

# WHA Daily Report

## Day 7: Monday, 27 May, 2013

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### Eleventh meeting of Committee A

#### Item 16.3(continued): Malaria

##### Documents

- [A66/21](#)

##### CHINA

2010 decided to eliminate malaria in 2020. Diagnosis and treatment in smooth progress. Platform for surveillance and monitoring is improving. Greater Mekong sub region ademetionine resistance is an issue, and need to be paid special attention. As well as special attention to manufacturing quality. Supports the report. Reiterates that malaria control should remain a key priority beyond 2015. WHO should further support countries in Africa where there is heavy incidence. Need to reduce cross resistance due to resistance to medicines. Willing to work to discuss with other institution about China Africa cooperation on this.

##### ERITREA

Recommends to include following document: Relaxation of control as there is a falling in complacence.

##### AUSTRALIA

Supports report. Also beyond 2015. Also an occasion to review the strategy. Nov 2012 meeting will be followed by a regional process to reinforce country interventions in the Mekong region. Natamicina is not only a Mekong issue, but global. Australia is therefore giving money.

##### JAMAICA

1950-62 campaign made Jamaica malaria free in 1965. 2006 reintroduction of malaria with 400 cases in the following 3 years lead to emergence intervention. Controlled by 2009 and malaria free certificate back in 2012. Strong surveillance system. Support for WHO strategy. However, perseverance, promotion of resilience and training, especially of local workforce are necessary to long term success.

##### NAMIBIA

Alliance with Niger. Supports report. Mosquito resistance on insecticide is a concern. Welcomes action on the same, but want to know more on the pipe line for new insecticides. Use of DDT important component of work in Namibia and Africa. Experience to move from control to elimination shows that higher level of support is necessary, higher cost and logistics, but it is a necessary strategy. So need to replenish the resources for this work. Our government funding for health including malaria has increased, but remains inadequate without additional funding without external funding. Support to Geneva declaration on strengthening malaria surveillance system.

## AZERBAIJAN

Number of malaria programs has increased in past year, 1.8 million us dollars per year. Financing allows achieving progress in countries which are intensifying malaria work. Problem of funding remains. Use of resources has to be effective in order to develop the right, selective approaches with regional potential. Fight against malaria should be clearly defined by ministry of health. Have to mobilize and target the priorities in order to achieve our objectives, as in Azerbaijan. Reduction of cases from 13,000 cases. Hope that partnerships will allow us to reach MDGs that call for eradication of malaria

## THAILAND

Experience shows that reduction in malaria can be achieved but difficult to sustain. Emergence of medicines resistance at boarder regions is a key issue. Therefore request WHO to convene a forum aiming at sharing initiatives. Diagnostics and essential medicines, as well as measuring instruments are unaffordable in middle and low income. Monopolies impede access. Urge WHO for non monopolized and affordable good quality medicines before cancelling the marketing of other available products. Request WHO to continue providing guidance and expertise. Reiterate the importance of well functioning health systems, especially primary health care for the accomplishment of malaria control. In context of increasing political commitment effect on the ground can be seen.

## RUSSIAN FEDERATION

Malaria remains key issue in the world especially in developing countries. Issue of surveillance system that does not allow to evaluate the burden of disease. Issue of resistance to malaria. Support and guidance from WHO is very important. RF is training staff in CIS and African area. Support secretariat report.

## SURINAM

Excellent report. Illustrative of WHO commitment to fight against malaria. Surinam has been successful. Reduced substantially, overtaken the MDGs on the road to elimination, for which still need support. Strong cross boarder control is necessary, most on boarder with Guyana. Drug resistance is also shown. Medicines resistance in mobile population at boarder with French Guyana. Need support to combat treat or reintroducing malaria in the country. Caricom states necessary of up scaled surveillance. CARICO epidemical center to provide assistance for malaria control efforts.

## SUDAN

Malaria policy advisory committee is good, was lacking. We are part of it. Progress in control and prevention but still faces challenges of resistance, among other. Support WHO resistance for global technical strategy 2015-2025, which we need so badly.

## SOLOMON ISLANDS

Still a public health challenge, but decrease incidence in last 10 years. Focus on control and elimination in two districts. Program has shown the importance of community participation. Isabelle province is a success story. Request WHO to continue assistance beyond 2015 to ensure that gains are not lost. Empowerment of communities and their social

structures critical to process. Malaria control should remain a key priority beyond 2015. Supports report. Thanks Australia's support. Acknowledges the leadership of DG, WHO etc.

#### SENEGAL

Support statement from Niger for AFRO. Since 2009 organising courses to strengthen capacity on malaria at all levels. Officials have been trained and strategies to broaden perspective on malaria should continue. Importance of joint strategies across borders.

#### ETHIOPIA

Supports the statement by Niger. In addition note that majority of countries are in process of control. But does not include high burden country. Priority should be given to them. Demand replenishment of global fund for ensuring continuity of gains so far.

#### SOUTH AFRICA

Supports Niger's statement. Encouraged by 40% reduction in malaria mortality rate from 2000 to 2010 and commend this result as well as other successes. Africa has reduced malaria morbidity by 80% and mortality also significantly. South Africa has not been listed as one of the endemic country to enter the pre-elimination stage and request clarification on criteria to be listed as such. Need for sustainable funding. Concerned with mosquito's resistance for insecticide. Not demonstrated in South Africa. Request support to strengthen cross border control. And request independent policy advisory committee.

#### NIGER

On behalf of AFRO. Progress report is updated and comprehensive and satisfactory. Satisfaction with results with international efforts that lead to reduction of mortality related to disease. However, infection remains an issue. Africa needs over 3 billion dollars and lack of funding has resulted in lack insecticides and medicines. AFRO support proposals to safeguard achievements and progress towards achievement of MSGs 6. Implementation of declaration on malaria in sub Saharan Africa also need more funds. Improvement of surveillance assistance and intervention in 17 most affected countries are necessary.

#### BURUNDI

Supports statement by Niger. Malaria remains a problem. Strategies to control the disease. Supports follow up on insecticide resistance mosquitoes and appeals for resources to be increased.

#### PHILIPPINES

Gone a long way in malaria reduction, more than 75% already. Number of deaths have also gone down significantly. Further national malaria program has taken a big leap forward from control to elimination. Need support to maintain the mentioned gains. Malaria elimination requires resources support. Request replenishing the fund on malaria tb and aids.

#### BRAZIL

We have decentralized prevention activities to local and provincial governments, which has led to improved standards. Continue to face challenges in the Amazonian region, especially regarding treatment. We are seeking to work in collaboration with our neighbours, particularly along the southern borders. Brazil believes that it is important to commit

ourselves to preventing cases, Roll Back Malaria and insecticides are important. Control of malaria should continue to be on the agenda up until 2015.

#### PAKISTAN

Malaria is a priority for Pakistan

#### COSTA RICA

We believe that there should be joint action within neighboring countries. The Global Fund has provided 10 million dollars to help Costa Rica with this issue.

#### SWITZERLAND

Coordination is essential. Fight against malaria should involve health systems strengthening strategies. We are aware of funding shortfalls, and thus we endorse the will to increase financing for developing countries. This should be part of larger national financing strategies in developing countries.

UHC should include the availability of essential tools against malaria at community level, such as rapid diagnostic medicines, diagnostic tests, and proper trained medical professionals. Surveillance is critical to monitor emergent resistant forms. Research efforts should be pursued and intensified, this is the reason for Switzerland's support for various global programs. Alternative methods to control vectors, for example, we do not support the use of DDT. The fight against malaria should be a development focus, beyond 2015.

#### USA

We support the Global Malaria Programme. We are concerned by the forecasted funding shortfall, and urges donors to increase funds. We suggest that malaria be a technical item on this agenda. Resistance threatens our success achieved to date. Compromised, counterfeit, falsified medicines are in part responsible for resistant strains. We support efforts to control anti-malarial drug and insecticide resistance with partners. We encourage all member states to increase their efforts.

#### KOREA

Resistance in neighbouring countries, so efforts between neighbours is key

#### SWAZILAND

Aligns with Niger. Thanks for elevating malaria at a full technical item for Assembly. Congratulates secretariat for this report. Context of funding crisis. Needs our cooperation. But current resources is far below funding needed for reaching targets. Convey to donor countries to global fund that their contribution makes a difference to lives, and its replenishment is live issue is sub saharian Africa. Need for more collaboration, north south cooperation and cross boarder work in achieving global targets. Malaria prevention and control should remain a key priority beyond 2015.

#### UK

The UK is committed to halving malaria deaths in 10 LMICs. The UK will provide 500 million pounds for this cause. We welcome the high level commitment expressed by high burden countries. We support research and development for this issue. Evidence-based malaria programmes is critical. Should be part of the post-2015 agenda.

## CUBA

Thank for the report. 1967 eliminated malaria. Increased experience in strong epidemical system, human resource and environmentally friendly products etc. localization and identification of disease has shown its efficiency. We have not faced resistance either. Can share experiences in production and control. State continued willingness to collaborate for elimination.

## NIGERIA

Supports Niger's statement. We remain concerned that there is a need for multi anti-vector control strategies.

## DEM REPUBLIC OF CONGO

Supports the declaration by Niger. DRC is second in terms of mortality due to malaria. There have been progresses around the world and in DRC in last three years in pursuing large scale projects, including massive distribution of ICTN and giving health systems access to medical and other products including for the use by pregnant women. While anti malaria coverage is increasing, there is also a spread of malaria to areas that were not affected by malaria earlier. More vulnerable populations are children under 5 and pregnant women, but often diagnosed with other diseases. Health services are taken off guard. Supports paragraph 7 of the report in improving surveillance system in countries most impacted.

## KENYA

A major development in vectoral control was reached in Kenya. The government has embarked to roll out rapid diagnostic tests in rural areas.

## MEXICO

Agrees with WHO's efforts. Has achieved satisfactory results, disease still represents a priority in certain regions. Tourist and industrial development areas are in focus. Willing to share experience with countries that might need it.

## MICRONESIA

Align ourselves with the idea that this item should be a technical matter. We support the report and the use of bed net distribution.

## BENIN

Supports Niger's statement

## BOTSWANA

Align ourselves with Niger. Confirmed malaria incidence has dropped (96.7% decline in 10 years). We hope to achieve our malaria reduction target by 2015. Knowledge transfer and Evidence-based decision is essential to this success. Challenges for Botswana: Limited resources available globally; global malaria commitment should be strengthened.

## OMAN

Achieved significant progress, in this context, need further efforts as challenges are important including drug resistance. Source of burden have to be given priority, which will

decrease transmission among and within countries. Proximity to impacted countries, there is a limitation to success.

#### PAPUA NEW GUINEA

Papua New Guinea has benefitted from international efforts to combat malaria. Is the most important public health problems in the country. Malaria incidence has dropped significantly. Malaria no longer is one of the top 3 causes of hospital admission. Coverage of bed nets have increased. The country is close to achieving UHC. Strong public/private partnerships are needed. Key policy approaches involve improved primary health care.

Challenges: lab quality assurance, private sector supply is a real threat to keeping resistance at bay, the human resources crisis also has a serious impact. Maintaining funding is critical. We support the call to continue financing and thanks Australia and UK's financial commitment.

#### ECUADOR

Strong political commitment to epidemical surveillance and supports reduction of local transmission. Been called champion in reduction. Managed to decrease incidence of disease by 75% in last two years. Need to promote good practices, and requests secretariat to explore how they can have impacts all over the world. Believes that goals of post 2015 will allow to sustain the gains made.

#### INDONESIA

Districts are moving towards eradication of malaria. Focusing on health systems strengthening is key. We have raised community services and awareness in endemic areas. We recognize that there are still some gaps in our efforts, we would appreciate continued support from WHO and donors.

#### SECRETARIAT

Overall the world is on track for this MDG target. We can avoid unnecessary deaths through evidence-based interventions, diagnostic testing, combination therapy. Post 2015 agenda, malaria should be considered. A new strategy is being drafted and will be evidence-based, and will be presented in May, 2015 and will cover 2016-2025 timeframe.

WHO has released a framework to deal with the issue of resistance. Insecticide resistance remains a major threat, and thus, WHO launched a global plan for insecticide resistance efforts, and we encouraging research and design for much needed tools for malaria

#### CHINESE TAIPEI

We strongly support the new control malaria programme. Diagnostic, testing, malaria treatment. We have been collaborating with some endemic countries in control and treatment and will participate in future efforts.

#### CHAIR

The WHA is invited to note this report. No objection

## **Item 13.1 (continued): Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases**

### **Documents**

- [A66/8](#)
- [A66/8 Add.1](#)
- A66/A/Conf./1 Rev.1 Corr.1 and
- A66/A/Conf./1 Add.1

### **KOREA**

Korea believes that the monitoring framework is sufficient. Korea believes that the documents are feasible. WHO needs to strengthen dialogue with international bodies on this issue.

### **ALGERIA**

Underscore our concern with regard to the importance of access to affordable medicines for NCDs. We recognize the efforts and dedication of USA and Pakistan on the co-drafting team. My country is facing serious problems of obesity and overweight. UHC, timely detection, preventative primary care, public policies that regulate and focus on multisectoral actions, information for consumers, and strategies that are evidence-based are key to addressing these issues. Voluntary targets should be realistic.

### **TRINIDAD AND TOBAGO**

We support the draft resolution, and will act as a cosponsor. The movement for placing NCDs on the UN agenda as a priority was hard work, and we would like to urge the DG to ensure that this item remains on the UN agenda as a priority in development.

### **IRAQ**

We have partnerships between ministries. We have put in place a national commission to put in place plans and control measures, which will be achieved by our own deadline

### **SLOVENIA**

Aligns with EU statement. Facing increasing challenge and inequalities, affected by socio economic status of communities. Health systems are best way to prevent, detect and manage NCDs. Action plan and indicators are appropriate framework. Concerned with raising burden of cancer. Proud of being part of a partnership for prevention of cancer. Burden of cancer related to environmental issues, including toxic components, obsolete pesticides and chemicals. Implementation of both resolutions on the issue is important to decreasing burden of the disease. Decision on control of chemicals from an agency is welcomed.

### **COLOMBIA**

We participated actively in the process. We recognize efforts in trying to reach consensus. We would like to stress the disproportionality suffered by Colombians with

cardiovascular health. It is necessary to underscore and include contributions of all in health. Look at environmental and social factors and risks associated with morbidity.

#### BELGIUM

Aligns with statement made by Ireland last week. We commend the Secretariat and Member States for their efforts, and welcome the Action Plan. We must keep the SDH in mind. Coordinated multi-sectoral action is required. Belgium will cosponsor the resolution. We reiterate our support for WHO in a leadership and coordinating role

#### CANADA:

We offer our thanks to Pakistan and USA for the drafting last week. Canada reiterates support for monitoring framework and action plan

#### INTERNATIONAL ATOMIC ENERGY AGENCY:

Not there

#### IFRC

Prevention has to start at the community level with people being better informed and equipped. IFRC can play an essential role in this. Working on evidence based tools to be adopted by societies at the community level. Looking forward to scaling up. Call MS to balance between care and prevention. Put NCDs at the heart of the development agenda. Tackling NCDs requires multiple stakeholder solutions. We need to address fundamental issues.

#### CHINESE TAIPEI

Endorses action plan and monitoring framework, and should be used to muster stronger political engagement in order to achieve “health in all policies”. We apply the health in all policies and approach. We would like to innovative processes in other countries

#### UNION FOR INTERNATIONAL CANCER CONTROL

The NCD alliance commends the leadership of WHO in fulfilling UN political declaration. MS have the opportunity to consolidate accountability, action, and coordination. 1. adopt global monitoring framework including 9 voluntary targets and 25 indicators. These targets will improve data collection. 2. determine action for the next phase of the global NCD response. We urge MS to remember the role of CSOs in national implementation. 3. look at a coordinating mechanism on NCDs. The absence of a mechanism for NCDs has been a critical weakness in the NCD response. The global NCD architecture can't stand in isolation- needs to be in the post 2015 framework. Need predictable, sustained financing.

#### CORPORATE ACCOUNTABILITY INTERNATIONAL

Congrats to raising the profile of NCDs. Support the adoption of the action plan. Corporations are the drivers of NCDs, and cannot self-regulate. These conflicts of interests must be addressed. CAI supports the development of a policy approach to WHO marketing guidelines to be shared with countries. Strict regulation of marketing to children is paramount. Voluntary initiatives are highly criticized for their scope and lack of principles. Strict statutory principles should be created, as in Chile. A few things that we would like to comment on and see unfold: WHO should not encourage Member States to partner with



corporations; Safeguard independent research. Voluntary corporate pledges are limited and lack accountability, and hence statutory approaches are needed to regulate them. Private sector MUST be regulated.

#### INTERNATIONAL PHARMACEUTICAL FEDERATION

Commend target 8- counseling needs to be optimized. Need responsible use of medicine. HSS is an integral component of global targets. Pharmacists should be listed under 13.h. Ensure the competency of health workforces. Assess the statues of pharmacy workforces to better respond to current and future needs.

#### INTERNATIONAL OBESITY TASKFORCE

We welcome the action plan. We urge member states to consider policy options for marketing to children and regulating the private sector, and to improve consumption of fruit and vegetables. We support the proposal to reduce diet-related risk factors, and would like to see clear accountability mechanisms. Civil society can act as an important actor to assist with these items.

#### INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS

We applaud the DG for saying WHO would never been in dialogue with tobacco, there is no exclusion in the document towards tobacco or alcohol industries. We urge the WHA to be tobacco free. Many risk factors of NCDs are promoted in international trade. Countries should be able to tariff or tax unhealthy products, particularly high fructose corn syrup and tobacco. The monitoring framework is very results focused- there need to be more process indicators. There's much still to be done. There needs on be a focus on mental health and universal health coverage.

#### EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY:

ESMO welcomes the recognition that the action plan must address prevention AND care. We emphasize four recommendations: National plans must link screening to increased health system capacity for treatment; National action plans should include opportunities for more complex treatments, not such PHC. National action plans cannot ignore those already diagnosed with cancer. National plans much include palliative care interventions, such as morphine. Relief of such pain is a basic human right. ESMO is glad that WHO will be discussing palliative case. ESMO we are prepared to work with the UN and international community.

#### INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS

We develop innovative medicines and vaccines. The global action plan is focused and identifies roles across sectors. To have a significant impact, multi-sector strategies are needed. We are part of the solution to addressing NCDs. We need to safely and effectively treat new diseases. Further innovation will be needed. Each actor needs to contribute their expertise. Conflicts of interest can be addressed through declarations of interest. Medicines for NCDs should be available in resource poor settings. NCDs require strong prevention. We have a partnership with IFRC to make a tool kit on reducing risk factors. This tool kit is estimated to reach 3 million people. We look forward to sharing our experience and innovating to meet the needs of tomorrow.

## GAVI

We need evidence-based tools and interventions. Vaccines can protect against liver and cervical cancer can protect people. We will continue to extend the reach of Hep B and HPV vaccines. We recognize that vaccines are strong preventable measures

## US (FOR THE DRAFTING GROUP)

The relevant documents are A66/Con1/Rev1 and A66/Con1/Rev1 Corr 1. A summary of the process. The mandate of the group was to review the resolution and draft global action plan. The group was chair by Pakistan and the US. They convened 27 hours of discussion from Tuesday to Friday. The group was open to all MS. The outcome: MS reached consensus on revised global action plan and framework- including 9 voluntary indicators. Four additional steps 2. Terms of reference for a global coordinating mechanism 3. Limited set of indicators for reporting 4. Menu of policy actions and cost effectiveness (Append 3). The participation of non-state actors will be in line with the principles to be determined by WHO on engagement with non state actors. Doc A65/7 and Doc 67/373 will be supplied as background going into the drafting of the terms of reference. Mongolia called for an instrument regarding harmful use of alcohol. MS noted that a similar convention on alcohol would require a consensus. Not all MS supported a consensus, so it was not possible to include this. UNODC, INCB will collaborate regarding palliative care and pain management. There will be progress updates on the note of UN Sec General due 10 Dec 2013- this will give a comprehensive review on the state of NCDs.

## SECRETARIAT:

Thanks member states for their involvement. The process began 17 months ago. The adoption of the action plan moves the process to the practical realm. This is your plan of action. Some important elements: NCDs are important for international cooperation; the forces driving the rapid increase are universal; the global coordinating mechanism will strengthen cooperation. Currently, we don't have adequate toolkit for member states to help them set national objectives. Secretariat will finalize this toolkit soon. Improved access to medicines in LMICs: I strongly recommend providing assistance to countries through healthy competition. This includes inputs from BRIC and donor countries. We need to work together the reach the 9 global targets. The WHO will provide technical assistance

## DG

We have worked hard with MS and partners. This has been a long and fruitful journey to achieve the high level panel political declaration. The agreement on plan and targets is a landmark. Your agreement on a global action plan is critical to translate your commitment into action. The need for coordination is loud and clear. Coordination needs to be done not only at the global level- global coordinating mechanism- equally important is coordination at the global level to implement the action plan. Global health requires multisectoral and multistakeholder engagement. NCDs are largely preventable. When stakeholders want to contribute, I want to ask what is your contribution? Is the industry prepared to reformulate products to produce health food. Are you prepared to refrain from marketing to children. Is the industry prepared to refrain from intimidation of governments when they make public health measures. In the last week, I've been meeting with many ministers who said they were under tremendous pressure from industry lobby groups. We welcome your production

engagement to find public health solutions. But this organization does not welcome industry interference. Is that correct or not? We welcome partners and stakeholders- we need your engagement, but we need you to be honest. Transparency and conflict of interest must be safeguarded properly. In the next 2 days, the EB will decide how to engage with non-state actors. In global health, we all need to work together. But the DG can't work if you don't follow the rules of engagement. Recalling Malaysia and groups lobby: if you want to be a partner, walk your talk. In order to implement your vision, WHO will provide the leadership and make sure this is based on science and technical evidence and we urge MS that NCDs must be integrated with MDGs. Without that, it's not cost-effective. Addressing the social determinant of health in an integrated manner is the way forward. We still have some time that we will get there. Let me emphasize: we are together on this journey. We have started well, but for the hard part- implementation- I need your money to implement the resolutions. I pledge close collaboration with UN agencies and other groups based on EB guidance with non state actors. Industry, don't be afraid, but find the right balance. NCDs will break the bank of many countries. 47 trillion dollars of accumulated productivity is lost due to NCDs.

IRELAND

Thanks to everyone on the drafting committee.

BRAZIL

We need global support in high risk diseases at global level. We think that the goal should be in keeping with the reality of each country. The health system needs a global monitoring framework and CEWG should be seen as an important part of the framework on NCDs

### **Item 13.2 (continued): Draft action plan for the prevention and control of NCDs**

#### **Documents**

- [A66/9](#)
- [A66/9 Corr.1](#)
- A66/A/Conf./1 Rev. 1 Corr. 1
- A66/A/Conf./1 Add.1

BRAZIL

Abby Speller: We would like to congratulate everyone for their excellent work. We believe the objectives should take into account national objectives that reflect different realities. CEWG is an important aspect of ensuring access to medicines for NCDs. In this assembly, we have made great steps forward. Even if its voluntary, countries seem very very commitment. We are pleased to cosponsor the resolution. We look forward to discussing indicators later.

MONGOLIA

Mongolia calls on countries to develop controls hardcore use of alcohol.

PAKISTAN

Endorse the statement of the US. Thank the participants and the secretariat. It is a collective duty to work on the implementation of the plan.

RUSSIAN FEDERATION

Russia welcomes the adoption of the resolution, as it especially focuses on prevention. We count on your active support, and the related activities of the WHO.

CHAIR

Is the committee prepared to approved the resolution? The resolution is approved

Resolution Passed

## **Item 14.1 (continued): MDGs and post 2015**

### **Documents**

- [A66/13](#)
- [A66/47](#)
- A66/A/Conf./6

CHAIR

This draft resolution was presented by Zimbabwe on behalf of AFRO (they met Thursday and Friday). The underlying principles of the working group were that we needed to recognized the ongoing work of the UNSG. Health is central to post 2015 agenda. We need to sustain current efforts to achieve the MDGS. We need to recognize key process achievements. Highlight health in post 2015 agenda and present a report at WHA 67. 27 EU member states announced intention to co-sponsor the draft resolution, as long as Switzerland and Brazil (as long as social determinant of health are included in preamble). The Rio declaration on social determinants of health is one of those key milestones.

USA

I speak on behalf of the 36 member states of the Americas. We want to be co-sponsors. With the amendment as read out by the chair in terms of a reference to the Rio political declaration on social determinants of health.

CROATIA

We would like to co-sponsor the resolution.

With amendment: Further recalling the Rio political declaration on social determinants of health endorsed by WHA res 65/8 in May 2012.

CAMEROON

Resolution on MDGs approved

## **Item 17.2 (continued): NTDs**

### **Documents**

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

- [A66/20](#)
- A66/A/Conf./7

CAMEROON (AFRO): Speaking on behalf of 46 African countries. NTDs affect Africa and Latin America. We encourage sustained action. On page 2, line 3 instead of "taking into account the London Declaration" to "expand and implement as appropriate interventions against NTDs to reach targets reached on global plan to combat NTDs 2008-2015, and as set out in the roadmap for overcoming the impact of NTDs"

Supporting the resolution, but expressing concern for the xx disease. This illness is one that impacts SSA and Asia. It would be appropriate for WHO to consider this as a matter of urgency and report on it at the next WHA.

ZIMBABWE

We have an amendment

Page 2.2 line 3- delete the statement on the London declaration.

To expand and implement as appropriate interventions against NTDs in order to reach the targets agreed o combat NTDs 2008-2015.

INDIA

If the house doesn't agree to the removal of the London Declaration, in Op 2, at the suggestion of Brazil, the text may be revised to put the roadmap before the London Declaration. Write 'noting' rather than 'taking into account'.

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UK

We do object to the Zimbabwe wording and we agree with India's wording.

ZIMBABWE

We have no objection.

INDIA

Reading amendment: After 2008-2015 (Op 1.2), 'as set out in WHO's roadmap for accelerating work to overcome the impact of NTD and noting the London Declaration on NTDs.'

CHAIR

Resolution approved with the amendment proposed by India

### **Draft Report of the Committee A.**

Chaired by Dr Walter Tee from Liberia

The committee has proceeded with the adoption of the attached resolutions

13.1 13.2 on NCDs

14.1 one resolution amended

16 on NTD one resolution amended.

The committee adopt the report.

END OF COMMITTEE A

## Sixth meeting of Committee B

### Draft third report of Committee B

#### Document

- [A66/71](#) containing one decision entitled: *Substandard/spurious/false-labelled/falsified/counterfeit medical products.*

CHAIR

Adopted.

### Item 17.2 (continued): Follow-up of the CEWG on R & D: Financing and Coordination

#### Documents

- [A66/23](#)
- A66/B/Conf./2
- A66/A/Conf./2 Rev.1
- A66/A/Conf./2 Rev. 1 Add .1

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

#### Documents

- [A66/22](#)
- A66/B/Conf./2 Rev. 1

CHAIR

Committee B approves the draft resolution contained in A66/23

Is the committee B ready to adopt the draft decision contained in A66/B/Conf/2?

USA

CEWG: Pleased that member states were able to come to a decision. Brings concrete clarity to way forward. Resolution represents best opportunity to increase res & dev for diseases affecting developing count & world's poor. US agencies are working with partners to support development of 200 of 360 products that are in the pipeline. Has requested US IOM to conduct research on research mkt failures. Highlighted need for late-stage prod dev

and research around prod needs rather than fin targets. Hope this decision will help WHO undertake further research and manage stuff. Have laid the foundation for concerns now we need to pay for it. Binding treaty with mandatory contributions was contentious. Most of this money would come from others besides those already giving lots of money. If member states can't now put new money to demonstration projects, we all need to scale back ambitions. Call on member states to "put our money where our mouth is". This is the best opportunity to address this problem now.

CHAIR

Committee B adopts the draft decision contained in A66/B/Conf/2

### **Item 17.3 (continued): Universal health coverage**

The draft resolution is approved as amended.

### **Item 17.5 (continued): eHealth and health Internet domain names**

#### **Documents**

- [EB132/2013/REC/1](#)
- Resolution [EB132.R8](#)
- [A66/26](#)
- A66/B/CONF/3

BANGLADESH

Accepts proposal in the conference paper. Accept amendment proposal. This morning talked with Mauritania and proposes amendments: Add to the end of para 8 "and therefore eHealth standardization and interoperability should address standardization and interoperability issues related to hardware, systems, infrastructure data & services". Throughout resolution, replace "eHealth standards" with "eHealth and health data standards". op 2 sp 8 of Conf paper 3 replace develop framework for assessing progress in proposing these res and report back through the EB/WHA using that framework periodically

MAURITANIA:

We support the amendments proposed by France and Bangladesh

USA:

Interested in reference to very last operative para to report regularly to on progress to developing a framework for reporting. Asks Secretariat to clarify whether there are cost implications of using this process rather than the current language proposed.

SECRETARIAT

The difference is that it will be more structured in sense of reporting, there will be also an impact in term of costing.

MAURITANIA

Agrees with concerns from US, but thinks that this is within limits of existing resources and bears in mind the resources currently available.

CHAIR

The committee B adopts Document A66/B/CONF/3

## **Adoption of draft third report of Committee B**

### **Item 18A-C: Progress Reports: Noncommunicable diseases**

- A. Strengthening noncommunicable disease policies to promote active ageing (Resolution WHA65.3)
- B. Global strategy to reduce the harmful use of alcohol (resolution WHA63.13)
- C. Sustaining the elimination of iodine deficiency disorders (resolution WHA60.21)

USA

A wide range of services is needed to work on NCDs. WHO should consider actions are linked to NCDs global action plan. Also strengthen capacity to report on targets and indicators. Is invested in raising profile and addressing elder maltreatment. Encourages WHO to raise this in the report.

SWEDEN

Denmark, Finland, Norway, Iceland & Sweden. Progress reports mandates more attention than given. Reports must be linked to results change and be used for education. Global strategy to reduce harmful use of alcohol: Have implemented strategies around this. Welcome updated progress report but concerned that resources av for this work is inadequate at all levels. Urges DG to strengthen commitment to NCD strategy through all parts of the UN institution.

INDONESIA

Supports progress report and has been working on the agenda. Is working to implement services for ageing population at the primary level. Requests WHO to provide technical support in this area.

PHILIPPINES

Especially appreciative of WHO's work on active aging. Has initiated plane of action for senior citizens 2012-16. Currently putting legislation forward to improve health of ageing population.

AUSTRALIA

Commends WHO on work in active ageing. Will contribute to budget for developing world report on ageing to be available in 2015. Looking forward to implementation of Cat 3 and 4 of program budget.

CHINESE TAIPEI

Offers comments on promotion of age friendly cities and communities. Has worked on this and will combine efforts with WHO to continue to implement framework on the global level.

KENYA



Focuses on alcohol use in African region and the high burden of health impacts of harmful use of alcohol. Countries have done much work in this area: set up agencies, appointed focal person, developed legislation, surveillance system: all 46 countries collected data to update their systems and developed policy. Faces challenges still though: lack of resources, weak coordination systems, low/lack of awareness of alcohol-related harm, more focus on alcohol as a source of income, interference and pressure from industry. Proposes actions: requests regional support for policy dev & legislation, better approach to policy implementation, taxation of products, integration of interventions on alcohol in existing programs, financing alcohol control activities from countries, donors and WHO.

#### JAPAN

Re ageing, there is lack of scientific data and hopes WHO will conduct more studies and produce more data on this. Will continue work with WHO, collaborate and share experiences.

#### BAHRAIN

Focuses on harmful use of alcohol. Needs to be clear medical, health and social policies to address this problem. Need to build awareness, especially among adolescents and young people, pregnant women, Recommits to implementing global strategy and action plan.

#### INDONESIA

Reports on what they're doing on harmful use of alcohol. Has adopted road safety strategies and also made long strides toward meeting the targets. Also working on iodized salt production. There are some constraints such as low quality of salt and also salt production.

#### SECRETARIAT

Ageing has been identified as a priority here and is reflected in the GPW and in the program budget 2013-15. Note the request of member states to have a progress report next year. Has started work on world report for 2015 as basis for future action. Next year's progress report will include result on ageing and long-term care. Will present report of SAGE study on health of old people in China, Ghana, Russian Federation & will inform policy and practice. Will also issue a report on health of older women (addressing cancer, cardiovascular disease).

Dr. Saksena:

Harmful use of alcohol: Sec recognizes alcohol as risk for NCD and for other diseases and overall impact on health. Work is guided by global strategy along with other action plans. Suggestion from Sweden is duly noted. Sec would like to inform Kenya & Bahrain that Sec continues to provide tech asst on request esp policy and legislation related to alcohol. Response to Bahrain: WHO is active in area of developing evidenced-based recommendations for alcohol use by pregnant & guidelines will be ready in early 2014. Next report on alcohol and health will issue in early 2014.

### **Item 18F-G Progress Reports: Communicable diseases**

F. Eradication of dracunculiasis (resolution WHA64.16)

G. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1)

## ETHIOPIA

Been working on eradication of dracunculiasis. Need better cross-border collaboration. All 4 endemic countries are from the African region, so urges Sec to continue support to ensure eradication from the region.

## IRAN

On smallpox eradication. Variola virus research has been posted recently. Expresses concern on work on ACVVR which continues to app wide range of products using variola virus which is against the global consensus against maintaining the virus and ACVVR own statements. Thinks that virus presence should reach 0 by 2014.

## USA

ACVVR continues to carry out duties within the mandate given to it. Come together to determine how stocks of vv can be held in a safe way for research til there are countermeasures to ensure that there is enough info that remaining stocks can be destroyed.

## LESOTHO

On b½ African region. There needs to be a consensus on a proposed new date for destroying variola virus. Recalls that there was a report (WHA55) that stocks existed outside of official repositories and no action has been taken to prevent this or deliberate release of virus. Worries that doctors, hospitals are losing skills and resources to diagnosing and treating smallpox in the case of outbreak.

## AUSTRALIA

Reminds the Committee that they've dealt with this question repeatedly. One reason this issue hasn't been resolved is because we don't know where all of the stocks may be. Thus, the carefully managed program is appropriate. Thus this work needs to be finished and this issue should be reconsidered before moving forward.

## THAILAND

Supports completion WHO's eradication program & resolving the prompt destruction of virus to be addressed at next WHA. Need to be prepared for if there if there is a biological threat, incidence.

## SECRETARAT

Dr. Engels on dracunculiasis: According to provisional figures 44 cases have occurred, 37 cases from Sudan (reflects 80% reduction against last year). Reiterates commitment from WHO.

Dr. Fakuda on variola virus: Stocks are related to ongoing research on smallpox virus. Will convene ACVVR to review proposed research and will overlap convening of aggies committee which will include public health professionals to get more substantive groups/perspectives on the issues. Looking at developing additional laboratories for diagnosing cases. Stockpiles is being addressed, and meeting will be convened for that and will involve SAGE committee. Will discuss what is an appropriate level for a stockpile.

## Item 18H-M: Progress Reports: Health systems

H. Patient safety (resolution WHA55.18)

I. Drinking-water, sanitation and health (resolution WHA64.24)

J. Workers' health: global plan of action (resolution WHA60.26)

K. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)

L. Progress in the rational use of medicines (resolution WHA60.16)

M. Health policy and systems research strategy

ITALY

we would like to comment on J. "Workers' health: global plan of action"

Par 84 on asbestos diseases. Our country banned asbestos in 1992. The delegate describes the activities realized by the Italian government on this issue.

MALAYSIA

We would like to comment on "Patient safety

". The report is useful, however outcome and impact of the activities should also be included. We would like to have a feedback from the 13 Universities mentioned in the document.

BAHRAIN

We would like to comment on Patient safety. More should be done and can be done, we should prevent medical errors. We need political will. We urge WHO to continue working on this issue.

NORWAY.

Comment on "Strategy for integrating gender analysis and actions into the work of WHO". We would like an analysis of the actual impact these activities have had. Disaggregation of data by sex is important. We would like to encourage the Secretariat to facilitate the implementation of the UN system action plan.

MALDIVES

We would like to comment on "Patient safety". This issue is important to ensure quality of care. The delegate recalls the decision taken in WHA55. Maldives has taken measures in this areas. We need guidelines that fit with the local context.

MALAWI

We would like to comment on "Progress in the rational use of medicines". Overuse and misuse of medicine lead to waste of resources and to emergence of antimicrobial resistance. Priority area of intervention should include monitoring use of medicines in health facilities, building capacity of health personnel, educating consumers on rational use of medicines, proper regulation.

## LIBERIA

We would like to comment on Workers' health: global plan of action. Most countries have not yet prepared plan of action on this issue. Many workers are employed in dangerous environments and are not aware of their rights. We should encourage enterprises to promote safe work environments.

## INDONESIA

We would like to comment on K, L and J.

Strategy for integrating gender analysis and actions into the work of WHO: description of the actions taken by Indonesia on this issue. Concerning rational use of medicines, we regularly review guidelines, strengthening capacity building, training health professionals, monitoring prescribing patterns.

Concerning workers' health, regulation and protection are fundamental. Occupational health is linked to social and economic conditions. Intersectoral collaboration is necessary.

## MAURITIUS

We would like to comment on Patient safety. Description of the situation many Afro MS are facing. Lack of patients safety is leading to increasing mortality and morbidity. Commitment of Ministry of Health is fundamental.

## COTE D'IVOIRE

On behalf of Afro. Concerning the Strategy for integrating gender analysis and actions into the work of WHO, this agenda item is very important for us to guarantee equity between men and women. Gender disparities are widespread in our region. The delegate also mention the problem of Gender violence and the problem of HIV infection.

## UK

Progress in the rational use of medicines. Concerning the antimicrobial resistance, we appreciate the statement made by Malawi and Indonesia. We would like the Secretariat to develop a Short and focus report on this issue at next January EB.

## TRINIDAD-TOBAGO

Concerning patients' safety, we have worked on the development of national standards and guidelines, adverse events policy, standard operating procedures.

## THAILAND

Concerning patients' safety, we would like to encourage WHO to play a more active role in promoting the strategies and other activities on patients' safety.

## FRANCE

Concerning Drinking-water, sanitation and health, WHO should play a key role. Monitoring of the results achieved is vital. Integrated approach is necessary.

## CANADA

Concerning the Strategy for integrating gender analysis and actions into the work of WHO, we are interested in hearing more on how the strategy is implemented.

## SOUTH AFRICA:

We would like to comment on Health policy and systems research strategy. We look forward to implementing this report.

## RUSSIA

Workers' health: global plan of action. Description of the strategies implemented to face the problem of asbestos diseases.

## BANGLADESH

Description of the activities carried out in the area of Drinking-water and sanitation, especially to prevent cholera outbreaks.

## US

Concerning the Progress in the rational use of medicines, we agree with the proposal made by UK. Moreover, over the next year we should establish an observatory on Antimicrobial resistance.

We could use the R&D observatory to collect also data on AMR.

## PHILIPPINES

Patients' safety: our country is committed to work on this issue. A reporting system is also been planned.

## BARBADOS

Concerning patients' safety, strengthening health system capacity to monitor patients' safety should also been stressed.

## SWEDEN

Concerning the Progress in the rational use of medicines, AMR is rapidly increasing. After the adoption of the GPW12, we hope to see more efforts on AMR.

We support the request by UK. We urge regions to address this issue in the regional committees next Fall.

How to link the progress report to the result chain contained in the programme budget.

## SURINAME

Concerning the rational use of medicines, this is one of the component of the pharmaceutical policy in the Caribbean. Support have been provided by PAHO.

## AUSTRALIA

Support the comments on patient' safety and on rational use of medicines. Support the request by UK to have further report. Concerning workers' health: global plan of action, we support the work on asbestos diseases. We encourage countries to work on this issue and ratify the convention.

## KAZAKISTAN

Workers' health. We have a policy to control the use of asbestos. Important to differentiate between the different types of asbestos. We urge our colleagues who are

suggesting that we use alternative sources, to bear in mind that these products need further research.

IRAQ

Need for WHO support to guarantee quality and equity in the provision of health care.

JAPAN

Concerning rational use of medicine, addressing AMR requires good coordination among all the stakeholders. Support the proposal of the UK to have AMR as an agenda item for the EB in January 2014.

COLOMBIA

Training on the use of medicines, development of manual and tools, support to countries in using these tools. Support the idea of an observatory on AMR.

**END OF CTTEE B MORNING MONDAY**

**COMMITTEE B PROGRESS REPORTS CONTINUED**

### **Item 18D-E: Preparedness, surveillance and response**

D. Strengthening national health emergency and disaster management capacities and the resilience of health systems (Resolution [WHA64.10](#) (p21), Document [A66/27 Add.1](#))

E. Climate change and health (resolution [EB124.R5](#), p4)

TURKEY

Thanks for Progress Reports. Thanks WHO for Emergency Response Framework. WHO as health cluster lead will build on the framework.

Under 18D the issue of Syria requires close attention. Level C – most serious on WHO's scale. Need to provide obj info and draw attention to the humanitarian crisis in Syria. Committed that the WHO remain independent. Support WHO efforts to address humanitarian crisis which is a consequence of large scale HR breaches. WHO and other humanitarian agencies expected to address the emergency. In view of the crisis the situation needs to be described with regional data.

Need periodic reports. How is WHO negotiating access coverage? Does it have access to ... which is a catastrophe. Would be fruitful to include info about relations with the Syrian opposition as well as the govt. Underline the importance of the report as presented. Good first step. Hope that WHO will continue to report on this crisis.

CHAIR

Thank you Syria! No sorry thank you Turkey!

TUNISIA

Regarding situation of Syrian people as well as neighbouring countries for maternal, children and immunization campaigns. Recommended WHO as leader of health cluster. In Mali, would like to thank WHO for its work & basing work on expected needs. Urges WHO

in Central African Republic to help health authorities in disease surveillance & immunization campaigns. Urge all member countries to provide assistance in alleviating the suffering of the nation.

#### MONACO

Would be appropriate to have available reports on emergency humanitarian work taken on by WHO as part of its mandate.

#### MALI

Concerned about malnutrition there. Monaco has been supplying food aid to 1000+ families displaced by the conflict. Carefully monitoring situation and providing resources. Syria: Worried about sanitation and access to clean water. Condemn acts of violence to health services. Health should be open to everyone so all health needs can be met.

#### QATAR

Highly value multidimensional method adopted by HO to extend assistance to Syrian people. Despite all destruction of health services Syrian authorities are preventing access to health services. Condemns massacre of women. Reminds Syria of humanitarian law and that they must allow access to health services to everyone. Qatar stands by Syrian people living in this situation and have released a 4th round of assistance to refugees in Lebanon \$25mil.

#### CANADA

Supports IASC transformative agenda. Syria: commends WHO actions to bring access to medical services. Call for nations to respect international humanitarian law. Support WHO advocacy for the safety of health workers and for them to deliver services in an impartial and ethical manner.

#### IRELAND

EU is appalled by dire humanitarian situation in Syria and impact on neighboring nations and appreciates neighbors. Points to dramatic reduction in health services, supplies as a major public health issue. Call on all parties to conflict to respect intl humanitarian law. Concerned about humanitarian crisis affecting Mali, pleased with donor conference. Supports WHO's work and to strengthen mandate.

#### AUSTRALIA

Expresses concern about crisis in Syria and devastation of health system. As examples notes damaging of hospitals, access of health workers to centers, ambulances, outbreak of disease compounded by lack of access to water and sanitation, low production of medicines. Reiterate comments from the Syrian Humanitarian Forum "to avoid civilian loss of life all parties must respect national hum law. Call on all parties to protect medical facilities, personnel and transport. Endorse ICRC healthcare endangerment project.

#### FRANCE

Syria: Names acts by government against health centers in Damascus war crimes. Condemns civilians being arrested in hospitals and points out that this discourages people from seeking care. The health system is on the brink of collapse. WHA can't turn a blind eye

to this; WHO should keep a very close eye on this situation. Urges DG to use every resource available to her in this situation and to provide a report at the next Assembly.

Mali: Donor conference has given a glimmer of hope to people of Mali (\$3.2 mil pledged).

CAR: alarmed that 70% of pop has no access to healthcare. Urges all UN countries to mobilise for this country too.

#### MALI

Speaks on behalf of 46 member states from Africa. Adopted a regional strategy to address issues in the health sector. Several countries have set up funds to provide financial in the event of outbreak and for emergency care. Due to fin situation, Africa has not been able meet goals in this area. Urges all partners to intensify efforts to rebuild these African countries after the Assembly closes.

#### NORWAY

Syria: Commends WHO's response. That WHO was able to form ptn with local NGO has been key to success. Supports WHO's work with earmarked funding.

#### USA

Express concern to health situation in Syria—it's the only one in category 3. Notes destruction of health systems, supplies services. Highlights work of Jordan and Lebanon, and impact on them, of refugees. US is providing humanitarian support and also work to prevent disease outbreak. All violations of international humnitarian law are unacceptable, calls for full access to medical care for all.

#### LEBANON

Providing primary health care to Syrians without limitation, so their own system is overstretched. Has strengthened early warning system. Currently there is a measles outbreak and new cases of TB. Work on safe water sources and sanitation are being increased of stopping the spread of disease. Requests further help from WHO.

#### RUSSIAN FEDERATION

Specifically talks about Syria: Against any politicization of work to improve health system and will not pass judgment on statements by any country.

#### PAKISTAN

Looks forward to working with other orgs in addressing these issues.

#### SWITZERLAND

Refers to Add 1. Opposes any action that will impede rebuilding of health systems.

#### IRAN

Urges faster distribution of finances to respond to emergencies. Endorse WHO approach and response. All states must denounce any act that threatens a country's sovereignty and ability to sort out themselves.

#### JORDAN



Extends thanks to the DG for preparing the progress report. Notes impact of Syrian conflict on own health system—puts strain on health system and finances. Makes it tough to provide any services to own people or Syrians. Asks that international assistance take into account refugees in camps but also not in camps (about 350,000). Also have reports of epidemics being brought into the country by Syrian refugees. It is important that assistance is given in order to supply equal services to Jordanians and Syrians.

#### EGYPT

Notes gravity of situation in Syria. Hopes that support will go on.

#### SYRIA

Hoped that humanitarian needs would have been at the forefront of the discussion and not politics, but this has not been the case. It is disturbing to hear that WHO has been called upon to coordinate with the so-called health office of the Syrian National Council. Points that coordination with aid agency in Syria is in violation with Resolution 646/132. Smuggling drugs in is a clear violation of int'l law. USA, Qatar, France are directly training terrorists in Syria & they are trained to target health facilities. Even so, they have been doing their best to ensure that health care is provided to everyone in all policies. Sanctions have contributed to deterioration of living conditions of people in Syria. They say it's against the gov, but it affects the citizens and, so, affects ability to provide healthcare to citizens. Notes that UN has prevented WHO from importing gasoline to support all services. Other acts are violations of requirement Syrians having no role in assistance efforts is a violation of their sovereignty. Will not accept any violation of sovereignty, will not allow health situation to be a trump card for political action. Refers to GA R46/182 that sovereignty should not be violated. Has full intention to provide health services to its citizens.

#### INT'L FED OF RED CROSS:

Recommits to working to reduce root causes of malnutrition. Calls on WHO to leverage Red Cross experience and accessibility in responses to disasters and emergencies.

#### CHINESE TAIPEI

Has implemented programs to improve emergency response capacity. Eager to further discuss experience with member states & authorities.

#### WORLD VISION INTERNATIONAL

Encourages member states to ensure that all gaps are filled so that emergency management is implemented and included in all policies and legislation. Work to ensure that hospitals can still function after a disaster. Engage staff at a decentralized level. Cooperate and integrate at all levels. Community safety nets need to be set to account for the most vulnerable. Early warning and monitoring systems should be strengthened.

#### SECRETARIAT

Dr. Alward: Emergency response framework is fully aligned with the transformative agenda.

#### MALI

Scaling up operations in the countries, financing is an impediment. Focus is at request of government—technical issues, information mgt. Have completed report on health impacts of crisis.

On Central African Republic: Are restrained by resources Highlight that own operations are constrained as WHO facilities were looted and destroyed.

On Syria: Under regional director, Co office was rapidly repurposed and re-staffed. Have been expanding work with local NGOs to equip them to deliver health services. Have established sub-offices. Operating mobile clinics along with partners. In surrounding countries, working with UNHCR to address needs inside and outside camps. Also to address the increasing needs of host countries. Have established emer support team in Amman which are currently strengthening as requested. Have been working on a coordinating committee to address needs of Syrian people.

Committed to reporting on situation and making information available. Continuing to explore & advocate on need for additional mechanisms to reach all Syrians. Reiterates complete commitment to step up operations.

On advocacy to ensure neutrality of health services---this is a top priority and thanks Member States for the support in this area. Will continue to advocate for this and for it to be respected by all parties. Advocate for health workers to deliver services in an nondiscriminatory and ethical manner.

On disaster risk reduction. Working with Member States to develop something around this on health. To extend work and an all-hazards approach to better address implications of natural disasters. This work is to be aligned with work being done with national disaster agencies.

Welcome call to report more frequently. Will have a report out within the next 12 months.

#### MONACO

Links climate change with recent adoption of NCD resolution. Encourages WHO to continue work in this area.

#### BHUTAN

Commends progress report. Notes WHO's work to contribute to bring health perspective to this discussion. Health adaptation to climate change study ongoing in Bhutan. This topic should be included as an emerging issue.

#### BARBADOS

Only country in region of the Americas to be part of the Global Climate Change project. Data gathered has suggested areas for further study. Need longitudinal studies. Region is very vulnerable to climate change. Suggests that DG should seek to evaluate the project and implement measures to extend work plan beyond 2014.

#### BANGLADESH

Has studies implemented to understand the connections between health and climate change. Has implemented special unit within the ministry of health. Looking at emergency preparedness in this regard too.

#### LITHUANIA

Underlines that R61.19 statements are still valid, and still much to do to assist member states. More health topics should be brought into climate change agenda and in UN negotiations. Due to lack of capacity in the country, welcomes 2014-2019 work plan being developed to provide guidance and support in this area.

#### UNITED KINGDOM

Appreciates work on climate change and health. Highlights atlas of health and climate change. Asks sec to align work plan with GPW agreed to during this assembly.

#### INDONESIA

Commends work and publication by WHO that have guided work in assessing climate change health impact in Indonesia. Technical support is welcome. Timely action to address human health in response to climate changes is needed.

#### CHINA

WHO's work will bring attention climate change and health internationally. Work will strengthen health systems' role in responding of climate change. Climate change has created major threats to life and health of people and impacted health infrastructure. This is an urgent topic. Chinese gov attaches great importance this and has adopted multisectoral approach to climate change. In terms of response, adaptation is more realistic, important and more meaningful to developing countries. WHO takes approach of shared but differentiated dev principle that helps out developing countries.

#### USA

Supports work plan and Secretariat should use intergov panel on climate change to guide imp of its work. CCAC would like to work with WHO to offer research guidance on pollutants.

#### MALDIVES

Believes that inadequate attn. to climate change will hinder development of this agenda. Highlights efforts of WHO to improve evidence on climate change and health. Need further understanding of impact on communicable & noncommunicable diseases.

#### PAKISTAN

Needs to be increased emphasis in this area.

#### PHILIPPINES

Welcomes resolution. Dept of health has partnered with WHO to respond to climate change. Have engaged in government policy development initiatives: development of climate change unite, tech committee on climate change and health.

#### IRAQ

Due to climate change impact on health have put topic in strategic plan for primary care approaches. Ill effects of climate change on vulnerable groups (mothers, aging) should be given attention. Collaboration has been initiated in the region. Interregional/-national work should be engaged in to build capacity in this area.

#### PANAMA

Need to focus more tightly and stepping efforts to build a framework in which they can address adaptation.

#### WORLD METEOROLOGICAL ORGANIZATION

Global framework for climate services was discussed over years and lead to adoption of an implementation plan. Planning a climate health project office. One project is to support health and nutrition in Africa. Acknowledges importance of collaboration between WMO and WHO.

#### CHINESE TAIPEI

Will continue to strengthen international cooperation to share monitoring tools they've developed for monitoring climate change impact on health.

#### CHURCHES ACTION FOR HEALTH

Need to emphasize rights-based approach in addressing climate change. To be an adequate voice for health in this area WHO must show stronger leadership, work within and outside organization: funding for est of one or more lines in the world climate fund, work to bring Member State attention to health related consequences of climate change, take international action necessary to address adverse effects of climate change on health.

#### SECRETARIAT, DR. FUKUDA

Sect. is happy to extend workplan beyond 2013. Are seriously considering working with CCAC on pollutants. Welcome movement of development of national plans and intersectoral workplans.

### **Item 18H-M: Progress Reports: Health Systems**

#### CHAIR

We now go back to Health systems

H. Patient safety (resolution [WHA55.18](#))

I. Drinking-water, sanitation and health (resolution [WHA64.24](#), p46)

J. Workers' health: global plan of action (resolution [WHA60.26](#), p94)

K. Strategy for integrating gender analysis and actions into the work of WHO (resolution [WHA60.25](#), p92)

L. Progress in the rational use of medicines (resolution [WHA60.16](#), p71)

M. Health policy and systems research strategy

#### ILO

ILO has been working with WHO on workers' health. ILO has established national programmes to develop the ILO list of occupational diseases. ILO recently discussed the ILO action toward prevention of occupational diseases and adopted a series of recommendation (e.g strengthening the collaboration with WHO).

#### INTERNATIONAL FEDERATION OF RED CROSS:

We would like to comment on drinking-water, sanitation and health. Progress on water and sanitation has not been made in equal manners. Sanitation continues to receive less attention compared to water supply. A balance in funding should be achieved by 2015.

#### CHINESE TAIPEI

We established a committee on patients' safety that provides advice on patients' safety policy and establishes standard operating procedure. We launched the patients'safety week.

#### INTERNATIONAL PHARMACEUTICAL FEDERATION:

Concerning Progress in the rational use of medicines, in August 2013 in Dublin there will be a symposium on Achieving a responsible use of medicines. I invite to join this symposium. The event is supported by WHO

#### SECRETARIAT

Dr Keene

Concerning patient safety, the Secretariat is preparing a global report on patient's safety which will be published in 2014.

We will include in the R&D Observatory a special session on AMR as requested by USA and Colombia.

Dr Bustreo

Dr Fukuda

concerning drinking water and sanitation, I thank the MS for their comments.

Concerning workers' health, we agree on the need to increase awareness. WHO is using PHC as one of the strategic element to work on this issue. Concerning asbestos, WHO is working with IARC and based on these researches, we would like to remind that all forms of asbestos are dangerous.

#### CHAIR

Many MS asked to include the progress report in the PB.

#### SECRETARIAT

How can we link the progress report in the PB? We can do it in an efficient way. We will refer the actions taken by the Sect to the outputs in the PB.

#### CHAIR

The Committee B notes the reports.

#### CHAIR

Does the Committee B approve its fourth report?

THAILAND

The CEWG resolution is missing some footnotes.

CHAIR

We will make this editorial modification

Report adopted

The work of Committee B is completed.