



NOTE FOR THE PRESS

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CLOSURE OF 56TH WORLD HEALTH ASSEMBLY

STRATEGIES TO FIGHT WORLD HEALTH THREATS, SUCH AS SARS, RECEIVE INTERNATIONAL BACKING

NEW TREATY — NEW DG ELECT — NEW BUDGET

The World Health Assembly, the World Health Organization's annual summit in Geneva closed its 56th session (19-28 May 2003) today. Over 2000 participants, including ministers of health from WHO's 192 Member States, debated policy and made decisions on the future public health work of WHO. This note summarizes the Assembly highlights.

On 21 May, the World Health Assembly unanimously adopted the world's first public health treaty, the **Framework Convention on Tobacco Control** (http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56r1.pdf), capping four years of arduous negotiations. A triumph for public health and multilateralism, the Convention's demand and supply reduction measures will protect billions in present and future generations worldwide from the devastating impact of tobacco consumption and exposure to tobacco smoke. Tobacco kills nearly 5 million people per year. Unless strong action is taken, the global escalation in smoking, including amongst children, adolescents and women, will impose an even larger burden of disease, disability and death, particularly on developing countries.

Several countries told the Assembly they would rapidly sign, starting next month, and ratify the Convention. Forty ratifications, expected to take about one year, are necessary for entry into force. One of WHO Director-General Dr Gro Harlem Brundtland's major initiatives, she called the adoption a "historic moment in global public health" and said she was encouraged by the strong, serious commitment of countries to the pact.

On 21 May, **Dr Jong-Wook Lee**, 58, a medical doctor and national of the Republic of Korea who has worked nearly 20 years in WHO was elected Director-General. He held top positions at WHO in tuberculosis control and vaccine-preventable disease programmes. His five-year term begins on 21 July 2003. Dr Lee emphasized the need for leadership in the struggle for security from infections and justice for those worst affected by diseases of poverty. He said he would immediately expand and strengthen the Global Outbreak Alert and Response Network (GOARN), which is actively working to control SARS. Dr Lee announced five priority areas in his acceptance speech including shifting more human and financial resources to country-level work (http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56d9.pdf)

Member States expressed their profound gratitude to **Dr Gro Harlem Brundtland**, Director-General, for her "outstanding and visionary managerial, political and technical leadership, characterized by integrity, strength, endurance and determination." Work during her 1998-

20 July 2003 term is summarized in *Report of the Director-General, 1998-2003* (http://www.who.int/gb/EB_WHA/PDF/WHA56/edg02003.pdf). Among other things, Dr Brundtland successfully placed issues of health and determinants of ill-health at the centre of the global political agenda; initiated and saw through landmark work on the link between good health and economic development and undertook an internal reform of WHO.

An effective working budget of US \$880 111 000 for WHO was agreed covering the 2004-2005 biennium. This represents an increase in the overall level of the budget of 2.9% or US \$25 million.

NEW WORK PLANS FOR WHO AND MEMBER STATES

The recent experience of fighting SARS was prominent in discussions at the Assembly. Two resolutions were passed: the first on the revision of the **International Health Regulations**, the international law which governs public health; and the second specifically on **SARS**. Work on revising the International Health Regulations will continue until a final draft is presented to the World Health Assembly in 2005. The resolution also confirms and underlines the World Health Organization's (WHO) authority to verify disease outbreaks from all available official and unofficial sources, and, when necessary to determine the severity of an outbreak through on-the-spot investigations to ensure it is appropriately controlled.

Member States have also agreed to create a mechanism to ensure rapid communications with WHO in an emergency. The resolution on SARS recognizes the disease as "the first severe infectious disease to emerge in the twenty-first century" and calls for the full support of all countries to control SARS and other emerging and re-emerging infectious diseases.

During the Assembly, WHO also announced the creation of a new **US \$100 million public-private initiative to fight SARS** and build capacity for disease surveillance and outbreak response in China and the surrounding region. "SARS exposes fundamental weaknesses in the global health infrastructure," said Dr Jong-Wook Lee, WHO Director-General Elect. "This new fund and other innovative initiatives like it will help prepare the world to respond to future emerging diseases."

Annual epidemics of influenza are thought to result in 3-5 million cases of severe illness and 250 000 to 500 000 deaths. Many of these are preventable through increased use of existing vaccines. In addition to the health burden, the disease has a considerable economic impact. In spite of the inevitability of another global pandemic, there is a general lack of national and global preparedness. Therefore, the Assembly adopted a resolution on **Prevention and control of influenza pandemics and annual epidemics**, which, among other things, urges Member States to establish and implement strategies to increase vaccination coverage of all people at high risk to meet targets for vaccination coverage of the elderly of at least 50% by 2006 and 75% by 2010. The Director-General is requested to provide support for the preparation of national pandemic preparedness plans and to search for solutions to the global shortage of and inequitable access to influenza vaccines and antiviral drugs.

Sleeping sickness (Trypanosomiasis) is a threat to more than 60 million people in 37 sub-Saharan countries, causing pain, suffering and death and hindering socioeconomic development. A resolution on the **Pan African tsetse and trypanosomiasis eradication campaign** (http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56r7.pdf) urges Members States and international organizations to provide support to African Members in their efforts to eradicate tsetse flies.

Violence has a devastating impact on physical, mental and reproductive health and requires a vast amount of human and financial resources to respond to it. By adopting a resolution on **Implementing the recommendations of the World report on violence and health** countries agreed to develop national plans to ensure more targeted and co-ordinated action to prevent

violence by all sectors of society. The resolution also calls for better data collection to ensure a more accurate description of the magnitude of the problem and those most affected; improved services for victims of violence including social and legal support; and, a greater focus on addressing the root causes of violence.

Ninety percent of the world's 45 million blind and 135 million visually impaired people live in the poorest countries of the world. Yet most of the causes of blindness are avoidable and available treatments are among the most successful and cost-effective of all health interventions. A resolution on the **Elimination of avoidable blindness** urges Member States to set up a national Vision 2020 plan in partnership with WHO by 2005 and to start implementing it by 2007. Vision 2020 --the Right to Sight is a global initiative launched in 1999 to eliminate avoidable blindness.

Measles is the leading vaccine-preventable killer of children. Despite the existence for 40 years of a safe, effective and affordable vaccine (US \$ 0.25/dose, including auto-disable syringe and needle), in 2001 there were an estimated 30 million cases of measles worldwide, resulting in approximately 750 000 measles deaths. More than half of global measles deaths occur among young children living in sub-Saharan Africa. An Assembly resolution, **Reducing global measles mortality**, urges financial support for and full implementation of the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005. The goal is to halve measles deaths by 2005 from the 1999 level (875 000 deaths).

Traditional medicine is widely used throughout the world. But the lack of evidence for the safety and efficacy of many traditional or alternative medicines and practices means that some of these remedies could have dangerous effects. At the same time, the lack of policy on the protection of traditional knowledge and plant biodiversity could place this form of care out of reach of the populations who rely on it. A **Traditional medicine** resolution addresses these issues by encouraging Member States to adopt the WHO traditional medicine strategy which advocates for: national policies and regulations; drug-safety monitoring systems; measures to protect and preserve traditional medical knowledge and plant resources and, where appropriate, the intellectual property rights of traditional practitioners.

Available data indicate that out of 1400 new products developed by the pharmaceutical industry between 1975 and 1999, only 13 were for tropical diseases and three were for tuberculosis. A resolution on **Intellectual property rights, innovation and public health** was adopted that echoed the Doha Declaration on TRIPS and public health which urged Member States to ensure that pharmaceutical patent policies do not work against public health. To better understand the linkages between intellectual property rights and innovation WHO will set up a time-limited body by January 2004. It will collect data and proposals, and produce an analysis of intellectual property rights, innovation and public health. The analysis will include the appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that affect developing countries.

Higher priority needs to be given to setting international science-based standards for food safety, nutrition-related issues and health as the disease burden related to food seems to increase and the global distribution of food grows. A resolution entitled **Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission** calls for increased participation of the health sector in Codex and a more active role for WHO in the management of Codex in order to protect consumers' health.

A resolution on the **Strategic approach to international chemicals management: participation of global health partners** calls for contributions to work in this area from the health sector, in addition to the environment and other sectors. The strategic approach, whose development was called for at the World Summit for Sustainable Development and at other meetings, is expected to be finalized by 2005 or 2006 when it will be submitted to the Health Assembly for consideration.

A resolution entitled **Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

(http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56r5.pdf) calls upon the WHO Director-General to take immediate steps to guarantee the free movement of health workers, emergency services and patients, and the provision of medicines and medical supplies to Palestinian health facilities. Member States also requested the establishment of a fact-finding committee to assess the deterioration of the health situation in the occupied Palestinian Territory.

The Assembly endorsed the new **Global health-sector strategy for HIV/AIDS**. Delegates at the Assembly emphasised the urgent need at country level for the strategy which is aimed at health ministers and health policy and decision makers in the health sector. At the heart of the strategy is a list of core components based on past experiences and the wealth of global knowledge gained from two decades of responding to HIV/AIDS. The aim of the core components list is to achieve a balance between prevention and health promotion activities on the one hand and the provision of treatment and care on the other.

The Assembly approved a resolution entitled **Strategy for child and adolescent health and development** which aims to reduce deaths of children, which, for those under the age of five numbered 10.8 million in 2000. The strategy also aims to decrease the 1.4 million adolescent deaths each year; adolescents are at risk of HIV/AIDS, tobacco and alcohol use, depression, suicide and violence. Seven priority areas were identified for action, including nutrition and preventable, treatable communicable diseases which caused over half the deaths in children under five. Member States were urged to make neonatal health, child survival and adolescent health and development a priority.

A resolution on **International Conference on Primary Health Care, Alma-Ata: 25th Anniversary** (http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56r6.pdf), requests the Director-General to convene a meeting to examine the lessons of the past quarter century and identify future strategies. The 1978 Alma-Ata meeting identified primary health care as the key to the achievement of health for all.

More than 5 million children up to the age of 14 die every year from diseases associated with the environments in which they live, learn and play. Participants in four ministerial roundtables on **healthy environments for children** (http://www.who.int/gb/EB_WHA/PDF/WHA56/ea56d10.pdf) shared information on best practices; identified means of overcoming major constraints and obstacles to success; highlighted essential policy interventions and action strategies; examined the role of health and other sectors and made recommendations to WHO and the Healthy Environments for Children Alliance to take forward its work.

The Assembly paid tribute to **Dr Carlo Urbani**, a medical doctor based in the WHO Office in Viet Nam, who was the first to recognize the new disease that was to be named SARS and died as a result the virus.

The 57th World Health Assembly will next convene from 17-24 May 2004 in Geneva.

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A comprehensive list of the resolutions adopted at the Assembly can be found at:
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