

Reporting back: WHA74 74 World Health Assembly



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Summary of discussions

Against the backdrop of the ongoing COVID-19 pandemic, Governments from around the world met virtually at the 74th session of the World Health Assembly (WHA74). With the theme '**Ending this pandemic, preventing the next: building together a healthier, safer and fairer world**' participants focused on how governments, the WHO and other stakeholders can better and address the far-reaching consequences for communities and health systems around the world.

Opening the WHA

The opening of the WHA saw Heads of State from around the world calling for greater solidarity and support for low- and middle-income countries (LMICs) to scale-up vaccine coverage. There was strong support for the [ACT Accelerator](#) and [COVAX facility](#) to help procure and deliver the resources needed for the global response, however several Heads of State criticised the continuing inequitable access to vaccines and reiterated that 'nobody is safe, until everyone is safe'.

The WHO Director General Dr Tedros Adhanom Ghebreyesus, paid tribute to the world's health and care workers for their dedication and sacrifice, noting the 115,000 health care workers who have died over the course of the pandemic so far. Looking ahead to the WHA and beyond, he called on all Governments to protect and invest in health by sharing vaccine doses with the COVAX facility, scaling up manufacturing and joining the [COVID-19 Technology Access Pool](#) (C-TAP) to share intellectual property, and address the US\$18 billion shortfall in funding for the ACT Accelerator.

Reflecting on the broader work of the WHO, Dr Tedros highlighted the progress made in improving access to childhood cancer and breast cancer services, improved integration of mental health services into primary health care in 31 countries, and expanded partnerships with UNICEF and maternal, new-born and child health programmes to improve care for patients with cancer and other NCDs.

Agenda highlights

The agenda for WHA74 included several discussions relevant to global cancer and NCD control, including:

- Global COVID-19 pandemic response
- Access to medicines and intellectual property
- Addressing the social determinants of health
- Update on global progress in addressing NCDs
- Accelerating action on antimicrobial resistance (AMR)

Global COVID-19 response

The global pandemic response was covered by two agenda items, 17 and 18. Agenda item 17 reviewed the global COVID-19 response, and item 18 focused specifically on mental health preparedness for and response to the COVID-19 pandemic.

Following on from discussions at the WHO Executive Board meeting in January, the WHA was invited to note a series of different reports including on the [work of the WHO Secretariat](#), the [findings of the Independent Panel for Pandemic Preparedness and Response](#), and by the WHO's [Independent Oversight and Advisory Committee](#) as well as on the [implementation on the International Health Regulations](#).

The bulk of the discussions focused on three proposed resolutions which the WHA were asked to consider and adopt:

- [Strengthening WHO Preparedness for and Response to Health Emergencies](#), (led by the European Union). This followed on from calls at the Executive Board meeting to consider recommendations made by the International Health Regulations Review Committees, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Independent Panel for Pandemic Preparedness and Response.
- A [special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response](#) (led by Chile) This requests a special meetings of the WHA in November to explore a legally binding mechanism to support the implementation of the IHRs in light of the lessons learned from the COVID-19 response.
- Mental health preparedness for and response to the COVID-19 pandemic

Cancer and NCDs did not feature extensively in the Member State discussions, however there was clear recognition of the need to continue essential services for non-COVID conditions, as well as the importance of investing in health promotion and disease prevention to increase the health and resilience of all people. Universal health coverage (UHC) was repeatedly mentioned as being central to national security and wellbeing, and that investing in health systems must be a critical component of all pandemic preparedness and response plans.

[WHO's pulse surveys have demonstrated that disruption is seen across essential services](#) for cancer and other NCDs, including for mental health. Disruptions of cancer screening services were reported in 49% of countries surveyed, the impact on treatment was less with only 32% of responding services reporting some level of disruption, while 36% of countries reported disruptions to palliative care services. Since the previous WHA, the WHO has released guidance documents on maintaining essential health services including on immunization, NCDs and communicable diseases, strengthening the health workforce, and the supply of medicines. Despite this, only 18 member states have reported to WHO that NCDs are included in national preparedness and response plans.

[Read UICC's joint statement](#)

Access to medicines and intellectual property

The discussion on addressing equitable access to medicines included reports on [expanding access to effective treatments for cancer and rare and orphan diseases](#) and the implementation of the [Global Strategy and Plan of Action on Intellectual Property](#) (GSPOA), which was accompanied by a resolution on fostering the local production of essential medicines. This resolution seeks to promote the transfer of technology and knowhow, strengthens the mandate for WHO to work with regional bodies to strengthen capacity for local production, and calls for more comprehensive national strategies with the engagement of multisectoral actors and an empowering business environment.

At the start of their statements, several Members States supported GSPOA and called for the removal of barriers in intellectual property rules and the use of TRIPS flexibilities to address inequities in access to medicines and vaccines, especially for COVID-19. It was also mentioned that voluntary pooling of knowledge was the right way forward and called for increased support to [C-TAP](#).

Member States also highlighted the need to address barriers to increasing access to quality assured medicines, which included high costs, lack of transparency of medicine prices, bottlenecks in

supply chains and weak regulatory systems. It was also mentioned that substandard medicines are a global issue and needs to be addressed urgently. Member States called for increased support in developing national and regional manufacturing hubs, along with strengthening regulatory capacity, supply chain and procurement mechanisms. Member States also called for the scale up of voluntary licences and support for the [Medicines Patent Pool's](#) mechanism of increasing access through public-health oriented voluntary licences.

More than a hundred countries sponsored the resolution on strengthening local production of medicines and other health technologies and Members States are looking forward to the WHO led, first ever World Local Production Forum this year. Dr Mariângela Simão, the Assistant Director General for Access to Medicines and Health Products, acknowledged that access to gene and cell therapies have very high costs and are only available in a few countries, and that this issue will be addressed in the resolution for local production.

[Read UICC's statement](#)

Social Determinants of Health

The [Social Determinants of Health](#) (SDoH) refer to the conditions in which people grow, learn, live, work and age. The report developed by the WHO explores the impact of the social determinants of health globally and the impact of COVID-19 in exacerbating existing inequities and their impacts on health.

The WHA was invited to note the report and adopt a resolution proposed by Peru which recognises the need to establish, strengthen and maintain monitoring systems, to provide data to assess health inequalities and the impact of policies on SDoH at national, regional, and global level. By improving the quality and availability of data on SDoH would help to guide national decision-making processes for strategies, policies and plans to improve wellbeing for all and health equity. The resolution also seeks to mobilise multistakeholder actions nationally and globally to reduce social and health inequities and includes a series of actions for the WHO Secretariat including continuing efforts to combat COVID-19 and support Member State recovery efforts and establishing a global observatory for data on the SDoH.

The resolution was well supported, and many Member States highlighted how a clear understanding of the SDoH can help to improve policy making and better protect health. There were several examples of how countries have been adopting a 'health in all policies' approach to improve coordination and collaboration between government ministries and support more effective data collection and use, such as with the establishment of the Botswana Health Institute, or work to strengthen health collaborations across cities in Ecuador.

[Read UICC's joint statement](#)

[Read UICC's report on the Social Determinants of Health and cancer](#)

Non-communicable Diseases

There were multiple components to the NCD discussion at the WHA, with resolutions on oral health and diabetes both discussed and approved by Member States. As a result of these two resolutions, the NCD cluster at the WHO have been charged with developing cost-effective interventions for oral health (including measures to prevent and detect head and neck cancers as part of a comprehensive approach to oral health in UHC) and improving the harmonisation of regulatory requirements for diabetes medicines, including insulin, biosimilars, and other related health products.

There was also a further resolution on securing the highest attainable standard of health for persons with disabilities, linking the increasing prevalence of chronic health conditions and disabilities and urges Member States to ensure disability inclusion in health services, health emergencies preparedness and response, cross-sectoral public health interventions and health information.

In addition to the resolutions, the WHA were asked to note several reports and decisions. One of these tasks WHO with the development of an implementation roadmap for the Global Action Plan for the prevention and control of NCDs (NCD-GAP) to run from 2023 to 2030. For the roadmap, WHO will consult with multiple stakeholders, including

people living with cancer and NCDs, and the final document will be submitted for consideration to the WHA in May 2022. The WHA also reviewed a paper proposing different options for the future of the [Global Coordination Mechanism on NCDs](#) (GCM) whose mandate expired this year. The decision was taken to extend the GCM through to 2030 to accompany the Global Action Plan on NCDs.

Throughout the discussions, Member States highlighted the devastating impacts that cancer and NCDs are having on people around the world, which have been worsened by the COVID-19 pandemic. There were numerous calls for additional support from WHO to help Member States resume and scale-up NCD services to meet the growing national demand and to help curb the human and economic impacts.

Several Member States highlighted the challenge of accessing essential medicines and technologies for NCDs, particularly in light of the disruptions caused by the pandemic and called for greater financial and technical support to improve access, affordability and quality. As countries increase vaccination rates and the pandemic is slowly brought under control, it was evident that patients and health systems may struggle to cope with the delayed demand for cancer and NCD treatment and care services.

Antimicrobial resistance

[Antimicrobial resistance \(AMR\) or drug resistance](#), including antibiotic resistance, is a serious public health issue and needs urgent attention in countries around the world. This 'silent pandemic' is undermining recent innovations and progress made in treating cancer.

The agenda item on the review of and update on matters considered by the Executive Board included an [update report on progress made with regard to addressing antimicrobial resistance](#) (AMR), including updates on the number of national action plans on antimicrobial resistance in place, country input into the Global Antimicrobial Resistance and Use Surveillance System (GLASS) and other activities to raise awareness and share best practises in tackling AMR.

Members States welcomed the report and recognised efforts made by WHO in achieving the objective outlined in the [Global Action Plan](#). The Tripartite Joint Secretariat on Antimicrobial Resistance (WHO, FAO and OIB) was also

commended for the development of the Global Leaders Group to reinvigorate global momentum on AMR. WHO's efforts in coordinating the global one health approach were very much supported by Member States alongside WHO's efforts in raising awareness, improving surveillance, providing assistance to building laboratory capacity as well as guidance on infection prevention control practices, etc.

Members States opened their statements with remarks highlighting their concern about the growing threat of AMR and how the effectiveness of treatments for infections is at risk. It was emphasised that unless this issue is addressed, 10 million lives will be lost by 2050 and where 70% of these deaths will be in low resource settings. The projected high mortality due to AMR will also be accompanied by huge economic losses. It was also mentioned that the current pandemic has exacerbated the problem of AMR. In some settings, there has been an increase in the misuse of antimicrobials due to fears around COVID 19 infection. Members States also highlighted the importance of the One Health approach and addressing this issue through a multisectoral inclusive and coordinated approach with all relevant governmental departments- including animal health and the environment.

Throughout the discussions, Members States addressed the barriers they face in addressing AMR including the misuse of medicines, weak regulatory environments, poor infection control practises, etc. They called on WHO for greater support in addressing these issues. Member States reiterated the importance of securing sufficient and sustainable funding (especially in the implementation of national action plans) and addressing all relevant sectors (human and animal health, agriculture and environment). They also stressed the importance of AMR stewardship, strengthening surveillance capacity, the rational use of drugs and encouraging research and development (through technology transfer and knowledge sharing) to ensure equitable access to medicines.

[Read UICC's joint statement](#)