

Highlights from the Seventh Day of the 66th World Health Assembly Geneva, 27 May 2013

Committee A

Item 16.3 Malaria

Member States noted the need for continued financial support for malaria control programmes in developing countries. Endemic countries in particular expressed their growing concerns for prominent challenges that currently threaten the control of this illness, including drug resistance, access to affordable medicines, and the low capacity of health systems. Donor and endemic countries expressed their support for incorporating malaria in the post-2015 agenda.

Item 13 (continued) Noncommunicable diseases

The discussion on this agenda item has not been concluded in the plenary on Monday 20th and it was postponed until the end of the work of the drafting group. Among the last interventions from the Member States, Algeria called for the access to medicine at affordable prices and Colombia highlighted the need to address the environmental and social determinants of health.

Ten organizations from the civil society took the floor: among them, IFPMA restated their commitment to set partnerships while GAVI affirmed the need to accelerate the research for vaccines of Hepatitis B and HPV.

On the other side, [Corporate Accountability International](#) called for a strict control on conflict of interest, pushed Member States to avoid partnerships with the private sector and asked the WHO not to encourage PPPs.

Available [here](#) the statement by Medicus Mundi International and the People's Health Movement.

After the conclusion of all the interventions, the US delegate, as Chair of the drafting group, reported to the Assembly the draft resolution proposed by the working group (Documents A66/A/CONF./1 Rev. 1 and A66/A/Conf./1 Rev.1 Corr.1). US reported that MS reached the consensus on revised global action plan and framework, including the 9 voluntary targets. Additional steps have been made through the introduction of terms of reference for a global coordinating mechanism, a limited set of indicators for reporting and a menu of policy actions and cost effectiveness (Append 3). The good achievement is that the participation of non-state actors will be in line with the principles to be determined by WHO on the engagement with non state actors. Progress updates on the note of the UN Secretariat General will follow on December 2013 in order to reach a comprehensive review on the ongoing work of NCDs.

The Secretariat welcomed the work of the drafting group and reaffirm its commitment in providing support to the Member States developing evidence and experience, and focused on the need to improve access to to less expensive and quality generic medicines.

Margaret Chan stressed the need for coordination at global level- global coordinating mechanism- and national level, fundamental to implement the action plan. DG highlighted that global health requires multisectoral and multistakeholder engagement and reminded that this organization does not welcome industry interference, that WHO welcomes partners and stakeholders but transparency and conflict of interest must be safeguarded properly and this will be issue of discussion during the EB concerning the engagement of WHO with non-state actors. Margaret Chan closed stressing the need to increase the assessed contribution by Member States.

Brazil, which was member of the drafting group, took the floor calling for the need of global support and highlighted that the objectives should take into account national objectives that reflect different realities, and that health system needs a global monitoring framework and CEWG should be seen as an important part of the framework on NCDs.

Item 14.1 (continued) Monitoring the achievement of the health-related Millennium Development Goals and post 2015 agenda

Mr Chair presented the draft resolution proposed by Zimbabwe on behalf of AFRO (A66/A/CONF./6). The outcomes of the working group state the need to sustain current efforts to achieve the MDGS, that health is central in the post 2015 agenda and the request of report at the WHA 67. The 27 EU member states announced intention to co-sponsor the draft resolution, as well as Switzerland, Brazil, USA speaking on behalf of the 36 member states of the Americas and Croatia, as long as social determinant of health are included in preamble. The resolution has been approved.

Item 14.1 (continued) Neglected Tropical Diseases

The document A66/A/CONF./7 was presented. Zimbabwe, speaking on behalf of the 46 African Countries, presented the amendment supported by India on the deletion of the references to the London Declaration on page 2.2 line 3. India intervened suggesting, in case the house would not agree, this amendment to be introduced after Op 1.2: ‘as set out in WHO’s roadmap for accelerating work to overcome the impact of NTD and noting the London Declaration on NTDs’. The assembly agreed with the amendment proposed by India and the resolution was approved with such amendments.

Committee B

Item 17.3 (continued) Universal health coverage

This morning the Committee B approved a resolution on the importance of educating health workers for universal coverage, drafted by an informal group during the Assembly.

Item 17.2 (continued) Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

Committee B approved the resolution contained in Document A66/23 and the draft decision contained in Document A66/B/Conf./2. The latter document contains the outcome of the informal drafting group on the draft decision proposed by the delegation of USA (see also the [daily report of May 24th](#)). US welcomed this decision saying that it represents the best opportunity in decades to increase R&D for diseases affecting developing countries and called on Member States to “*put our money where our mouth is*”.

Item 17.5 (continued) eHealth and health Internet domain names

(Documents EB132/2013/REC/1, resolution EB132.R8 and A66/26)

Committee B continued with Item 17.5 having ended discussions on Friday in order to allow member states to mull over the proposed resolutions.

The delegate from Bangladesh accepted the proposal and amendments in the conference. It offered further amendments which it had previously discussed with delegates from Mauritania. One amendment reflected while eHealth is important health data standards and interoperability are as important. Another amendment requested that there be regular reporting on eHealth progress, and the delegate from the USA questioned the cost implications of this. Mauritania and the Secretariat noted that there would be no significant cost implication to regular reporting.

The resolution was adopted.

Item 18 Progress reports

The World Health Assembly noted the Secretariat's report and countries reported on the progresses made.

Closure of the Assembly

This is the link to the Director General's closing speech:

http://www.who.int/dg/speeches/2013/world_health_assembly_20130527/en/index.html