# 5.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues

## Contents



## Antimicrobial resistance

### In focus

Antimicrobial resistance is a growing global challenge that impacts the achievement of the Sustainable Development Goals. The Political Declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance (A/RES/71/3) reaffirmed that the blueprint for tackling antimicrobial resistance is WHO's global action plan on antimicrobial resistance (WHA68.7), and recognized that the overarching framework for addressing antimicrobial resistance is provided by the One Health approach.

Document EB144/19:

- reports on country level progress in developing and implementing national action plans on AMR;
- reports on progress at the global level in the implementation of the five Objectives of the Global Action Plan;
- summarises current trends in antimicrobial resistance in relation to tuberculosis, malaria, HIV, neglected tropical diseases and sexually transmitted infections;
- reports on interagency collaboration within the UN system;
- lists some ongoing challenges with regard to the development and implementation of national action plans; and

- highlights the specific threat posed by the carbapenem-resistant gram-negative bacteria, including carbapenem-resistant Enterobacteriaceae.

The Board is invited to note the report and provide further guidance; specifically the Board is asked to focus on:

- moving forward with the global development and stewardship framework (see 2018 draft framework; see also the ARC civil society consultation report and React commentary);
- accelerating Member States' implementation of national action plans for combating antimicrobial resistance (see report of second round self-assessment survey, July 2018; see also South Centre report on implementation of NAPs, Sept 2018);
- strengthening linkages at country level between plans for combating antimicrobial resistance and plans for universal health coverage, health security, and multisectoral action (refer para 38 of EB144/19; see also references to 'platforms' in the draft PB18-19).

## Background

Tracker links to EB and WHA discussions of AMR since Jan 2014

The Political Declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance (A/RES/71/3)

The draft global development and stewardship framework (see 2017 roadmap; 2018 draft framework; see Peter Beyer PPT, October 2018; see Helle Aargaard reflections on October 2018 consultation)

See also WHO AMR website, including the UN Interagency Coordination Group.

See also React website. See Dec 2018 React/DHF report on Financing action on AMR.

See also Antibiotic Resistance Coalition; lots of useful resources; see particularly ARC Recommendations (November 2018)

## PHM Comment

### Global Framework for Development & Stewardship

Responding to AMR is a sprawling challenge: it traverses different levels, sectors, issues, and disciplines. Much has been achieved over the last several years including the Global Plan of Action, the Political Declaration, the "Tripartite Plus", the IACG, the National Action Plans and a range of more specialised initiatives (surveillance, priority pathogens, 'access, watch, reserve' categorisation, pipeline assessment, etc).

Two major pillars remain to be put in place: governance and finance.

Governance (including regulation and accountability) encompasses:

- data collections: surveillance, monitoring health care and farming practices, etc;
- standard setting regarding sanitation, hygiene and infection prevention (including vaccination);
- regulation of healthcare practices, farming practices, pharma production practices;
- regulation and coordination of manufacturing, marketing, procurement, supply and utilisation;
- priority setting and coordination of research and development;
- national legislation and international instruments.

Finance encompasses:

- governing bodies, secretariats, administration;
- driving changes in practice, in particular, health care, farming, manufacture and research;
- financing R&D and financing access for both human and animal health.

The Global Framework for Development & Stewardship is designed to address both of these issues. Chapters 3, 4 & 5 (of the October 2018 draft) set forth the broad objectives, principles, targets and roles which would be provided for through the Framework in the areas of R&D, access and stewardship, and environmental aspects. Chapter 2 explores the legal forms the Global Framework could take. It considers the merits of conventions/treaties, regulations and strategies/codes/guidelines and suggests that different legal forms might co-exist within an 'umbrella style' global framework.

PHM urges MSs to recognise that there are many functions which will simply not be put in place unless there are binding requirements arising from conventions, treaties or regulations.

Annex 1 discusses possible financing mechanisms. The Beyer PPT provides a summary of the October 2018 draft covering functions, structures and financing

Helle Aargaard, policy advisor at ReAct, reports that there was some pushback at the October 2018 consultation from the US and the UK around WHO Guidelines on the use of antibiotics in animals which tell farmers to "Stop using antibiotics routinely to promote growth and prevent disease in healthy animals". There may also be opposition to the provision for delinking in the draft Framework document (Annex 1, page 32).

PHM urges MSs to support the Guidelines. Expert opinion is unified on this principle.

PHM urges MSs to support the principle of delinking as a core principle of the AMR access funding package.

### Financing

There is a range of issues associated with financing: different functions, different levels, different national capacities. There is agreement that a range of different funding mechanisms will be

required.  Annex 1 of the October 2018 draft Framework indicates that quite large sums will be needed. Annex 1 reviews a range of possible financing mechanisms.

The ReAct / DHF meeting in December 2018 identified six principles for AMR funding:

- Pay now or have to pay much more later.
- The form of funding mechanisms to follow the allocation of functions.
- Harnessing existing funds to become more AMR-oriented.
- Global financing channels to be visible and accessible to countries.
- A systems approach and the promotion of sustainability.
- Promote long-term sustainability.

PHM urges MSs to support the creation of a multilateral implementation fund (as described in Annex 1) as part of the Global Framework.

Patients and third party payers (government or insurers) are presently paying heavily for both R&D (and even more so for marketing) through purchase, procurement or reimbursement of drug expenditures. The funding of drug development under delinkage will need to reroute these funds from purchase, procurement or reimbursement into a publicly accountable R&D fund.

### Accelerating the implementation of national action plans

Many countries did not respond to the second self-assessment survey (here). Many countries that did respond still do not have NAPs in place. Many of the countries which have NAPs do not have management structures in place or funding secured. Many of the countries which have NAPs in place have not yet implemented them (particularly in the animal sector). Many of the NAPs which have been implemented are weak in relation to key principles of the Global Action Plan.

It is a weakness of WHO that the provisions for holding MSs accountable for the implementation of WHA resolutions are generally weak.

In their report of the second self-assessment survey the ‘Tripartite’ flags the open access database of NAP self-assessments and suggests that civil society organisations (including both professional and community organisations) might access this database and advocate/mobilise around the need to develop robust NAPs and implement them.

PHM fully endorses this proposal, but as well as, not instead of holding MSs properly accountable for implementation.

PHM recognises the need for significant North South funding transfers and technology transfers to enable the development and implementation of national action plans. However, this does not void the need for accountability at the national level.

# Prevention and control of noncommunicable diseases

## In focus

EB144/20 reports on the commitments arising out of the third high-level meeting of the UNGA on NCDs (New York, 27 September 2018) and the follow-up work that the Secretariat proposes to undertake to support governments in fulfilling the commitments they made at the first (2012), second (2014) and third High-level Meetings on Non-communicable Diseases. The Secretariat's plan for follow up work includes:

- a 'delivery plan' regarding technical assistance to MSs;
- identifying a subset of 'NCD accelerators' from among the best buys in the revised Appendix 3 of the GAP;
- three flagship programs on mental health, heart health, and cervical cancer (see para 9);
- a note on scientific knowledge base for effective taxation on sugar-sweetened beverages (Annex 2);
- further work on registering and publishing the contributions of NSAs including private sector entities to prevention and control of NCDs (Annex 3 and also EB144/20 Add.1, below);
- meetings with national NCD directors and program managers;
- six monthly dialogues between WHO and private sector stakeholders (food and beverage, pharmaceuticals, alcohol, sports); see 2018 dialogues with alcohol; meetings with food and beverage and with pharma;
- further work by the Independent High-level Commission on NCDs; see June 2018 Report;
- 'strategic opportunities to leverage political championing' (para 15);
- data collection for reporting to UNGA in 2024 (see Annex 4);
- global conference on air pollution (Nov 2018);
- new partnerships, to be developed through the Inter-agency Taskforce, with governments, NGOs, private sector entities, academic institutions and philanthropic foundations.

In addition the Secretariat will progress the midpoint evaluation of the Global Action Plan, 2013-2020 in early 2019 to report to WHA72 in May 2019 (delayed because of lack of money).

The Board is invited to note the report.

EB144/20 Add.1 sets out the proposed workplan for the remainder of the term of the Global Coordination Mechanism on NCDs (GCM/NCD) for 2020. The proposed work plan includes three strategic priorities and a number of actions under each:

- foster multistakeholder collaboration:
    - conduct a stocktake of engagements of governments with non-state actors, including through PPPs;
    - develop an approach to register and publish the contributions of NSAs to NCDs (see Annex 3 of EB144/20);

    - promote ‘meaningful civil society engagement’ (through WHO’s Civil Society Working Group) to encourage governments to adopt multisectoral approaches;
- promote better understanding of challenges at national level:
    - a policy brief on how to raise the priority assigned to NCD prevention and control;
    - a policy brief on how to address economic, market and commercial factors;
    - promote investment in implementation research in L&MICs;
- pilot capacity building approaches at national level:
    - develop and pilot a technical package to support governments to establish multistakeholder and multisectoral mechanisms;
    - document, stocktake and disseminate advocacy campaigns and communication packages to educate the public regarding risk factors.

The Board is invited to note the report.

## Background

See Tracker links to EB and WHA discussions of NCDs since 2010. See in particular PHM’s comment on WHA70, Item 15.1 which reviews the pre-history of WHO’s sprawling engagement with NCDs.

## PHM Comment

In aggregate little progress is being made globally (see WHA71/14). However, in distributional terms, the gap is widening between high income countries and low and middle income countries and within countries between rich and poor classes.

### The multistakeholder dialogue

The most striking thing emerging from the two documents prepared for this item is the explosion of enthusiasm for multistakeholder dialogue or more precisely WHO engaging with powerful private sector entities with entrenched commercial interests in NOT implementing the Appendix 3 ‘best buys’:

- the Secretariat is planning on six monthly dialogues with the food and beverage industry, the pharmaceuticals industry, the alcohol industry and sporting bodies;
- the Inter-agency Taskforce is planning on developing ‘new partnerships’ including with private sector entities;
- WHO’s GCM/NCDs is planning on conducting a stocktake of governments’ engagements with non-state actors (including private sector entities) and piloting a ‘technical package’ on establishing multistakeholder mechanisms.

These dangerous liaisons come on top of the completely bizarre requirement from 2014 for an approach to register and publish the ‘contributions’ of NSAs (including private sector entities) to the prevention and control of NCDs (see Annex 3 of EB144/20).

In this context it is useful to go back to WHA71/14 which includes at Table 5, a useful overview of the barriers at national and subnational levels to the implementation of the Appendix 3 best buys and, in Table 6, of the lessons learned regarding the implementation of best buys. The report notes that:

- *"Interference by industry impedes a number of governments in implementing some of the best buys and other recommended interventions for the prevention and control of noncommunicable diseases, including raising taxation on tobacco products, alcoholic beverages and sugar-sweetened beverages, and enacting and enforcing bans or restrictions on exposure to tobacco and alcohol advertising, promotion and sponsorship;"*
- *"Multinationals with vested interests regularly interfere with health policy-making, for instance by lobbying against implementation of the best buys and other recommended interventions, working to discredit current scientific knowledge, available evidence and reviews of international experience, and bringing legal challenges to oppose progress. In some instances, these efforts are actively supported by other countries, for instance through international trade disputes."*
- *"In developing tobacco plain packaging laws, some governments overcame substantial tobacco industry opposition, including in the form of lobbying, public campaigning, attempts to discredit current scientific knowledge, available evidence and reviews of international experience, and litigation in multiple forums. The success of countries moving forward can be attributed to factors including sustained political support, a whole-of-government and evidence-based approach, commitment of sufficient resources, stakeholder consultation on policy implementation and strong technical capacity".*

The multistakeholder partnership has been a demand of the NCD corporations for a long time. "We just want a seat at the table." However, there are significant risks associated with this dialogue-with-the-corporates approach:

- corporate capture: favours are done, friendships develop, opportunities emerge;
- giving away more than you get; the value of gossip; a hint here suggests the need to lobby there;
- influence: maybe not such a problem in Geneva but clearly an issue in small L&MICs when well resourced advocates for big business confront low paid and very stretched officials.

It is hard not to speculate that Dr Tedros has made a deal with powerful donors; he might get his 8% increase in donor funds if he shows that WHO can be more friendly with the corporates.

The USA and Italy were critical of the redrafted Appendix 3. "They stated, inter alia, that they believe that the evidence underlying certain interventions was not yet sufficient to justify their inclusion. They considered that the proposed interventions should also reflect the view that all foods could be part of an overall healthy diet." These objections are identical to those of the food and beverage industry.

But WHO is supposed to be an evidence / science based body.  There has been no evidence cited that cosying up to the corporates drives effective change; there has been no evidence cited that *it does not favour the corporates*; if this is not the case, why are they so keen?

### Technical support

Fragile and poorly resourced health systems have limited capacity to drive and support prevention and control. Addressing such weaknesses require whole-of-health system strengthening. Technical support focused on NCDs will have limited effectiveness.

The policy capacity needed to drive the best buys implementation through health system programs, intersectoral collaboration, regulation and fiscal strategies is significant. Most L&MICs have limited policy capacity; this is a whole of government issue, not something that can be resolved through vertical, NCD-focused technical support.

Nevertheless, there is clearly a demand for technical support from WHO and undoubtedly such support can make some difference, no matter the existing level of national capacity. However, WHO's NCD programs and the Inter-agency Taskforce programs are underfunded or completely unfunded. While there is a risk of countries actually addressing the commercial determinants of NCDs, WHO's donors remain reluctant to support real action on NCDs.

### Civil society engagement and comprehensive PHC

PHM notes the commitment to 'meaningful civil society engagement'. However, we note also that many of the members of the WHO Civil Society Working Group are associated with organisations which have ongoing relations with private sector entities. It is not clear how the risk of conflicts of interest is being managed.

Promoting civil society engagement needs to reach from the global to the local and to extend beyond semi-professional organisations to local level community networks. It is a core principle of comprehensive primary health care that local PHC agencies and practitioners are working in partnership with their communities to raise awareness, take action locally and advocate for policy change. Strengthening comprehensive PHC should be given greater priority in the NCD strategy.

# Ending tuberculosis

## In focus

The first United Nations High-level Meeting on the Fight to End TB was held in New York on 26 September 2018. EB144/21 provides an overview of the meeting and its outcomes.

## Background

Tracker links to recent discussions of TB in EB and WHA.

## PHM Comment

TB remains a major public health concern.

The initiatives highlighted in the report are important and well directed.

PHM particularly appreciates the recognition that ending TB must involve health systems strengthening: coordinated health systems that simultaneously involve multiple programmes, stakeholders, and initiatives in a continuum of concerns, from health services to socioeconomic factors.

We reaffirm the importance of realising the principles of comprehensive Primary Health Care including with inter-sectoral and participatory processes.

PHM urges WHO to continue to explore innovative mechanisms for the funding of research and development of diagnostic and therapeutic products that delink research and development funding from patent-based monopoly pricing.

PHM urges WHO to ensure that the social context of TB infection is fully documented and reported on as part of generating political pressure for structural change to address the social and political context within which vulnerable groups (migrants, indigenous peoples, and refugees, among others) are exposed to TB and are able to access preventive protections and appropriate treatments.

PHM urges WHO to work more closely with the UN Human Rights Council to explore ways of using human rights instruments to ensure the right to health, including the right to diagnosis, treatment, and care; and to hold health systems and governments accountable for access and treatment.

# Notes of discussion at EB144

## Prevention and control of noncommunicable diseases

- EB144/20,
- EB144/20 Add.1,
- EB144/CONF./7 and
- EB144/CONF./7 Add.1

**Fiji**: happy to cosponsor the implementation document and aligns with Australia. Support healthy islands initiative. One of main challenges for us is obesity especially among children. As PHC is important to achieve UHC - for NCD is important to strengthen health systems.

**Uruguay**: on behalf of America region. We have been actively engaged in organising the HLM in Montevideo and helping with the Political Declaration, which highlighted the primary responsibility of MS but also of private sector in fighting NCDs. List should be expanded to include food and air pollution. We have been making steps to enable legislation on plain

packages for food, and taxation of highly sugary food and other unhealthy foods. Necessary to implement number of participants, e.g., those who works on air pollution, to attain SDGs.

**Panama**- Document reflects need to build commitments to fight NCDs and reduce level of air pollution and promote mental health to achieve SDGs. Mid term evaluation will be conducted and hope it will emphasise the difficulties faced in achieving commitments related to finance and interference of industries make it difficult for us to act sometimes. Difficult to evaluate such risks and manage relationships with certain non state actors. Endorse Finland and Americas statements said by Chile.

**Lebanon**: Thanks DG for report. We are following guidelines of UN meeting on prevention and control of NCDs. NCDs insert heavy burden on our country. We appreciate report of HLM. Important to strengthen collaboration with WHO to build on commitment and other parties. We pay tribute to multisectoral approach and involvement of all parties involved in health. For the forthcoming meeting we should respect role of WHO in tackling this issue. We hope that any efforts to tackle NCD will include social and structural determinants. Mediterranean diet is an example of healthy food. Welcome technical support of WHO to countries particularly EMRO region.

**Argentina**- Fighting preventing and controlling NCDs is a priority. Notes this report. Couple of suggestions. Specific actions be added to strengthen suggestions and actions for MSs to bring down risk factors particularly obesity reduction. Civil society should be involved in dialogue for para 13. Annex 2- reducing sugar content- to bring down levels of obesity, it is important. Annex 3 para should be added about Civil society, academia. Agree with 3 strategic priorities but would emphasise healthy eating and prevention of obesity got slightly lost. They don't seem to be in agenda and guaranteeing food security and healthy lifestyle. Endorse statements made by Uruguay,Finland and Russia

**Kenya**: Together with AFRO. Kenya is making effort to adopt national plan and explains local efforts. Kenya continue to making progress on NCD. We increase access to preventive measures through CPHC. Kenya launched a national committee that have pivotal role in prevention and coordination of strategies on NCDs in line with SDGs agenda. We support plan and resolution suggested by Uruguay. Request WHO support esp in LMICs. Support the work plan and decision by Uruguay and others

**Thailand**- Supports report in particular annex 2- taxation to SSBs and encourage MSs to pursue political declaration to tackle NCD. Thailand commits to fight NCD as you can see Thailand's PM article in lancet and global collaboration to control NCD. Fully support statement by Finland. Raise concern about involvement of alcohol industry.Support every 6 months review. Like to reconsider the proposal and establish clear guidelines to manage conflict of interest. Support statement by Uruguay and others and support problem of child obesity.

Meeting will be suspended now (End of Day 4, Tuesday 29 Jan)

### Beginning of Day 5 (Wed 30 Jan)

**Chair:** Announcements regarding concerns with timing and agenda. Held a meeting this morning to make changes with statement timings which will be put in place from this afternoon; EB members will speak for 2 mins, Non-EB Members 1.5 Mins, 5 Mins Regional Statement kept that same. The EB meeting today will continue until 9 PM.

## Prevention and control of noncommunicable diseases (continued)

- EB144/20,
- EB144/20 Add.1,
- EB144/CONF./7 and
- EB144/CONF./7 Add.1

**Chile**: New objectives with the SDGS: goal number 3; objective 2: look at the NCDs, cancer, chronic diseases, etc. ; all activities try to reduce the risks of NCDs; The goal 3.4; 86% of the Chilean people are sedentary, are obese, and high blood pressure; plan 2020: they will continue working to cut down the risk factors of NCDs; ageing of the population: greater incidence of chronic disease; we need measures to address this population; they implemented a national action plan; advertisement: they have a policy for children regarding advertisement and implemented special measures to encourage people to eat healthy

**Peru**: Aligns with AMRO statement, reaffirms commitment with declaration made in New York, want to make sure that we can better promote mental health and well being, and cut deaths from air pollution. Believes NCDs control plan not in line with country priorities. Notes that other governmental sectors focusing on superior interests in health. Talks about country plans (looking at alcohol., sugary drinks, children & healthy food, supervision of advertisements, alcohol drinks for adolescents, physical exercise, implementation of a packaging law.

**Bulgaria**: Align with EURO; support the political declaration; fully support the objectives of the action plan for the prevention of NCDs; mental health: talking about national measures for people with disabilities including people with mental disorder; They planned to implement a national action plan for mental health; fully support the decision to extend the action to 2030; mental health is fully embedded in the WHO agenda;

**Canada**: Supports AMRO statement. Welcomes report, thanks WHO & Partners for contribution for preparation for HLM. Notes on building on momentum to build up to SDG4, and presence of political momentum. Pleased to be co-sponsor. Support diseases such as neurological disorders as contributing to NCD burden, stating them as a separate category to mental health disorders. Addressing the political declaration, want to change Paragraph 3 to reflect that the political declaration needs to address the health impacts of Air pollution. Exerts caution with use of 5x5 framework, 4x4 widely accepted, however want to avoid misrepresenting contributing factors that contribute towards Mental health and will build on the stigma. Welcomes opportunities for MS to provide comments on report.

**Russia**: support efforts of WHO for prevention and control of NCDs; at the global level, supporting the inter-agency task force; recalling the political declaration on NCDs; believe that prevention and control of NCDs is very important and should be at the top of WHO agenda; concern about the under funding of this area; hope that with the new structure of the secretariat greater attention will be paid; they will give millions USD in this area.

**Singapore**: Thanks WHO for report, and notes Singapore's contribution for preparation. Look forward to contribute to second phase. Notes on rapidly ageing population with nation, and disease such as diabetes expected to rise. Singapore has declared a war of diabetes, addressing through healthy eating programmes etc. Notes that many of challenges in NCDs are similar. Supports the draft decision.

**Poland**: align with EURO; support the statement of Finland; happy to be able to cosponsor the decision proposed by URuguay; welcoming the OP9 of the decision; integrated approach requires multisectoral action at the national and local level; need involvement of NGOs; effective action need to be implemented in a sustained manner and with a comprehensive approach; highlighting that due to the change in demography, they are targeting senior population; public effort need to tackle prevention and control;

**India**: Talks about National Health Plan which underlines the importance for control and prevention of NCDS, notes India as first country to adopted NHP, taking a multisectoral approach with many stakeholders e.g delivering LPG cylinders to houses to tackle indoor house pollution. Notes of work for control and prevention of cancer and NCDS (BP, diabetes..). Also working on promotion of healthy food. Policy strategy for best buy programmes and other works, however notes that LMICs have limited capacity, rather than depending on technical solutions only. Notes on under funding of NCDs. Would like to work with other countries in the next HLM on the item of NCDS.

**Zimbabwe**: support statement made by Burundi; lack of financing to address NCDs; interagency task force; They need a integrated financing mechanism; We should inspire yourself with other kind of similar initiatives to create a fund to help countries (maybe to use the fund that were part of malaria and other CDs programs in the NCDS).

**Islamic Republic of Iran**: Looking forward for MS alignment at country level, Notes of lack of data regarding prevalence of NCDs. Iran Health Minister established National Committee for tackling NCDS. Need for capacity building and Technical Assistance, and request WHO to assist MSs to strengthen resource capacity at national and regional level, to make a special fund for the NCDS and for Mid term and finally evaluation of NCDS programs

**Norway**: appreciate the report; look forward for updated guidance of WHO; expect the report to continue to include updated evidence;

**UK**: Fully aligned with EURO statement. Talks about employing programmes in the UK with food industry to the decrease sugar consumption, especially in regards the sweet beverages -> which go “above and beyond work outlines in WHO work”.

**Dominican Republic**: they are committed to reduce air pollution, to promote mental well being; reduction of sugar consumption. MS should apply taxes to reduce consumption of salt and trans-fats; we need to look at different options; support the draft decision;

**NSAs**

Alzheimer's Disease International

FDI World Dental Federation

Global Health Council, Inc.

International Baby Food Action Network

International Federation of Biomedical Laboratory Science

International Federation of Gynecology and Obstetrics

International Federation of Medical Students' Associations

International Federation of Pharmaceutical Manufacturers and Associations

IOGT International

Medicus Mundi International

Thalassaemia International Federation

World Cancer Research Fund International

World Federation of Neurology

World Federation of Societies of Anaesthesiologists

World Obesity Federation

World Organization of Family Doctors

The official Docs page records a Conf Doc followed by a Decision.

EB144/CONF./7**.** Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Draft decision proposed by Argentina, Barbados, Canada, Chile, Colombia, Ecuador, Kenya, Monaco,

Panama, Peru, Russian Federation, South Africa, Sri Lanka, Uruguay and the European Union and its Member States

Decision EB144(1). Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

## Ending tuberculosis

- EB144/21

**Sri Lanka:** the target to end TB is an objective of the SEARO; need to critically assess how to integrate TB in PHC; conducted a consultation to end TB and HIV by 2030; need to revisit guidelines for screening for TB; mention that screening for TB in a context of labour migration may poses some problems; conducted a consultation to discuss the draft national guideline which include screening for TB; this is being done so that migration with positive TB receive care; thanking WHO for its work to rationalize the screening process.

**Brazil**: Notes that TB is the leading infectious killer (1.3 million deaths in 2018 according to WHO), even though it is fully preventable and treatable. We need integrated approach to tackle TB, notes both health care surveillance and health care systems required to diagnose and tackle TB. Specific strategies for vulnerable groups are essential. In regarding the political declaration made last year, BRICS countries continue to strengthen response to TB, comments of the BRICS TB network. Notes of AMR challenges, placing additional burden on health and communities, especially for LMICs. In this time period until 2030 we must ensure political will and financial support. Brazil recognise WHO leadership role, and looks forward to continue to collaborate.

**Viet Nam**: congratulates WHO for its TB programme; support the efforts to end TB; to end TB we have to reach target to treat  and detect 40 million with TB until 2020; we will cut out transmission infections; political commitment is necessary to provide needed funding to achieve mentioned targets; echoes the call to increase overall investments; emphasise the need to increase to two billion dollars fund for TB on the global level; request the DG to continue to develop the multi sectoral accountability framework and to ensure its timely implementation in 2019; follow up of the HIgh level meeting: developed National action program to the 2030;

**Japan**: As a co-facilitator as UN HLM on TB, expresses appreciates for everyone's commitment to work on this issue. Pleased on high level participation by MSs, Academics, Private Sector and more. Adoption of Political Declaration is only a starting point to end TB. Call on stakeholders to increase efforts to achieving target end TB by 2030. Calls on WHO to help MSs to strengthen national TB response in line with political declaration. Notes on MDR TB challenge, and the need for the world to address this problem together. Continues support on R&D, with their global health and technology fund; their rapid diagnostic kit is in approval phase, works by diagnosing by urine). Notes that achieving UHC is vital in ending TB. Commitments from UN States is of high importance. Finally stresses need to synergise with other health topics such as AMR and HIV, on this topic.

**US**: Remains deeply committed to implement WHO and TB Strategy; essential that we act now to harness the political will expressed during the HLM political meeting; need independent review and the one in WHA 71.3? will hold all stakeholder accountable; continued innovation and research, utilizing multi sectoral approach remain an essential approach to combat the disease; scale up diagnostic and treatment is key.

***Chile*:** We take part in HLM in 2018, we renew commitment to expand agenda. Diagnosis of TB and incorporation of new protocol adapted and implemented to deal with co-infection, like HIV and multidrug resistance and tackle vulnerable populations, like homeless and drug users.

***Netherlands*:** Align with EU. Notes with concern that the mortality is decreasing too slowly. There is big problem of multi drug resistant TB. Appreciates multi-sectoral approach; we believe that is need to work with high burden countries. Treatment and early diagnosis is key. Supporting through 5 million Euros for 2019 for promoting innovative approaches in tackling TB.

***Australia*:** WHO fundamental role to end TB. We are committed to end it and ensure affordable medicines and looking into multisectoral action.

**Germany**: Aligns with EU. Multi-sectoral framework is key to achieve elimination of TB. Like Australia, we commend the framework for the responsibility of the MS.

**Jamaica**: Low burden TB country. No reported TB since 2017 and 2013 last case of multi drug resistant TB. We adopt strategy to end TB and support WHO help for low burden country.

**Mexico**: Thanks. TB is problem globally and in Mexico. Guidelines are needed if we want to tackle the problem. Comments on Multisectoral approach again. Training of HR. Note that they welcome that the question about TB is included in 2030 agenda and GWP13. It is really cross-cutting issue. We await the 2020 to see the development of improvement (TB)

**Israel**: Noted decrease of TB but progress are not fast enough to end TB by 2030. Our commitment goes beyond national border.

**Fiji**: Note the report on HLM. Global fund are needed for LMIC, technologies are need to approach prevention and early detection of TB. We need help from WHO and MS to tackle the problem of MDR-TB which is a big burden for their region.

**Indonesia**: Screening and treating are reinforced to end TB. Gov of Indonesia provides quality services to end TB and also provides community surveillance. More effort is needed to strength capacity, especially for multidrug resistant TB and to empower families and individuals; it is fundamental to ensure equal access for public services and tackle more disadvantaged populations which are the most affected by TB.

**Djibouti**: Align with AFRO statement. We are not on the list of countries with high problem of TB, we have high incidence of TB. We are seeking the help to tackle it, but the bigger problem is

MDR-TB. Capacity building in needed, especially in a way to produce new and affordable treatment. We welcome the multisectoral approach.

**China**: Efforts by WHO play a vital role in ending TB. China is about to implement the plan of action and tackle HIV and TB co-infection. We support the funding and helping the countries with the highest burden of TB.

***France*:** Thanks. PD on HLM to tackling TB. TB is part of health inequities. Latent, accessible treatment and MRTB and only some of the problems. Note the work of UNITAID and support of WHO. Appliance the work of the global fund that is working on elimination CD. Public and private players have to work on the achieving targets implemented in the 2030 agenda.

**Angola**: Align with AFRO statement. TB is still an important cause of death in Africa. Within the global strategy is necessary additional funding especially in LMIC. Dialogue with all relevant stakeholder to provide safe and adequate diagnostics and therapies. Treatment process have been revised to reduce treatment time. Strengthening collaboration between all stakeholders is crucial to end TB. Leadership to mobilise partners, treatment care. We implemented the 3 years plan to expand coverage of services and to manage TB cases.

**Peru**: Commitment for the PD on HLM. TB is public health problem with doesn't achieve health for all. Socioeconomic determinants are connected with TB and we are trying to support it. We have free of charge diagnostics, but important part is also sustainable funding so we have collected for 2018 120? million dollars for the tackling TB. National network for research and development. Multi Sector improving in a environment, social determinants etc is needed to tackle TB.

**Argentina**: we are concern about TB incidence, as the decrease is too slow and worried that the 2030 target will not be reached. We participated to HLM and we have strong commitment. Shared issues and similar socioeconomic background-synergies can be put in place with other countries. Inter-ministerial agreements to earmark necessary resources. We are not able to satisfy all needs, as resources are scarce. We affirm commitment to HLM to work hand in hand, this effort to end TB should be led by WHO.

**Slovakia**: TB is hitting the vulnerable communities, and we see the importance of socioeconomic determinants.. Effective prevention, early detection and screening for children by the who guidelines are the basis of tackling of TB. We are low incidence TB country, but we want to support the work of WHO. One of our main agenda items in this year is working on the TB, we will organise multi sectoral congress in next month in which we will discuss implementation of new approaches in treating TB.

**Canada**: Welcome significant commitment, as set out in the political declaration. ongoing support in TB control is vital. To eradicate TB we need to strengthen not only to increase access to therapies but also ta tackle SE factors, inequalities and gender factors. Canada has paid

more than 2M to global funds, and will continue to work with WHO to implement all strategies. Thanks to WHO and ensure appropriate budget allocation.

**Dominican Republic**: After HLM we have high level political statement which will help us on this agenda. Following the commitments in that PD, we are keeping in with that goals. We have better indicators regarding MDR-TB, child and latent TB, we have increased funding for prevention and control of TB. “Talks about national plans and strategies in DR”.

**South Africa**: Welcome report. We participated to HLM and committed again to end TB. Notes on absence of many MSs to HLM, and asks WHO to appeal to HIC to support LMIC to support research and enhance therapies. We request greater countries participation. Asks Secretariat for answers; 1) How many of the missing millions of TB cases are diagnosed from the last HLM? 2) How many additional resources have been mobilised since then?

**Panama**: We have to stress out the mortality by one single agent in the patients coinfected with the HIV. This patients are also a mayor cause for MDR-TB. We have to move forward with the TB framework. We want to eliminate TB until 2035 in Panama. We have to work on human rights and health for all programs. We worked a lot on the implementation of the WHO recommendations.

***India***: Committed to end TB by 2025. Working on scaling diagnostic test. Introduction of new drugs and financial support, we took steps for multi-sectoral collaboration, Rifampicin has been approved to be used. Committed to facilitate use of new diagnostic tools especially for drug resistant TB. Committed to work with WHO in fighting persistent challenges re TB.

**Russian Federation**: We welcome successful HLM and the role of WHO in tackling on TB. “Talks about Russian national programme” which produced lower incidence. We want to help the countries to implement the guidelines on how to tackle the problem of TB. BRICS countries support the work of WHO

**Chair:** No Observers wish to comment. Will move onto NSA statements.

**NSAs**

Global Health Council, Inc.

International Union Against Tuberculosis and Lung Disease

Médecins Sans Frontières International

Report noted.

## Antimicrobial resistance

- Document EB144/19
- EB144/CONF./3 Rev.1

Watchers' notes incomplete here. See video record of 2nd meeting on 31 Jan. 2:28:53 into the meeting.

**Iraq:** Pleased to note progress on AMR in our region. Endorse GAP. Regional resolution. 9 countries have adopted and submitted NAP. 14 involved in monitoring and surveillance. More is needed. Req integ and multisectoral measures. Pol commitment.

**Mexico:** Thanks to DG for follow up report and GAP and Pol Decl of 2016. In May 2016 Mexico submitted NAP. Listing objectives. Will continue. Appreciate tripartite action. Five objectives of GAP should be impl completely. Need data.

**Sri Lanka:** Appr report fr DG. SEAR taken efforts. Flagship project in region. All members developing NAPs. Aware of draft resolution (EB144/CONF./3 Rev.1) and wants to co-sponsor.

**Jamaica:** Commends Sect for guidance on AMR. Useful in region of Americas. Urge WHO to assist global stewardship, help countries, guidance on integ surv of AMR, Endorse report and recs.

**Romania:** Agree with WHO about str org integration; cross cluster platform with UHC; must allocate core funding to AMR to support MS for NAP impl. Need to maintain country level commitment. Send str message to UNSG about need to redouble efforts. Welcomes tripartite work plan incl UNEP. Need more information.

**Japan:** Welcomes progr at country level and WHO's coopn with UNEP. Prudent use of ABs and R&D. Req exp country support. Japan wkg with Asian countries on surveillance. IAC recs - proposed gov model; how to proceed to substantiate this idea. Need to move from advocacy and high level commitment to action on the ground.

**USA:** Pleased to speak on behalf of Americas. App DG and Sect. Remain committed. AMR plan of action inthe Americas aligned with WHO GAP. Complex challenges. Welcome tripartite+. Cont'd MS engag't for stewardship framework. United and non-duplic framework. Str pol will.

**Australia:** Thanks Sect. Threat urgent. Plsd to co-sponsor draft resolution. Welcome Trip+. Look forward to SG report on 2016 pol dec. and IACG. Stewardship framework.

**China:** Thanks. Commends cooperation with other orgs and at all levels. TRg for health workers in use of ABs esp grass roots. Hope WHO can help countries. Supports draft resolution. Pleased to be co-sponsor.

**30' Break. Then resume**

Germany

Mexico

Chile

Brazil

Indonesia

Colombia

**Non Members**

Russia

Thailand

Spain

UK

Sweden

Canada

Denmark

India

Domincan Republic

South Africa

Switzerland

Iran

Rep Korea

Morocco

**Peru:** aligns with the Americas. We set up a multi sectoral group with 12 sectors in the NAP. we are working with WHO plan for implementation of surveillance with help of EU.

**International organisations**

**GAVI**- 11.4 million days of AB use in children. In documents preamble para 6 and accept the benefits of vaccines and wash

**NSAs**

Drugs for Neglected Diseases initiative

FDI World Dental Federation

International Baby Food Action Network

International Federation of Biomedical Laboratory Science

International Pharmaceutical Students' Federation

Médecins Sans Frontières International

Medicus Mundi International

Stichting Health Action International

The World Medical Association, Inc.

United States Pharmacopoeia Convention

WaterAid

Final consideration of EB144/conf.3 Rev. 1

**US:** on behalf of the cosponsors; thanks MS for the active and constructive and consensus oriented participation; one health approach; recognizing WHO leadership, working with OIE and FAO; this might come back next year, due to the energy that was in the air

**Japan**: would like to support and co sponsor the resolution.

**Jamaica**: would like to cosponsor

**Zambia**: Support resolution, Cosponsor

**Burundi**: cosponsor;

**Fiji**: cosponsor

**Ethiopia**: cosponsor

**Moldova**: wish to be co sponsor

**Chair**: is the board ready to adopt the draft resolution? YES adopted.

EB144.R11 - Antimicrobial resistance adopted.