

# WHA 66 PHM Daily Report

## Day 6: Saturday 25 May, 2013

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### Committee A: 10<sup>th</sup> Meeting

#### Draft Fourth Report of Committee A

##### Document

[A66/70](#) containing two resolutions entitled:

- Comprehensive mental health action plan 2013–2020
- Disability

#### Item 16.1: Global Vaccine Plan (continued)

##### Document

[A66/19](#)

GAVI

We are focusing on MR this year and will introduce to 49 countries by 2020 and HPV in 40 countries by 2020. Make fully vaccinated child the goal.

INTERNATIONAL FOUNDATION OF PHARMACEUTICAL MANUFACTURERS (IFPMA)

Commends WHO's leadership. We need a holistic approach to vaccination-development of adapted and safe products and R&D in vaccines to meet unmet needs. We are ready to offer continuous support.

MSF

We work with MoH to deliver vaccines in many of the weakest health systems. We respond to outbreaks. More than 22 million children are not vaccinated. Two targets are missed. The adapted vaccine target is unambitious- we call to increase this to 5. The high vaccine prices threaten the sustainability of vaccine programs. Many MS called for this last year. GAVI policy does not allow MSF to access their negotiated price needs- this constricts MSF in answering MoH to reach unvaccinated children.

WORLD VISION INTERNATIONAL

GVAP includes health related targets. Despite the progress, almost 20% of children are not fully vaccinated. Coverage gaps persist between and within countries. Immunization is a challenge for the 35 low income countries not eligible for GAVI. We call on MS to ensure that financing mechanisms incorporate migrants.

MEDICUS MUNDI/PHM:

Congratulate WHO on vaccines. The M&E framework should not be treated as an aim in itself. The indicators do not place indicator targets within a broader framework on cost structures and health system priorities. WHO should support countries in undertaking their own cost-effectiveness plans. More support is needed to developing vaccine R&D in developing countries. Need to address the underlying components of health. WHO is over-relying on donor funding.

PHILIPPINES

We urge WHO to help us acquire vaccines at more affordable prices and conduct cost-effective analysis.

WHO

Thanks for countries on their ambitions, commitment and action. We continue to see accelerate towards progress on GVAP. There is polio and tetanus progress. On DTP3 coverage, the momentum is positive. Thankful to governments for introducing PCV & rota. Hoping that these actions will have a significant impact of U5MR.

WHO

This ensures that progress within immunization is sustained. The goals, milestones, and indicators included are ones to which stakeholders need to be included. We have noted the comments from Thailand, Canada the US (and ?) and we will bring these back to SAGE. Affordability: since prices for vaccines vary depending on country and procurement mechanisms, finding one indicator is challenging. We have set up a special group to find an indicator. There will be a report on vaccine prices at the next WHA (confirm). The DG is behind this request.

CHAIR

Report noted. Agenda item closed.

## **Item 16.2 Neglected Tropical Diseases**

### **Documents**

- [EB132/2013/REC/1](#)
- Resolution [EB132.R7](#)
- [A66/20](#)

EB CHAIR

Dr. Mohammed, report from EB meeting: Jan 2013 Executive Board considered report by secretariat on NTDs. Member states expressed strong support for strengthened country capacity. The assembly today is invited to consider the resolution.

CAMEROON

Speaking on behalf of African region. The budgetary resources allocated via multinational support have been very helpful, thank you donors. We continue to face several challenges: Our budgets for NTDs insufficient; Improvement of visibility of NTD programs; Intersectoral cooperation; Follow-up on impact. Our region supports the resolution, as it insists on coordination and reaffirms the need of integrated NTD programs

#### MALAYSIA

We support the draft. Give special attention to dengue. It has grown dramatically. The number of reported cases has doubled to 50-100 million cases/year. But the Lancet estimates that there are 360 million cases/year. Dengue has now surpassed malaria. The only strategy is vector control, but there is varied and broad habitat. We need more than conventional vector control- we must enhance investment in dengue R&D. We need these tools to implement the R&D report recommendations. We need to act in a more coordinated manner. With global warming, increased travel dengue is at increased risk of spreading.

#### SOLOMON ISLANDS

Experiencing dengue outbreak which is very significant for such a small population. Thanks WHO for support and calls for continued support so that health systems can be strengthened. Support common integrated approach for previous & continued. Support the London Declaration that this should be part of UHC that prioritizing public health needs of poor people and brings care at sustainable costs. Need well-trained and motivated workforce as well as involvement of other sectors.

#### JAPAN

Commend the London Declaration

#### TURKMENISTAN

Turkmenistan's work is well known and would like to help effort to combat NTDs. Appeals to WHO to continue efforts in this area. Supports resolution.

#### ITALY

The magnitude of the problem is clearly shown. The achievements and progress made and the burden of disease on poverty and socio-economic development. We call for strong support of the resolution. We consider it a very good, important resolution that we want to co-sponsor. This is a matter of poverty elimination, MDGs post 2015 and social justice. They have our full support.

#### RUSSIAN FEDERATION

The first step towards combating NTDs is taking forward preventable measures that address the root causes, including pathogens and sanitary conditions. Countries must take their own national measures and strategic planning with sufficient management and monitoring. We support the draft resolution.

#### ST. LUCIA

Dengue is endemic & recently due to climate change, have had more frequent outbreaks in mostly young, susceptible population. Other diseases are still present in St.

Lucia. They and the region's member states appreciate help from WHO and also from new Caribbean public health authority. Request support in eradicating leprosy and other NTDs.

#### SWITZERLAND

We appreciate the efforts of WHO in combating NTDs, specifically multi-sectoral approach outlined. Appreciate London Declaration. These affect the poorest of the world. We commit to meeting the objectives of the resolution. SDC subsidies PDPs like DNDi. We also support TDR. It's important to establish mechanisms that give sufficient financing for new therapies. Calling for preventative measures, combating stigma and reducing human suffering caused by these. Urges MS to take charge at a country level with prevention: clean drinking water, sanitation, health education. Behavioral change is needed. We encourage increased community participation. We underscore the importance of NTDs incorporated into primary (and with complications) secondary health care.

#### IRAN

NTDs are a good example of the relationship between disease and poverty. Addressing NTDs therefore requires an improvement in socioeconomic status. The voices of people most affected by NTDs remain unheard. The issue of NTDs complicated due to the fact that pharma not interested in inventing new technologies including vaccines due to lack of profitable markets. We are pleased to note that the problem has been taken seriously. Despite achievements and successes, challenges remain: Ensuring country ownership; Integrating NTDs control programs into PHC programs; Long term financing; Strengthening M&E capacities; We support the strategy.

#### SPAIN

Spain supports the resolution. Addressing NTDs is part of UHC. We need access to innovations in health in a sustainable manner. We are looking into new diagnosis innovations, vector control and ways of fighting NTDs through partnerships. We help with managing and monitoring in countries. Chagas project for epidemiological monitoring. We convened the first meeting on NTDs with WHO. We signed a convention with DNDi. We can give technical exchanges, particularly with South America.

#### CHINA

We suggest the assembly adopt the experiences. Are willing to share our knowledge and experiences on this issue?

Thanks Sec for resolution. Provides what's needed for prevention, control, eradication of NTDs and to guide the work. Government work is essential to this work. Countries especially those with heavy burden should including NTDs in their national strategy. Suggest that WHO coordinate communication between member states. Eg. China has accumulated a lot of data and will share their experience. Urges Assembly to adopt resolution.

#### UK:

Strongly supports resolution

Looks forward to playing a role in control and elimination of NTDs

#### ZIMBABWE

We welcome the draft report and resolution. We note that the resolution doesn't include the global action plan on NTDs. We are concerned about vested influence of industry in this regard.

#### SUDAN

Thanks donors and partners. Has organized a side mtg during this WHA to address problem of Mastoma. Maistoma affects many countries, esp poor countries and communities. Would like to convey agreement of what is in document A66/20. (I'm sorry, I don't know the disease he referred to, hope someone can correct!)

Madagascar:

Madagascar supports the resolution

#### SUDAN

We have organized a side meeting to address mistroma with DNDi, TDR and other countries. We agree with the document.

#### SURINAME

In order to implement their NTD program, the following is necessary: (1) execution of necessary services, strengthening of diagnostic tools, continued technical & financial support from the Secretariat. Endorses resolution.

#### BURKINA FASO

We thank the secretariat for the report. A report is to be presented in 2014 as well. There are human rights consequences to this issue as it affects malnourished children in developing countries. These diseases in the 3rd world are prevalent. Health authorities are concerned about the increasing level of diseases, but we don't have reliable indicators on prevalence. For difficult cases, we evacuate victims to Europe. We have benefitted from financing from WIN foundation. We want to have xxx included as one of the NTDs. We need to strengthen the NTD program.

#### INDIA

Speaks on behalf of South East Asian region. A regional strategic plan for regional control 2012-2016 is in place. WHO support has been instrument. Much works remain to be done. In category 1 and 5, it appears difficult for our countries to achieve these targets unless we receive adequate assistance. Dengue should receive higher priority. London Declaration did not involve Member States.

We have another few small amendments, which we will share: Ammendment: Para 1.1: After the word "to ensure" we suggest "continue to ensure..." then para 1.5c after the words "to improve coordination" we would suggest "taking into account social determinants of health". Then in para 2.2, we would suggest the first line, we should say "research and development" rather than "discovery". Para 3.5, we would like to replace "insecticides" with "vector-control measures".

#### MALDIVES

Aligns with statement for SEARO. Leprosy has been controlled. Dengue is a major challenge to public health. They stress the need to provide access to affordable medication

and treatment. Dengue is not given priority and should be included in the list of diseases that need intensified control. They hope that adequate resources will be used to address this issue. Need to be prepared for elimination and control activities. Need strong cross-border collaboration at regional and global level. Action should benefit majority of pop who live in underdeveloped parts of the world.

#### PANAMA

We support the resolution. We are working collaboration in PAHO to strengthen and support human resources in this area.

#### THAILAND

Treatment costs are cheap for NTDs. Introduce

OP1 To further strengthen disease surveillance, especially on NTDs, targeting for eradication there is a need to apply a one health concept to NTDs

OP1 5.c Insert with the application of one health concept to NTDs and effective coordination across different sectors.

#### PHILIPPINES

Dept. of health is developing programs and working on prevention and control appropriate for to their unique situation. Plan from WHO Secretariat will be a good guide. Scaling up early diagnosis, prevention chemotherapy, capacity building, formulation of standards and policy, partnerships across countries and regions and cleaning up the water supply. Fully supports resolution and proposed amendments of India and Thailand.

#### MEXICO

We must intensify the fight against dengue, shistosomiasis, and leprosy. The support of WHO and PAHO will be of great assistance for combating NTDs. Mexico supports the resolution.

#### BRAZIL

We are engaged in developing vaccines, diagnostic. Particularl visceral leishmaniasis. Tech transfer to developing countries is fundamental. We also recognize commitment to the fight against NTDs- DNDi, BMGF, Pharma, NGOs. We need a stronger alliance to move this agenda forward. We would like to suggest that before preamble par 2, insert Recognizing the importance of the global plan to prevent tropical diseases 2008-2015 and insert agreed in the global plan to combat neglected diseases 2008-2015 taking into account the London Declaration.

Flourosis is a particular concern. Chiccugunue should also be considered. Supports dengue being included

#### BRUNEI

Supporting SEARO amendments.

#### PAKISTAN

Pakistan supports these efforts. Dengue is an important issue for us, and control and treatment is improving. We would support having further emphasis on dengue. Though we do recognize the importance of donors, we urge WHO to continue playing its leading role.

#### ZAMBIA

Aligns with Cameroun and Tanzania. Notes concerns about nephrotic filariasis and using IVC. Current donations from private orgs are not sufficient to meet goals for 2020. Needs more international cooperation to improve access to medicines. Supports resolutions proposed.

#### US

Supports the resolution. No objections to India and Brazil's amendments, but can't accept Thailand's amendments as they introduce new concepts, weern't circulated. To reach NTD goals, country level goals must accelerate treatment. Increase country level implementation. The US recommends the WHO finalize guidelines for NTDs for the global community.

#### CHINESE TAIPEI

Malaria, rabies, trachoma are all issues. Dengue fever is on the increase. We are following this at airports. Over the past 10 years, over 50% of imported cases caught this way. We need a safe dengue vaccine.

#### GLOBAL ALLIANCE FOR RABIES CONTROL

- Preventable
- Results in 60,000 preventable deaths annually
- We have brought together stakeholders from all sectors to build political commitment
- A resolution on this issue should be proposed in 2014

Rabies still has highest toll in the list of diseases. Disease has been controlled in some parts of the world, but it is still endemic in many countries. But it is still a big problem due to lack of resources, programs not being anchored in affected communities, and other reasons. However elimination of human death from rabies is still feasible. Have brought together many for rabies control and to develop plans. WHO has been an essential partner to alliance. The group is dedicated to bring rabies elimination back to the agenda. Calls for empowerment of effected communities, education, further prevention and control efforts. A resolution should

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#### THAILAND

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## INDIA

Amendments:

to ensure continued ...

1.5.c add taking into account social determinants of health

2.2 1st encourage research (strike discovery) and development

3.5 replace insecticides with vector control measures

The reference to 'London Declaration' should not be used- instead use the WHO master document on NTDs.

## IFPMA

Our industry is engaged in the fight against NTDs. We are on track with commitments made in the London Declaration framework. Our shisto commitment was double this year than in recent years. A new partnership was established for paed shisto. We partner with others for further R&D for unmet needs. Bring Good News- their report. Total R&D to neglected diseases is now 132 projects, 85% of which are partnerships. Need better sanitation, access to safe drinking water, and more government engagement. We are ready to offer continued support.

## INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS

Addressing the NTDs requires acknowledgement of broader SDH. We need to give concrete actions on these items to deal with SDH and not just talk about them. For many NTDs, we are still in need of R&D. Even in the public sector, investment is minimal. Action on NTDs is inextricably linked to the CEWG being discussed at this WHA. We support creation of open knowledge for global public groups. Member States who support action on NTDs must consider this connection.

## ROYAL COMMONWEALTH SOCIETY FOR THE BLIND

Welcomes resolution. WHO's leadership is essential to meet targets by 2020. Increased investment has improved health and social well-being in many countries, represents great political will. Partnership and integration must be the bedrock of any action. Cooss-sectoral collaboration is essential. Collaboration plans must be based on systems with phc. Must deliver sustainable, lasting Change. Need to tackle structural determinants—WASH especially. This is essential to reaching 2020 targets. The UK coalition will continue to develop to expand the depth and breadth of the work and network. NTDs affect the poor and those who suffer most in our populations. We have the knowledge to end the diseases but will not be achieved with collaboration and shared responsibility.

## WATER AID



Support the adoption of a resolution on NTDs. Delighted that these diseases are rising on the international agenda. This drive must be maintained and expanded. The resolution is a key step towards this. Trachoma, helminthes and shisto require progress. The sanitation target is off track. 1/3 of the world does not have access to adequate sanitation. There should be provision of safe drinking water. Increase collaboration. Water Aid is an advocate for integrated approached to disease control and elimination.

DR. NAKATANI

We have many things to do

We have developed a WHO strategy for NTDs, which of course includes surveillance

Evidence should be generated, and this country capacity must be strengthened

The concept of NTDs is to provide a common focus, but activities should be country-focused as we all face different kinds of diseases

DG

My story of NTDs to illustrate why I'm so committed. My predecessor asked me to take on communicable diseases- NTD was one of those departments. It was only in 2006 that my colleagues taught me about these diseases. More than 1 billion are affected, particularly women and children, suffering in silence, with social stigma. The challenge of this group of diseases: treatments are affordable and often off patent. The market failure is a big challenge and the capacity of health systems in your country is also a challenge. Thank all the experts who gave information on the science and what needs to be done. A new way of doing PPP needed. I saw Brazil's instrumental work on Chagas. An integrated approach to tackling a group of diseases together with one medicine is a very effective approach. Without tackling NTDs, we can't celebrate achievement in health MDGs. What kind of PPP do we need? We need the world's scientist to tell us about the R&D research gaps. We need the private sectors. I hear that MS are concerned about conflict of interest. I agree with you, but this is a case of market failure where there is no demand and no supply. I am working closely with bug pharma and the London Declaration was a watershed event. It was a platform to challenge the pharmaceutical companies, nit just me, Bill Gates and pharma. There were a few MS. Bill Gates challenged them for greater donations. 2010-2011 donations was 94 million. This will rise to 114 billion by 2014/2015. This was a meeting about sharing compounds, increasing donations and longer term commitments. I want to thank WIPO. They have heard your voices. They have a new initiative called REACH. Because of MS concerns about conflict of interest, Dr. Chan did not join the REACH initiative.

We need new PPP thinking here. Market failure here requires new innovation. What is the potential of CEWG? We look to you for further guidance.

CHAIR

Now considering the resolution

UNITED KINGDOM

DG said a lot of what they would have liked to said about the London meeting. Two things:

(1) re suggested amendments to London Declaration: align to Brazil's suggested amendment.

(2) Notes US concerns on Thailand proposal noted, but perhaps could redraft so that they are friendly and don't introduce new concepts.

AUSTRALIA (JANE HALTON)

This is a highly complex area. The DG has spoken w/ passion and eloquence on this statement. We would note that this is Saturday. We do believe that the multiple and extensive amendments by Thailand prove difficult to digest.

UK

In respect to London Declaration, we align ourselves to Brazil's amendment. We note the US concerns on Thailand's proposals. Perhaps we can redraft them so they're friendly and don't introduce new concepts.

THAILAND

Thailand responds to Australia: Is highly flexible.

In response to DG, Why no? If you look closely at their amendment, it's about drinking water, sanitation, veterinary—believes animal and human health should be included together. One Health report, for which CDC of US is main supporter, promotes this. Believe that their resolution makes an important point to responding to this issue.

Amend to op 1 about the surveillance system, should be generally acceptable because this is an important port.

Would like to amend their amendment. At the end of the paragraph, take into consideration the One Health concept. This should be amenable to opponents.

CHAIR

The Secretariat will prepare an amendment to the resolution at a later stage in the proceedings.

### **Item 16.3: Malaria**

#### **Document**

- [A66/21](#)

CHAIR

Secretariat will take names of speakers now and speakers will begin on Monday morning.

Janis: Great job, very helpful. Interesting that apparently there was not much questioning on how WHO is addressing sanitation, seems all is on chemotherapy. Donations are great however they are also an obstacle to the discussion on strengthening R&D in endemic countries, same for PPPs that interact with big pharma, the role of endemic countries in this model merits analysis. Then the issue of donations and what is in for the big pharma and their countries should also be looked into: a Trojan horse for bigger geopolitical interests? WHO prising big Pharma is worrisome considering the more and more frequent

instances where the same Pharmas that made the donations have been condemned in courts by fraud on their marketing practices, practices that resulted in harm and even deaths. Is it acceptable that WHO associates with organizations that have criminal records? Some food for thought!