

# WHA 66 PHM Daily Report

Day 5: Friday 24 May, 2013

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## Committee A (8<sup>th</sup> and 9<sup>th</sup> meetings)

### Draft third report of Committee A.

Committee A recommends to 66th assembly [Doc A66/69](#) containing one draft resolution related to Item 14.2 Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children

Adopted

### Item 15.1: International health regulations (continued)

#### Documents

[A66/16](#) and [66/16 Add.1](#):

CHAIR

Following on the discussion from yesterday on Novel Coronavirus.

RUSSIA

Concerned at increased of disease due to the virus, especially in the context of the pilgrimage season coming up. Need recommendations for the pilgrims.

AUSTRALIA

What additional measures were taken after the outbreak at the hospital in Al-Hasa? Precautionary measures? Duration of infectivity?

DOCS

No good information on infectivity. Ministry of health meets regularly to prepare to the pilgrimage time. Measures were taken in Al-Hasa to separate the patients.

CHINESE TAIPEI

Possibility of circulation of the virus in wild animals?

DOCS

Ministry of health has worked with health organizations and have collected samples, which have received approval for shipping for testing in USA yesterday.

DRCONGO

What are the risk factors?

DOCS

Risk factors: male, old, immune-compromise status, health conditions such as diabetes, cardiovascular disease, and some more.

COSTA RICA

Is it possible to make yesterday's presentations available on the webpage of the assembly?

DOCS

yes.

CHAIR

Discussion on [A66/16](#) and [A66/16. Add 1](#) – the table in the annex to [A66/16 add 1](#) replaces that in the annex to [A66/16](#).

BARBADOS: ON BEHALF OF CARICOM STATES

Vulnerability to climate events, natural disaster, communicable disease and radioactive and toxic substances. Building the regional capacity of labs, but it is a challenge. Recognize the importance to comply with IHR, but will need more time, as need resources and capacity, including surveillance, legislations, collaborations, etc. 15 recommendations of A66/16 will guide work in the region and we will fulfill our role.

IRELAND

On behalf of EU and other east European states align with this statement. Coronavirus show how important it is to implement IHR. Recognize how quickly China has shared information on viruses. Will participate in the implementation of [WHA65.23](#)(p39). Support postponing the deadline for implementation of IHR. Regarding recommendation 13 on contingency fund we would like a note on sources of funds and guidelines. This issues needs resources commensurate to priority.

#### RUSSIA

Multifaceted and focus work on improving IHR based on recommendation of review committee. Supports resources and capacity support for countries with limited capacity. Welcomes the national training programs. Welcomes guidelines for control of ships. Single approaches to emerging challenges will allow quick and focused response. Request standardized format on data for surveillance and monitoring. Financial participation for country preparedness, such as bilateral support to CIS.

#### INDONESIA

From past experience, there are guidelines on pandemics and preparedness. Benefit sharing is also important and related to next item on PIP. Request technical support for implementation of IHR.

#### BANGLADESH

Welcomes report and efforts to implement IHR. Committed to implementation of IHR and has made good progress in country capacity building, such as laboratory capacity. However, country capacity is not enough for virus control, financial, material and human resources still needs to be strengthen. Stresses WHO secretariat to raise more resources for the same, as well as for advocacy with related ministries.

#### AZERBAIJAN

Issue is even more relevant in globalised world, with increased communications. Response has to be quicker than even before. Have developed a surveillance system which brings together several levels of information in one database which also makes decision making quicker. Azerbaijan is sharing its data with the WHO. Important to standardize programs for exchange of information.

#### AUSTRALIA

Congratulates China for comprehensive, quick and transparent response, and collaboration with WHO and world community. Saudi Arabia has also responded in an exemplary way. Request to prioritize Coronavirus.

#### USA

Implementation of IHR is one important core function of WHO. Advances in 2005. we join Australia to commend china for more transparency. As global community we are not where we should be. The US underlines the leading role of WHO in technical cooperation, support resources.

#### NEW ZEALAND

We support the criteria proposed by the secretariat. Many countries require capacity building. Recognise the effort made by many states and encourage who to work on the implementation of IHR.

#### NIGERIA (ON BEHALF OF 46 MS OF AFRO REGION)

Difficulties on monitoring and evaluation, we are concerned that they are not met as required, without strengthening the health system in order to meet the IHR requirements. Need to extension the capacity. We also not have relevant criteria to be developed and have no objectives. Provide support to countries that are not able to meet the requirements. Encourage who to go on building and strengthening national capacities.

#### MALDIVES (ON BEHALF SOUTH EAST ASIA REGION)

IHR play a crucial role. The MS still have core capacities gaps. Human resources remains the greatest challenge. Emerging and re-emerging diseases, lack of capacity undermines global health security and IHR has a big responsibility. Fully support to strengthen IHR, multi-sectoral, technical donors support and support countries to commit with IHR.

#### BRAZIL

We have to make sure the countries are really committed. Germany, the technological development is important. Support countries to make progress. Brazil in the process to translating the monitoring public health also through partnerships with Spanish and English. The doc refers to risk areas how to break yellow fever. Vaccination is difficult. We'd like to collaborate.

#### IRAN

Infectious diseases. Under this circumstances the implementation of IHR remains crucial. Strengthening core capacities, international cooperation, allocate adequate resources. We support statement made by Bahrain

#### PAKISTAN

Fully committed to IHR. Monitoring and surveillance. Pakistan still need to mobilise resources and to improve the IHR.

#### GERMANY

Fully align with EU position. How important it is to have outbreaks and to respond in the appropriate way. We are active to strengthen biological detection, diagnostic and treatment. We will provide economic support.

#### MEXICO

Working on the implementation of IHR and implementation of national capacities.

#### CANADA

Commend WHO for implementing recommendations. Encourage WHO to continue developing information for future challenges. Canada supports the extended criterias.

#### PAPA NEW GUINEA

Thanks WHO on the extended deadline for strengthen our capacities.

#### BOTSWANA

Committed to the implementation of IHR (incorporated in constitution)

#### THAILAND

Not only public health sector has to strengthen capacities but allocate implementation at national level. IHR to health ministries meeting and other ministries meeting. Strengthen the advocate policies

#### COSTA RICA

Support the recommendations of Dr Chan.

#### PARAGUAY

We are strengthening core capacities. We appreciate support of Who and PAHO, also for the support of vigilance. We have increased the monitoring and sentinel services. And not only coverage for influenza, not only raise number of sentinel centre without access to healthcare, we need to strengthen health sector through intersectoral and multiprofessional coordinated work.

#### ARGENTINA

Ask WHO best definition of risk map of yellow fever. 36-38 extension to 2014: we support it, MS which could not reach objectives have to be supported, not stigmatised.

#### NIGERIA

Committed to increase national capacities required but ask for WHO support

#### IRAQ

At the inter ministerial, civil society org. the WHO has a really important role for capacity building with other ministries, not only health

#### SECRETARIAT

Some core point have been made. H7N9 and coronavirus are critically important and we agree. A number of countries required extension. The sense of urgency to implement build core capacities is strong. We started this year to define which are the core capacities are but this process started in this EB and will go back to regional committees, will go on. We had several meeting, two in africa: the purpose is to bring MS from the region and donors and technical support from the WHO. Trying to bring together much cohesion and collaboration. There are continuous gaps. Providing training, guides. Very direct point: who provide coordination really require funding. We are working very hard to keep this process going. Ireland on behalf on EU ask for short report and we will do it. Russia asked translation in more languages. Coronavirus situation: we are mindful, close with regional offices working day by day, we are monitoring very carefully. Azerbaijan asked to use technological systems to homogenize the data collection. We have to be ensure these systems are applicable globally. Yellow fever: a single immunization gives life long immunity, this is an important development. How do we determine the risk? The scientific committee has to work on it, but this is just to have an idea on how to address the yellow fever. Agree with Thailand, working

in this direction. With Iran: propose a package of recommendation, but very difficult and linked to regional committees.

DG

What additional thing we can do to support the countries? WHO has many collaborating centres, some specialized in polio, some in ebola, some in others...can we come up with guidelines, what kind of mechanism come from each laboratory?

This is not a country problem but a global problem; we have to find as soon as possible a global coordination. Once gain stress the importance of share information. WHO will not let intellectual properties right to stop information. Thank to many countries who are doing efforts to go beyond this, building laboratories and training people, but if it is not a collaborative centre will not be inserted in the network. WHO has not issued any travel restrictions and will work with you for further assessments. Germany told they will find economic support, Australia too, France, USA, Russia are in consultation with DG. in the budget debate, let me explain you how to address assessment contributions: this is an example of strategic work of WHO.

CHAIR

Assembly is invited to note the report. Agenda item closed.

### **Item 13.3: Draft comprehensive mental health action plan 2013–2020 (Continued)**

#### **Documents**

- [A66/10 Rev.1](#): draft MHAP13-20
- [A66/10 Rev.1 Add.1](#): fin and admin implications
- A66/A/Conf./4: integrating amendments

SWITZERLAND

Supports the action plan as submitted by the secretariat. We need to look carefully at each amendments in doc Conf./4 and at action plan in full.

SECRETARIAT

leads committee through each amendment:

discussion of all amendments

finally resolution adopted!

### **Item 13.5: Disability (continued)**

#### **Documents**

- [EB132/2013/REC/1](#)
- resolution [EB132.R5](#),
- [A66/12](#)
- A66/A/Conf./5

Amendments to resolution as described in Conf paper 5 discussed.

Resolution as amended adopted

## **Item 15.2: Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits**

### **Documents**

- [A66/17](#)
- [A66/17 Add.1](#)

### **USA**

Encourages implementation plan, IHR should be used in implementation. Framework is off to a solid start. Will provide support toward H7N9 appeal request and encourages other states to contribute.

### **TANZANIA (ON BEHALF OF AFRICA REGION)**

Takes note to recommendation of advisory group including how to look at resources from partnership consultation. Afr region encourages equitable & universal access to vaccines in the response. Recommends that WHO take into account the special needs of the Afr reg in response and ensure benefit sharing and that PIP framework continue to be taken into account.

### **IRELAND (ON BEHALF OF EU ETC)**

Encourages timely sharing PIP information. Current H7N9 outbreak is a test for the current framework & shows that what is in place works well. Underlines importance of close natl, intl, scientific cooperation. In particular those in charge of animal & human health.

### **AUSTRALIA**

Further SMTA2s should be done as quickly as possible, so donating \$25000 for this. Encourages 10% of partnership funds be used to direct SMTA2 negotiations. Also giving \$1mil to coronavirus response.

### **BANGLADESH**

Cautions on sharing of benefits and look to see whether all nations are getting equal opportunity at influenza vaccines and whether all nations can afford vaccines. If not this needs to be solved. In context of H1N1 & H5N1 & H7N9—need urgent need for sharing mechanism for vaccine development.

### **REP. OF KOREA**

Global cooperation is necessary. Appreciates efficient functioning of PIP framework.

### **THAILAND**

Welcomes SMTA2 negotiations and wants agreement to be finalized to achieve work of PIP framework. Contributions should be based on benefit. Partnership contribution is important, but not sustainability. Request WHO's adherence to framework. Urges GAP work to continue. Urge partners to implement technology transfers.

### **CHINA**

China responses to H7N9 in cooperation to WHO and within PIP framework which functioned satisfactory. SMTA2 will take time & resources, so it's important to apply transitional measures.

#### NORWAY

No reports of malfunctioning of framework. Need to speed up influenza framework. Two issues, continue implementation while giving sufficient priority to SMTA2. Dir. General should give sufficient resources to this work. Agrees with proposal of Advisory Group.

#### MALAYSIA

Need to enhance laboratory capacity at country level. SMTA2 needs to be completed. Urged greater transparency with vaccine, technology & diagnostic partners. Agree that selection criteria for countries to receive funds from WHO.

#### MALDIVES

Will establish national influenza program. Once established they stand to benefit from PIP framework. Needs support to get vaccines to high risk groups and doing disease burden research.

#### RUSSIAN FEDERATION

Offered lots of thanks for assistance from other countries in outbreak. Urges work on IP issues.

#### COSTA RICA

Supports the document. Should be a report on what countries and industry has been done in this area and transfer of virus sharing.

#### BAHRAIN

WHO should keep up efforts to support developing countries. Supports efforts of WHO and welcomes progress made in implementation of the framework. Cooperation has been excellent & also need to exchange scientific knowledge to improve technology.

#### MEXICO

Prepared to share knowledge & information as they're closely following this. Electronically tracing tech needs to be shared. Mexico wants equal access to vaccines and other biological materials. Need to be more transferring to institutions outside of the international network.

#### CHINA

Shared isolated strain for the first time with H7N9. Will continue to support surveillance activity as well as virus and related benefits. Contribute to vaccine reserve while handling outbreak. WHO should engage with vaccine manufacturers to further promote the implementation of the PIP framework.

#### BRAZIL

Process needs to be more transparent, especially in seeing which country receive benefit. Transparency too in private partners and NGOs who receive benefit.



## INDONESIA

Has shown cooperation with SMTA1 through collaboration with some other nations. Welcome the signing of SMTA2, hope the agreement can be followed with other similar ones with vaccine manufacturers in the future.

## CHINESE TAIPEI

Supports PIP framework to ensure and universal sharing of virus and access to vaccines.

## SECRETARIAT

Comments are generally clear: attest to the status to which the PIP framework is held. Call is clear to intensify and speed up implementation. Also notes call for transparency and for a clear process.

US raised ideas that there should be synergy between PIP and other framework. Two things that should be given attention to in this sense are the Global Action Plan and the IHR.

The largest percentage of funding from partnerships is devoted to (70%) preparedness and 70% of that is for *vaccines* [??].

Ireland noted that contributions should be transparent. WHO knows that funds will be looked at carefully by industry and civil society. So they're taking care to ensure that where funds go is clear to Member States.

Paraguay noted issues with transfer of specimen to WHO collaborating center. WHO will work with them, but has made funds available for training on shipping and for the actual shipping.

SMTA negotiations: SMTA2 are completed with GSK and the Univ of Florida. Five other are under way with various companies and entities.

Japan raised point on revision of guidance on pandemic preparedness. After 2009 H1N1 pandemic outbreak WHO has been consulting with experts to revise guidelines & post in the next week or two. Then get input from countries to finalize the guidance.

Some countries mentioned agreement with AG recommendations that up to 10% of funds be used to help secretariat. This is very welcome because there is a lot of up front work.

Request from Maldives to help develop nat'l influenza ctr: WHO is ready to help with that.

Indonesia: in terms of benefit sharing and agreements being made with commercial entities. Several months of discussion with GSK do raise questions for public health and the company itself. GSK agreed to provide 7.5% of it's vaccine production in the case of a pandemic. And additional 2.5% at affordable prices. Will donate 2mil doses of viral meds to WHO to provide to courses, 8mil at affordable prices. Will let countries know what results are as negotiations conclude.

## CHAIR

Report noted. Agenda item closed.

## Item 15.3: Polio: intensification of eradication initiative,

### Document

- [A66/18](#)

#### MONACO (ON BEHALF OF EU)

During WHA 65 we adopted a strategy plan on polio and EB reviewed in its last session. This is a further review and plan for future activities. Report faithfully reflects the comments made during the Executive Board, especially in relation to systematic vaccination plans. Question, how will the annual reporting take place? Underline the violence against health workers and urge to protect health workers. Propose integrating this as part of national action plans. Financing is a source of concern. Welcomes the decisions taken on vaccine with \$4m financing.

#### CHAIR

Condolences to those countries where health workers have been armed because of doing vaccination.

#### NIGERIA

Not allow the unfortunate incidents and health workers from other countries who also lost their lives. Established a national and states emergency centers. Improved financial situation. In consequence, 7% reduction in polio virus cases. Genotypes have decreased from 14 to 2. Challenge is in scrutiny. Putting place special strategies, including information pools at borders, airports and other hot points. Surveillance is high.

#### AFGHANISTAN

Developed national emergency action plan and have created several bodies for the same and increase communication networks. Only 2 cases in 2013, lowest than ever. Facts indicate Afghanistan is on track. Challenges are education, north west boarder province. Targeting to improve coverage.

#### PAKISTAN

65% reduction in polio cases. In 2013 there is 12% more reduction. Geographical spread is also decreased. This is despite national challenges, including floods, killing of polio health workers by terrorists. Commitment is been maintained despite change of government. Assures that there are special accountability channels to ensure implementation. To retain gains, making efforts... (cut by the chair)

#### IRAQ (ON BEHALF OF EMRO)

Afghanistan and Pakistan are epidemic countries and their progress is progress for the region. Condemns killings and condolences to families. Working for launching of NIDs and other collaborative activities for enhancing country level initiatives. Urges all actors to continue efforts for polio eradication.

#### AUSTRALIA

Support intensification of work towards eradication. Condemns attacks on polio health workers. Commend measures taken by Nigeria, Pakistan and Afghanistan to take measures

and put in place emergency action plans. Routine measles immunization. Supports work under GAVI and polio eradication initiative.

Little tension. Pakistan wants to talk. Challenges the chair. Demands to be given its time again. Chair gives Pakistan 3 min again.

#### PAKISTAN

Putting lot of effort in polio eradication. Working with media and civil society to deal with negative propaganda. Provide security coverage to the many young health workers that are implementing polio vaccination campaigns. Preventive measures in all airports. Will continue to work in collaboration with global bodies.

#### GERMANY

Remarkable outcomes of the Polio Summit of Abu Dhabi. Challenges include interruption of spread in endemic countries. Success of eradication reposes on national plans. In the mid term, goal is to shift from polio campaign to routine immunization campaigns. Need to protect health workers. Extended 100 million euros in 2015-2017.

#### MEXICO

Believes that polio is a global priority and recognize risk of imports. Welcome eradication by 2018.

#### JAPAN

Condolence of attacks. Safety of those involved in polio eradication program is essential and it is a global community responsibility. Welcome the plan, now needs to be implanted. With regard to shift from OPV to IPV, it should not create confusion. Learning from this program will be used to strengthen health systems.

#### RUSSIAN FEDERATION

Associates with statement by Monaco. Global emergency action plan shows the effectiveness of joint efforts. However, difficulties as visible in what has happened to health workers in Nigeria and Pakistan. Campaigns have to take into account local conditions and take preventive measures to avoid such situations. In last few years, efforts have been done to support CIS where Russia has special responsibilities and is fulfilling its obligations systematically

#### BANGLADESH

Supports the report. There has been progress in Southeast Asia region. Last case of wild polio was reported in January 2011. Importance to increase populations' immunity to maintain the gains achieved. 2013-2014 need for supplementary activities for vulnerable populations in order to make achievements permanent. Coverage rate of immunization is 93%. Planed to conduct NIPS along with MSF, but vaccines were not available. Report from secretariat highlights necessity to shift to IPV, and appreciate that it will be made available at affordable price. Health workforce is a global good and offers it the global community.

#### TURKEY

Success of smallpox eradication should be learned from and seen as a model. Consensus in countries where polio is still endemic for eradication. Where circulation of virus companies, plan guidelines should be followed.

#### THAILAND

Recognize steps need to be taken in next 6 years. Availability and affordability of adequate vaccines should not be an issue. WHO should advise on practical steps.

#### USA

Supported polio endgame strategic plan, and was pleased to see the amount of financial supported donated in Abu Dhabi. Obama is donating \$165m for polio eradication in 2014. We must improve management of immunization programs. We were pleased to come to consensus amongst member states reached at the EB in January.

We reiterate that: countries should fully implement WHO vaccination procedures for travellers; in border countries, countries should refuse transit to people who refuse vaccination; in the case of unexpected delays, we highlight the potential need for additional measures.

#### UK

Aligns with Monaco. £300m donated at the vaccine summit in Abu Dhabi, enabling 1 billion children to be vaccinated, and we hope for good evidence for progress. Monitoring needs to be systematic and transparent. We welcome the determination and commitment from Nigeria, Afghanistan and Pakistan

#### IRAN

Calls for sustained political commitment. The role of WHO and partners to enhance the availability of vaccines cannot be overemphasized .

#### EGYPT

Brings up the significance of waste management. We would like to point out that we need to request assistance for WHO.

#### SLOVAKIA

Continues to implement the Plan of Action

#### INDONESIA

Calls for vaccine manufacturers to provide vaccines at an affordable price, and for donor countries to support endemic countries. Eradication of polio requires commitment at the political level, as well as competence and basic capacities for monitoring. We urge WHO to continue with its consultations with pharma so that we can cope with cost of campaigns

#### INDIA

The government supports the initiative by employing medical professionals to endemic countries.

#### KENYA

In view of the outbreak in Kenya, we are working on coordination and surveillance, especially in rural areas. Urges WHO to strengthen surveillance system.

#### MALDIVES

The country faces backlash and misinformation by anti vaccination campaigns, which has led to a slight dip in vaccination coverage. Extends support for a polio-free world.

#### CANADA

We need to increase local acceptance of vaccination. The vaccine action plan must align with polio eradication plan.

#### LUXEMBOURG

Despite progress, and after the recent cases detected in Somalia and Kenya, we must increase our efforts. One clear observation: new challenges are arising regarding security and safety (specifically the deaths of health workers). We encourage the establishment of restructured mechanisms for better coordinating security and conducting risk evaluation. The pledges in the Abu Dhabi summit are commendable. Lack of protection for future generations is unacceptable if financing is compromised in the coming years. Our financial commitment goes beyond 2013

#### UNITED ARAB EMIRATES

We would like to praise statements made by other delegates regarding the Abu Dhabi summit. We support WHO efforts in this area as all other states.

#### BRAZIL

Polio eradication is one of the most important issues for global health. Global polio emergency responses is positive, but we need more policies.. Every country has to contribute. There should be strong, coordinated epidemiological surveillance and immunization . Brazil will cooperate with the donation of vaccines.

#### INTERNATIONAL FEDERATION OF THE RED CROSS

Our volunteers risk their life every day to report episodes of infection. Every child can be reached, only if invest in capacity and in organizations like the Red Cross.

#### CHINESE TAIPEI

Supports the resolution. Standardized immunization record system has been introduced in our country. We welcome IPV instead of OPV vaccine.

#### SECRETARIAT

The emergency plan is actually working. We thank the governments who financed the new plan, as it was a fantastic event. About the concerns: The virus is still moving, in Cairo and Somalia. We need to immunize children as a critical first step. A new vaccination approach is to be introduced and it has to be delivered within the next 3 years. Close collaboration with GAVI will be required for more concrete actions. It is also important for us to ensure alignment with the global action plan is on the agenda, and this is still to be done.

Vaccination of travelers in 2015 should be ensured.

There is sufficient supply to support the present strategic plan, and we also wish to indicate that we require additional capacities.

CHAIR

The report is noted

## **Item 16.1: Global Vaccine Action Plan**

### **Document**

- [A66/19](#)

IRAQ

Regarding introduction of new vaccines, there should be joint studies that are evidence based according to community needs. For this, we need to make sure we are going after the most important point. IPV is one of the important challenges and it requires more effort from WHO and MS for personnel capacity building and encouraging evidence-based capacity research. Mass gatherings ought to be taken into consideration to incorporate regional efforts. Overcome defaults in primary vaccination.

BAHARAIN

The report sums up progress made for GVAP and strategy. The action plan is going to be useful. Thanks to all. Good to ensure it takes into account people all over the world. We celebrated vaccine week- thanks for the initiative. We call for nationals to be developed to be consistent with global plans. MS may need help with this to monitor and assess these diseases in their countries. We support the action plan.

BARBADOS

Strategy: high immunization coverage, surveillance and introduction of new vaccines. Support GVAP. They are on SAGE to monitor the progress of the action,

TOGO (AFRO)

In spite of difficulties, AFRO has lived up to their vaccination commitments and have reduced polio and measles. We are also affected by conflict and security issues. We note the framework for monitoring and accountability and the SAGE advice. Given the challenges in our region, we hope we can be sufficiently represented at the SAGE. SAGE assesses how much resources go into these campaigns. The indicators are important to understand what is happening with financing. Accountability is important and the womens and children's accountability framework can bring together good practices for sharing. We need to strengthen capacities..AFRO need better advocacy for reducing costs in vaccines, and rheumatism. We are recommend the adoption of this report.

THAILAND

Undergo level indicators and targets: at least 90 of 2015 and all of 2020 targets have introduced one or more new vaccines 'based on adequate evidence and input from the country'. This decision depends on multiple factors. This allows non-GAVI eligible countries to make decisions based on what policies are best. Suggesting that the financial

investment indicator to be changed (?). Proposed to insert the number of WHO PQ DCVMNs in developing countries

#### NIGERIA

The cost of vaccines is increasing rapidly. There is no indicator for tracking this. We urge the Secretariat to include an indicator that tracks vaccine prices. This is an issue particularly for GAVI graduating countries.

#### TIMOR LESTE

This is the strategic framework to guide strategic decision making. Thanks to SEARO for launching a regional initiative to identify areas where it needs to step up systematic vaccination. We introduced a new vaccine with GAVI in 2012. It's important to look at vaccinations for other preventable diseases, like rotavirus.

#### RUSSIAN FEDERATION

In the report, we see the basic thrust of the activities and measures that need to be adopted at global, regional and country level. We are looking at coordination of activities and broad range of information. SAGE activity on indicators can be a basis. In the future, these should be revised. We want WHO and UNICEF to guide national immunization plans. This would facilitate matters for MS. We want to see accountability for these indicators and harmonized procedures. We support the whole report.

#### USA

We agree with multiyear costed immunization plans within the process. We note that high level national commitment for data collection and monitoring is critical. This will require follow up. We support tracking countries national immunization expenditures. The framework is effectively defined. Some indicators will require further clarification and definition. Standardization is needed between MS. We commend SAGE for supporting GVAP. For LMIC who are not GAVI eligible, it will be critical to identify resources for vaccination, including surveillance. Be more ambitious on the adapted vaccine indicator. We urge cost effective delivery and affordability for the entire vaccines package. We support robust routine immunization programs. We comment GVAP for including polio.

#### INDONESIA

GVAP is an excellent strategic framework. This is needed for regional and global level. We believe that every human being gets all appropriate vaccines. We are confident that high coverage of immunization could achieve the measles, tetanus and polio eradication. This year, Indonesia will introduce liquid penta into its national program. We will do our utmost to achieve all indicators. With increasing demand for new vaccines, we urge manufacturers to provide new vaccines at affordable prices along with access to production technology.

#### BANGLADESH

We have achieved most of the global targets for vaccination. Hip, Hep B and Rubella all introduced. PCV will be introduced this year with GAVI. Several pharma companies are looking at producing vaccines locally. How can we measure confidence in vaccination at

subnational level? We appreciate SEARO for improving routine immunization. We support the framework, but request that indicators are defined and refined for measurement.

#### BOTSWANA

Vaccination is a core component of human right to health. We support the M&E framework. Noted introduction of measles second dose, penta, and rota vaccines. Asking WHO and GAVI to assist countries in bringing down the costs of vaccines.

#### TURKEY

Problems are being experienced because of antivaccine groups. WHO should launch initiatives against anti vaccination groups.

#### MALDIVES

Has maintained over 95% vaccination coverage. Committed to achieving polio free status and measles elimination. We want to prevent the reintroduction of these diseases. All MS developed focused plans to increase immunization coverage. Procurement of vaccines is the largest challenge. The rising costs and limits of availability and accessibility of vaccines are a threat to this. These concerns are shared by Bhutan and Sri Lanka. We need appropriate monitoring and price controls.

#### PARAGUAY

Immunization is a priority. We have introduced chicken pox, Hep A, HPV. Transporting and stockpiling vaccines is a problem. We are developing new strategies to address these issues. People need to be aware of the need for vaccination and we need more effort to reach distant communities.

#### ALGERIA

We are committed to implementing GVAP and organized a workshop on updating vaccination timetable. We have HIV, measles and polio. These vaccines need to be made available at a reasonable price and we need the most modern vaccines. We expect to pay the correct price for these vaccines. We need a mechanism like GAVI for the interim period.

#### MEXICO

We are promoting a global initiative for improving health. In 2007, we covered 13 diseases. We continue to support vaccination. WHO should continue to encourage secure immunization.

#### TO BE CONTINUED

### **Committee B (4<sup>th</sup> and 5<sup>th</sup> meetings)**

#### **Draft second report of Committee B**

- Document (Draft) A66/68 containing nine resolutions entitled:
  - Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
  - Special arrangements for settlement of arrears: Tajikistan



- Scale of assessments for 2014-2015
- Foreign exchange risk management
- Report of the External Auditor
- Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization
- Real estate
- Agreements with intergovernmental organizations
- Reassignment of South Sudan from the Eastern Mediterranean Region to the African Region
- And one decision entitled:
  - Appointment of representatives to the WHO Staff Pension Committee

### **Item 17.3: UHC (continued)**

#### **Documents**

- [A66/24](#)
- A66/A/Conf./2
- A66/A/Conf./2 Add.1

#### **TURKEY**

Remarkable progress has been made in Turkey since 2003; there were inequalities and limited access to PHC services. The biggest part of health expenditures were dedicated to hospitals. In 2003 our government set up a programme in order to overcome these problems based on strengthening PHC services. As a result, the 98,2% of the population has now health coverage. Some lessons can be drawn from this experience. Reforms must quick results; it's important to achieve quick results asap in order to gain the political support and visibility. The global commitment to UHC will help us maintain our achievement.

#### **COSTA RICA**

In our country we have strengthen UHC, especially for poorest people, through intersectoral policies that ensure UHC with SDH as cross cutting approach

#### **CHINESE TAIPEI**

We have heard many times UHC in this assembly, that has become the key word. To give you real example: we implemented UHC with commitment to Alma Ata (health promotion, disease control and social security). Barriers have been turned down and no single individual has been left out. We implemented coordinate efforts for health. We had visitors from all over the world to study our programme, and w we will be pleased to continue on this way and support WHO.

#### **WORLD VISION INTERNATIONAL**

Since out of pocket payments remain high in many countries, people are often pushed below the poverty line when they get sick. Removal of user fees is fundamental to guarantee access to health services. Transition to UHC must be accompanied by a broad package of health services. User fees should not be replaced by informal fees. Social health insurance mechanism perform badly for people who are unemployed, while tax mechanism work

regardless of the level of unemployment. The work on UHC should be accompanied by work on SDH, access to sanitation and nutrition.

#### INTERNATIONAL COUNCIL OF NURSES

UHC as a priority, health as a human right. Most emphasis has been given to financing but not to the health workforce. Strengthening PHC to reach the most vulnerable must include nursing. UHC cannot be achieved without an appropriate number of well trained nurses

#### MMI/PHM STATEMENT:

*Thank you, Chair. I speak on behalf of Medicus Mundi International and the People's Health Movement.*

*Medicus Mundi and the People's Health Movement appreciate the work that WHO has done in recent years in promoting health systems strengthening. At last we are addressing the financial barriers to access and the disaster of health care impoverishment. This is to be applauded.*

*However, we are uneasy regarding the slogan of universal health 'coverage' rather than universal health 'care'.*

*The history of global policy making around health systems has been marked by some really bad directions. The UNICEF policy of 'selective primary health care' promoted a small number of specific interventions but ignored health care generally. From the early 1990s the World Bank promoted stratified health care with a safety net for the poor and private insurance for the rich. And since 2000 a plethora of global health initiatives have promoted the vertical fragmentation of health systems.*

*It is clear that the slogan of universal health coverage has been adopted as an umbrella term to bring together a number of global institutions, many of whom have very different interpretations of UHC and many of whom are WHO donors. The World Bank, with whom WHO is collaborating very closely on UHC, has for many years promoted inequitable and stratified health care with a prominent role for the private sector in health insurance and health care delivery.*

*This model carries a number of well known disabilities: first, stratified health care weakens social solidarity and the willingness of wealthier people to contribute to the cost of health care for all; second, the regulation of costs, quality and over-servicing in the private sector is much more difficult than in the public sector; third, mixed health care provision is associated with fragmentation and duplication in service development and delivery; and finally, private sector providers have a very poor record in implementing the principles of primary health care; in particular, in working with communities to address the social determinants of health.*

*It appears that rigorous policy formation has been compromised by the ideological preconceptions of WHO's donors.*

*Chair, we appreciate the references, by Dr Zuma and Dr Kim, to Sidney and Emily Kark and the Pholela health centre in the 1940s. However, we need more than rhetorical*

*commitment to the principles of primary health care and we need to avoid yet another false move in the appalling history of global policy for health systems.*

*Thank you.*

#### SAVE THE CHILDREN

We also pleased to congratulate the WB for their commitment. Quote Dr Kim's words. We have to go forward to build health systems accessible and affordable. WHO and WB have complementary roles to support the pathway to UHC and support governments that are responding.

#### IFMSA

Appreciate WHO's work on UHC. We call for a broader vision of UHC based on the following points: link coverage to access; human resources of health remain the neglected block of UHC; health system must be sustainable; vulnerable groups must be appropriately addressed. We hope to see UHC in the next generation of goals.

#### INTERNATIONAL ALLIANCE OF PATIENTS' ORGANISATIONS

UHC is critical to deliver health care. What is meant by UHC? The definition must be patient-centred, quality and appropriate treatment. Only with this approach the goal will be achieved. There is the opportunity to work on essential medicines and to include that in the post 2015 agenda.

#### SECRETARIAT

UHC is more than health financing. Population-focused action is as important as individual intervention. Strong emphasis on equity is needed. Thanks Korea for financial support, and BRICS commitment towards establishing a monitoring framework. We will hold a technical briefing to clarify the definitions of UHC in partnership with WB.

#### CHAIR

The drafting group is still working in Room 23 this afternoon and therefore we will leave this agenda item open.

### **Item 17.1: Substandard/spurious/false-labelled/falsified/counterfeit medical products**

#### **Document**

- [A66/22](#)

#### BRAZIL

Instead of looking for conceptual definitions, we need to develop a clear guidance for regulations in this area. WHO has established a working group that identifies behaviours and actions that are associated with this work so that they may be prevented and controlled. We believe this mechanism creates a new method of work, where Member States may be involved in technical work to make the operation more implementable. Propose that the steering committee meet with a rotating chairperson until the definitive chairperson is appointed.

## MALAYSIA

We support the initiative. The steering committee should be formally instituted so that efforts will be coordinated more efficiently. Meetings should be organized at regional level before the steering committee meeting. In Malaysia we established regulatory framework and are willing to share our experience with others. We should also invite other stakeholder (e.g.pharmaceutical industries) on needs bases. A realistic action plan is needed. We support the idea of getting commitment from MS and regulatory authorities.

## BAHRAIN

We need to focus on the quality of health officials. There is need to strengthen the global detection system and information exchange on counterfeit medicines information

## NIGERIA

Aligns with Zambia regarding SFC. Welcomes this new document. With the passing of WHA 65.19, it became imperative to establish a way forward within our national affairs to do our part to address this issue, which we have done through various efforts to strengthen the supply chain (involving legislation and a task force). We are the first country to conduct a structured survey with WHO on this issue. The Argentina meeting came out with clear recommendations with a method of work. We call for a true Member State mechanism, where the steering committee will be enabled to function.

## ZAMBIA: (ON BEHALF OF AFRO)

We would like to express our gratitude to Argentina for hosting the first meeting of the MS mechanism. Problem of SFC continues to be a major public health concern globally. No single country is immune. We reaffirm our commitment to the MS mechanism in order to protect public health. We commend the work done so far. Draft work plan needs to be adopted by SC. We reinforce our commitment to the presidency of the SC to the African region. Eliminating these products is a top priority for African region. We have to be aware of the many challenges faced by our countries (poor infrastructures, problems in regulatory authorities) and we have to be fully aware that there is not a simple solution for this problem.

## INDIA

Concern with use of counterfeit and need for common understanding of the meaning of SSFFC. Oppose linkage of WHO with IMPACT, in any way. Have participated in activities on these issues. Inform that drugs and vaccines from India are exported world over. Approved manufacturing sites. Strong domestic regulatory system which has been inspected and found to be robust. Have made progress with regard to QSE. Need to create working group to identify conditions and behaviours that create SFC, this is what needs to be expedited and resources need to be allocated. Supports proposal of Brasil regarding a steering committee chair by rotation.

## MEXICO

Grateful for the Secretariat report. We are in favour of the work plan. We are convinced that there should be no SSFFC product in the market that cause adverse effects and cause confusion to health professionals.

## INDONESIA

Indonesia supports international collaboration on this issue. Indonesia feels the need to make immediate action. We encourage the creation of an open-ended working group. In the absence of consensus this is unlikely, and thus there will be no progress. In conclusion, Indonesia is firmly committed to tackling this issue.

#### AUSTRALIA

SFC is serious public health issue of concern. Support the role of WHO in regional and global cooperation. Participated in first MSM and look forward to finalization of working plan. Urge for cooperation to finalise issues, including question of presidency. Notes proposition from Brazil and will think about it.

#### UK (ON BEHALF OF EU)

We appreciate the report. The progress in the work of the mechanism is slow, quick advances are needed. There is also a lack of agreement on procedural issues, we are therefore disappointed by this process. Europe hopes that these difficulties can be overcome quickly. Each MS should nominate technical experts for the next meetings. EU looks forward to engage constructively in this process.

#### UK (on behalf of UK)

on the problem of SSFFC in Western-Central Africa.

#### THAILAND

Concerns: Definition of SSFFC must be clearly definition; to drive the agenda, a national, regional, and global collaboration must be free of alternative interests; cConsumers must be protected; indicators are needed to assess and monitor implementation. To move forward: reiterate the importance of qualification of steering committee members and chair person.

#### CANADA

Outcome of first meeting of MSM show commitment to addressing impact of SSFFC. Need to better focus activities to prevent and control SSFFC. Supports proposition of rotating vice chairs. Need to reach agreement on names quickly. Proposes a meeting of interested states and continue work towards work plan.

#### ETHIOPIA

Support the statement by Zambia on behalf of Afro. We would like to stress that quick detection technologies should be emphasized. Regional integration to fight the problem of SSFFC is also needed.

#### OMAN

Having read A66/22 concerning the mechanism and workplan and the resolution: we would like to express its full support for mechanism 29 appearing in the annex; we also support objectives 1-8 (annex 2); re para 6 regarding legal instruments, Oman feels that we should adopt laws with the aim of strengthening state capacity to regulate and control these matters.

#### TANZANIA

Aligns to statement from Zambia. Supports work done so far, but delays on decision on chairmanship has delayed the work decided in Buenos Aires 2013 meeting from East and South Africa for assisting in monitoring and controlling SSFFC to better deploy resources in the region. Reaffirms commitment against manufacture, distribution and transportation of SSFFC.

#### PHILIPPINES

This is an important area of pharmacovigilance. Philippines is a pilot country and is actively participating with WHO with this. We want to strengthen national and regional capacity. A system forcing ethical promotion of medicines and quality, safety and efficacy of data will strengthen safety. This can be achieved with off patent generic medicines. This can also be part of SSFSC- leading to a threat of loss of credibility. SSFSC must be inclusive of monitoring generic medicine products. We recommend that rec 8 be retained.

#### CHINA

We should precise and widely adopted definitions of SSFFC, which should be compatible with international laws. We recommend that: for Member States to learn from each other and engage in joint work; Share information amongst administrations on major cross-borders cases; conduct investigation to improve admin within countries.

#### IRAQ

Essential issue to ensure good quality of medicines. Our policy on medicines makes that each pharmaceutical company should present certificates on their products. Medicines cannot be marketed without our being sure of quality. Can share expertise on this area.

The proliferation of SSFSC is a real and global challenges for NCDs and communicable diseases. The MS provides an opportunity to confront this with a public health perspective. It's been 6 months since Buenos Aires meeting. We have not yet reached consensus for the chair. US suggests that the WHA recommend that the steering committee vice chairs operate on a rotating basis for a limited term. SSFSCs increase in scope and complexity as we wait.

#### ARGENTINA

We are making this statement on behalf of several countries in the Americas. We are pleased with the Secretariat report and the outcomes of the meetings in Buenos Aires. We support Brazil; and USA regarding their proposals and moving forward. We need open-ended plenary meetings with adequate regional representation. Regarding working groups: the conceptualization of the problem will allow for more specific terminology; we are moving in the right direction, and urge Member States to continue; we need to deal with the pending issue of creating a working group when we meet in July. We support the proposal made by the USA, Brazil and India regarding a rotation of vice chairs.

#### MONACO

Aligned to UK statement on behalf of EU region. In relation to question of chairmanship, WG cannot function in an informal fashion. Vice chairs have been identified and can play the role of chairs, so that work can go ahead.

#### RUSSIAN FEDERATION

The problem of these products is of transnational nature and a serious threat. We support the UK statement. We need special instruments because of the danger of these products. We need an interstate policy and pooling of the information. Russian Federation wants to participate. We will intensify our campaign against these products. As a result of efforts of the international community, in 2011, the SSFSC convention was signed. Provides for obligatory participation regarding information on the production and distribution of such products. This needs to be paired with surveillance. There need to be seminars in Russia for healthcare workers.

#### MALDIVES

We highlight the issue of regional capacity for monitoring the supply chain:

We note the need to bridge knowledge gaps among public health professionals, this can be achieved through greater advocacy

#### PAKISTAN

SFC important public health issues and critical area of work of WHO. 2. MSM is taking the work forward in the right direction. In that view, need a resolution on Chair, Brazilian proposition is one of the options. 3. Workplan is pivotal. Need of strengthening the domestic regulatory mechanisms.

We would like to express our regret with regard to the delay in electing a chairperson for the steering committee and we agree with Argentina's suggestion for catching up the delay in this issue.

#### SOUTH AFRICA

We align with Zambia

#### UK

Speaking as UK. Emerging consensus on rotating chair as no opposition, might proceed on this basis

#### CHINESE TAIPEI

Come mostly in contraceptives, sexual enhancement and one more. Have taken measures in relation to these. Including increasing education mechanisms. Recognize that international cooperation is effective and essential. Has integrated initiatives on quality in the region. Advertising on these medicines has also been worked on.

#### INTERNATIONAL ALLIANCE OF PATIENTS ORGANIZATIONS

We represent the interests of patients worldwide, representing 350 million patients. These products pose a real threat to the lives of patients worldwide. We support the member state mechanism, in particular actions towards strengthening and capacity building, particularly labs and communication. We would like to see progress like that of the anticounterfeiting task force. We believe that the MS mechanism will include stakeholders with expertise. This includes health professionals, regulators and patients. We can't allow SSFSC undermine our health systems.

#### INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURING ASSOCIATIONS

The time has come to put patient safety at the core. Chair, fake medicines cheat and kill people, and lead to drug resistance. The internet facilitates trade in this area. Patients have ½ chances in purchasing false medications on fraud websites. We need to raise the profile of anti-counterfeiting . WHO must protect safety and quality of medicines.

#### INTERNATIONAL PHARMACY STUDENTS FEDERATION

IPSF has interest to ensure that risks of SSFFC are addressed. Even countries with stringent regulations are at risk of SSFC to infiltrate the supply chain. Sophisticated technologies are used and make it more and more difficult to find out of SSFFC. Issue of patient safety. Students can make a difference in raising awareness. Anti-counterfeit campaign against the treat of SSFFC. Internet pharmacies are a treats and countries should take steps to control them. Hope countries will collaborate and we also.

Support the role of WHO on SSFSC work. We are concerned with the pace of implementation- only counterfeiters are benefiting from this. SSFSC is only one symptom of a larger issue in quality of medicine. This is important to getting effective medicines to those in need. There needs to be appropriate resources allocated to this.

#### SECRETARIAT (ASSISTANT DG FOR HEALTH SYSTEMS AND INNOVATION)

The Secretariat is pleased about country-specific actions, but we look forward t international action. We look forward to the finalization of a fully work plan. Assembly recommends that the committee be based on a rotating mechanism for the Chair to ensure appropriate representation.

#### CHAIR

Underline that work was to note the report. There was a proposition from Brazil for a rotating chair, which has been supported. Asks Brazil to make a suggestion

#### BRAZIL

The assembly decides to recommend that the presidency of the SC of the MSM operates on basis of rotation for an interim period without change in the mandate of the MSM. Reference to vice chairs is implicit in this proposition.

#### CHAIR

Brazil proposition is approved. Report is noted. Item is closed.

### **Item 17.2: Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination**

#### **Document**

- [A66/23](#)
- See also [detailed records of discussion at EB132](#) (from page 172)

#### DR. VIROJ

This opened ended meeting was following the CEWG group. This focused on innovation, public health and IP. Aimed to promote innovation, build capacity and mobilize resources to diseases that disproportionately affect developing countries. The resulting document is after three days of hard work. It is a consensus document. The meeting



continued until 2:30am with the presence of DG. The outcome represents an outcome. Three steps of reporting: 1. by the 67 WHA there will be two reports a. review of existing coordination mechanisms and b. review of mechanisms contributing to r&d 2. another report on the implementation of R&D demonstration projects 3. There will be another open ended meeting prior to WHA 69 and will report to WHA 69. This is the maximum that we could go at this point. Several concrete steps were proposed: development of R&D observatories. In light of these advances, please adopt this draft resolution and diligently implement.

#### CHINA

China thanks the Secretariat for the report for the open-ended meeting of the Member States. A66/23 contains a drafting resolution with actions that can be implemented immediately. However, comments for implementation: we hope that the observatory will create a network for promoting R&D; demonstration projects should focus on focused priorities; we hope that these projects will provide importance for long term sustainability of R&D work. We would like to know if the Secretariat has any concrete action plan?

#### INDIA (ON BEHALF OF SOUTH EAST ASIAN REGION)

Sincere appreciation to CEWG report. SEARO has taken actions, including regional consultations at regional committee. This resolution has provided a basis for the draft resolution. Has initiated a study on SEARO region to prioritize activities and determine regional priorities to discuss and delineate a plan of action. The proposed resolution calls for specific actions by MS to improve coordination and implement R&D demonstration products. CEWG recommended a binding commitment, but consensus fell short. It is critically important to resolve these contentious issues. We need a continued discussion to find solutions.

#### USA

US is pleased to support the report. We believe that the consensus resolution represents our best opportunity to increase R&D for diseases in that are primarily affecting developing countries. Market forces alone won't solve these issues. We hope we can turn attention to next steps for implementation - observatory and clarification on demonstration projects. Would like to propose an additional decision point on this item:

*MS direct WHO Sec to convene an advisory meeting including govt reps and tech reps and private sector at the earliest possible date in order to take action for global R&D financing in accordance with the terms of the resolution including biomedical research community and R&D funds managers. This group will define methodologies for coordinating research in ways that emphasize de-linkage from product to price and seek voluntary financing to demonstration projects.*

We can't put resources into a resolution that is not clearly defined. We need to define projects. There is flexibility in the next MS meeting date in the resolution. If this advisory committee can demonstrate progress on these projects, the US would be willing to meet at an earlier rather than later. Suggest that we extend the item to allow additional consideration of the decision point.

#### CHAD (SPEAKING ON BEHALF OF 46 AFRICAN COUNTRIES)

The African has not exhausted its consultation. At the current stage, funding for R&D has not been optimal for African countries due to market mechanisms. We need to have a fund for funding R&D, which can be paid into voluntarily from Member States and donors.

#### IRELAND (ON BEHALF OF EU AND ADDITIONAL STATES)

Support reports and recommendations of the plan. Established a research observatory within WHO, expect to improve data collection mechanisms. Allows MS and WHO to take immediate projects with involvement of relevant stakeholders. Need to define finances. USA proposal will be considered.

#### JAPAN

We appreciate efforts of Secretariat. Congratulate draft resolution. Hope the resolution will be adopted. Current R&D is insufficient for diseases like TB, malaria and NTDs. Japan, BMGF, and Japan's companies established the global health innovation technology fund. This is Japan's commitment in line with the resolution. We will mobilize Japanese research capacity and effective partnerships.

#### BOLIVIA (ON BEHALF OF UNASUR)

Funds have been insufficient for R&D. Support global observatory as a global opportunity. The use of open platforms and collaboration in research to create global public goods should be part of the guiding principles. We believe there is a need to continue this dialogue. We should discuss this sooner than at the 69th Assembly. We are aware of the proposal made by the US, we are willing to work with them to find a common point

#### OMAN

Once we have studied the documents of CEWG and resolution, we wish to thank the experts. Thank the MS who participated. We were there and discussed financing R&D with the aim of taking full benefit of the Nov 2012 meeting. As a result we prepared the resolution before us. We are going to do our best to implement the resolution based on needs. We want to stress that we are the 2nd country of EMRO to hold national and regional consultation to discuss the R&D projects and will follow the CEWG group. April 6-8th roundtable with recommendations sent to WHO. In favour of the observatory.

#### NORWAY

Welcomes results of the meetings and working groups. Represent concrete steps for monitoring, coordination and financing. Shares the goal that R&D should contribute to furthering health progresses. Concurr with CEWG on that financial responsibility is shared. Now that growth has taken countries out of poverty, look for more responsive responses from countries in the south. Lessons learned to be shared by 2015 so work has to start. Design projects within this timeframe. Look forward to participate in strategic design.

#### INDONESIA

We support India. Current activities are not sufficient for addressing R&D globally. We are convinced that strengthening capacity, including investment, will enhance capacity in developing point. We would like to highlight the need for capacity building in technology transfer in LMICs. We are in view that approaches can be improved through enhanced

financing. We support all efforts for global coordination. Reiterate our support for full funding at the global level.

#### SOUTH AFRICA

We support the adoption of the proposed resolution. We view this as an opportunity to address market failure through coordination and pooling of resources. Will create foreseeability and reliability. Noted comments made by USA and Bolivia and support the principles. Have expressed support for concrete action. Increased assessed contribution towards creation of the observatory. Congratulates Dr Viroj.

#### MALDIVES

We align ourselves with SEARO. Emphasizing the need for all health partners to share health R&D contributions for the global observatory. Wanting a more concrete financing mechanism than the voluntary financing mechanism. We have limited health R&D capacity. We need to partner with regional research centers.

#### CHAIR

##### Announcement

The text proposed by USA will be distributed and will be read out after everyone has spoken after lunch. We need to bring forward progress reports on NCDs at some point

#### ARGENTINA

The system of incentive for promoting R&D is based on incentives leading to mechanism that lead to monopoly. Argentina feels that draft resolution represents a consensus. These are regarded as a step forward. The consensus attained is only on partial areas and insufficient to address the problem. We need further discussion among member states. There have been advances in setting up an observatory and suggestions put forth by the committee. Takes note of US suggestion and we are open to dialogue. The draft resolution should be approved without amendment and should be approved without operative para 4.7 (in [A66/23](#) which requests the DG to ... to convene another open-ended meeting of Member States prior to the Sixty-ninth World Health Assembly in May 2016, in order to assess progress and continue discussions on the remaining issues in relation to monitoring, coordination and financing for health R&D, taking into account all relevant analyses and reports, including the analysis of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination.)

#### FRANCE

Support for EU statement. It didn't provide appropriate framework especially for developing countries. We commit ourselves to make support in this issue. The proposal made by US is appropriate but there is the need to clarify 2 points: should include NGOs and CSOs; and be looked at by the governing bodies of UN.

#### COLOMBIA

In this process, efforts have been made to close the gaps that exist in health technology. We recognize that CEWG and draft resolution and UNASUR represents progress. We have the opportunity to act so that in the near future R&D incentives and drivers will respond to

the needs. Committed to seeking solutions to outstanding matters outlined by CEWG. We agree to allow for spaces of govt and academic discussion before 68th WHA to discuss challenges and report on financing. The development plan has defined a major percentage of resources from mining to go to health research. We have a national commitment that offer an opportunity to provide coherence given the challenges of universal coverage. Innovation is part of creating prosperity. Needs to solve innovation challenges in low and high income countries. Need measurable, simple and high impact solution consistent with rational promotion of technologies and equal access too.

#### KOREA

Need for a global convention on global healthcare R&D but we want a study in advance.

#### CANADA

Agrees that inadequate monitoring of R&D is a barrier to identify gaps. Supports review of existing mechanisms that help with coordination on R&D. Support the US decision point.

#### MEXICO

We welcome the effort of states that have led us to adopt this resolution.

#### SWITZERLAND

Support the doc. There are short coming for certain diseases: establishing a global observatory, to meet the gaps that exist in the countries today. This will add value for the future of the process. We should initially work on the base of that exist. We need DNDI MMV already proved in the past, we need to give priority to NTDs that require treatment. We are aware there are other project require financial solutions. If it improve it is an appropriate terms we can continue. Scientific research: essential to create synergies and find solutions for NTD. We propose an amended adoption of this resolution.

#### IRAQ

Pay tribute to the enthusiasm of the DG to this issue. We need mechanisms for R&D in public health.

#### LEBANON

Congratulate the CEWG. Call for adopting innovative financing, in the field of UHC most needed.

#### CHINA

Based on CEWG; recommendations represent improvement. We fully support the resolution.

#### TANZANIA

Aligned with AFRO statement. We acknowledge the step-wise approach. A global observatory is something we support. The country and regional consultations are a result. We focus on what progress can be made. Don't forget to focus on outcome. Look at diseases that disproportionately affect the poor. These should be viewed through a lens of transition to

scale. We are willing to engage in dialogue with US decision point. Endorse the resolution without amendment.

#### ZIMBABWE

Thanks for the very good report. We appreciate the three key activities proposed. The recommendation should include more and the meeting among states should be in 2014 instead of 2016

#### CHINESE TAIPEI

Improving monitoring coordination for type I, II, and III in developing countries will create a better society. Need to promote capacity building. We are ready to share health research technologies to provide training and funding. Healthy and sustainable systems requires help from all.

#### COUNCIL OF HEALTH RESEARCH FOR DEVELOPMENT

We endorse Global Health observatories- but monitoring capacity must be built from the bottom up. It's an opportunity to strengthen country resource capacity and is more sustainable. Financing: nothing with happen without commitment. On the demonstration projects- they must incorporate de-linkage and other principles of the CEWG. They must progress the multilateral progress. The more years added, the more people failed. No need to wait until 2016 to take action on R&D financing.

#### IFPMA

We need a mix of vision and pragmatism in this debate. We welcome undertaking systematic analysis of type 1 and 3 diseases. We need to understand key gaps in research. Member companies remain engaged in this area. R and D in these areas are increasing (40%). These projects are carried out collaboratively.

#### [MMI PHM STATEMENT](#)

*Thank you, Chair, for giving me the opportunity of addressing the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.*

*We wish to congratulate the WHO on providing leadership to the entire process to promote "Health R&D" in a framework that delinks the cost of innovation from access to health products. Many Member States have played a commendable role in developing a Global Strategy and Plan of Action, elements of which have been elaborated as practical actions in the report of the CEWG.*

*The resolution on the follow up of the CEWG report represents a necessary step forward in this process. We wish, however, to bring to the notice of Member States some concerns regarding the resolution.*

*The resolution proposes some concrete actions, including the establishment of a global health R&D observatory; and the implementation of a few health R&D demonstration projects. For these actions to be translated into real change, greater clarity is necessary. It is necessary that these projects are coherent with the principles outlined in the GSPA and the*

*CEWG report, including the principles of open innovation and the delinking of the costs of innovation from the price of health products.*

*The terms of engagement with private for-profit entities need to be clarified, so as not to replicate the negative features of the present IP based framework of conducting research. While the actions proposed in the resolution are small steps forward, fundamental changes in the landscape of innovative activity related to health products, requires more decisive and bold measures.*

*While we continue to ‘observe’ and ‘demonstrate’, millions will die not because new products cannot be designed to prevent many unnecessary deaths, but because we are still to develop systems of innovation that privilege human lives over patents and profits.*

*Real action continues to elude us, even a decade after the WHO set up the CIPIH to initiate a process to stimulate development of new R&D models that would address the unmet needs for new products, especially among poor patients.*

*The GSPA had constructed a roadmap to redeem the promise of the CIPIH report. At the heart of its recommendations lies the call to commence discussions on a global R&D treaty. We are disheartened that the proposed resolution falls far short of expectations by postponing discussions on the R&D treaty.*

*We urge member states to take a decision that is based on the consideration that we can save many lives tomorrow if we choose to act today. We urge member states to set a clear date, in the next few months, when discussions on the global R&D treaty can be initiated.*

#### MSF INTERNATIONAL

The central recommendation of the CEWG report was for Member States to start formal negotiations towards a global framework – an R&D Convention – that would strengthen coordination and financing of medical innovation and would define global norms to ensure the cost of R&D is de-linked from the price of products and thereby secure the widest possible access.

Médecins Sans Frontières (International) welcomed the analysis and recommendations of the CEWG. MSF field teams bear witness to the fact that the current innovation model is failing:

- Gaps remain where commercial incentives are insufficient to encourage R&D: we need vaccines that are needle-free or that do not have to be refrigerated, to reach the millions of children currently being missed; previously treatable diseases are becoming difficult to treat because of antibiotic resistance; there are no appropriate diagnostics or drugs for children with tuberculosis, and no tool to determine whether someone is cured of Chagas disease.

- Products are too often priced out of reach. Newer vaccines are particularly expensive and threaten the sustainability of immunisation programmes. New HIV or cancer drugs can cost hundreds of times more than average annual incomes.

This shows the necessity of developing an innovation model that is health needs-driven and results in medical innovation that is accessible and affordable to all.

MSF remains concerned by the lack of ambition in the operative part of the draft resolution, which is weak and lacks definition. Despite the clear recommendations of the CEWG report, the resolution could postpone WHO-level discussions on a global R&D Convention until 2016. There is a disconnect between the recognition of the scale and urgency of the problem and the fact that proposals for transformative change are again being postponed.

The draft resolution is minimalist, proposing just three concrete actions:

- a) monitoring R&D through a global observatory;
- b) setting up ‘demonstration projects’;
- c) developing norms and standards for classification of health R&D, to systematically collect information.

These elements are important. It is critical, however, to ensure that they are designed and implemented in a way that builds on the conclusions of the CEWG report. This work should be guided by the principles of innovation with access, as outlined in the report. We urge Member States to show the political will, and ensure technical and financial resources are there to drive these proposals forward in a meaningful way.

This resolution is just the starting point. Although the medium-term framework of the GSPA is set to come to an end in 2015, much of its ambition remains unfulfilled. Member States need to look to the longer-term framework that will be needed to ensure affordable, needs-driven innovation. Meaningful progress on financing, coordination and the agreement of global norms must follow.

HAI/KEI

Can KEI or HAI post the statement?

IFMSA

We believe the health needs of neglected population have to be met. Welcome a global health observatory. We call leadership from MS and WHO to open knowledge collaboration and innovation, competitive and affordable production for public goods. This must include Include civil society.

ADG

We have started preliminary work and we thank member states for their support.

CHAIR

We do have before us some new text (US text). I see significant support for the resolution. I suggest that we spend time on the additional draft decision, then when we’re clear, we come back to the formal approval of the resolution, then the formal approval of the draft decision.

Incomplete, but draft decision:

*MS direct the WHO secretariat to convene an advisory meeting including government representatives including at the discretion of the secretariat external actors in addition of the ...*

*Such a meeting should particularly include members of the biomedical research community at a technical level and those currently involved in managing funds for R&D in order to*

*1. assist in the identification of translational research priorities and coordinating .... In ways that emphasize de-linkage from product price and identify ways to ... advocacy and seek voluntary financing...*

USA

We had some discussion during lunch. Colleagues from Ecuador and Argentine came to us proposing some changes. The points raised by France are also very important:

[further discussion of words]

THAILAND

We welcome the proposal and want to suggest that the 'discretion of Secretariat' be deleted.

[further discussion of words]

BOLIVIA

Welcome US proposal but we have problems with the proposed language. We would like to work on some alternative wording.

[further discussion of words]

IRELAND

delete the word translational, Instead add consider all appropriate projects

SOUTH AFRICA

[suggesting a clearer structure for the decision]

Missed the end

ARGENTINA

Thanks to UNASUR on openness to considering other possibilities. Where there is reference towards other interested groups, we want to add a reference to conflicts of interest. Take out translational, too.

CHAIR

An informal group will be meeting to clean the text. To be chaired by South Africa.

DECISIONS POINT (24 MAY 2013, 9 PM DRAFT)

In order to take forward action in relation to monitoring, coordination and financing for health R&D and in accordance with the terms of Resolution A66/23 a technical consultative meeting should be convened by the Director-General at the earliest possible date, over 2-3 days, in order to assist in the identification of demonstration projects that:

- address identified gaps that disproportionately affect developing countries, particularly the poor, and for which immediate action can be taken;
- utilize collaborative and open-knowledge approach to R&D for coordination;



- emphasize the de-linkage of cost of R&D from product price; and
- demonstrate voluntary and sustainable financing mechanism.

The demonstration projects should provide a model for future working and evidence for long term sustainable solutions.

The whole meeting will be open to all Member States. The Director-General shall invite experts from relevant health R&D fields and experts with experience in managing funds for research and development. The Director-General shall ensure regional representation and diversity of expertise and experience.

The meeting to be held in early 2014. It should be complementary and consistent with the Regional consultations referred to in operative paragraph 4(4) of Resolution A66/23. The meeting will be in two parts: firstly a technical discussion among the experts followed by a briefing to and discussion by Member States.

A report of the meeting will be prepared and presented by the Director General to the 67th World Health Assembly.

<http://keionline.org/node/1730>

#### **Item 17.4: The health workforce: advances in responding to shortages and migration, and in preparing for emerging needs**

##### **Doc**

- [A66/25](#)

##### **BURKINA FASO**

We must ensure that UHC becomes reality in Africa. Support countries in Africa to implement Code

##### **BAHAMAS**

Report addresses requirements. We embrace value of Global Code of Practice. Migration from Caribbean still a challenge. Today greater awareness and stronger push that we build capacities. Attrition is now key, address push factor. Increased education. HRH essential for UHC. Ministries of health from region collaborate with regulatory bodies and others.

##### **THAILAND**

There is huge room for improvement concerning the international migration of health workforce, the government of thailand strongly discourage the recruitment of health professionals from country experiencing lack of human resources.

Thailand is supporting border countries in training professionals. Collaboration among various stakeholders is vital.

##### **IRELAND (ON BEHALF OF EU COUNTRIES)**

Economic crisis has exacerbated pressures on health systems. Natl policies are key to providing sustainable workforces. Encourage member states to establish national authority as

provided in the code. Europe is the only region with 80% of countries having a designated national authority. Requests WHO to give guidance and support in further work.

#### INDONESIA

Thanks for the report. The key to success is strengthening commitment among stakeholder to mobilize resources together. We are working on this issue and we have developed a human resource development plan. The plan is expected to mobilize support from different stakeholders. In order to achieve the MDGs we need to be supported by a qualified workforce. As a sending country, Indonesia is working for the implementation of the code. We ask that also our destination countries will adopte the code.

#### ETHIOPIA

Call on WHO to work with nations to address this issue.. Those countries who are gaining professionals from developing countries have a moral duty to help those who are losing.

#### BARBADOS

MS reporting is incomplete. Health workforce situation is multidimensional, there is no harmonization between countries. We suggest that what we require is more than a health workforce registration system. Greater efforts is required by WHO and we request the DG to give guidance in respect to creation of HR observatory.

#### USA

Of countries who have establish a national authority and fewer who have made a report. When barriers are identified, tech guidance can be provided and also assistance with reporting & data collection. Current instrument is not good for reporting current trends. Taking measures to increase health workforce in the US. US continues to support training ops for healthcare personnel globally, especially in Africa.

#### MALDIVES:

Appreciate the report. Stress the importance of the WHO global code of practice. Need for better data on health workforce migration and needs. Maldives's health system is supported by expatriated workforce. Need for strengthening health workfocrce regulatory system. Important role of nurses and community health workers in health promotion, especially in remote areas. In absence of medical colleges, we ask WHO to help us building national capacity.

#### SWITZERLAND

There is a need for monitoring of implementation, so given lack of sufficient reporting and the fact that a new report is due in 2015, there is a consideration of the format of the questionnaire of the involvement of civil society in this exercise. It should offer a guide to implementation of the Code. There is a loss of support on this within the WHO with restructuring, so how can there be effective follow-up and how can we avoid losing experience gained over time? Sect should make use of those that have been received. Para. 9 offers a not so clear future. Measures to encourage further reporting (para. 6) there is a lack of coordination and comprehensive data—in the past coordination with OECD gave better information, so encourage close coordination.

## AUSTRALIA

Welcome the WHO efforts. We are working hard on this issue, we're implementing a health workforce reform. Concerning data collection, WHO should work with OECD that is doing research on the effect of crisis on health workforce.

## BRAZIL

Shortages demands mobilisation of WHO, agencies in countries and many different sectors. Has created department to work on initiatives related to this matter. Particular conditions in countries should be taken into account. Need help from WHO to tackle common problems. In November Brazil will hold 3rd Global Forum on health human resources & invites all member states.

## INDIA

Commend the work of WHO. Availability of human resources is vital. A large expansion of medical school is necessary. The distribution of medical school is uneven, therefore we are trying to help the underserved States in India. Training of paramedical and community health workforce is fundamental. We are committed to increase access to health care services in order to reach UHC

## CHINESE TAIPEI

Has put practices and programs into place in this area. Also have problems such as work overload and shortages in critical care and in rural areas. Hopes to establish long-term cooperative make improvements in this area.

## [MMI STATEMENT ON HEALTH WORKFORCE](#)

*Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International, the European civil society coalition "Health workers for all and all for health workers" and the People's Health Movement.*

*Let me focus on some aspects of the WHO led monitoring process of the implementation of the WHO Global Code of Practice.*

*The first critical issue is information sharing, transparency and accountability: Member States are the main responsables for Code implementation and requested to report on its progress. On the other hand, the Code mandates the Secretariat "to ensure (...) that comparable and reliable data are generated and collected (...) for ongoing monitoring, analysis and policy formulation" (art.6.4). Last year we were eagerly waiting for the disclosure of country information gathered through the National Reporting Instrument developed by the Secretariat – and then had to learn that they will not be accessible for us. We are certainly aware that the results of the first cycle of implementation monitoring are possibly partial and geographically not yet balanced. However we believe that transparent release of National Reports contents is an essential requirement to create, maintain and increase both accountability of the Member States and the commitment of civil society which, as stated in the Secretariat report, is engaged in opening dialogues on Code implementation at national level.*

*The second issue we would like to highlight is related to the first one: the lack of sufficient dedicated capacities and financial resources within WHO Secretariat and at Regional Offices and Member States level. Three years after the adoption of the Code, instead, the HRH unit of WHO Secretariat is reduced due to financial austerity and shifted priorities from Member States and donors, while Regional Offices appear in some cases to have insufficient resources to even adequately liaise with Member States on the issue. This may have had an impact on both monitoring and reporting on Code implementation, including on the rate of Member States involvement in the process in some WHO Regions.*

*The implementation of the Code and necessary monitoring involved demands commitment, leadership and a spirit of ownership for the Code at all levels. The spirit needs to be further developed, as the Code is one of only few regulatory instruments developed and adopted by WHO over the last years. The success or failure of its implementation will be seen as a case study for the capacity of WHO – and its members – in the field of global standard setting and regulation. This links the technical issue of Code implementation with the overall issue of WHO reform and the role of WHO in global health governance.*

#### INTERNATIONAL PHARMACEUTICAL STUDENTS FEDERATION

Notes the need for collaborative practice and notes the inclusion in the report of the need for pharmacists to be included as their separate category of practitioners. Some pharmacists are already being involved in patient care, including ARV adherence. Pharmacists are one of the most accessible healthcare practitioners. IPSF promotes effort for increasing access to education and training for pharmacists.

#### IFMSA

Concerns: 1. lack of information on the implementation of the code by some MS; strong and robust monitoring system are necessary; 2. health professional training; 3. role of the global health workforce alliance, it an underutilized and underfunded resource; 4. lack of inclusion of medical students in policy debate

#### SECRETARIAT

Implementation of a code has seen progress but there is much to be done, including establishment of des national authorities and country reporting on code implementation. WHO recognizes the importance of CSO in implementing code. More work is also needed in improving monitoring of code implementation. Will strengthen with OECD for data reporting/collection. Will continue to prioritize work on this with support of networks and country offices. Global Health Workforce Alliance is working on many health workforce issues including code implementation.

### **Item 17.5: eHealth**

#### **Docs**

- [EB132/2013/REC/1](#)
- Resolution [EB132.R8](#)
- [A66/26](#)

DR.MOHAMMED

We're talking about draft resolution EB 122.R8 and A66/26, aiming to improve access to ICT services and stressing importance of ehealth standardization.

Should provide support to member states to implement adoption of standards. The necessity of protecting the names and acronyms is recognized. EB request to combine the two drafts resolution.

#### BANGLADESH (ON BEHALF OF SEARO)

We propose to not combine the two drafts. SEA Region supports EB132.R8. Wants to adopt 10 pt strategy on this issue. Now they understand the importance of interoperability. Refers to lots of different technology that eHealth needs standards for many areas. Need for adoption for this is urgently needed to guide countries so they can get to designing systems and not doing work that will be wasted. Draw attn. to strategy to UN initiative on women and children, Mental Health Action Plan which all need guidance and standardization will be necessary.

Offers resolutions, but chair asks that they be saved til end. Bangladesh says that the two should not be combined because eHealth and the .health domain name are separate issues.

#### MAURITANIA (ON BEHALF OF AFRICAN REGION)

ICTs play a crucial role when it comes to align resources for health system development. Many of our countries use ICTs to support health systems for socioeconomic development for our countries. We cannot allow private entities to take over WHO's role.

#### FRANCE

We support Bangladesh's propose for two separate resolutions.

#### CHINA

We appreciate the efforts of WHO. We believe it is a secure use of circulating information. However many countries are forced to adopt under marketing pressure before re-engineering of existing resources. Should evaluate cost effectiveness before adoption, taking into collaboration of different countries. strengthen collaboration with non profit organizations. To ensure the acronyms to be fully protected in registration.

#### RUSSIAN FEDERATION

RF is happy to support the work of the secretariat on implement strategies of ehealth. This work however cannot be refined to merely general measures, we need to refine and cooperate in a joint network, coordinated by WHO and implemented in a way, it can be monitored. It's important to make use of the cyrillic alphabet when it comes to the domain names.

#### SPAIN

Appreciation for the report. We are focusing on the availability of clinical records.

Par 2 raise interest points. The existing knowledge is a good starting point but have to develop important knowledge by clinical and technical knowledge, continue to work to improve standards of knowledge in order to meet different needs to combat inequalities.

Organization is fundamental to make use of the opportunity to use electronic clinical records for more reliable registration. It's important to simulate scientific studies in the area of health information.

#### INDIA

Aligns with statement of Bangladesh on behalf of SEARO. Welcomes the national ehealth strategy of 2012.

#### MALDIVES

Align with Bangladesh. Appreciate the leadership of WHO. MS have to develop initiatives coordinated. In Maldives we have strengthened eH in the country. And also working telemedicine. Integrated information systems in real time data for develop evidence based decision making. On a concluding note, support WHO in leading role to improve.

#### ESTONIA

Aims to promote equal access to public services, ehealth is one of its cornerstones of an open society. Last year our president proposed to European commission three key issues: The need for an integrated approach, with improved flow of information, including patient files. To support health literacy, so patients can understand. Third, ehealth communication techniques must earn the trust of the users. Estonia welcomes the resolution on ehealth

#### INDONESIA

Support statement by Bangladesh. The importance of standardization. Standards supported by WHO. We stand to the cooperative and necessity of strengthen capacities and agreement at national level. The importance of eH to improve quality also through telemedicine, teleradiology

#### PHILIPPINES

Recognize the critical role of ICT in health. Need to ensure to follow standards.

#### USA

Health information technology important for quality health care for all individuals. Set strategies and appropriate governance on eH to endure patients strategies. Encourage WHO in ICAN registration.

#### JORDAN

We're making increasing use of the internet. It provides mutual certainty and confidence for users to adopt ehealth with transparency and providing health services. Support ICAN.

#### CANADA

Express appreciation and recognise the leadership of WHO, support global strategy. We intend to continue efforts internationally and evidence based eH. Important to find balance between use and protection of informations. The protection for crime has to be reduced, we support the importance of working on .health domain.

#### BAHAMAS

Support the resolution of the 51st directing council of PAHO. Bahamas have a strong need for ICTs in health as an archipelago with many islands. We applaud the development of handbook on standardization. We support draft resolution.

#### LEBANON

Improve access to health services, noting the role for providing secure information and importance in decision making. eLearning has been used for training medical doctors. For the achievement of MDGs we support to strengthen the role of eHealth.

#### FRANCE

Sorry for taking the floor again. We should work with appropriate bodies, including ICAN in order to ensure responsibilities with names and domains protect WHO and acronyms.

#### MAURITANIA

Think about it over the weekend, result other states and will come back on Monday

#### CHINESE TAIPEH

CT has been developing ehealth for years, by implementing our electronic health records.

#### MMI/HIP STATEMENT

*Thank you, Chair, for giving me the opportunity of addressing the distinguished Members of the World Health Assembly on behalf of Medicus Mundi International, Health Innovation in Practice and the People's Health Movement.*

*Internet increasingly proves to be an essential tool for many people in the world to access health information. In countries with limited resources it may even be the single source of such information.*

*Decision-makers, health professionals, patients, as well as the general public, must be able to rely on evidence-based, quality controlled information from trusted sources for promoting and protecting their health.*

*New top level domain names, TLDs, will soon be added to the internet top level. ICANN is currently reviewing all applications, including those for “.health”. All the applicants are commercial and intend to sell “.health” on a “first-come, first-served” wholesale and auction basis. None of the applicants belong to the health community. We are therefore extremely concerned that this TLD could be assigned without giving due consideration to global public health. This would mean placing private interests ahead of the public interest, which is not acceptable for us.*

*We support the objections filed by the At Large Advisory Committee (ALAC) and by the Independent Objector against the “.health” applications. We are concerned that the general safeguards proposed by the Governmental Advisory Committee (GAC) may not be properly enforced, thus providing no guarantee that “.health” will be operated in the global public health interest. Attributing and operating “.health” without defining and applying strong pro-public health criteria would pose serious threats to people's health and privacy, especially in developing countries.*

*WHO member states' awareness of the possible damaging consequences of the current ICANN process is still far too limited. The same deficit of knowledge applies to the public health community. It is urgent that these most concerned actors fully understand the need to set up appropriate mechanisms for governing ".health" in the public interest, based on agreed principles that will ensure that this domain is reliable and can be trusted. The global public health community must be given a central role in the process.*

*We hope that WHO member states and secretariat will take immediate steps for convincing the ICANN board to postpone the attribution of ".health", for a start. We urge the WHO secretariat, WHO member states and NGOs to intensify their action, through ICANN, the Governmental Advisory Committee and other relevant players, for making sure that the ".health" TLD will be attributed, operated and managed in the interest of global public health.*

*Thank you*

SECRETARIAT

We have heard support to ensure to protect domain, name and acronyms. We are already working on it and come back on Monday