplinary teams with 85 centers throughout republic. Also STI clinics withing national institutes.

**China:** Thanks,

E. first elimination of schisto which is still a public health concern in 2012 the WHO made the plan of eradication which plans to eradicate the disease before 2020, for the follow up in order to implement the schisto actions are needed praziquantel is essential which is very efficient and low cost, so we recommend countries to help more manufacturers to pass the prequalification. we should seek to consolidate the outcome and go on surveillance, we have accumulated a lot of experience which we would share with others.

G. prevention and control of STDs we agree with the strategy of the WHO, we appreciate that WHO included the HIV into the plan, we also suggests that WHO should make evaluations of the strategy plan 2006-2015 and also share success and practises among countries that achieved the goals.

### Promoting health through life course (A25)

- H. Newborn health (resolution [WHA67.10](#))
- Working towards universal coverage of maternal, newborn and child health interventions (resolution [WHA58.31](#))
- J. Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children (resolution [WHA66.7](#))

**Norway:** thanks, we are fully committed to recommendations made by UN which continue to shape our investments in health of neonates and women, we stress on not leaving anyone behind new global strategy for all women and neonates, acknowledging barriers met by adolescents, we encourage partners to provide services and commodities

**Iraq**

**Denmark** invites everyone for copenhagen

**Botswana for afro**

**China**

**USA**

### Health Systems (A25)

- K. Social determinants of health (resolution [WHA65.8](#))
- L. Sustainable health financing structures and universal coverage (resolution [WHA64.9](#))
- M. Strategy for integrating gender analysis and actions into the work of WHO (resolution [WHA60.25](#))
- N. Progress in the rational use of medicines (resolution [WHA60.16](#))

*Item 18 suspended and resumed on Tues 26<sup>th</sup> May*

- Document [A68/36](#)

## Noncommunicable diseases (A26)

- Comprehensive mental health action plan 2013–2020 (resolution [WHA66.8](#), see also [A66/10 Rev.1](#))
- Comprehensive and coordinated efforts for the management of autism spectrum disorders (resolution [WHA67.8](#), see also [A67/17](#))
- Disabling hearing loss (resolution [WHA48.9](#))

## Preparedness, surveillance and response (A26)

- O. Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (resolution [WHA64.5](#))
- P. Smallpox eradication: destruction of variola virus stocks (resolution [WHA60.1](#))

## Item 20 Health in Occupied Palestinian Territory including East Jerusalem and Occupied Syria (B20)

### Docs:

- [A68/37](#) – sect report
- [A68/INF/2](#) - from MOH from Syria
- [A68/INF/3](#) - statement by Israel
- [A68/INF/4](#) - report of director of health from URWA
- [A68/INF /5](#) - submission from Palestine (see comment [by Egypt below](#) regarding outdated terminology in the covering note)
- [A68/B/CONF./2](#) - proposed draft decision on Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- [A68/B/CONF./2 Add.1](#) - financial and administrative implications

Floor is open

**Tunisia:** On behalf of Arab group presents draft resolution; based on constitution and principles of WHO on right to health and need to examine this right and thus define what is acceptable according to international norms; having examined the report of WHO and concluded it is important that we see more detailed and more precise report taking into account the following issues: obstacles to freedom of movement which prevents access to health care; detainees in Is prisons to rece health care; guarantee the safety of hospitals and ambulances; to relax measures in place since 1965; refrain from imprisoning children; access to food and sanitation and water; call on association to adopt this resolution and future detailed and more precise report next year.

**Palestine:** In spite of challenges we are facing in dealing with several diseases at appropriate level and aspiring to launch vaccine programs we were able to achieve important objectives. We made achievements in MDGs; but we face challenges due to inactivity and obesity **but on top of this [a1] and**

stress and chemical pollution; leading to cancer cases and birth deformities. In 2014 there were 51 days of bombs and militant attacks >2,000 deaths including children 10,000 injured; indiscriminate attacks 17 hospitals, 28 clinics 16 ambulances.=; 16 health workers lost their lives; most recent attack >1000 people were disabled people to deal with social and economic burden incurred unbearable; damage to infrastructure and schools and other bodies; mental and psychological stress that people of Gaza; institutions of mental and psychiatric research - fear and lack of security. The sounds of shells and airstrikes and horrifying noises has had impact on these people; separation wall leads to 400,000 people excluded from access to; 800 attacks on citizens and properties; rise in car assaults; burning alive of Md ... ;[a2] 16500 Palestinians detained; cancer, chronic disease; eye disease; Is prison authorities deny access to health ;

**Syria:** Is, occupation forces continue to renege on its commitments; makes it responsible for deteriorating health of Syrians in Golan; Is practices obstacles to improving health services in the Golan; barrier to WHO providing services (prevention of a field mission to Golan runs contrary to WHO constitution principles and Human Rights law);lack of health care; not enough health support; lack of health centers; practices which affect health include disposal of nuclear waste and poisonous material underground; Syrian prisoners in Israel prisons inhumane conditions which affect their health; Israel officials refuse to provide health care to areas in the Occupied Golan; despite studies in 2006 nothing has been done; occupation forces deny Syrian villages access to health care to force them to leave or obtain Israel Identification Documents; Israel side in WHA tries to mislead the world in WHA; government of occupation dons a mask of humanity; authorities refuse to provide health to citizens but provide health care to the local arm of Al Qaeda; no hesitation in destroying; call for continuing support for this special item and support all projects related to this item; call on WHO to support citizens of Golan and allocate funds from WHO to allow mission to do its work

**Turkey:** *Mr. Chairman, -Let me first thank the Secretariat for the two reports before us. These reports register once more the ongoing sufferings of the Palestinians. We are extremely concerned about their present health conditions. -We note with regret that people in the occupied territories continue to live in very poor conditions and are being deprived of basic needs. Devastating effects of the Israeli attacks, especially its military operations last year, caused an immense human suffering and loss of lives. Unfortunately, the most vulnerable group, children, are mainly affected by these attacks. The military operation resulted in about thousand new permanent disabilities, 30% among children. -Universal values and human conscience dictate each and every member of the international community to firmly reject the illegal practices and restrictions on the Palestinian people that undermine their fundamental rights and freedoms. This includes the right to health. -As underlined in the report, restrictions on movement and access continue. Especially delay and rejection in issuing permits for referral to hospitals in East Jerusalem cause loss of innocent human lives. Many have suffered as a result of their treatment being delayed or refused. Moreover, as stated in the report, 93 % of the ambulances of Palestinian Red Crescent Society were denied direct access through the barriers to hospitals in East Jerusalem. -The restrictions imposed on the movement of patients, health staff, essential medicine and medical consumables have hindered the functioning and development of the health system. These restrictions and blockade on Palestine are illegal, inhumane and unacceptable. -In spite of deteriorating conditions,*

*the Palestinian State exerts every effort to provide health care. We are happy that infant and under-five mortality rates continue to decline. However, the main health concern continues to stem from avoidable and preventable causes which are closely associated with the occupation. Let me underline another major issue of concern: The health conditions of Palestinian prisoners held in Israeli jails. In the report it is stated that access to health services for them lacks transparency. Also, independent external physicians are denied access. Mr. Chairman, -We commend the efforts of the WHO and other UN agencies working to alleviate the sufferings of the Palestinian people who have been facing with prevailing dire health conditions. -However, these valuable efforts do not reach satisfying results due to the extraordinary conditions in the occupied territories. We should not lose sight of the plight of the Palestinians suffering from restrictions in the Gaza Strip. -We are pleased that Turkey's humanitarian aid, including fuel and foodstuff as well as medicine which are urgently needed in Gaza, were delivered to the critical centers like hospitals and water/sanitation facilities at a crucial time. Our pledge of 200 million US Dollars at the Cairo Conference on Palestine, "Reconstructing Gaza", on 12 October last year is a reflection of our unwavering support to the Palestinian people. This amount is being utilized on project basis. -We also cooperate and support the WHO in providing critical life-saving drugs and medical disposables. We have directly contributed 1.5 million USD to WHO Office in the field. -However, long-term solutions are urgently needed to avoid greater humanitarian risks. -The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without any distinction, as enshrined in the WHO Constitution. -In this vein, we co-sponsor the draft decision and invite all Member States to support it. Thank you.*

**Algeria:** on behalf of Afro; Afro countries concerned about RTH for all; fund conditions for health security; situation in Palestinian occupied territories grounds for concern; note the WHO report; situation made worse by detention of and economic conditions; and restrictions on movement; decline of population **numbers and in GDP[a3] ; situation** further worsened; 25% of Palestinians poverty lack of food and depend on aid; 500,000 displaced; health infrastructure badly affected; also centers for food distribution; Afro group consider situation a serious impediment to the RTH in that area; problems clearly seen in the difficulties encountered by MOH in Palestine; conditions in detention a violation of international law and Human Rights; Afro group says it is urgent to resolve this crisis; need to enhance the support we give to health system and human rights support

**Pakistan:** *Mr. Chairman, Pakistan is deeply concerned over the deteriorating health situation in the occupied State of Palestine including East Jerusalem and in the Occupied Syrian Golan. The continued Israeli occupation has resulted in devastation of the health system in the occupied territories besides negating access to basic and fundamental rights to food, safe drinking water, sanitation and provision of basic health services. Prolonged occupation and brutal use of force by the Occupying forces have resulted in complex physical and psychological health issues. Last summer, the international community witnessed one of the most brutal criminal military aggressions against the Palestinian civilian population in the Gaza Strip, resulting in the killing of more two thousand Palestinian civilians including children, women and elderly people. More than 3,100 children were wounded and around 1,000 of them suffer from a permanent disability. According to WHO report A/68/37, in 2014, the number of Palestinian fatalities and injuries resulting from violence associated with military occupation was the highest since*



*1967. This wave of terror against the Palestinian civilian population only partly conveys the horrific reality and devastating impact on the Palestinian people as a result of Israel's aggression. We regret that report could not include details on health situation in the occupied Syrian Golan as was requested by the last year's resolution. The Gaza Strip continues to be largely isolated from the outside world as a result of the policy of external closure and the increasing levels of violence. Restriction on movement of people remains due to the presence of checkpoints and barriers within the West Bank. The restriction on movement of patients, health personnel and goods has resulted in actual denial of access to secondary and tertiary health care and inhibited development of an adequate health system. The Occupied Palestinian Territories are in a humanitarian crisis. There is a grave public health problem in the occupied territories and the international community cannot shy away from its responsibility to play its due role especially in ensuring that the basic human right to health is actually materialized through access to medicines and healthcare. We appreciate the WHO's health related technical assistance, information and coordination services to the Palestinian people in the occupied territories in efforts to modernize the health system to make it responsive to current challenges. More, however, needs to be done to stem a fast developing health emergency. The scope of WHO's technical assistance and support to The UN Relief and Works Agency for Palestinian Refugees (UNRWA) should be enhanced. We acknowledge the continued implementation of WHO's 3-year mental health and psychosocial support project but this august forum should call for ending the practices of economic and political repression that continue to jeopardize access to and provision of preventative and curative health services to the people in the occupied territories. Pakistan lends its full support to the decision presented under agenda item 20 and strongly urges other members to support it. Thank you.*

**Iran:** thank WHO for continuing efforts in Occupied Palestinian Territory; latest report gives terrible figures; extreme concern; Palestinian fatalities and disabilities highest since 1967; impact of daily life; half million displaced; wide damage to infrastructure; limited access to basic services; denied and restricted in flagrant violation of international law and international human law; by separation wall and check points prevent access to referral hospitals; refer to WHO Constitution and right to health Palestine face inhuman condition due to blockage; WHO must require occupying power to lift the restrictions and blockade and checkpoints and barriers in West Bank; and travel restrictions; restrictions on movement of patients; health staff and goods hindered the functioning of Palestine; inhuman policy of Israel regime; conditions of prisoners; need WHO to monitor and report; WHO still has no access to occupied Golan and so cannot provide a report on conditions there; world should not stand idly by while a population is denied the most basic needs; occupation power must lift restrictions; express our reservation re draft decision regarding those elements which might be construed as recognition of the Israel regime;

**Egypt:** align with Tunis for Arab group; takes note of secretary's report; but falls short to illuminate the conditions in Palestine; concerned about check points and separation wall and blockage; call on Israel authorities to respect international human rights law and humanitarian law; access to adequate medical facilities; detainees conditions; Israel as occupying power give support in other disasters but continues to ... in Palestine; end Israel occupation; full realization of Palestinian statehood; dissatisfaction with outdated terminology regarding the status of Palestine 67/19 on the status of Palestine in UN system

**Venezuela:** support this resolution; health situation are not improving; getting worse; WHO should spare no access to ensure they realized their rights to health; need for support to the rights and demands of Palestine people; shameful conditions; must demand immediate withdrawal of Israel forces; something equivalent to apartheid; WHO's reports are alarming; denial of sovereign rights of Palestine people to health and sovereignty; not acceptable; damage to health infrastructure; check points, separation wall, clashes with settlers; deterioration of health service must be put to right

**China:** [sorry lost of this] re Golan appeals to all sides to allow WHO access

**Cuba:** restrictions on movement through blockade and checkpoints and separation wall; occupation power unleashed a war on the residents; since 1967 2367 people killed and more injured; damage to hospitals and sanitation infrastructure; and access to hospitals; Cuba pays tribute to what WHO is doing; regret that WHO has no access to occupied Golan; in Inf 2 we have information from Syrian authorities about situation; calls independent sovereign state with East Jerusalem as capital; withdrawal; settlements are illegal; just and fair peace for all peoples in Middle East and support the draft resolution and decision

**USA:** acknowledges the changed approach in last two years; but present draft does not meet our purely health concerns; politicizes our assembly; need to get on with our public health business; as it stands decision will fall short; does not help; US is concerned about Palestinian people and especially Gaza; will continue to work with Palestine. Israel and UNRWA

**Namibia:** aligned with Afro group; appreciates WHO report; has been a standing item, underlines that for too long Palestinian people suffering, fundamental freedoms denied; but question remains unresolved; appreciates MOH of Palestine and red cross/crescent and UNRWA for delivering health services; providing health services to those living in the occupied territories; the occupation power disregard for Palestinian health care; degrades the health of people of Palestine; makes peace prospect less likely; calls for a further assessment of health; Right To Health a fundamental part of Human Rights and dignity; inalienable; supports draft decision proposed by Cuba, etc. unwavering support and solidarity with people of Palestine

**Bahrain:** adds voice to Arab position; support for the issues in this draft declaration; deep concern about degrading of health conditions in these territories; calls for report to come to 69th WHA; a field evaluation should be done and report but field visit not yet conducted; cannot take stock of progress on goals of 2014; the report should also include facts about injuries physical and psychological and impediments to access; psychiatric health especially children and especially detained children; access to sanitation and water; nutrition conditions in Gaza; calls on WHO to continue to provide necessary technical support; including detainees; support for International red cross; support for disabled and injuries; drugs; supports draft decision;

**South Africa:** thanks; expresses concern with deterioration of economic and health conditions; commends WHO and other agencies in assisting the Palestinian people facing restrictions on movement, lack of basic services; incomprehensible that basic International norms are denied; the restrictions on movement of great concern; appreciate WHO's continued efforts to assist MOH; call on International

Community to continue to assist Palestinian people; calls on Israel to end the restrictions on movement; insist on need to implement 65.9 includes putting an end to closure especially of Gaza causing shortage of medical access; lift the restrictions on food, fuel etc; facilitate the movement of patients to hospitals; also Golan; fully supports adoption of draft decision and aligns with Afro.

**Israel:** pleasant ritual; naming and shaming of Israel at the expense of health crises; this should be a professional [a5] assembly; facts: 130,000 sick and injured people treated in Israel; 25,000 were children; during 2014 conflict set up a field hospital at eris[a6] crossing only 51 people treated; medical needs of Druze in Golan taken care of by the Israel health care; on the other side of the border; 233 attacks >600 health professionals killed in Syria; operations postponed; ruthless bombing; What about the health conditions in Yemen and Libya and drowning in Mediterranean; total disregard for their needs; this assembly not a forum to discuss politics; it is absurd; do yourselves a favor and bring this ritual to an end

**Ecuador:** seeking equity and focus on individual; must not look at HR violations in silence; Palestinian peoples RTH; unacceptable that restrictions are placed on movement; settlements blockade; access to hospitals and clinics; effects on Palestinian economy; health emergency cannot wait for someone to find peace for Palestine; call on DG to find out more and do whatever can be done for Palestinian People including detainees; rights of disabled people, need to be taken into account; WHO should continue to supply for development of Palestinian health system

**Canada:** *On this agenda item, Canada once again has concerns about the inclusion of such a political decision in the World Health Assembly, a specialized UN body where there should be no room for politicization. This Decision continues to single out only one side for criticism and calls for the Director General to follow a one-sided approach in the mandate that it establishes. This, in our view, is inappropriate. For these reasons, Canada is not able to support this decision.*

**Indonesia:** *Mr. Chairman, My delegation notes the report of a field assessment of health conditions on the occupied Palestinian Territory (OPT) as in the report A/68/37. My delegation would like to express its grave concern of the health situation in the OPT, including East Jerusalem. We note that the various aspects of health and sanitation continue to deteriorate in the territory. We call upon as parties involved to address this issue as a matter of urgency and to provide necessary support. This condition worsened due to, in our view, the persistent blockade and limitation of access to health care to the territory. For our part, Indonesia continues to stand ready to provide the necessary assistance to Palestinians, including in the health sector. We appreciate and urge the WHO to continue its work in OPT. The scope of WHO's technical assistance should be enhanced. To conclude, my delegation lends its full support to the decision presented under agenda item 20. I thank you.*

**Sudan:** insist on principle of WHO constitution; unimpeded access intrinsic to the RTH; cannot be provided in the Occupied Territories; we are committed members of the UN: principles aim to protect people; must uphold these principles; do not accept measures which deprive people of Palestine and Syria; support the decision; call upon all to support draft declaration

**Lebanon:** supports Tunisia for Arab group; deeply concerned by actions of occupation forces; these measures increase suffering of people in these countries; support the report; call upon DG to present a report next Assembly

**Maldives:** *Thank you Chairperson, First of all, let me congratulate you and your officers on your election. The Maldives express its appreciation to the WHO Secretariat for preparing progress reports on this issue. The Maldives acknowledges the work of UN Relief agencies in providing humanitarian assistance to the 4.6 million Palestinians in the Gaza strip and occupied territory, many of whom are women, children and youth. The Maldives remains concerned by the restrictions imposed on the movement of patients, health staff and hindrance on the functioning and development of the health system. The constraints on the Ministry of Health including shortages of essential medicines, medical supplies and chronic fuel shortages further challenges the already strained public health system in this territory. Mr Chair, The Maldives also notes with deep concern the access restrictions to WHO on the Occupied Syrian Golan preventing WHO from providing a proper report of the health conditions in this areas. Hence, the Maldives joins the call by other member states to ensure there are no restrictions on the access to providers of health humanitarian services to this territory as well as patients to access health care. Mr Chair, On a final note, the Maldives is in support of efforts to improve the overall health status of Palestinians and commends the work of WHO and other UN agencies in this regard and we support the proposed decision on this agenda item. Thank You*

**Morocco:** call on lifting of all blockages; support Afro

*Monsieur le Président, Madame la Directrice Générale, La délégation du Maroc remercie le secrétariat de l'OMS pour les rapports soumis sur la situation sanitaire dans le territoire palestinien occupé, y compris Jérusalem-Est, et dans le Golan Syrien occupé. Et s'aligne sur la déclaration de la Tunisie à ce sujet. Nous n'allons pas répéter le contenu allarmant et préoccupant des rapports qui détaille la situation sur le terrain. Et nous appelons à la lever de toutes les restrictions qui entravent le droit fondamental à la santé pour les habitants des territoires occupés palestiniens et du Golan syrien. Par ailleurs, Nous invitons l'OMS à prendre toutes les mesures nécessaires pour garantir ce droit. Pour conclure, le Maroc soutient le projet de décision présenté par la Tunisie au nom des pays arabes. Je vous remercie.*

**Libya:** aligns with statement of Tunisia; deep concern about deteriorating situation in Palestine, especially East Jerusalem and the occupied Golan heights; those whose houses are made of glass never throw stones; so the least that could be done by the occupation forces is to treat the wounded; it is a duty not a favor; when you kill somebody the least thing you can do is to treat the wounded; who says that the situation in Libya is not deteriorating; we now respond to rescue drowning; we are very much transparent in this; urge Israel to stop these deteriorating; my country supports draft declaration.

**Tunisia:** thanks to Secretary of WHO for report of implementation of 67(10) ; condemn the restrictions on movements, permits; wall and check points; prevents health workers and patients to access to health care; violation of international humanitarian law; condemns the violence against Palestinians by occupation power; higher than 1967; condemn the violence of settlers of civilians; thanks WHO for all its efforts and all of the other humanitarian agencies; conditions; IHRs, Palestinian Public Health academy,

and life saving drugs; commends the efforts of WHO and partners on NCDs; polio, disabled, nutrition and disaster preparedness; support WHO; call on all countries to support draft decision

**Nicaragua:** deplorable, this morning we discussed limited resources in dealing with emergencies; situation in Palestine is an emergency; action is not being taken; not because of lack of resources but lack of political will; support draft decision urge all states to give it their support; urge DG to do anything possible

*Gracias Sr. Presidente, Gracias Sra. Directora General: Quisiera iniciar agradeciendo que nos hayan entregado los documentos en que se nos da a conocer la “Situación Sanitaria en el territorio Palestino ocupado, incluida Jerusalén Oriental y en el Golán Sirio ocupado”; igual queremos agradecer el esfuerzo que la OMS ha hecho para brindar atención a estos pueblos. Es lamentable que tengamos que discutir una vez más este tema como se ha hecho en años anteriores y digo lamentable, porque significa que el estado de salud del pueblo palestino sigue deteriorándose cada vez más bajo los efectos de la ocupación y que además se le sigue restringiendo el acceso a servicios sanitarios. Esta mañana se mencionaba que por restricciones económicas en algunos casos había que limitar el desarrollo de algunas acciones sanitarias y esto de alguna manera es comprensible; sin embargo, en este caso son otras las razones las que hacen que al pueblo palestino se le restrinja el derecho a que se atiendan sus múltiples necesidades sanitarias, lo que nos parece que es absolutamente inaceptable ya que es atentar contra el derecho a la vida, a la salud y no debe haber ninguna circunstancia que lo restrinja. Por ello condenamos que se continúe con esta práctica que atenta contra el más elemental de los derechos humanos y apoyamos firmemente el Proyecto de Decisión que hemos presentado con otras delegaciones e instamos a todas las delegaciones de los estados presentes en esta Asamblea a que lo apoyemos como una expresión de solidaridad y justicia con el pueblo Palestino. Al mismo tiempo solicitamos a la Directora General de la OMS que se sigan haciendo los esfuerzos que sean necesarios hasta lograr que se atienda de manera continua las necesidades sanitarias del pueblo Palestino. Muchas Gracias.*

**Saudi Arabia:** thanks, supports Tunisia for Afro; equitable right; Israel intransigence stand in the way of implementing adopted resolutions in the past; occupation force flouts all international resolutions; does not support the right of citizens to access health care; blockade; separation wall, call on all members to adopt the draft decision.

**Kuwait:** thanks to WHO; aware of health situation in Palestine; know it is deteriorating by the day; consequences for the whole region; the RTH fundamental right; have to accept this draft resolution; urge the WHO to do every possible effort to carry out

**Jordan:** we are an extension of Palestine situation; suffering of the people in Palestine are the results of the practices they are subjected to; imagine your are a mother wants to take child to hospital or give birth cannot get to hospital in time; spend hours at crossing point and then turned away; staff are humiliated while they are trying to carry out a noble task; calls upon you to accept responsibility and adopt

**Director of health for UNRWA:** thanks; regarding Palestine refugees; largest refugees on earth; 5.2m refugees in occupied territories, Jordan Lebanon or Syria; UNRWA provides healthcare to refugees; war

in Gaza in 2014; 4th war in last ten years; during war 7 of our centers were permanently closed; access to services were limited; internally displaced increased to 290,000 sheltered in UNRWA schools; sheltered; 80% of our staff came to work during the war; approve support for MOH of Palestine; in West Bank volatile; UNRWA will continue to NCD 70% of deaths priority; expand family health teams and health; part of the health system of occupied territory; urge the importance of political determinants of health; Palestinian refugees part of global city movement

**Chair:** consider draft decision; correction in list of co-sponsors; Tunisia on behalf of Arab group and Palestine should be listed as a co-sponsors; the following six delegations have asked to be included Afghanistan, Bahr, Congo, ... Ecuador, Saudi Arabia, Syria, UAE; Israel has proposed a vote; ask legal counsel

**Turkey:** also wants to be a co-sponsor

**Libya:** also to be added to the list

**Saudi Arabia:** seeking clarification; my understanding is that Tunisia on behalf of the Arab group includes the entire Arab group; do we need to put our names then of course SA is joining; 22 countries are members of the Arab group

**Sect:** if delegations ask for their names to be added we will add them

**Counsel:** recorded vote requested; chair will draw a letter; then ask the delegations; some countries are not registered or whose voting privileges have been suspended because they are behind in their arrears.

**Absent:** Beliesz, domin, guana, marshall, fed states, niue, palau , st vincent and gre

**Suspended:** CAR, comorros, gbisau, krygistan, Somalia

**Yes:** Finland, France, Germany, Greece, Guatemala, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Italy, Japan, Jordan, Kazakhstan, Kuwait, Latvia, Lebanon, Liberia, Libya, Lithuania, Luxemburg, Malaysia, Maldives, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Montenegro, Morocco, Namibia, Netherlands, nic, Nigeria, Norway, Oman, Pakistan Panama, Peru, Philipp, Poland, Portugal, Qatar, Korea, Moldova, ... Romania, Russia, Slovenia, Spain, Sudan, Sweden, Switzerland, Syria, Thailand, Macedonia, Tunisia Turkey, UAE, UK, Uruguay, Venezuela, Yemen, Afghanistan, Albania, Algeria, Angola, Argentina, Austria, Azerbaijan, Andorra, Bangal, [a9] Belarus, Belgium, Benin, Bhutan, Bolivia, Bosnia Herts, Brazil, Brunei, Bulgaria, Chile, China, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech, Denmark, Salvador, Estonia,

**Absent:** Gabon, Gambia, Georgia, Ghana, Grenada, Guinea, Haiti, Honduras, Jamaica, Kenya, Kiribati, Lao, Lesotho, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nauru, Nepal, Niger, Paraguay, Rwanda, St Kitts & Nevis ....Solomon, Surinam, Swaziland, Takij,[a10] Timor Tonga, Trinidad And Tobago, Turkmen, Tuvalu, Uganda, Tanzania, Uzbek, Vanuatu, Vietnam, Zambia, Zimbabwe,, Andorra, Antigua And Barbados, Bahamas, Barbados, Botswana, Burkina Faso, Burundi, Capo Verd, Cambodia, Cameroon, Chad, Cook Islands, Cote Divoire[a11] , DPRK, DRC, Djibouti, Eq [a12] Guinea, Eritrea, Ethiopia,

**No:** Israel, USA, no, Canada,

**Abstention:** NZ, PNG, Colombia, Fiji, Australia,

Vote count concluded

- entitled to vote 179
- absent 65
- abstentions 6
- null and void nil
- present and voting 108
- required for majority 55
- yes 104
- no 4

**Latvia (for EU):** WHA should be preserved as a technical body, EU engaged with this Item, building on change achieved at 67th **from resolution to declaration[a13]**, resolved to proceed as per ,tech as possible; and focus on asking stuff from DG, EU supports decision

From First Draft Report of Committee B ([A68/66](#))

**Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**

The Sixty-eighth World Health Assembly,

Mindful of the basic principle established in the Constitution of the World Health Organization, which affirms that the health of all peoples is fundamental to the attainment of peace and security, and stressing that unimpeded access to health care is a crucial component of the right to health;

Taking note of the report of the Secretariat on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan,<sup>1</sup> and noting also the report of a field assessment of health conditions in the occupied Palestinian territory,

REQUESTS the Director-General:

(1) to report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to the Sixty-ninth World Health Assembly, through a field assessment conducted by the World Health Organization, with special focus on:

- (a) barriers to health access in the occupied Palestinian territory, including as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in the WHO's 2014 report, Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013;<sup>2</sup>
- (b) physical injuries and disabilities, and damage to and destruction of medical infrastructure and facilities as well as impediments to the safety of health care workers;
- (c) access to adequate health services on the part of Palestinian prisoners;
- (d) the effect of prolonged occupation and human rights violations on mental and physical health, particularly the health consequences of the Israeli military detention system on Palestinian prisoners and detainees, especially child detainees, and of insecure living conditions in the occupied Palestinian territory, including east Jerusalem;
- (e) the effect of impeded access to water and sanitation, as well as food insecurity, on health conditions in the occupied Palestinian territory, particularly in the Gaza Strip;
- (f) the provision of financial and technical assistance and support by the international donor community, and its contribution to improving health conditions in the occupied Palestinian

territory;

- (2) to provide support to the Palestinian health services, including capacity-building programmes;
- (3) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (4) to continue providing necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
- (5) to provide support to the Palestinian health sector in preparing for emergency situations and scaling up emergency preparedness and response capacities and in reducing shortages in life-saving drugs and medical disposables;
- (6) to support the development of the health system in the occupied Palestinian territory, including development of human resources.

1 Document [A68/37](#).

2 Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013. Geneva: World Health Organization; 2014 ([http://www.emro.who.int/images/stories/palestine/documents/WHO - RTH crossing barriers to access health.pdf?ua=1http://www.emro.who.int/images/stories/palestine/documents/WHO - %20 RTH crossing barriers to access health.pdf?ua=1%20](http://www.emro.who.int/images/stories/palestine/documents/WHO_-_RTH_crossing_barriers_to_access_health.pdf?ua=1http://www.emro.who.int/images/stories/palestine/documents/WHO_-_RTH_crossing_barriers_to_access_health.pdf?ua=1%20), accessed 20 May 2015).

*Decision WHA68(8) [here](#) adopted; item concluded*

## Item 21 Financial matters (B21)

### Item 21.1 Financial report and audited financial statements for the year ended 31 December 2014 (B21)

#### Documents

- [A68/38](#), - sect report
- [A68/57](#) – report of PBAC
- [A68/INF./1](#) - Annex to the Financial Report for the year ended 31 December 2014  
Voluntary contributions by fund and by contributor

**Program budget and admin committee:** this is the third year the report is aligned with international standards; welcome the details available on health insurance schemes, secretariat indicated that contributions of staff and activities have increased; on behalf of the EB recommend adoption of the report

**Mauritania:** thank you chair, on behalf of the african members of WHO, congratulate the chairman, we have examined the report and the audit of 2014, we have noted the recap of revenues and expenses, we welcome the fact that its in line with IPSA int standards, welcome the efforts to provide 30 million dollars. The WHO needs to diversify the donors whether or not voluntary contributions, cause 30 millions are coming from 10 donors only, we hope that the floor revenues won't be interrupted and able to achieve zero cases of this virus, we need to ensure that the staff and commitments of liabilities under healthcare scheme, on behalf of the WHO african members I would like our meeting to adopt the report



**Mexico:** Mexico welcomes submission for accounts IPSA standards 3rd yr in row. Unreserved approval for auditor. robust financial situation now after fin deficit. Despite pos devts, still disparities in programs w regards to planned cost, necessary to earmark real resources. Effective mangt of staff, but we note long term liability i staff's health insurance liabilities, take all measures possible related to linking with other medical insurances, OTHER bodies in Geneva. Del supports draft recomm by PBAC with view to adopt financial statements.

*México agradece la presentación de los Estados Financieros por tercer año consecutivo bajo las normas internacionales de contabilidad del sector público, conocidas como IPSAS. Asimismo, felicitamos a la OMS por el hecho de que el Comisario de cuentas emitió una opinión sin reservas sobre dicho informe. • Reconocemos que OMS goza de una situación financiera sólida. En 2014 se presentó un superávit de 313 millones de dólares lo cual incrementó el activo neto de la Organización en 1.8 mil millones de dólares. • No obstante esta situación financiera positiva, notamos importantes disparidades en la financiación de las categorías programáticas. • Vemos con preocupación que aun cuando se han hecho importantes esfuerzos para mejorar el financiamiento real de los programas, aún existen disparidades respecto al gasto planeado y la asignación real de recursos. • Felicitamos al Secretariado por el trabajo de previsión que ha llevado a cabo para garantizar el seguro de salud para el personal. Sin embargo, tenemos presente que este rubro representa el mayor componente del pasivo a largo plazo y uno de los riesgos financieros más importantes para la Organización. En ese sentido, instamos a la Secretaría a tomar todas las medidas que estén a su alcance para contener el pasivo del seguro de salud y para identificar sinergias y eficiencias administrativas con otros seguros médicos de los organismos en Ginebra. • Por otro lado, tomamos nota que la OMS ha aplicado la disposición transitoria prevista en las IPSAS 17 e instamos a la organización a cumplir con esta norma lo a más tardar hacia finales de 2016. • Mi Delegación apoya el proyecto de recomendación que nos he transmitido por el PBAC a efecto de aprobar el Informe Financiero y los Estados Financieros comprobados correspondiente al período que finalizó el 31 de diciembre de 2014.*

**South Africa:** align with Mauritania. Draw attention to recomms external auditor, doc A68/41: checking tool proposed, planned GSM transformation, like to see TOR communication M&E and .. planning model. Recomm HC strategies. unmodified opinion on financial statements, assurance by external auditor, needs to comply with regulations.

**China:** appreciates report secret, audited financial statements report. Major improvements, external auditor comments positive, applauds standardized approach finances. HR 41% of total budget. Learn lessons from Ebola: we should save money, we shouldn't compromise the core capacities of WHO. DGs report: despite financing dialogue has improved, still WHO is dependent on voluntary contributions. If these do not match with key objectives, will be bad for work of WHO. Financial statement should reflect in future relation between voluntary contributions and key progress needed. China GDP... Assessed contributions and voluntary is nr 10, willing to contribute to World health, can never fall short of taxpayer expectations.

**Secretariat:** thanks PBAC; evident from fin report that vol contr are earmarked for most part. majority of 2,4 bn balance is earmarked vol contr. Ebola funds 220bn raised asap, since that date subst add funds

raised for eboola. Close collab across UN system. Active attempt to harmonization operations across UN w respect to health insurance liabilities. Staff expenditure: most significant has been HQ operations in Geneva, where most saving were made.

**Chair:** Draft resolution recomb by program budget and adm committee on behalf of EB A68/57: is committee prepared to approve? No objection, resolution approved.

*Resolution ([WHA68.10](#)) adopted; item concluded*

## **Item 21.2 Status of collection assessed contributions, to extent that would justify invoking (B21)**

### **Document:**

- [A68/39](#) – sect report
- [A68/58](#) – PBAC advice

Chair: Also discussed by PBAC in meeting last week: report A68/58 includes amended draft resolution with comments MSs from before meeting of PBAC. South Sudan has made payments, should therefore be excluded from invoking article..

**Ecuador:** Budget issue most sensitive to strengthening WHO's governance. Reg contr Ecuador up to date, due to tech problem this is not reflected in report, please adapt.

*Gracias señor Presidente: Sin duda el tema del presupuesto es uno de los más sensibles para quienes estamos comprometidos en el fortalecimiento de la Gobernanza de la Organización Mundial de la Salud. Creemos que lo que no se puede medir no existe en términos de eficiencia en el uso de los recursos, transparencia y rendición de cuentas. Ecuador entiende que estamos en un año de medio término por lo que podemos ser flexibles en cuanto al aumento de las cuotas al presupuesto general y/o a la apertura de una línea de financiamiento para atender emergencias y la creación de un fondo de contingencia para el efecto.*

*Señor Presidente: Volviendo al tema de las contribuciones regulares, me es grato informar que el Ecuador esta al día en el pago de su contribucion. Entendemos que por un problema técnico que ya esta resuelto esto no se refleja en el ultimo informe por lo que pedimos que la Secretaria tome las medidas del caso para que este pago sea incluido en la revisión del informe citado. Muchas gracias*

**Chair:** Committee prepared to adopt draft resolution, with deletion of South Sudan? No objection, draft res approved as amended.

*Resolution ([WHA68.11](#)) adopted; item concluded*

## **Item 21.4 Scale of assessments (B21)**

### **Documents:**

- [A68/40](#) - report DG

- [EB136.R9](#) - submitted by EB for adoption at WHA

**Mexico:** agrees with doc, reaffirm commit to work with WHO, outcomes of budget 2016-2017 are me, emphasis on efficiency and need for further savings and austerity. Program areas that are underfinanced can be effectively excluded, MSs looking for mechanisms to be more effective.

*Muchas gracias Sr. Presidente, México agradece la oportunidad de tomar la palabra para expresar que observa con beneplácito el documento EB136.R9 que señala la escala de contribuciones para 2016-2017, la cual es la misma que la aplicada en 2014- 2015 por lo que manifestamos nuestra conformidad con su aprobación. La delegación mexicana desea reiterar su compromiso por colaborar con la Organización para que ésta alcance de manera adecuada los resultados que propone el programa de presupuesto por programas 2016-2017 y reconoce la necesidad de disponer de recursos suficientes para el desempeño de sus funciones. No obstante, reiteramos la importancia de seguir impulsando medidas de ahorro y austeridad que permitan que los recursos disponibles por contribuciones señaladas se mantengan como hasta ahora y éstas sean utilizadas de manera estratégica para la ejecución de las áreas programáticas, particularmente aquéllas que por lo general están subfinanciadas. Apreciamos que la Organización, así como muchos de nosotros como EM, busquemos mecanismos para ser más eficientes y eficaces con los niveles presupuestales que son asignados por contribuciones señaladas. Gracias Sr. Presidente.*

**South Africa:** applaud DG for report on scale of assessm 16-17. Res: **urge MSs considering assessed contibutions, which can make significant impact on WHO.** Want to ensure that some programs are fully funded. **SA will contribute above assessed contr previously announced**, 1bn dollar + 50000US \$ + supports adoption of draft res.

**Chair:** comm prepared to approve res EB136.R9? No obj,

*Resolution ([WHA68.12](#)) adopted; item closed*

## Item 22. Audit and oversight matters (B21)

### Item 22.1: Report external auditor (B21)

**Docs:**

- [A68/41](#), - conveys report
- [A68/59](#) - advice of PBAC last week
- [EBPBAC22/4](#) - report subm by secretariat to PBAC on external and internal audit recomm progress and implementation.

**Chair:** Before discussion invite PBAC to inform us on discussion that took place in that meeting.

**PBAC (Katherine Tyson):** com considered report 16-17 and welcomed HR recomm revised HR strategy + report ext auditor , PBAC rec adoption of draft res in doc A68/57.

**External Auditor:** Heidi Mendoza of Philippines to present ext audit report to WHA: Results of report on audit for fin year 2014 in doc WHA68/41: aligned our work with WHO reform agenda. we audited fin statements of (...) value for money audit or T-operation reviews(?). activities involved: accountability and transparency etc. Reviewed appl of accounting policies.

Selective and strategic focus - as we all know managing risks enhances orgs success in implementing strategies. WHO sets to enhance its role in global health governance - HR management will offer material traction to WHO's ability to respond to rapidly changing environment. Contributions and sacrifices of world HCWs. Added value that we have given with our audit - enhancement of accountability and internal controls, modified audit opinion, financial statements ?? - Equity, such flow, in accordance with int public sector accounting standards.

Recommendations:

- implement and maintain a centralised track and tool for donor agreements, to facilitate follow-up and timely recognition of revenue and accounts receivable
- tht WHO enhance its inventory system, disposal of expired inventories/items disposed in warehouses, to curb additional storage fees
- improve quality of data sources, minimise number of overdue reports. Outstanding reports numbers going down, commends secretariat for this

Our audit (Mrs Mendoza): Value added recommendations for efficient management of your organisation. Under programme management, we recognise secretariat effort to improve reporting on accomplishments, However, lack of leverage on this opportunities. Formal mechanism for communication of results in programme area network. recommend continuously improved communication of results in PB2016-17 to improve planned deliverables; working towards achieving set objectives. WHO should formalise change management strategies in frame of HR strategy, develop action implementation plan (HR dept must coordinate with hiring dept), create pool of new leaders going forward, identification of activities...measure accomplishment of staff. Quality of reference framework for learning (?) associated feedback loop to ensure organisational learning objectives being filled. WHO should continue its work in embedding risk management in transitional risk management framework. We recognise work of respective heads of offices in HR management, asset and inventory management, donor reporting, travel. Heads of offices in EMRO, WCO-vietnam, ... - further strengthen internal control to ensure more effective use of resources in your offices. As your external auditor we believe that we have provided you with an unbiased assessment of how your resources are managed in the organisation. We are positive that we have helped the organisation to achieve accountability so as to instill confidence in MS. Accountability and transparency needs of the organisation, creat more value for the organisation. As your external auditor, the Philippines continues to want to serve the organisation with tenacity capacity (...ad more laudative adjectives).

Thank you for confidence you have extended to our auditors. Thanks different individuals who were helpful in the conduction of the audit (director of HRD, regional director of EMRO, acting WHOrepresentative of Vietnam + Pakistan and their respective staff, director of IOS).

**Chair:** thanks for the report, open the floor for discussions

**Lesotho:** thank you chair, lesotho on behalf of the african states, the audit exercise and adherent to accounting standards, External audit confirmed that this; welcome the 8 recommendations stated and discussed in the report, 2% has been implemented appreciated the analytic detail of the report, confirm the need for implementation of the report to enhance the transparency and accountability of the WHO

**Mexico:** Thank you chairman. Expresses thanks for report of external auditor, unreserved position of approval for accounts of 2014, also note the series of recommendations for better management and for effective presentation of financial report in next period and we urge that these be followed (in kind contributions, construction and progress, inventory, continued compliance with DNC). Deadlines must be observed, and effective decisions must be based on programme outcomes for good management.

**Chair:** thank you mexico, if there is no further comments, may I draw your attention to draft resolution recommended by the committee on behalf of the EB, the committee approves this draft resolution, I see no objection,

*Resolution ([WHA68.13](#)) approved; item closed*

## **Item 22.2 report by Internal Auditor (B21)**

### **Docs:**

- [A68/42](#) - report from internal auditor
- [A68/60](#) – report of PBAC on report of Int Audit
- [EBPBAC22/4](#) - report subm by secretariat to PBAC on external and internal audit recomm progress and implementation

**PBAC chair (Mrs Tyson):** PBAC reviewed report of internal auditor. Was very concerned to notice recurrent nature of shortcomings, including direct financial contributions and procurement problems. Requested Secretariat to press on with these efforts. Need to draw strategic inferences as to causes, urgency in this, as proposed significant 2016-17 budgetary increase sought. DG and regional directors described at some length their efforts, committee pleased to recall these efforts. Recommends that WHA68 note the report of internal auditor.

**Chair:** Thanks tyson and open the floor for discussion

Turkey: thank chair, turkey welcomes the report of internal auditor as the external one, we believe the WHO has adapted the approach, and operational effectiveness indicators, more steps can be taken to enhance the organisational transparency and efficiency, rapid implementation of the recommendation will help the reform efforts; Try again, fail better! Turkey looking for further reform and improvements.

**Australia:** congratulate on elections, we would like to thank the internal auditor for the report, we are concerned about large number of unsatisfactory findings of the report, to improving the organisational response at all levels to compliance for financial performance; We look forward to a culture of transparency in the organisation.

**Mali:** Thank you chair, first of all on behalf of africa we congratulate you on elections as chair, you will be fine :\* we have seen on the report there are large problems with management and effectiveness in supervision, we have seen areas of direct; the african region appreciates the report and encourage reinforcement of regional and country offices; Large disparities in effectiveness of management, severe shortcomings internally. Areas of direct financial coop, procurement, as areas where approaching acceptable level. Reinforce monitoring of regional and country offices.

**Sweden:** Behalf denmark, norway, sweden. Crucial for WHO to deliver efficiently on its mandate and improve public health. We have grave concerns, reports paint a gloomy picture, with internal problems which persist. Unacceptably high risk for financial misconduct esp at country office level. 2013-2104 only 4 country offices out of 25 reviewed had satisfactory reports as to internal practices....exception has become a rule. Unsatisfactory in order to mitigate risk. In order to address situation, first line of defense needs strengthened. Supported by sanctions, lessons learned not handled on case by case basis. No tolerance for non compliance. There seems to be systematic lack of adherence to practises at country level. Needs changed.

**Germany:** Stregthening of intenal controls also a priority for Gemany gvt. remains concern. Because not lack of rles and reg but; Lack of knowledge and implementation. Direct financial cooperation: audit: this issue comes up in 8 dif audits. We welcome new policy on DFC. Germany backs Secretariat to adopt clear measures in this field. roughly 7000 staff world wide...Worried by assessment by IOAC that sees culture of tolerance in non-compliance. German answer: to is there any hope? We urge WHO to furtehr improve internal controls, but we see clear signals that senior offical has heard our message. Needs time and sustainable political pressure. Strengthening of controls will remain on our agenda in following years.

**Japan:** Japan welcomes report of int. auditors A68/42: in reform govern has been reviewed and secr reports periodically. Japan believes important for WHO max effectiveness of audit with mangt of HR(!)

**USA:** We wish to align with number of previous interventions. Disturbing findings in audits - we are heartened by commitments of organisation at all levels, commitment at addressing these issues at all levels, and culture change of non tolerance of non compliance. Document can be properly considered now, provides helpful info. WHO has been working on internal accountability tools, risk management framework development - now is time for dramatic turn around in WHO reform to ensure real success - more important than ever given increased resources given to the organisation.

**Mexico:** thank you chair, we would like to express gratitude to report which is important, BPAC we are concerned with lack of clear determination of roles and assessment mechanisms, we need improved clarity of work for Director cooperation, we recognise the shared responsibility we are concerned that number of comments that mechanisms of avoiding conflicts with think non existent, importance of a system to select providers and better allocation of resources, although this could be reflective of increased culture of non tolerance, we would welcome further information on recommendations, we repeat our gratitude to the auditor and we support the recommendations

**Chair:** Thank you Mexico, and may I add Mexico is on a roll!

**UK:** UK thanks Dir of IOS for report. Emph oversight functions. Pleased to see plan to strengthen HR capacity and further recruitments. To increase efficiency account and establish culture of compliance. Welcome initiative to secure external web-based platform, tool for transparency. Issues and risks fraud in report. Agree on importance of prevention and want to learn more on plans to draw lessons. Agree with IOC of ind compliance, to ensure accountability of delegated authority. Fin contr: 73% worryingly high. Efficient use of DFCs necessary.

**China:** we would like to thank the auditor for the report to the assembly, thank everyone, in this report we find the findings have given us new ideas and we have some comments: we noticed still are outstanding audit topics but haven't been implemented yet, we need acceleration of implementation, many of the previous country speakers we need due attention to fraud, we should include the training of international ....., to enhance compliance awareness of the staff

**Regional Director of Euro region:** Thanks for the floor, let me reassure you that we take the recommendations extremely seriously, this is a good governance framework for us, in both regional and country offices; we established the compliance proposed, detailed monthly management report covering finance, management and procurement is established, extensive reports are giving to regional committee regularly 5 times per year and this helps member states to strengthen their oversight; strict and structured follow up of recommendations, the following steps for the coming month, we plan to link the compliance to; finally to strengthen the administrative capacity at country office by recruiting administrative officers

**Reg director EMRO:** Reiterate what EURO said, fully committed (....) Considerable progress has taken place during past years, what we achieved is not enough. Improvement that took place since 2011 is documented in internal auditor report: good practice to share with organisation. well-established compliance and risk mangt transmitted to PBAC. Nr of MSs asked about actions on DFC's (direct fin coop) and strengthening managerial capacities of regional offices. DFC's: using 4 key approaches: compliance dashboard monitored every month, is part of PBS (??) 2014 performance appraisal of WHO representative. 2nd approach: move into direct implementation in countries where there was no compliance. No new direct fin contributions are approved in countries with good reports. This is joint responsibility between WHO and MSs. Strengthening country offices: took important actions. New strong WR. Improvement in nr of areas, DFCs is one of them. tot nr of DFCs in 2014 decreased. 2 face to face meetings every year with WHO representatives and introducing new mangt tool considered internal best practice.

**African regional director:** thank you chair, thanks to delegations for comments and we have taken notes and concerns, the report of both auditors and exports have continued to be of concern and steps have been taken to address these weakness, building awareness and capacities of staff and target interventions is key steps to enhance the performance of the region, we have cooperated with swiss compliance office to enhance our compliance and we are the first to have compliance unity, to make balance between preventive and curative approaches, D F C we increased intensified dialogue on this with member states, we strictly following principles of D&C, we have also developed internet site to raise awareness of our staff started library where they can find reports and books, established KPIs, we

believe the state members have to know what's expected of them, we have recruited 9 international operational officer who were selected based on risk management criteria, we have published request for proposals for assessment of our business plans, also working with other branches of the organisation on how to enhance performance.

**Reg director SEARO:** Taking compliance seriously. Audit reports planned for rest of countries in region. We visited 2 countries in region by compliance officer. In 2014 we implemented dashboards to support country managers, we will enhance this. Will touch on other areas of compliance, like leave and absence. Regional risk approach to mitigate risks. 3 levels of WHO: communicated ICF framework broadly + self-assessment checklist. DFC: following and reporting regularly on it, including use of DFC in region with attention to submitting reports on time. Value for money mechanisms need to be followed, mechanisms in place. We pay attention to internal control and compliance. HR: sufficient and sust resources + behavior, we focus on that.

**Western Pacific Regional Director:** states already heard from previous directors about how committed we are, i would like to explain once again in the last 5 years period we have a teleconference every 2 weeks discussing everything, each region has made a focal point on management and compliance officer, we are working very hard and i can tell you that, we had a very strict management, we create more close relationship between regional and country offices, discussions on how to improve our management, we promise you to do our best as we already do

**Reg Dir AMRO:** represented by PAHO has independent auditing mechanisms. For internal audit: we conduct on ave 12 audits every year, conducted on-site at country offices, no country goes over 5 years without audit. 3X/Yr Brazil and annually in Colombia. every 6M meeting with all managers to review audit recommendations and to strengthen institutional mechanisms to enhance compliance record. Have had issue with DFCs, last biennium made sign progress, we acted on zero tolerance. Invite MSs to look at Executive committee agenda where you see reports on internal and external audit.

**Internal audit director:** thank you chairman, i will be brief, i appreciate the states for cooperation and support, first in relation to reports of concern delegation of mexico your hypothesis is correct that increased report of concern to my office to improve performance of organisation, in relation to some of the old outstanding orders despite the fact that they have all the recommendations in progress to some extent soon we will have report from sec and hope we will close that soon, we recognise the progress made in leadership and regional levels on D and Cs, number of initiatives that has been initiated we believe these are critical to improve, we will continue to follow progress in implementation, finally over we will continue to work to provide management and member states on assesment of management and performance to make sure the organisation is achieving its targets.

**Asst dir general for general management:** MSs raised some very important issues and concerns, we share these concerns and continue to improve the situation. Senior management is taking this serious, indication is for 1st time there were more interventions, complete non tolerance to non compliance. One thing we need to keep in mind: even if it looks worrysome it could be seen as a good sign that we are detecting that. Last 6 yrs we have increased through internal and external auditing as well as



establishment of AOC. Now recognising more problems, it is because they were not detected in the past. Need to get this done, Germany rightly said transparency is key, lot of work ahead on that. Mexico goes on with fraud and irregularities, much more determined approach to detect this, new whistle-blower policy and hotline. New dept compliance of risk management and ethics at HQ, initiated raining to all new WRs and WHO representatives go through ethics training. And new code of ethics under devt. Many examples of how we try to improve sit at country level. Program adm reviews to improve country level performance. Organisationwide GSM : on automatic controls in ... system... Launched new procurement strategy. DFC: please note that info you have is not latest updated, 2014 we have been able to reduce overdue reports in DFC with 60% we need to go down to 0%. What action specifically when seeing issues recognised through audits IOC? 1) follow-up on individual audit recommendation and specific measures on specific recommendation. 2) newly initiated (Sweden mentioned) taking more systematic approach in addressing recurrent issues, DFCs we saw in almost every audit report, therefore new policy on DFC and seeing result. Full accountability, reform and risk management: through WHO reform many things going on, need to see how interlinked. especially WHO staff challenge now trying to address. Actions from strategic level is really cascading down to operational level, sanctions will be taken when we see repeated wrongdoing. At most severe situation dismissal has to be an option. Better communication through whole org and training needed. We need to understand and accept that achieving full results and changing org will not happen overnight, important is to have senior management commitment and continue steady progress in accountability and compliance.

**Chair:** may I take it that the committee wishes to note the report of auditor A68/42, I see no objections so it's adopted

*Report noted; item closed*

### **Item 22.3 Appointment of the external auditor (B21)**

**Chair:** Committee B is on, now selecting out of the nominations list made by 4 countries:

- Canada
- Pakistan
- Philippines
- Sierra Leone

Candidates make presentation in 15 minutes each

Three rounds of voting. First round no absolute majority and Sierra Leone (lowest) is dismissed. Second round: still not absolute majority so Pakistan dismissed. Finally Philippines pips Canada 62/50

*Resolution ([WHA68.14](#)) adopted; item closed*

## Item 23. Staffing matters (B25)

### Item 23.1 Human resources (B25)

#### Documents:

- [A68/44](#) – sect report
- [A68/61](#) – PBAC report

**Japan:** our delegation welcome the efforts, to ensure its mobility required funding must be supplied, full consideration for speciality and capacities to be able to achieve deliverables at right place and time. appropriate allocation of human resources should be taken into account.

**Germany:** HR reform remains high priority of german government, we do all think that it's necessary to increase knowledge transfer between the 3 levels of organisation, rotation will be more successful if centrally administrated, has to be supported by staff that supported to rotate, incentives for rotation has to be better communicated to staff, rotation has to be made in fair manner, I would like to ask about interns we need more information about number of interns and rules that control their allocation especially in expensive WHO locations.

**Sweden:** Nordic countries, one important lesson is confirmation that we need more skills in the organisation, skills would ensure having right person in the right place on the right time, introduction of such policy is fundamental for WHO reform, the report highlights the benefits of the policy, enhance the performance of staff; having more specific than a generic job description is really welcomed, its a step to make the WHO truly international organisation, we ask for more information.

**UK:** we are pleased to hear that the new recruitment system is being developed to deal with emergency situations, we need to know the deadline when this work will be made, with regards performance management we would welcome the secretariats early thoughts on this, we congratulate the HR team for the great progress, it's important for HR to continue acceleration of efforts,

**China:** we thank, appreciates, the report is in line with the reform, since the ebola WHO reflected on its HR strategy to be able to face future challenges, implementing staff mobility schemes WHO must consult MS to ensure that international and national mobility goes along with the needs, WHO has made effort to improve the GEO balance in recruitment yet we see serious lack of personnels in some member states.

**Australia:** Thanks, welcomes, strengthening the capacity to be able to face challenges is critical, recent lessons must be addressed, ensuring that the WHO is adapting to different change, we support the policy implementation, effective measures to address gender balance,

**Mexico:** we are grateful for detailed information, we want to see future reports including aggregated data about the geographical distribution, we see many countries are not adequately represented, the

projections of retirements for the coming 10 years must be taken into account, we still a lot of work is needed to ensure gender equality, the balance between the cost and efficiency must be considered while implementing the strategy, good selection of candidates of staff for rotation is important. ebola was a major challenge, policy has to have an integrated approach.

**USA:** importance of policies that allow WHO to be adaptable, flexible workforce, and mobile. welcomes the policies on the table. important to handle underperformance. supervisors need to have clear steps on how to handle it, including one year probationary period. importance of justice system, with informal systems of conflict management.

**Rwanda:** on behalf of the AFRO, thanks, human resources is one of the most elements of the system, the performance of health systems is based on motivation and incentives. one of the key lessons learned that WHO needs infrastructure systems including human resources to ensure rapid response and deployment, WHO reform should be accelerated specially managerial reform specially HR, our country supports transparency in decision making.

**Turkey:** Thanks, we believe human resources is unique that's why strategy is important, utilisation of the Organisation's own asset efficiently, implementation is not completely matured as the report, we will be following the full implementation of the strategy

**South Africa:** align with AFRO, appreciation for appointment for doctor ..... for HIV and malaria, we have seen increased number of people on treatment in the region, we are pleased in increased number of women in professional levels, we are happy of strengthening of capacity of human resources, we thank heroky ..... for his efforts and wish him success in his future.

**Miss Noky:** thanks for support in implementation of HR strategy. heard gender balance and regional representation. part of accountability compact of MDGs. have umbrella agreements to look for management staff from underrepresented region. learned from Ebola that needs better information systems and we will have a new one, which she will report on next year. Regarding mobility, agree that needs to be transparent and underscores that there will be staff reps involved. from next year, will be implemented on voluntary basis. today, lack of diversity across regions, mobility might help. performance, accountability.

**Brazil:** debates should not be limited to scarcity of financial resources. human resources should be devoted to priority activities agreed by MS and WHA. importance of gender balance and regional representation.

**Secretariat:** Thanks, Brazil's last intervention cause it really captures a really important point while discussing finances we should not forget that our staff is the most important staff, we need to manage and use this staff in optimal way, that's why the strategy is of a key importance for the sec. lessons learned from ebola, we are taking two actions which is sourced of your suggestions, rapid deployment is a key facing emergencies, to establish a roster of the staff on the 3 levels of the organisations who can be mobilized at any moment for emergency situation. we see mobility as a win win situation for the organisation and the staff, it will be dealt as one organisation wide fostering a corporate approach, how

we can use this mobility to be more flexible; finally from UK point, we welcome their follow up, GD and all regional Directors have committed to link compliance with performance assessment process. thank you.

**Papua New Guinea:** importance of human resources to respond to emergencies. flexible human resource strategy is important to respond in timely and effective manner. Salaries of health workers in developing countries are sometimes very low and this needs to be addressed. salary gaps have negative influence. health workers unions in P&G are very strong.

*Report is noted; item is finalised*

### **Item 23.2 Report of the International Civil Service Commission (B25)**

**Document:**

- [A68/45](#) – sect report

### **Item 23.3 Amendments to the Staff Regulations and Staff Rules (B25)**

- [WHA68.16](#) Salaries of staff in ungraded posts and of the Director-General
- [WHA68.17](#) Amendments to the Staff Regulations

### **Item 23.4 Report of the United Nations Joint Staff Pension Board (B25)**

**Document:**

- [A68/47](#)

### **Item 23.5 Appointment of representatives to the WHO Staff Pension Committee (B25)**

**Document**

- [A68/48](#).

The Sixty-eighth World Health Assembly nominated Dr Michel Tailhades of the delegation of Switzerland, as a member for a three-year term until May 2018.