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Progress reports

Report by the Secretariat

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A. WHO GLOBAL DISABILITY ACTION PLAN 2014–2021: BETTER HEALTH FOR ALL PEOPLE WITH DISABILITY (resolution WHA67.7 (2014))

1. In May 2014, the Sixty-seventh World Health Assembly in resolution WHA67.7 adopted the global disability action plan 2014–2021. It requested the Director-General to implement the actions for the Secretariat in the action plan, namely: to remove barriers and improve access to health services and programmes; to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services. The mandate for action was further strengthened by the adoption of a regional action plan by the Regional Committee for the Americas.[1]

2. The following key activities have been undertaken by the Secretariat in line with the resolution.

3. **Development of guidance and tools.** The Secretariat, in consultation with international experts, developed the Model Disability Survey. The Survey has been implemented in Chile, Philippines and Sri Lanka, and will be carried out in Costa Rica and Panama in 2017. The Secretariat also published *Rehabilitation in health systems*,[2] a document which provides evidence-based guidance for Member States and relevant stakeholders to strengthen and expand the availability of quality rehabilitation services. In addition, the Secretariat developed, in consultation with Member States, a situation assessment tool to assist in data collection on rehabilitation service provision. This tool is part of a comprehensive rehabilitation toolkit that will support the strengthening of health systems in the provision of rehabilitation services. The indicators for monitoring community-based rehabilitation, as well as an online training programme, "INCLUDE", were released in 2015 and have been widely used by stakeholders in countries. Extensive work has also been done to produce technical briefs and guidance on disability-inclusive emergency response and on rehabilitation packages of care for low- and middle-income countries.

4. **Building capacity and scaling up country action.** The Secretariat, in collaboration with partners, has begun work to strengthen coordination and the development of national plans and strategies at the country level by convening three regional workshops for Member States. The Secretariat conducted 15 country training visits to strengthen the capacity of health and social affairs ministries to respond to the increasing need for rehabilitation services. The Secretariat together with the CBR Global Network, hosted the CBR World Congress in Malaysia. Over 1000 participants from more than 50 countries participated in the congress, which served as a platform for training in community-based rehabilitation. The Global Cooperation on Assistive Technologies was launched in 2014, and a list of priority assistive products for country implementation was prepared and launched at the Sixty-ninth World Health Assembly.

5. **Awareness creation and advocacy.** The International Day of Persons with Disabilities continues to be the leading annual event for improving awareness in respect of persons with disabilities. Several activities were organized by WHO, other United Nations organizations and civil

[1] See resolution CD53.R12 (2014).

[2] Rehabilitation in health systems. Geneva: World Health Organization; 2017. (http://apps.who.int/iris/bitstream/10665/254506/1/9789241549974-eng.pdf, accessed 8 February 2017).

society, and over 100 Member States promoted activities during the day with the support of the Secretariat and partners. In February 2017, the Secretariat launched a call for action for coordinated and concerted global action towards strengthening rehabilitation capacity in health systems. It is anticipated that some 200 participants, including delegates from 23 Member States, will join the launch.

6. **Building the evidence base and monitoring progress.** The Secretariat dedicated major efforts to following the monitoring requirements set out in the action plan. Significant progress was made in engaging Member States to use standardized approaches to periodic data collection. All countries from the WHO Western Pacific Region have collected standardized data and a status report has been produced. Data collection in all other regions will start in 2017. A global status report is planned for 2020.

7. The Secretariat will continue to support Member States in their efforts to achieve universal health coverage by improving access to general health services to people with disabilities and by strengthening rehabilitation services.

B. ADDRESSING THE CHALLENGES OF THE UNITED NATIONS DECADE OF ACTION FOR ROAD SAFETY (2011–2020): OUTCOME OF THE SECOND GLOBAL HIGH-LEVEL CONFERENCE ON ROAD SAFETY – TIME FOR RESULTS (resolution WHA69.7 (2016))

8. Resolution WHA69.7, adopted in 2016, endorsed the Brasilia Declaration on Road Safety – the outcome document of the second Global High-level Conference on Road Safety – and called for a range of activities to be carried out by Member States and the Secretariat. In response, several initiatives have been undertaken.

9. A process to develop voluntary global road safety targets has been agreed.[1] A meeting with technical road safety experts held in September 2016 led to the generation of a draft WHO discussion paper, which was made available for a web-based consultation from October to December 2016, and an informal Member State discussion in November 2016. A first revision of the WHO discussion paper will be developed in early 2017 and submitted for further consultations involving, among others, the Inland Transport Committee[2] (February 2017), road safety civil society organizations (March 2017) and the private sector (June 2017). The second revision of the WHO discussion paper will be shared during WHO regional committee meetings, and then discussed by a formal meeting of Member States and organizations of the United Nations system in the fourth quarter of 2017.

10. Regional reports, based on the third *Global status report on road safety 2015*,[3] which showed that around 1.25 million people are killed in road traffic collisions every year, were developed during 2016 to provide further guidance to Member States in implementing national road safety strategies in line with the goals of the Decade of Action for Road Safety (2011–2020) and Sustainable

[1] On the process to develop the global targets, see: http://www.who.int/violence_injury_prevention/road_traffic/road-safety-targets/en/ (accessed 27 January 2017).

[2] The Inland Transport Committee is the United Nations Economic Commission for Europe's highest policy-making body in the field of transport.

[3] Global status report on road safety 2015: Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/, accessed 27 January 2017).

Development Goal 3, target 3.6, namely: to halve the road traffic death toll by 2020. The Secretariat has begun to develop the fourth global status report on road safety, which is due for publication in 2018.

11. The Secretariat supported Member States in raising awareness of the importance of laws to reduce road traffic injuries and fatalities. Laws were modified in the Philippines, Thailand and Viet Nam in 2016, while Bangladesh, China, India, Kyrgyzstan and Sri Lanka have conducted assessments as an initial step towards making improvements to their road safety laws. The Secretariat has also developed a free online course for lawyers and road safety advocates; is implementing legal development programmes and journalist fellowships in selected countries; and has launched a Global Forum for Road Safety Legislators.

12. In order to provide further support to Member States, the Secretariat, together with partners, is developing for publication a document called *Save LIVES: A road safety technical package*, which encourages countries to implement 22 effective and cost-efficient interventions.

13. Several Member States have taken steps to improve their road safety databases. The Secretariat, together with OECD, conducted a training workshop for countries in Africa on strategies to improve health, police and transport data. Furthermore, in an effort to enhance the capacity of leaders in low- and middle-income countries to improve road safety, the Secretariat collaborated with the Global Road Safety Partnership and Johns Hopkins University to run the first Global Road Safety Leadership courses. Sixty young road safety professionals from 15 countries received training. In the future, the course will be organized on a biannual basis.

14. Use of the WHO emergency care system assessment tool – which identifies strengths and weaknesses in a national emergency care system and prioritizes actions – and associated action plan development is under way in 25 Member States and is planned in a further 25 in 2017. In addition, the WHO basic emergency care course, which prepares frontline providers to address life-threatening conditions within a limited-resource context, has been implemented in Uganda, United Republic of Tanzania and Zambia.

15. The fourth United Nations Road Safety Week (8–14 May 2017) will be dedicated to speed management. Member State-led events are being planned around the world to raise awareness about the need to tackle inappropriate speed, which is a major risk factor for road traffic injuries and deaths.

C. TOWARDS UNIVERSAL EYE HEALTH: A GLOBAL ACTION PLAN 2014–2019 (resolution WHA66.4 (2013))

16. In resolution WHA66.4 (2013), the World Health Assembly endorsed the global action plan 2014–2019 on universal eye health. It requested the Director-General to: provide technical support to Member States for the implementation of the action plan; to further develop the global action plan, in particular with regard to the inclusion of universal and equitable access to services; and to continue to give priority to the prevention of avoidable visual impairment. The mandate for action was further

strengthened when the Regional Office for the Americas and the Regional Office for the Western Pacific adopted regional action plans.[1]

17. In line with the resolution, the Secretariat has undertaken the activities described below in order to provide Member States with guidance and technical support for implementation of the action plan.

18. **Development of guidance and tools.** The Secretariat, through consultation with international experts, developed needs assessment tools to assist in data collection on eye care service provision and access at the national and district levels. The Secretariat supported Member States in using the tools, which has enabled national eye care assessments to be completed in 31 Member States, while in many others the assessments are being conducted or will be initiated in 2017. Extensive work to produce technical briefs and guidance on cataract and diabetic retinopathy management is under way.

19. **Building capacity and scaling up country action.** The Secretariat, in collaboration with partners, has strengthened coordination and activities at country level by convening 13 regional workshops to engage Member States in operationalizing the action plan, through the assessment of eye care services, identification of needs and development of national plans and strategies. Globally, 56 Member States reported the development of national eye health plans and strategies supported by the action plan, while many others integrated the action plan into their broader national health plans. More than 50 Member States reported that the establishment of a national eye health committee or a similar coordinating mechanism was critical to implementation of the action plan.

20. **Awareness creation and advocacy.** World Sight Day continued to be the leading annual event for improving awareness of the prevention and treatment of loss of vision and identifying opportunities for health care providers to ensure a universal health coverage approach to strengthening preventive and curative eye care services, including rehabilitation. More than 70 Member States now observe and promote the World Sight Day with the support of the Secretariat and partners through the provision of critical evidence, strategic communications and infographics.

21. **Building the evidence base and monitoring progress.** The Secretariat has dedicated major efforts to following the monitoring requirements set out in the action plan. Significant progress has been made in engaging Member States in using standardized approaches to periodic data collection. The focus has been on human resources for eye care, and 74 Member States now report data on eye care personnel. The annual number of cataract surgeries has been identified as a proxy indicator for monitoring eye care service provision. This information has now been collected from 86 Member States. The intention is to obtain annual updates from all Member States. There has also been progress in understanding the prevalence and causes of visual impairment, through epidemiological studies conducted in selected areas and communities of 55 Member States.

22. The Secretariat will continue to support Member States in their efforts to improve the provision of and access to comprehensive eye care services, and in strengthening efforts to achieve the universal coverage of such services.

[1] Respectively, the Plan of Action for the Prevention of Blindness and Visual Impairment 2014–2019 (resolution CD53.R8) and Towards Universal Eye Health: A Regional Action Plan for the Western Pacific Region (2014–2019) (resolution WPR/RC64.R4).

Communicable diseases

D. ERADICATION OF DRACUNCULIASIS (resolution WHA64.16 (2011))

23. Since the 1980s, national eradication programmes have eliminated dracunculiasis in 17 countries[1] in which it was previously endemic, reducing the number of individuals affected from an estimated 3.5 million in 1986 to only 25 in 2016. For the first time ever, Mali has reported zero human cases in 2016. Indigenous transmission to humans has now been restricted to three countries: Chad, Ethiopia and South Sudan, where 16, three and six cases were reported, respectively, in 2016. The 25 cases occurred in 19 villages.

24. Efforts continue to ensure that support is provided wherever needed. The Carter Center provides operational support to eradication activities in those three countries and Mali. UNICEF supports the provision of improved sources of drinking-water in villages at risk of the disease or where it is endemic. WHO provides support in order to: strengthen surveillance in the pre- and post-certification countries and in refugee camps for displaced persons in both endemic and non-endemic countries; prepare countries for certification; and monitor and regularly report on the existing guinea-worm disease situation. The WHO Collaborating Centre at the Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America) provides laboratory diagnostic support to the Guinea-Worm Eradication Programme.

25. Upon recommendations of the International Commission for the Certification of Dracunculiasis Eradication, WHO has certified a total of 198 countries, territories and areas, including 186 WHO Member States, as free from dracunculiasis transmission. Eight Member States remain to be certified: Chad, Ethiopia, Mali and South Sudan; Kenya and Sudan, which remain in the pre-certification stage; and Angola and the Democratic Republic of the Congo, which have had no recent history of the disease but need to provide evidence for the absence of any transmission.

26. Active surveillance was carried out in endemic countries in more than 5300 villages in 2016 compared with 4200 villages in 2015. Control of copepods through the use of the larvicide temephos covered all localities reporting cases, except in Chad, where many water bodies were estimated to be too large. In light of the operational research outcomes, the programme is preparing for more robust vector control interventions.

27. In the Democratic Republic of the Congo, a total of 289 140 households were searched for cases of dracunculiasis. This effort involved more than 28 300 villages in 222 districts, covering 15 of the country's 26 states. A total of 300 rumours were recorded and investigated but none turned out to be cases of dracunculiasis. In Angola, one third of the country has already been searched for guinea-worm disease through integration with mappings of other neglected tropical diseases: no guinea-worm cases were confirmed during these exercises. Kenya and Sudan are in advanced stage of preparing for certification. Kenya and Sudan have stepped up a campaign to raise awareness of the cash reward, particularly in the formerly endemic districts, prior to finalizing their country reports.

28. The polio surveillance network continues to support searches for dracunculiasis cases during its national immunization day campaigns in endemic and pre-certification countries.

[1] Prior to South Sudan's independence in 2011, the disease was endemic in 20 countries.

29. All countries that remain to be certified, except Angola, continue to offer cash rewards for voluntary case reporting. Overall, approximately 85% of districts reported on a monthly basis during 2016; more than 26 000 rumours were reported, 98% of them investigated within 24 hours. The majority of post-certification countries continued to submit quarterly reports to WHO in 2016. The investigation of 178 rumours in five post-certification countries[1] confirmed no cases of dracunculiasis.

30. *Dracunculus medinensis* infection in dogs has emerged as a challenge to the programme, particularly in Chad and to a lesser extent in Ethiopia and Mali. More than 1000 dogs in Chad, 14 in Ethiopia and 11 in Mali were reported and confirmed to have guinea-worm infection in 2016. Given this unusually high rate of infection in dogs, the national programme in Chad, the Carter Center, WHO and the Centers for Disease Control and Prevention are undertaking an operational research programme to find appropriate ways to accelerate interruption of transmission. WHO, The Carter Center, CDC and the Chad GWEP are following up on the priority areas for operational research identified by the January 2015 and April 2016 scientific meetings to address the situation in Chad and Ethiopia. Preliminary results indicate that transmission can be interrupted through the application of current strategies, including vigorous pursuit of copepod control and the prevention of transmission (containment) from human cases and dog infections.

31. Insecurity and inaccessibility due to conflicts continued to hinder eradication efforts in certain areas. In Mali, despite some improvement, security concerns in the regions of Gao, Kidal, Mopti and Segou remain a hurdle to programme implementation, verification of interruption of transmission, and certification of eradication. United Nations humanitarian support bodies continue to facilitate intermittent surveillance. Surveillance has been stepped up among Malian refugees in camps in Burkina Faso, Mauritania and Niger in order to detect any imported cases and to prevent further spread of the disease. Civil unrest, including cattle raids, and massive population displacement in South Sudan is hampering programme implementation and restricting access to endemic areas.

32. The Director-General monitors the eradication programme regularly and there is an annual review meeting of all national dracunculiasis eradication programmes during which countries officially report on the status of their programmes during the preceding year.

33. An informal meeting during the Sixty-ninth World Health Assembly, chaired by the WHO Regional Director for Africa, requested the health ministers of the countries where dracunculiasis remained endemic to maintain their leadership in advocating for and supporting their national eradication programme, and to redouble efforts during this last stage in the process; they and others in attendance pledged their continued commitment to interrupting transmission of the disease as soon as possible.