



Highlights from the 6th Day of the 66th World Health Assembly
(Saturday, May 25th, 2013)

Agenda Item 16.1: Global Vaccine Action Plan

Document: ([A66/19](#))

The Global Vaccine Action Plan was adopted at the 65th WHA in May 2012. Resolution WHA65.17 endorsed the Global Vaccine Action Plan and provides for the DG to report to the EB and Assembly annually until the 71 WHA in 2018. The Plan builds on the Global immunization Vision and Strategy 2006-2015, including Resolutions WHA58.15 and WHA61.15 on the same.

The item discussed the report of the secretariat, which outlines the status of progress towards operationalizing of the Plan, and the process and content of the proposed monitoring and Accountability Framework for the Plan.

Member States expressed their support to the report and satisfaction with the progress made. Member States also expressed support for the work of the GAVI alliance. However, some key issues were raised. Iraq demanded that the introduction of new vaccines should be based on studies that are evidence based and according to community needs. The promotion of immunization should not be treated as an aim in itself as immunization is one of many tools for communicable disease control.

Nigeria raised the issue of the cost of vaccine and requested that an indicator be included in the Framework to allow monitoring this issue. Similarly, with increasing demand for new vaccines, Indonesia urged manufacturers to provide new vaccines at affordable prices along with access to production technology. Maldives underlined that procurement of vaccines is the largest challenge to implementing the Plan and demanded appropriate monitoring and price controls. Technology transfer and the development of local production capacity are important conditions for national security in the event of pandemics and sovereign control over population health needs.

The statement presented by PHM and MMI is available at:
http://www.ghwatch.org/sites/www.ghwatch.org/files/MMIStatement_VaccineActionPlan.pdf

The Assembly noted the report, including the proposed Framework.

Agenda Item 16.2: Neglected Tropical Diseases

Documents: [EB132/2013/REC/1](#), resolution [EB132.R7](#), [A66/20](#)

This agenda item started with the report from the EB132.

Many Countries welcomed the report and stressed the need to strengthen the work on Neglected Tropical Diseases (NTDs). Cameroon, speaking on behalf of African Region, focused on budgetary matters and highlighted the need for resources and intersectoral cooperation. Malaysia, followed by others (Solomon Islands, Saint Lucia, Maldives, Pakistan, Mexico, India) drew the attention on the impact of Dengue and the need of enhancing investments for R&D.

Many Countries (Italy, Russian Federation, Switzerland, Iran, Burkina Faso) stressed that poverty is the real root cause of NTDs and that combating NTDs is first of all a matter of equity and social justice, implementation of preventive measures such as sanitation, clean drinking water, health education, a matter of stigma and human suffering, and that working on NTDs cannot disregard the participation of communities in the policy making processes. Italy also announced the will to co-sponsor the resolution. Many countries called for the integration of NTDs in primary care.

The discussion drew to the economic implications: the financial resources for NTDs lack and many Member States called for the need to strengthen R&D on NTDs. Many Countries (Solomon Islands, Japan, Switzerland, USA) welcomed the [London Declaration on NTDs](#), promoted by the “United to combat Neglected Tropical Diseases” partnership, launched in January 2012 when it was presented as “a new, coordinated push to accelerate progress toward eliminating or controlling ten NTDs by the end of the decade”, inspired by the World Health Organization’s 2020 Roadmap on NTDs.

The implication of the London Declaration on the involvement with the pharmaceutical industries are clear and the issue has been raised especially from India, that denounced that the London Declaration does not involve Member States in the fight against NTDs. With the purpose to contain the conflict of interest and to stress the focus on social determinants of health, India, supported by Zimbabwe, proposed some amendments (see [Detailed report of Day 6](#)) and affirmed that the London Declaration should not be used instead of the WHO master document on NTDs.

Brazil, starting with the premise on the fight against the conflict of interest of the pharmaceutical industry, proposed some amendments aimed at restricting the validity of the London Declaration and giving more legitimacy at the WHO documents. Also, Thailand proposed some amendments including the possibility to adopt the “One Health” concept on NTDs.

USA did not object to India and Brazil’s amendments. It did however, oppose to the amendments proposed by Thailand because it would “introduce new concepts” in the resolution.

Dr. Margaret Chan closed the session with a strong call for the “much needed” PPP to achieve the health MDGs. Continuous calls for the engagement of the private sector to close the gaps in R&D were followed by eulogies to the Bill & Melinda Gates Foundation. Dr. Chan affirmed she is working closely with Big Pharma and that the London Declaration was a watershed event; she thanked WIPO and reported she could not participate to its new initiative REACH because MS required WHO not to be implied in conflict of interest, but she stated she strongly supports the initiative.

The discussion followed with UK and Australia that shared the concerns of the USA on the proposal made by Thailand, which replied persisting on this issue.

The discussion ended with the commitment of the Secretariat to prepare an amended resolution that would be discussed on Monday 27th.