



*Misión Permanente
de Costa Rica
Ginebra*

REF. MPCR-ONUG/2016-660

12.4

The Permanent Mission of Costa Rica to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization General Director, Dr. Margareth Chan and has the honour to request that snakebite be included for discussion on the agenda for the Executive Board in January 2017 (EB140).

In this regard, the Permanent Mission of Costa Rica has the pleasure to send attached Costa Rican Health Minister's, Dr. Fernando Llorca, formal request and explanatory memorandum as required by the rules of procedure. This request counts with the express support of the government of the Republic of Panama and Honduras. Other Latin American countries promised to send their letters of support this coming week, which once received we will immediately add to the request and share with Dr. Chan.

The Permanent Mission of Costa Rica avails itself of this opportunity to renew to the World Health General Director the assurances of its highest consideration.

Geneva, 09 September , 2016

To the
World Health General Director
Geneva





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Geneva, 09 September , 2016

To the
World Health General Director
Geneva



República de Costa Rica
Ministerio de Salud
Despacho del Ministro



DM-6842-2016
9 de setiembre de 2016

Señor
Manuel González Sanz
Ministro
Ministerio de Relaciones Exteriores y Culto

Estimado señor:

Reciba un cordial saludo. Por medio de la presente, y en seguimiento a la nota DM-6774-2016 del 7 de setiembre del año en curso, me permito solicitar interponer sus buenos oficios de manera que la Misión Permanente de Costa Rica ante las Naciones Unidas en Ginebra, someta a consideración de la Organización Mundial de la Salud (OMS) la incorporación del tema *Plan de Acción sobre la mordedura de serpiente: Abordar el abandono de envenenamiento mordedura de serpiente como una enfermedad tropical* en el orden del día de la próxima sesión del Consejo Ejecutivo de dicha organización.

Para tales fines, se adjunta a la presente el *explanatory memorandum* requerido como parte del procedimiento. En este documento podrá constatar que a la fecha se cuenta con el apoyo expreso del Gobierno de Panamá, mientras que otros países de la Región de las Américas han indicado que el transcurso de la próxima semana estarán remitiendo sus notas de apoyo.

Agradeciendo su atención de siempre.

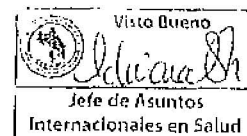
Se suscribe

Dr. Fernando Llorca Castro
Ministro de Salud y
Rector de Salud, Nutrición y Deporte



CC:

- Sra. Elayne Whyte, Embajadora, Misión Permanente de Costa Rica ante las Naciones Unidas en Ginebra
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San José, Costa Rica

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Proposal: Agenda item: EB140 January 2017

Action Plan on Snakebite:
Addressing the neglect of snakebite envenoming
as a tropical disease

EXPLANATORY MEMORANDUM

Re: Proposal to include an item on the global snakebite burden on the Agenda of 140th session of the Executive Board.

Proposed by: Costa Rica, Panama, Honduras (and all Co-sponsor)

Summary

Snakebite envenoming kills 125,000 people a year and maims four or five times that figure. The victims of snakebite are overwhelmingly impoverished agricultural and herding communities, and 40% of bites occur in children. It is a neglected tropical disease (NTD) of disproportionate suffering, but has to date been largely overlooked by the global health community.

In collaboration with civil society and public sector scientific community, the Republic of Costa Rica has been driving the re-establishment of global focus on the issue of snakebite, for which there is immense support, especially among tropical low- and middle-income countries where the overwhelming majority of victims live.

In May 2016, Costa Rica, along with 18 co-sponsors, chaired a Member State side-event, to set out a vision for a comprehensive holistic approach to the burden of envenoming. The meeting was very well attended and the motivation for global action among member states, public and private sectors and civil society was clear.

WHO department of Essential Medicines & Health Products (pre-qualification) has been active since 2015 and have launched a programme of antivenom quality evaluation screening. Not only is this a bold move that will have a significant impact, but also signals WHO's willingness for a concerted effort on snakebite envenoming. Indeed, whilst the availability of quality assured antivenom is a problem, it is not the

only solution to what is a complex and integrated problem. Any impact on the burden of snakebite must include the prevention of snakebite; anti-venom innovation; affordable anti-venom manufacture; policy and health systems strengthening (in particular supply chain); training of health care workers in snakebite treatment and rehabilitation etc.

With the publication of criteria for inclusion on the WHO list of Neglected Tropical Diseases (NTDs)¹ work has commenced on a dossier of evidence that will be put before the NTD STAG committee in April 2017. It is hoped that by the date of the WHA in May, a resolution will be put before Member States that will include Snakebite envenoming as a recognized Neglected Tropical Disease, and a mandate for a holistic global action plan that can eradicate the disease burden wrought by snakebite.

Under the leadership of the WHO, a multi-stakeholder global action plan will bring together WHO, Member States, Public sector scientific community, civil society and the private sector.

Action proposed:

Discussion at the EB with a view to develop decision points for action and a resolution on snakebite envenoming, linked to current work streams and related WHO Resolutions on NTDs, health systems strengthening and access to essential medicines; highlighting the need for concerted action in this regard, both by Member States and WHO and in collaboration with civil society and the scientific (Toxinology) community.

¹ In January 2016, the 138th session of the Executive Board requested the Director-General “through the Neglected Tropical Diseases Strategic and Technical Advisory Group (NTD-STAG) to define a systematic, technically driven process for evaluation and potential inclusion of additional diseases among the “neglected tropical diseases”.



Delegación en Ginebra
ante la ONU
Ministerio de Relaciones Exteriores

DCHONU No. 2213

The Permanent Mission of Colombia to the United Nations and the International Organizations in Geneva presents its compliments to the World Health Organization and has the honor to refer to the 140^o session of the Executive Board, to be held in Geneva, from 23th January to 1st February 2017.

In that regard, we submit for the consideration of the Executive Board a new item to be included in the agenda of the above mentioned meeting: "**Accelerated Action for Global Measles and Rubella Eradication**". The proposal falls under two of the criteria endorsed by the Board, to address a global public-health issue as well as a significant public-health burden. Enclosed is the explanatory memorandum.

The Permanent Mission of Colombia to the United Nations and the International Organizations in Geneva avails itself of this opportunity to renew to the World Health Organization, the assurances of its highest consideration.



Geneva, 9th September 2016.

To The Honorable
World Health Organization
Geneva

MEMORANDUM

TO: WHO Director General Margaret Chan

Re: Proposal to include an item on *“Accelerated Action for Global Measles and Rubella Eradication”* to the Agenda of the 140 Session of the Executive Board.

OVERVIEW

The Government of Colombia proposes to include an agenda item for the 140 Session of the World Health Organization (WHO) Executive Board on *“Accelerated Action for Global Measles and Rubella Eradication”*. Measles remains an important cause of morbidity and mortality in children in developing countries. Due to the success of the measles mortality reduction and elimination efforts thus far, the WHO has raised the question of whether global eradication of measles is economically feasible.

All six WHO regions have committed to measles elimination by 2020 and five regions have set target dates. Nevertheless, only the Region of the Americas has demonstrated the feasibility of the regional elimination of measles, having sustained the interruption of transmission since 2002. The five remaining WHO regions have assessed progress and challenges towards regional measles elimination.

In response to *The Global Measles and Rubella Strategic Plan: 2012-2020*, progress has been made towards the elimination of measles, with a reduction in mortality of 79% between 2000 (535,000 deaths) and 2010 (139,000 deaths). Also, there has been a reduction of four million cases of measles occurred in the era prior to vaccination, up to 853,400 cases in 2000 and 244,704 cases in 2015. As for the rubella has been no further progress to world level, as only America Region has eliminated this virus and Europe Region has proposed to eliminate by 2020.

THE PRIORITY FOR WHO

To meet the 2020 target, we need greater political commitment and accelerated actions by Member States as well as scaled up support from WHO and other partners. Therefore, we propose that the 140th EB Session considers a set of actions and innovative mechanisms to strength the five core components set up in *The Global Measles and Rubella Strategic Plan: 2012-2020* (1. *Achieve and maintain high levels of population immunity by providing high vaccination coverage with two doses of measles- and rubella-containing vaccines.* 2. *Monitor disease using effective surveillance, and evaluate programmatic efforts to ensure progress.* 3. *Develop and maintain outbreak preparedness, respond rapidly to outbreaks and manage cases.* 4. *Communicate and engage to build public confidence and demand for immunization.* 5. *Perform the research and development needed to support cost-effective operations and improve vaccination and diagnostic tools).*

In 2010, the WHO Secretariat Report on Global Eradication of Measles clearly underscored that the measles eradication is achievable. One WHO region has sustained measles elimination for the past seven years and four of the five remaining WHO regions have set an elimination goal to be achieved by 2020 or earlier.

A major obstacle in many countries is the inadequacy of routine immunization and surveillance systems. These must be strengthened if regional measles elimination is to be achieved and maintained. Periodic follow-up supplementary immunization activities will also be needed to sustain high levels of population immunity.

The aim is to strengthen actions, improve coordination and cooperation at every level to achieve a world without measles, rubella and congenital rubella syndrome.

No. 0224.01/3918



Ministry of Public Health
Tivanond Road,
Nonthaburi 11000, Thailand
Tel. : (66 2) 590 1370
Fax : (66 2) 591 8562, (66 2) 590 1374

9 September B.E. 2559 (2016)

Dear Dr. Chan,

MOST URGENT

Subject: Proposed Agenda Item for the 140th Session of the WHO Executive Board

Please refer to your letter No. C.L.26.2016 dated 20 June 2016 requesting Member States to propose any item to be included in the draft provisional agenda of the 140th Session of the Executive Board to be held on 23 January-1 February 2017 in Geneva.

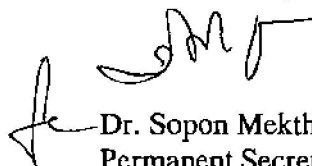
In this connection, the Ministry of Public Health, Thailand would like to propose the substantive agenda item on "Revitalizing Physical Activity for Health" which is co-sponsored by Bangladesh, Bhutan, Canada, the Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, Timor-Leste and Thailand, to be included in the NCD group agenda.

Enclosed, please find the detailed proposal together with the explanatory memorandum for your kind consideration. Should you have any inquiries, please do not hesitate to let us know via our coordinators; Dr. Thitikorn Topothai, e-mail: thitikorn.t@anamai.mail.go.th and Ms. Orana Chandrasiri, email: orana@ihpp.thaigov.net.

Your kind consideration of our proposed agenda item would be highly appreciated.

With best regards,

Yours sincerely,



Dr. Sopon Mekthon
Permanent Secretary

Dr. Margaret Chan
Director-General
World Health Organization
20 Avenue Appia,
1122 Geneva 27, Switzerland

cc: WHO Representative to Thailand

Encl.

Proposal

REVITALIZING PHYSICAL ACTIVITY FOR HEALTH

1. Summary:

Thailand, together with Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, and Timor-Leste would like to express our interest in proposing an item for the provisional agenda on Revitalizing Physical Activity for Health to be considered in the 140th session of the Executive Board.

2. Co-sponsors:

- Bangladesh
- Bhutan
- Canada
- Democratic People's Republic of Korea
- Finland
- India
- Indonesia
- Japan
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Sudan
- Thailand
- Timor-Leste

3. Background:

Physical activity (PA) has been acknowledged to have positive impacts on health. Evidences from World Health Organization show that it can reduce mortality risk from Non-Communicable Diseases, which is the leading cause of death in many countries totaling 38 million (68%) of the 56 million global deaths in 2012¹. Insufficient physical activity is known as the fourth leading risk for global mortality and claims approximately 3.2 million annual death tolls. Despite positive health benefit of PA, 23% of adults (aged 18 and over) (male 20%, female 27%) and 81% of adolescents (aged 11-17 year) had insufficient level of physical activity in 2010.^{1,2}

4. Proposal: proposed agenda and contents of resolution for the 140th Session of Executive Board

The agenda and draft resolution supporting the implementation of policy and program actions aimed at reducing physical inactivity. As called upon by WHA resolution WHA57.17 (year 2004) on Global Strategy on Diet, Physical Activity, and Health (DPAS) and WHA66.10 (year 2013) the global target on prevention and control of NCD is to reduce by 10% of the prevalence of insufficient physical activity by 2025. Since 2004 to date progress has been slow as there has been insufficient implementation which support physical activity

and discourage sedentary lifestyle. In the 2013, Country Capacity Survey shows that only 56% of WHO Member States indicated that they have an operational national physical activity plan, policy, or strategy¹. One particular challenge is the translation of policy into national and local actions requires effective and sustained collaborations with sectors outside of health. These can be difficult to initiate and sustain unless common understanding and shared agenda is achieved.

The DPAS contains four main objectives; (1) to reduce unhealthy diets and physical inactivity which are two main risk factors for NCDs, (2) to increase the overall awareness and understanding of the influences of diet and physical activity on health, (3) to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity, and (4) to monitor scientific data and key influences on diet and physical activity and to support research in a broad spectrum of relevant areas.³

The United Nations General Assembly adopted the Political Declaration of the High-level Meeting on the Prevention and control of non-communicable diseases aims to raise awareness, prevent and control of NCDs through (1) collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, (2) reducing the level of exposure of individuals and populations to the common modifiable risk factors for NCDs, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, and (3) leadership and multisectoral approaches for health at the government level, including, health in all policies and whole-of-government approaches across sectors.⁴

The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 focuses on reducing the level of exposure of individuals and population to modifiable risk factors like physical inactivity and outlines a menu of policy options. These actions, if adopted and implemented, would help Member States achieve the voluntary target of reducing the level of insufficient physical activity by 10% by 2025.

Whilst some actions within health sector are progressing, notably around public education campaigns (one of the “Best Buys” and in Appendix 3 of GAP), there is increasing recognition of the benefits and role of physical activity in and beyond health sector. For example, physical activity was highlighted in the reports of the WHO Commission on Ending Childhood Obesity, which identified increasing physical activity across the life course, and particularly in the early years of life, as an important component of addressing and reversing the trends in overweight and obesity. The WHO Urban Health framework and the recently agreed Sustainable Development Goals (SDG’s) present new and important opportunities for synergies across a shared agenda. Scaling up of targeted actions on physical activity can contribute to achieving 4 of the 17 SDG goals, namely: 1. **Ensure healthy lives and promote wellbeing** (specifically Target 3.4 reducing premature deaths from NCDs by 30% by 2030, Target 3.6 reducing road traffic accidents, particularly those involving pedestrians and cyclists, and Target 3.9 improving air quality by reducing automobile use and promoting walking and cycling); 2. **Sustainable Cities and Communities** (specifically Targets 11.2, 11.3, 11.6 and 11.7) by encouraging urban designs that support walking, cycling, public open space and social connectedness; 3. **Quality education** (specifically Target 4.1 and 4.2) and 4.

Gender equity (specifically targets 5.1) by ending discrimination in opportunities for sport and physical activity for girls and women.⁵

Recently, physical activity was selected as one of the side event in the WHA 69th. The meeting received great attention from 131 delegates from 46 member states, where consensus was reached among Member States regarding tabling the physical activity agenda at the Seventieth World Health Assembly with a draft resolution calling for a global action plan on promoting physical activity.

In order to achieve the physical activity global target, Member States will require more concrete actions. We need to acknowledge the need of global monitoring tool and the importance of physical and social environments conducive to physical activity and non-sedentary life style. We also need to recognize that these actions require multi-sectoral coordinated actions such as urban planning, education sector, transport sector, public and public and private sectors.

The main content of the draft resolution for the 140th Session of Executive Board may cover five key issues:

- Establish or strengthen, and implement the national action plan on physical activity and addressing non-sedentary life style, by adapting the existing global guideline in line with national context
- Support the development or strengthening the monitoring systems of physical activity and non-sedentary life style in Member States, which will in turn contribute to the global monitoring.
- Develop or strengthen physical and social environments which are conducive to physical activity and support active non-sedentary life style, through multi-sectoral coordinated actions, and support widest implementation such as through networks of actors, including but not limited to, community groups, civil society organizations, educational institutions, workplaces in private sectors and government agencies, various relevant ministries and local governments
- Support the roles of 'leaders' or 'champions' on physical activity at all level to lead physical activities through role models and capacity building
- Regular production of global monitoring report on PA.

We strongly believe that through collaborative global actions stated in the proposed resolution, we can increase the level of physical activity and will reduce the prevalence of noncommunicable diseases and eventually reaching global targets by 2025.

5. Focal point from Thailand Ministry of Public Health:

1. Ms. Orana Chandrasiri, International Health Policy Program (IHPP), Ministry of Public Health, Thailand, *Email: orana@ihpp.thaigov.net*
2. Dr. Thitikorn Topothai, Division of Physical Activity and Health, Department of Health, Ministry of Public Health *Email: thitikorn.t@anamai.mail.go.th*

6. References:

1. World Health Organization. Global Status Report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014.
 2. World Health Organization. Global Status Report on noncommunicable diseases 2010. Geneva: World Health Organization; 2011.
 3. World Health Organization. Global Strategy on Diet, Physical Activity and Health. World Health Organization; 2004.
 4. United Nations. United Nations General Assembly on the Political Declaration of the High-level Meeting on the Prevention and control of non-communicable diseases; 2011.
 5. United Nations. Transforming our world: The 2030 Agenda for Sustainable Development. Geneva: United Nations; 2015.
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EXPLANATORY MEMORANDUM

To : Director – General, World Health Organization

From : Delegation of Thailand, Bangladesh, Bhutan, Canada, Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, and Timor-Leste

Date : 09 September 2016

Subject : Proposing a substantive item for the provisional agenda on Revitalizing Physical Activity for Health under the NCD group agenda

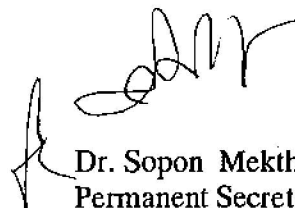
Thailand, together with Bangladesh, Bhutan, Canada, Democratic People's Republic of Korea, Finland, India, Indonesia, Japan, Maldives, Myanmar, Nepal, Sri Lanka, Sudan, Thailand and Timor-Leste express our strong interest in tabling an agenda on Revitalizing Physical Activity for Health into the provisional agenda for the 140th Session of Executive Board.

Inadequate physical activity (PA) is the fourth leading health risk to the global burden of diseases, it claims approximately 3.2 million deaths and leads to the loss of 69.3 million DALY (disability-adjusted life year) lost annually. Physical inactivity together with sedentary behaviours (SB) increases all causes of mortality, and disease-specific mortality and risk of many noncommunicable diseases (NCDs).

With reference to World Health Assembly resolutions 51.18 in 1998 and 53.17 in 2000 on the prevention and control of NCDs, the Assemblies urged the implementation of policy and programme actions aimed at reducing physical inactivity and sedentary lifestyles. The Assembly resolution WHA57.17 in 2004 adopted the Global Strategy on Diet, Physical Activity and Health. Since 2004 to date progress has been slow and there has been insufficient implementation and monitoring progress on physical activity to inform national and global actions. In the 2013, Country Capacity Survey presented that only 56% of WHO Member States indicated that they have an operational national physical activity plan, policy, or strategy. One particular challenge is the translation of policy into national and local actions requires effective and sustained collaborations with sectors outside health. In addition, it requires global monitoring to follow up on the status in order to accelerate PA agendas. These can be difficult to initiate and sustain unless common understanding and shared agenda is achieved and buy in by all Member States. Given the power of evidence, the national monitoring which contribute to global monitoring of progress would be essential in driving PA agenda, in addition to other actions such as multisectoral actions, sustained political commitment and effective programmatic designs.

In 2010, the global communities have committed to prevent and control of NCD through World Health Assembly resolutions 66.10 in particular to reduce by 10% of the prevalence of insufficient physical activity by 2025. In order to achieve the global target, Member States will require effective and concrete actions. A WHA resolution on physical activity is utmost essential for increased and sustained commitments on physical activities, and improve the physical and social environments which are conducive to physical activity and non-sedentary life style. A good information system for regular monitoring and reporting on the achievement of PA at all level is essential to gauge the progress. The resolution will also recognize that effective multi-sectoral coordinated actions such as urban planning, education sector, transport sector, public and public and private sectors hold important roles in achieving the physical activity target.

We strongly believe that with the concerted global actions based on this proposed agenda and resolution, Member states can collectively move to ensure increasing physical activity as committed by 2025.



Dr. Sopon Mekthong
Permanent Secretary
Ministry of Public Health, Thailand

MEMORANDUM

To: WHO Director-General Dr. Margaret Chan

Re: Proposal put forward by **Australia, Cook Islands, Ethiopia, Fiji, Namibia, New Zealand, South Africa** to include an item on "**Rheumatic Heart Disease**" to the Agenda of the 140th Session of the WHO Executive Board

1. OVERVIEW

Rheumatic Heart Disease (RHD) is a significant, preventable public health problem and should be recognised as a global health priority. The burden of RHD disproportionately affects children and young adults and is inequitably distributed based on socioeconomic status, geographical location and ethnicity. Effective early intervention can prevent premature mortality. Although there have been historic global efforts to prevent and control RHD, the ongoing burden of this disease across all WHO regions warrants enhanced leadership, attention and concerted action by WHO and Member States, in the context of both health and development agendas.

Reducing barriers to the effective prevention, control and treatment of RHD is consistent with the WHO Constitution, which recognises that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being' and that 'Governments have a responsibility for the health of their peoples.' Action on RHD will complement and contribute to cross-cutting WHO agendas on Universal Health Coverage and sustainable development.

In suggesting this agenda item to the 140th Session of the WHO Executive Board, the sponsoring countries of this memorandum aim to highlight the critical role that WHO plays in the global effort to eradicate RHD, and would like to indicate simultaneous development of a resolution outlining the role of Member States, WHO and other international stakeholders in taking action against RHD.

We anticipate that the discussion on RHD will continue at the 70th session of the World Health Assembly in May 2017. Doing so will support the WHO's work on communicable diseases, noncommunicable diseases, promoting health throughout the life course and strengthening health systems. Focus on this item is also consistent with the WHO Twelfth General Programme of Work, approved by Member States at the 68th WHA in 2015, and the 2016-17 Programme Budget.

2. A GLOBAL PUBLIC HEALTH ISSUE REPRESENTING A SIGNIFICANT, PREVENTABLE PUBLIC HEALTH BURDEN.....

RHD is a preventable condition arising from Acute Rheumatic Fever (ARF), a secondary sequelae of group A beta haemolytic streptococcal (GAS) pharyngitis which causes an acute generalised inflammatory response and an illness that can damage the heart, joints, brain and skin. One episode of ARF significantly increases the risk of further episodes, often with further cardiac damage. RHD leads to a lifelong increased risk of complications, such as bacterial endocarditis and structural heart disease which may require open heart surgery, as well as heart failure and premature death. Timely treatment of GAS pharyngitis with effective antibiotics, early detection of ARF and RHD, and antibiotic prophylaxis to prevent recurrent attacks of ARF can substantially reduce morbidity and mortality.

ARF and RHD are significant causes of preventable morbidity and mortality worldwide, particularly for children and young adults in low- and middle-income countries and communities. The 2010 Global Burden of Disease report estimated that RHD was responsible for 345,110 deaths

annually.¹ At least 34.2 million people are thought to be currently affected by RHD, with a significant number requiring repeated hospitalisation and often unaffordable heart surgery in the next five to 20 years. These figures are likely to under-represent the true burden of disease due to limitations in the reporting of data.

RHD is present in all WHO regions, with the African, South-East Asian and the Western Pacific regions worst affected. Vulnerable and marginalised groups including young females, poor and indigenous populations are disproportionately affected. The geographical distribution of RHD is context dependent and varies between crowded urbanised areas to disparate rural and remote communities.

In low- and middle-income countries, the cost of approximately 222,000 excess deaths from RHD in 2010 was estimated at US\$ 2.2 trillion (discounted) or US\$ 5.4 trillion (undiscounted).² The global cost of RHD is likely to be greater with higher numbers of deaths each year today, and the combined impact on low-, middle- and high-income countries. Such costs have a profound and lasting effect on the sustainability of social and public health care and place an additional, preventable burden on health systems.

Obstacles to delivery at various levels of prevention and treatment also vary widely between countries. The main barriers to the eradication of RHD include:

- poverty, overcrowding, poor hygiene and poor nutrition;
- poor access to primary care and specialist care, including reproductive health services;
- limited access to health education and awareness raising initiatives;
- lack of national multi-sectoral initiatives on the prevention of RHD led by Ministries of Health and supported by experts from relevant domains;
- lack of national level surveillance, monitoring and reporting on ARF and RHD;
- variable supply and use of high-quality benzathine penicillin G;
- centralisation in tertiary health centres of health services for the diagnosis and treatment of RHD;
- difficulties in attracting and retaining appropriately trained health professionals to work in affected regions;
- scarce cardiac surgical facilities for advanced RHD;
- limited understanding of ARF and RHD by health professionals and affected communities; and
- limited concerted, coordinated global efforts and emphasis on RHD prevention and control.

A 2016 World Heart Federation survey identified areas in particular need of practical and policy attention from a RHD civil society perspective, reinforcing the importance of many of the above barriers.³

3. ...THAT MUST BE A GLOBAL HEALTH PRIORITY AND ALIGN WITH THE WHO GENERAL PROGRAMME OF WORK AND PROGRAMME BUDGET....

RHD is directly relevant to five of the six priorities set out in the WHO Twelfth General Programme of Work 2014–2019⁴: universal health coverage; noncommunicable diseases (NCDs); addressing the unfinished business of the health-related Millennium Development Goals to end preventable maternal, newborn and child deaths; access to essential medical products and medicines (including diagnostics and vaccines); and addressing the social, economic and environmental determinants of health to reduce health inequities.

¹ de Dassel J, Ralph A, Carapetis JR (2015). Controlling acute rheumatic fever and rheumatic heart disease in developing countries: are we getting closer? *Curr Opin Pediatr* 27:116-23.

² Watkins D, Daskalakis A (2015). The economic impact of rheumatic heart disease in developing countries. *Lancet Global Health* 3: S37.

³ World Heart Federation/RHD Action (August 2016). Rheumatic Heart Disease Civil Society Survey Findings. Available at: <http://rhdaction.org/sites/default/files/Rheumatic%20Heart%20Disease%20Civil%20Society%20Survey%20-%20Survey%20Outcomes%20Aug%202016.pdf>

⁴ WHO (2014). Twelfth General programme of Work 2014 – 2019: not merely the absence of disease. Geneva.

RHD is also directly relevant to the WHO Programme Budget 2016-2017.⁵ In particular, the commitment to sharpen focus on strong, resilient and integrated health systems in the context of universal health coverage; and the prevention and control of NCDs. A proposed resolution on RHD would advance both of these objectives. The cross-cutting priorities of gender, equity and human rights are also critically relevant to RHD.

Action to address RHD will accelerate progress towards the global target to reduce premature mortality from NCDs by 25% by 2025, as well as a number of the targets for the Sustainable Development Goals (SDGs) by 2030, including: reducing NCD mortality by a third, ending preventable under 5 deaths, and reducing maternal mortality to <70/100,00 live births. Actions to address RHD also align strongly with the pursuit of the SDGs on ending poverty, reducing inequalities and ensuring access for all to adequate, safe and affordable housing.

The *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*,⁶ adopted in WHA66.10, calls for the secondary prevention of ARF and RHD in the list of recommended policy actions for Member States.

Ending preventable childhood deaths (such as from ARF and RHD), and ensuring every woman has a safe pregnancy (including those with RHD who are at high risk), are core objectives of the *Global Strategy for Women's, Children's and Adolescents Health 2016-2030*.⁷ At the WHA in 2016, the Secretariat report leading to the adoption of WHA69.25⁸ on "Addressing the global shortage of medicines and vaccines" specifically highlighted the problems of chronic short supply of benzathine penicillin for patients with RHD.⁹

4. ...AND REQUIRES JOINT ACTION FROM WHO, ITS MEMBER STATES AND OTHER INTERNATIONAL STAKEHOLDERS

Given the considerations above, an enhanced and sustained global effort is needed to promote action on RHD, addressing barriers to effectively preventing and controlling this disease.

With coherent, integrated, multi-sectoral national prevention and control programmes it is possible to 'beat' RHD. This was shown by the WHO Global Programme for the Prevention and Control of RF/RHD (1984-2002)¹⁰ which focussed on: improving standards of living; improving access to medical care; introducing antimicrobial agents for primary and secondary prevention; planning, development and implementing feasible programmes for RHD prevention and control in 16 countries with RHD registries. Over this period, 1.5 million school children were screened and 25,000 health and education staff trained. Cuba and Egypt saw reduced RHD prevalence from 2.3 and 7.2 per 1,000 to 0.2 and 2.3 per 1,000 school aged children over 12 years. Similar successes were also seen in the Philippines, China and India.¹¹

Key actions that are needed today to eradicate the global burden of RHD have been well established by experts and agreed in international fora. For example, the African Union Addis Ababa Communiqué on eradication of RHD identifies many actions which can be applied on a global scale according to context.¹² Such actions include:

- reducing poverty and improving socioeconomic standards by all means (improved housing, overcrowding and nutrition);
- improving access to primary and specialist care (including reproductive health services) and communication networks in low- and middle-income countries, and for high-risk populations;
- fostering multi-sectoral and integrated national RHD programmes led by Ministries of Health;

⁵ WHA 68.1 available at: http://apps.who.int/ghb/ebwha/pdf_files/WHA68/A68_R1-en.pdf?ua=1

⁶ WHO (2013) Global action plan for the prevention and control of noncommunicable diseases 2013 – 2020. Geneva.

⁷ Every Woman Every Child (2015). Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York.

⁸ WHA 69.25 available at: http://apps.who.int/ghb/ebwha/pdf_files/WHA69/A69_R25-en.pdf

⁹ WHA A69/42 available at: http://apps.who.int/ghb/ebwha/pdf_files/WHA69/A69_42-en.pdf

¹⁰ WHO (2004) Rheumatic Fever and Rheumatic Heart Disease Report of a WHO Expert Consultation, 2001. Geneva.

¹¹ WHO (1999). WHO/WHF consultation on RF/RHD November 1999 (WHO Doc. WHO/CVD/00.1). Geneva.

¹² Watkins D, Zuhke L, Engel M, et al (2016). Seven key actions to eradicate rheumatic heart disease in Africa: the Addis Ababa communiqué. *Cardiovasc J Afr* 27(3): 184-7

- creating prospective disease registers at sentinel sites in affected Member States in order to monitor RHD-related health outcomes;
- ensuring adequate supply of high-quality benzathine penicillin G for the primary and secondary prevention of ARF and RHD;
- decentralising technical expertise and technology for diagnosing and managing ARF and RHD;
- establishing national and regional “Centres of Excellence” for essential cardiac surgery for the treatment of affected patients and training of cardiovascular practitioners;
- sharing and utilising international best practice methodologies, and developing and/or adapting and disseminating existing training and self-management resources;
- providing education and training for health care providers and populations affected by RHD; and
- developing a GAS vaccine for disease control and prevention in the medium term that will ultimately reduce ARF and RHD.

International stakeholders have a significant role to play in driving the RHD agenda forward, including: raising the profile of RHD and other NCDs of children and young adults on the global agenda, with a view to strengthening health systems in low- and middle-income countries, eradicating extreme poverty, and addressing health inequity; addressing the urgent and neglected issue of the supply of benzathine penicillin G to ensure that all countries have access to a stable supply of high quality product at all times; actively supporting an accelerated programme to develop a GAS vaccine and ensure that it is available at an affordable price; researching the epidemiology of RHD; providing open-access resources to develop and strengthen country control programmes.

The sponsors of this memorandum urge WHO to reinvigorate its engagement on RHD, lead and coordinate global efforts on prevention and control, and develop clear and achievable goals and targets accompanied by a rigorous monitoring and accountability mechanism. This should be made transparent and accessible to all people, including those living with RHD. Under WHO leadership, international partnerships could be fostered with governments, multinational organisations, academics and with civil society for resource mobilisation, research, monitoring and evaluation of the programme to end RHD.

It is essential to acknowledge that eradication of RHD extends beyond WHO’s NCD programme, where it has been positioned historically. Future work needs to involve significant contributions and concrete actions from: communicable diseases; maternal, child and adolescent health; essential medicines and technologies; and health systems.

A resolution on RHD would be a formal step to reignite concerted global action. It would provide an opportunity to bring on board low-, middle- and high-income countries for whom RHD is an ongoing challenge, and to ensure coordinated and effective action. A resolution is likely to focus on similar action points to those highlighted in this memorandum, and would clearly articulate the role of Member States, WHO and other international stakeholders, including civil society.

5. CONCLUSION

We suggest that Rheumatic Heart Disease should be included as an agenda item for discussion at the 140th Session of the WHO Executive Board meeting in January 2017.

Sponsors of this memorandum are considering calling upon the WHO Secretariat to present a report on RHD to the 140th Executive Board, highlighting the significance of the burden of RHD and the need for enhanced, coordinated international action that is led by WHO to address barriers to reducing the impact of this disease.

Recognising the need for multiple stakeholders to overcome challenges, the co-sponsors plan to develop a draft resolution for the consideration of the Executive Board outlining the role of Member States, WHO, and other international stakeholders.

Inclusion of RHD as an agenda item at the 140th Executive Board, with appropriate Secretariat support and a proposed draft resolution will allow Member States to have an informed, critical

debate regarding the benefits of prioritising RHD in the Global Health agenda of WHO, with a view for further consideration by all Member States at the 70th World Health Assembly in May 2017.

As such, **Australia, Cook Islands, Ethiopia, Fiji, Namibia, New Zealand, South Africa** ask the Bureau of the Executive Board to include "***Rheumatic Heart Disease***" to the Agenda of the 140th Session of the Executive Board.



Dr Stewart Jessamine
Director Protection, Regulation and Assurance
New Zealand Ministry of Health
September 2016

EB140 (23 January-1 February 2017)
Member State proposals for additional agenda items

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 7. Preparedness, surveillance and response			
New point under item 7.1	Coordination of humanitarian emergencies of international concern (to be included under item 7.1, Health emergencies)	Spain	WHA67 (2014) WHA69 (2016)
Agenda item 8. Health systems			
New point under item 8.1	International recognition of credits in development of the continuing education of health professionals (to be included under item 8.1, Human resources for health)	Spain	WHA64 (2011); WHA66 (2013); document A69/36 (2016)
Amendment to item 8.1	Amend the title of item 8.1 to read: Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth	France	The Commission had its first meeting on 23 March 2016 in Lyon, France
Amendment to item 8.4	GSPOA, follow-up of the CEWG report and MSM on SSFFC medical products should be listed as separate agenda items	India, supported by all Member States of the South-East Asia Region	
New item 8.5	Improving access to assistive technology	Pakistan	EB139 (2016)
New item 8.6	Sepsis	Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan	Newborn health action plan (WHA67.10) (2014)
New item 8.7	"Kids Save Lives" in the context of improving quality of health care and patient safety	Sudan	EB138 proposed:• that, despite the importance of the proposed new item entitled "'Kids Save Lives" in the context of improving quality of health care and patient safety," the relevant work should be taken forward through other means, including technical briefings and seminars, as the initiative had already received the Organization's official endorsement and was under way.
New item 8.8	mHealth	India, supported by all Member States of the South-East Asia Region	EB139 (2016)
New item 8.9	Access to medicines	India, supported by all Member States of the South-East Asia Region	WHA67 (2014) (WHA67.22); WHA69 (2016) (WHA69.23)
New item 8.10	Regulatory system strengthening for medical products: acceleration and follow up of implementation	Mexico	WHA67 (2014) (WHA67.20)
New item 8.11	Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants	Italy	WHA69 (2016)
New item 8.12	Migration and health	Sri Lanka	WHA63 (2010)
New item 8.13	Global snakebite burden	Costa Rica	Document EB131/8 (2012)
Agenda item 9. Communicable diseases			
New item 9.3	Accelerated action for global measles and rubella eradication	Colombia	Measles: WHA63 (2010) Measles and rubella included in global vaccine action plan WHA69 (2016)

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
Agenda item 10. Noncommunicable diseases			
New item 10.5	Revitalizing physical activity for health	Thailand	Included in the report of the Commission on Ending Childhood Obesity WHA69 (2016)
New item 10.6	Cancer prevention and control: support for an updated WHA resolution	Jordan	WHA60 (2007)
New item 10.7	Rheumatic heart disease	Cook Islands, Ethiopia, Fiji, Namibia, New Zealand	EB114 (2004)
Agenda item 11. Promoting health through the life course			
New item 11.3	Developing a global action plan for the management and treatment of health care waste	Kuwait	WHA64 (2011)

NOTE FOR THE RECORD

Teleconference with the Officers of the Executive Board regarding the draft provisional agenda of the 140th session (January 2017)

Wednesday 28 September 2016

Participants:

Dr Margaret Chan, Director-General
Dr Ray Busuttil (Malta) Chairman
Dr Thomas Frieden (United States of America) Vice-Chairman
Ms Zhang Yang (China) Vice-Chairman
Ms Faeqa Saeed Alsaleh (Bahrain) Vice-Chairman
Mr Omar Sey (Gambia) Rapporteur

1. The Director-General and the Officers of the Executive Board met by teleconference on Wednesday 28 September, in order to review the draft provisional agenda of the 140th session of the Board to be held in January 2017, in accordance with Rule 8 of the Rules of Procedure of the Executive Board. Mr Ramjanam Chaudhary (Nepal), Vice-Chairman, and Dr Phusit Prakongsai (Thailand), Chairman of the Programme, Budget and Administration Committee of the Executive Board, were unable to attend.

2. The draft provisional agenda had been circulated to Member States on 20 June 2016. Sixteen proposals for additional items had been made by Member States within the deadline of 12 September 2016. One proposal, on malaria eradication, was included by the Secretariat in line with a recent recommendation made by the WHO's Strategic Advisory Group on malaria eradication. A further proposal was being made in order to correct an oversight on the part of the Secretariat. The proposals and their explanatory memorandums were sent to the Officers of the Board prior to the teleconference, together with supporting materials, in order to facilitate consideration of the potential changes to the draft provisional agenda. The criteria mandated by the governing bodies to be used in decision-making were also provided.

3. The Chairman of the Executive Board, who conducted the teleconference, reminded the Officers that the Bureau had been mandated to look into issues linked to the running of the governing bodies. In addition to the agenda of the Executive Board at its 140th session, there were three other matters that the Officers would need to consider, namely:

- Election of the Director-General
- Criteria for inclusion of items on the agendas of the governing bodies
- Formulation of the six-year rolling agenda

4. The Chairman of the Executive Board did not consider that all those matters could be fully dealt with in a single session. He indicated his view that Officers of the Executive Board would need a further meeting in order to conclude all unfinished business. This was particularly necessary as no draft of the rolling agenda had yet been prepared; nor had the criteria been fully developed. He proposed that the meeting be arranged for Wednesday, 2 November. Such an arrangement would take advantage of the fact that certain Officers would already be in Geneva for the candidates' forum in connection with the election of the Director-General and might prefer a face-to-face meeting. The Officers agreed to that proposal.

EB140: PROVISIONAL AGENDA

In line with the Chairman's proposal, the Officers of the Executive Board first considered the proposed amendments to the draft Provisional agenda. The Chairman informed that Officers that the 16 proposals from Executive Board members constituted a record. He then presented the context within which the Officers were working. At its 140th session, the Executive Board would hold 17 meetings. On the basis of the Secretariat's research regarding the duration of previous meetings, the Board could cover some 6 items each day (or 3 per meeting). Thus, EB140 should be able to manage an agenda of 51 items without additional sessions. There were currently 46 items on the Provisional agenda. However, one item – election of the Director-General – would take an entire day and was thus equivalent to 6 standard items. The consideration of the Proposed programme budget was another item requiring time; the discussions involved would last as long as those for 4 or 5 other items. Effectively, then, the agenda already contained 55 items – exceeding, therefore, the number that the Board could deal with under normal conditions.

5. The Chairman suggested that Officers might find it useful to bear in mind two further criteria when considering proposed additional items, namely: whether the items covered an urgent topic or involved a subject that was time-sensitive and that had not been considered recently by the governing bodies.

6. The Chairman proposed that following their review the Officers decide between 4 options:
- Option 1: accept the proposal as a new agenda item
 - Option 2: combine the proposed item with an existing item
 - Option 3: defer the proposed item to a later session
 - Option 4: refer the proposal to another governing body, such as the regional committees or PBAC
 - Option 5: turn down the proposal

New item and adjustment proposed by the Secretariat

7. Following a discussion in which the Director-General stressed that Member States needed to look carefully at the feasibility of pushing for malaria eradication, the Officers agreed that the item on malaria eradication be deferred to the Executive Board's 141st session in May 2017. The point was made that at that session, the Secretariat would need to be able to suggest criteria that could be reviewed by the Board. The Chairman explained that the second item, entitled "Global Strategy for Women's, Children's and Adolescents' health: adolescents' health", was not an addition as it should have been included on the draft Provisional agenda for EB140 that Member States had received in June 2016. The Officers agreed to accept the item for addition to the provisional agenda for the Executive Board's 140th session, under section on Promoting Health through the life-course.

New items proposed by the EB members

Preparedness, surveillance and response.

8. The Officers of the Executive Board agreed the following:
- **to accept for addition** to the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on "Coordination of humanitarian emergencies of international concern". The Officers gave their agreement with the proviso that the Secretariat's report should give due consideration to funding and staffing – both current and future – at each level of the Organization.

Health systems.

9. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Spain on “International recognition of credits in development of the continuing education of health professionals”.
- **to amend** – in line with the proposal made by the Government of France – the title of the existing item on Human resources for health, changing it to read “Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth”.
- to follow the proposal of the Government of India and supported by the Member States of the South-East Asia Region, namely, **to present, as separate items on the provisional agenda of the 140th session of the Executive Board** the reviews – currently presented under a single item – of (i) the Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination and (ii) the Member States mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products. In that way, the subjects would be delinked from review and evaluation of Global strategy and plan of action on public health, innovation and intellectual property.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “Improving access to assistive technology”, proposed by the Government of Pakistan.
- to **merge** with the existing item on the Global action plan on antimicrobial resistance the item proposed by the Governments of Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan on “Sepsis”. In that way, the two matters could be considered together.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item proposed by the Government of Sudan on “Kids Save Lives”, concurring with the Secretariat’s view that the next steps for building support for the initiative should involve other avenues.
- in keeping with the Chairman’s recommendation, **to defer to the 142nd session of the Executive Board**, consideration of the item on “mHealth,” which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region,.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Access to medicines: report of the United Nations Secretary-General’s High Level Panel on Access to Medicines”, which had been proposed by the Government of India and supported by the Member States of the South-East Asia Region.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Regulatory system strengthening for medical products: acceleration and follow-up of implementation”, which had been proposed by the Government of Mexico. The Officers took this view that no separate discussion is warranted at this time since the first progress report on implementation of resolution WHA67.20, which covered the same subject, would be considered by the Seventieth World Health Assembly in May 2017.
- **combine and treat as a single new item** on the provisional agenda of the **140th session of the Executive Board** the proposals for items on “Promoting health of fragile and vulnerable

populations, communities and individuals, such as migrants”, and “Migration and health” made by the Governments of Italy and Sri Lanka, respectively.

- **to defer to the 142nd session of the Executive Board**, consideration of the item on “Global snakebite burden,” which had been proposed by the Government of Costa Rica.

Communicable diseases

10. The Officers of the Executive Board agreed the following:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Accelerated action for global measles and rubella eradication,” which had been proposed by the Government of Colombia. In the view of the Officers, the matter, which ought to concern elimination rather than eradication, could be given consideration under the existing item on the Global Vaccine Action Plan.

Noncommunicable diseases

11. The Officers of the Executive Board agreed the following:

- **to defer to the 141st session of the Board in May 2017** consideration of the item on “Revitalizing physical activity for health”, which had been proposed by the Government of Thailand.
- **to accept for addition on** the provisional agenda of the **140th session of the Board** the item on cancer proposed by the Government of Jordan, with the proviso that be entitled “Cancer prevention and control in the context of an integrated approach”.
- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Rheumatic heart disease,” which had been proposed by the Governments of Cook Islands, Ethiopia, Fiji, Namibia and New Zealand. Given that the subject was not a major concern in all regions, it was asked whether a regional rather than global approach might be more suitable.

Promoting health through the life course

12. The Officers of the Executive Board agreed as follows:

- **not to include** on the provisional agenda of the **140th session of the Executive Board** the item on “Developing a global action plan for the management and treatment of health care waste”, which had been proposed by the Government of Kuwait. The Officers agreed that it was better to wait for the report to the Seventieth World Health Assembly that had been requested in resolution WHA69.4.

13. In accordance with Rule 8 of the Rules of Procedure, the comments of the Officers of the Board on the proposals received for the draft provisional agenda of the 138th session of the Board, as well as the recommendations of the Officers of the Board on those proposals, will be reflected in the annotated provisional agenda. In accordance with decision EB134(3) on WHO reform: methods of work of the governing bodies, the relevant supporting materials will be made available on the WHO web-based platform to all Member States and Associate Members.

14. The Director-General informed the Officers of the Board that the annotated provisional agenda for the 140th session of the Executive Board as well as the provisional agenda showing the document numbers, will be sent out to all Member States with the convocation letter.

ELECTION OF THE DIRECTOR-GENERAL¹

15. The Chairman noted the heavy agenda of the Executive Board (election of the Director-General, Programme budget and many health technical items). He therefore suggested a modification, namely, that the two-stage process currently proposed for reducing the number of candidates for nomination to the three required for the World Health Assembly might be streamlined by interviewing all the candidates in a single stage. The Director-General stressed the importance of respecting Member States' wish for a transparent process. The Chairman reminded the Officers of the Executive Board of the update that he had given at the mission briefing the previous week in which he had explained that, following the decision to revert to the paper system, the Secretariat was trying to maximize the rapidity of the process, while preserving its security and transparency.

16. The Chairman also briefed the Officers of the Executive Board on the intersessional steps that had been presented at the mission briefing. On Wednesday 28 October he would be meeting the representatives of the Member States that had submitted candidates. A procedure had also been proposed for limiting the number of questions asked to candidates during the public forum.

SELECTION CRITERIA FOR INCLUSION OF ITEMS ON GOVERNING BODIES AGENDAS

17. The Chairman explained to the Officers of the Executive Board that he was currently working with the Secretariat to review the current criteria and the recommendations of the Working Group on Governance Reform. His intention was to consolidate all the various suggestions in a single set of criteria that were transparent and easy to apply. Unfortunately, it had not been possible to complete the task in time for the teleconference. Nevertheless, a draft set would be ready for Officers to review in time for their planned meeting in November. He was also working with the Secretariat on statistics concerning the normal duration of discussions on the different items of the agenda as discussion time varied with the nature of the item concerned. He would be trying to rationalize the spread of work on the agenda, suggesting where items might be delegated to other bodies, such as the Board's Programme, Budget and Administration Committee.

ROLLING AGENDA

18. In addition, the Secretariat was working on a draft of the six-year rolling agenda: However, this needed to be viewed as a work in progress. The draft would be available for the November meeting.

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¹ In line with, inter alia, the Rules of Procedure of the Executive Board, resolutions WHA65.15 (2012) and WHA67.2 (2014), and decision EB100(7).

From: [Wood, Rachel \(HHS/OS/OGA\)](#)
To: [Vinter, Serena \(CDC/CGH/OD\)](#); [Stanojevich, Joel G. \(CDC/CGH/OD\)](#); [Moore, Melissa \(CDC/CGH/OD\)](#)
Cc: [Mamacos, Peter \(HHS/OGA\)](#)
Subject: EB Bureau note for the record
Date: Wednesday, October 05, 2016 6:37:19 PM
Attachments: [2 Draft NOTE FOR THE RECORD EB140 041016 ncaCLEAN.DOCX](#)

Serena, Joel and Melissa,

WHO just sent us the attached draft note for the record on the Executive Board Bureau teleconference that Dr. Frieden participated in last week. The note reflects the outcome of the discussion and the Bureau's recommendations on the draft provisional agenda and the proposals received.

WHO has asked the Bureau to review and provide any comments by COB Geneva time (11am EST) on Friday, Oct. 7. They're going to share the note with all EB members next week and summarize the outcomes for the final agenda. I compared the document with my notes and didn't have any concerns about the stated agenda decisions. If you have any comments, please send them to me by COB Thursday, Oct. 6.

Also, the Bureau has proposed another meeting on Wednesday, Nov. 2, which is the same day as a Director-General candidates' forum that WHO is hosting in Geneva. The goal is to have many Officers attend in-person. As previously noted, we welcome Dr. Frieden's participation in the Candidates' forum (Nov. 1-2), however we understand if he can't attend and OGA and State will be there to represent the USG. No more information is available about the meeting yet but I'll keep you posted as I learn more.

Thanks,
Rachel

Rachel Wood, MPP
International Health Analyst
Multilateral Relations, Office of Global Affairs
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To: Dr. Tom Frieden, CDC Director

From: Jimmy Kolker, Assistant Secretary for Global Affairs, OGA

Drafted by: Rachel Wood

Reviewed by: Peter Mamacos, Director of Multilateral Relations

Subject: **USG priorities for WHO Executive Board (EB) Bureau call**

Date: Wednesday, September 28, 2016

Meeting Details

Location: Teleconference; WHO will call you at 404-639-7002

Time: 8:30am-10:30am EST (understanding Dr. Frieden will leave the call at 9:45am)

Overview

This call is with WHO Director-General Chan and the six Officers of the Executive Board (“the Bureau”) to evaluate proposals to the agenda for the 140th EB in January. Dr. Frieden serves as first Vice-Chairman of the Bureau and the USG has a key interest in shaping the agenda of the January 2017 Board especially given the increasing number of agenda items that the Board is asked to consider each year and the time needed for the Director-General election.

Objectives

- Ensure the smallpox destruction item is not elevated to the actionable technical Agenda items, but remains as an information-only Progress Report;
- State our opposition to inclusion of the access to medicines proposal from India; and
- Encourage officers and the Secretariat to judiciously consider additions, especially given the time the DG election process will take during the EB and World Health Assembly (WHA).

Call Participants

Bureau officers

Chairman of the Board:	Dr Ray Busuttil (Malta)
Vice-Chairman 1 of the Board:	Dr Tom Frieden (USA)
Vice-Chairman 2 of the Board:	Mr Ramjanam Chaudhary (Nepal)
Vice-Chairman 3 of the Board:	Ms Zhang Yang (China)
Vice-Chairman 4 of the Board:	Ms Faeqa Saeed Alsaleh (Bahrain)
Rapporteur:	Mr Omar Sey (Gambia)

The following WHO staff are expected to join the teleconference from the WHO Secretariat:

Dr Margaret Chan, Director-General
 Dr A. Asamoah-Baah, Deputy Director-General
 Dr I. Smith, Executive Director, DGO
 Dr T. Armstrong, Director GBS
 Mr N. Ashforth, Senior Editor
 Ms D. Cipriotti, Documentation Officer
 Ms G. Vea, External Relations Officer, GBS
 Ms L. Vercammen, Protocol Assistant, GBS
 Mr D. Walton, Legal Counsel

Background

EB Bureau

During its May session, the WHO EB appointed Dr. Tom Frieden as the first Vice-Chairman, one of six officers selected to form the Executive Board Bureau (following a random drawing of EB member names). The Bureau consults on meetings agendas and presides over the 140th EB session from January 23 to February 1. The Board will appoint new officers at the EB session that follows the 2017 WHA.

Conference call

The WHO Secretariat will organize a teleconference on Sep. 28 to discuss proposals for the January EB agenda, with the six Bureau officers and the Director-General. Other USG staff can join the call as an observer but cannot take part in making decisions. WHO has not provided an agenda for the call.

Agenda formation

EB and WHA agendas are developed based on reporting requirements mandated by previous resolutions, items deferred by a previous session, and items proposed by Member States or the Secretariat. Member States can submit proposals for additional agenda items to be considered by the Bureau. Member States have proposed 16 new items for the January 2017 EB. The officers of the Board will recommend during this call whether to include, defer, exclude or combine new and existing agenda items for the EB and subsequent WHA.

Criteria

Proposals should address a global public health issue, involve a new subject within the scope of WHO and/or represent a significant public health burden. WHO will publish the recommendations of the Bureau in the annotated agenda that is shared publicly. For non-priority new proposals proposed by Member States, we recommend generally deferring them to the next cycle (2018) rather than outright rejecting them.

USG priority agenda items:

- **Smallpox (oppose any changes):** No country proposed changing the status of the smallpox item, which is an information-only Progress Report, but we need to ensure it is not elevated to the actionable technical agenda items. Its placement as a standing Progress Report on this agenda was agreed at the 2016 WHA. However, several

delegations (Egypt, Iran, and Thailand) pushed hard at the WHA to elevate it. None of the other countries that will be on this call spoke during the smallpox discussion at WHA.

- **8.9 Access to medicines (oppose proposal by India):** The USG should be on the record opposing this proposal from India that seeks to take forward recommendations from in the UN Secretary General’s High Level Panel on Access to Medicines’ report, which was released in September. We have serious concerns about the narrow mandate of the Panel and its recommendations, and share the concern expressed by the two Panelists who come from the research community that warned of unintended negative consequences of the recommendations.
- **9.2 Global vector control response (oppose addition previously made by China):** China added this topic to the agenda, which calls for a comprehensive, global approach to vector control to revive the public health function of vector control in light of Zika and Yellow Fever. The USG is concerned it duplicates other efforts already underway within WHO and other international organizations. Additionally, there are similar programs throughout the WHO system, some at the HQ level.
- **9.3 Accelerated action for global measles and rubella eradication (defer or revise proposal from Colombia):** Colombia proposed an agenda item for Measles and Rubella eradication. We are concerned that launching new eradication campaigns can detract from polio efforts, which still have a substantial funding gap. We suggest the U.S. should intervene to either oppose including the item, or change any references of “eradication” to “elimination from regions.”
- **10.6 Cancer prevention and control (support proposal/resolution from Jordan):** The USG has worked closely with WHO on cancer-specific activities and supported the related side event during the May WHA. There is also support from the Union for International Cancer Control and their global membership for a resolution.

Attachments

- I. Key points
- II. Biographies

Key Points

Agenda length

- Approving all 16 proposals will increase the technical agenda items to at least 38, more than the already extensive 33 considered in 2016.
- The agenda should be shortened where possible to allow time for the Director-General election process. At the May 2017 Assembly, every Member State will vote for DG by paper ballot, which will limit time for technical discussions.
- We generally prefer to discourage single disease items and combine topics where possible.

Smallpox (progress report)

- We respect the Assembly’s decision to review the smallpox agenda item in 2019 and include an information-only progress report this year.

- The Secretariat proposed in May that the Assembly include a substantive item entitled “Smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the 72nd World Health Assembly and we look forward to discussing it at that time.

Access to medicines (item 8.9):

- The USG should be on record opposing inclusion of this item on the agenda, which seeks to take forward the recommendations of the UN Secretary-General's High Level Panel on Access to Medicines.
- The narrow mandate of the Secretary General's High Level Panel on Access to Medicines, to examine the "policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies" did not encompass the many facets of this complex problem.
- USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
- The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.

Global vector control response (item 9.2)

- The Bureau should not include this item on the upcoming agenda. There are related efforts already underway within WHO and other international organizations.
- We recommend having a better understanding of other ongoing initiatives and consult with those stakeholders before we support a new global program.
- For example, PAHO has a robust program on integrated vector management that works with countries to implement appropriate community-based, country-led vector surveillance and control activities.

Accelerated action for global measles and rubella eradication (item 9.3)

- We recommend either removing the item, or changing any references of “eradication” to “elimination from regions.”
- The USG has previously expressed concern that efforts to launch another eradication campaign could divert attention and resources away from the polio eradication campaign, which remains substantially underfunded.

Cancer prevention and control (item 10.6)

- The U.S. supports including this item on the agenda.
- This agenda item follows the successful side event held during the 69th WHA that was a precursor to this proposed resolution.
- Given the upcoming need to report on mid-term progress on the GAP (in 2018) and the final report out on progress due in 2025, this year is an ideal time for a cancer resolution.
- There is support from the Union for International Cancer Control, and their global membership, for a resolution.

Recommended U.S. position on all proposals:

- 7.1 Coordination of humanitarian emergencies of international concern (Spain)

- *U.S. position:* **defer**; Intervention: **optional**
- *Issue:* Item asks WHO to coordinate humanitarian assistance workers and develop principles, criteria and standards for deploying teams during disasters.
- *Talking point:* This issue doesn't require an agenda item and it doesn't take into account WHO's Global Health Emergency Workforce or Global Emergency Medical Team work, which includes standards and a registry.
- 8.1 International recognition of credits in development of the continuing education of health professionals (Spain)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item would request the establishment of a system of internationally recognized qualifications in training for health workers, to be validated according to a set of minimum requirements.
 - *Talking point:* This proposal is in line with Human Resources for Health 2030 goals and would help guarantee safety and quality in the exercise of the health professions. qualification standards for health personnel could make it much easier for health
- 8.1 amend title: Human resources for health [ADD: and implementation of the outcomes of the United Nations High- Level Commission on Health Employment and Economic Growth] (France)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item asks for the implementation of the Commission's measures to be taken within 18 months of the report's adoption. This item is making the case for investment in HRH as good economics, as well as retention and other key issues.
 - *Talking point:* We support this amendment and item.
- 8.4 Medicines: Global Strategy and Plan of Action on Public Health Innovation and Public Health (GSPOA); follow-up of the CEWG (neglected R&D) report; and the Member State Mechanism on SSFFC (substandard) medical products should be listed as separate agenda items (India)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* India is asking the EB consider the GSPOA, CEWG and SSFFC as separate agenda items, not together as they are currently listed. The USG has lead role in SSFFC as a vice chair (Lou Valdez).
 - GSPOA: The 2016 WHA gave the upcoming EB a mandate to approve the Terms of Reference for the second-stage "policy-oriented" evaluation of the GSPOA, so consideration of this item is essential.
 - CEWG: Will review terms of a new expert committee.
 - SSFFC: Deferred from 2016, this item will cover outcome of 5th Member State Mechanism (MSM).
 - *Talking point:* These items have historically been considered separately and each deserves its own discussion.
- 8.5 Improving access to assistive technology (Pakistan)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item proposes resolution to support national adoption and implementation of the WHO Priority Assistive Products List (APL). USAID strongly supports assistive technology and the U.S. cohosted a side event on assistive technology at the May WHA.

- *Talking point:* WHO estimates more than 1 billion people need one or more assistive products and this item encourages countries to implement WHO Priority Assistive Products List.
- 8.6 Sepsis (Austria and others)
 - *U.S. position:* **support – or suggest combining with existing AMR item;** Intervention: **optional**
 - *Issue:* Item seeks to raise awareness of sepsis and asks WHO to coordinate prevention and control programs to contribute to health system strengthening. WHO does not yet have a comprehensive strategy for sepsis.
 - *Talking point:* Sepsis accounts for a significant burden of disease and WHO is well-placed to widely promote awareness and prevention. We support increasing awareness and emphasizing prevention through better management of chronic diseases, vaccinations and appropriate use of antibiotics.
- 8.7 "Kids Save Lives" in the context of improving quality of health care and patient safety (Sudan)
 - *U.S. position:* **defer/oppose;** Intervention: **optional**
 - *Issue:* Item asks for support of "Kids Save Lives" initiative to teach school-aged children 12 and older to learn CPR. It was deferred from a previous meeting and was recently covered in a side event.
 - *Talking point:* This initiative was previously endorsed by WHO.
- 8.8 mHealth (India)
 - *U.S. position:* **defer;** Intervention: **optional**
 - *Issue:* Item follows preliminary discussion of mobile health technologies (mHealth) at EB139 in May, when India proposed introducing a draft resolution.
 - *Talking point:* We support the expansion of digital technologies to help achieve the SDGs but it is not clear that mHealth needs agenda item or resolution to encourage adoption or coordination. Already 121 countries have national eHealth strategies according to WHO's Global Observatory for eHealth survey in 2015, and WHO is working to provide mHealth guidance. It is a lower priority this year.
- 8.9 Access to medicines (India)
 - *U.S. position:* **oppose;** Intervention: **required**
 - *Issue:* (see background on USG priorities) The U.S. should be on record opposing inclusion of this item to take forward the recommendations of the UN High Level Panel. We are concerned the recommendations are likely to have unintended negative consequences.
 - *Talking point:* USG and other experts involved in biomedical research (including the only two Panel members from the research community) believe the Panel's recommendations are likely to result in unintended negative consequences for biomedical research.
 - The High Level Panel report lacks a clear path forward and does not provide a useful framework upon which WHO or Member States can build.
- 8.10 Regulatory system strengthening for medical products: acceleration and follow up of implementation (Mexico)
 - *U.S. position:* **support;** Intervention: **optional**
 - *Issue:* Item proposes a Good Regulatory Practice (GRP) model to accelerate implementation of National Regulatory Authorities (NRAs), which NRAs regulate

- health products and technologies as well as food and environments. The U.S. and Mexico previously led this resolution and this item is a logical follow up.
- *Talking point:* We strongly supported the initial proposal at the 67th World Health Assembly. A Good Regulatory Practice (GRP) model can enhance the regulatory capacity and accelerate implementation of National Regulatory Authorities (NRAs) and support information sharing to improve regulatory capacity.
 - 8.11 Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants (Italy)
 - *U.S. position:* **support and combine with proposal 8.12**; Intervention: **optional**
 - *Issue:* Item calls for additional discussion of the current status, available tools, and way forward to improve country capacity. Follows discussion at the EB 138 and WHA 69 calling for WHO to scale up its efforts in this area.
 - *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
 - 8.12 Migration and health (Sri Lanka)
 - *U.S. position:* **support and combine with proposal 8.11**; Intervention: **optional**
 - *Issue:* Item calls for amending the 2008 resolution on migrant health (WHA61.17) with two new recommendations: (1) request Member States conduct a situation analysis and encourage evidence based approaches to promote and protect the health of migrants; and (2) request the DG to review and monitor global progress. *Talking point:* The United States shares the concern about the displacement crisis and welcomes global efforts to address the needs of migrants and other vulnerable populations.
 - 8.13 Global snakebite burden (Costa Rica)
 - *U.S. position:* **oppose**; Intervention: **optional**
 - *Issue:* Item calls for a global action plan to address prevention, anti-venom innovation and affordable manufacture, policy and health system strengthening to address snakebites The 2016 WHA directed the Strategic and Technical Working Group (STAG) to develop a system for deciding the technical basis for including diseases on the list of Neglected Tropical Diseases. The EB should wait for a recommendation from the STAG before considering this item. Any consideration of this item should be combined with the proposed item on rheumatic heart disease, for the same reason.
 - *Talking point:* The NTD STAG will consider snakebite envenoming as an NTD in April/2017. The EB should not reach a decision prior to appropriate STAG deliberation.
 - 9.3 Accelerated action for global measles and rubella eradication (Colombia)
 - *U.S. position:* **change or defer**; Intervention: **required**
 - *Issue:* Item calls for strengthening of actions to support core components of global measles and rubella strategic plan. The USG cautions against setting eradication timelines.
 - *Talking point:* **(see priority talking points above)**
 - 10.5 Revitalizing physical activity for health (Thailand)
 - *U.S. position:* **support**; Intervention: **optional**
 - *Issue:* Item calls for a resolution requesting a global action plan to promote policies and programs to reduce physical inactivity following a successful 2016 WHA side