
Progress reports¹

Report by the Director-General

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¹ Section H is contained in document A73/32 Add.1.

A. GLOBAL ACTION PLAN ON THE PUBLIC HEALTH RESPONSE TO DEMENTIA 2017–2025 (decision WHA70(17) (2017))

1. In decision WHA70(17) (2017), the Seventieth World Health Assembly endorsed the global action plan on the public health response to dementia 2017–2025. This report provides an update on the implementation of the global action plan.
2. In December 2017, WHO launched the Global Dementia Observatory as the monitoring mechanism for decision WHA70(17). The Observatory collects information from Member States in the strategic domains of policy, service delivery and information and research. As at January 2020, it included data from 52 countries, representing 61% of the world's population, of which 60% were high-income and 40% low- and middle-income countries.
3. In 2018, WHO published a guide for the development and implementation of dementia plans. Currently, 40 Member States have national plans for dementia; the majority are high-income countries (73%). A further 26 Member States are developing such plans. However, substantial further action is required in low- and middle-income countries where the burden is greatest. In addition, sustained efforts to prioritize dementia are needed in countries where existing plans expire before 2025.
4. In order to support countries in implementing the global dementia action plan, WHO organized seven regional and multiregional workshops to facilitate mutual learning across WHO regions and countries, bringing together stakeholders from 71 countries including governments, civil society, academic institutions and people with dementia.
5. Dementia awareness raising helps to reduce stigmatization. WHO has developed a tool kit to foster a dementia-inclusive society that will be launched in the first half of 2020. At least one national dementia awareness and/or risk reduction campaign was organized in 39 of the countries currently covered by the Observatory. In September 2019, Alzheimer's Disease International and the Pan American Health Organization launched an international dementia awareness campaign; Alzheimer's Disease International reports that awareness-raising events were held in 94 countries during World Alzheimer's Month 2019.¹ In addition, 27 countries in the Americas implemented an awareness campaign.
6. WHO guidelines on risk reduction of cognitive decline and dementia provide guidance on interventions for reducing the risk of dementia. Further work is required in countries to integrate dementia into broader noncommunicable diseases programmes, particularly in low- and middle-income countries.
7. A dementia diagnosis is an essential step to receiving appropriate care. However, diagnostic rates remain low. The WHO Mental Health Gap Action Programme and WHO Guidelines on Integrated Care for Older People support countries in strengthening effective dementia care pathways and diagnostic services.
8. Carers constitute the cornerstone of dementia care globally. According to Observatory data, 38 countries provide services for dementia carers, measured as including at least one of caregiver training, psychosocial support, respite services, legal advice and financial benefits. However, such services are unequally distributed. One in four of these countries offer services only in capital or main

¹ See <https://www.alz.co.uk/sites/default/files/pdfs/WAM%20Campaign%20Report%202019.pdf> (accessed 17 February 2020).

cities; they are provided in over 90% of high-income countries but in only 44% of low- and middle-income countries. WHO recently launched iSupport for dementia, a skills training and support manual for carers of people with dementia.

9. The number of people with dementia is routinely monitored by 16 of the countries currently covered by the Observatory. Member States are building capacity to aggregate national-level dementia data for policy, planning or management purposes. The Observatory helps to support countries in measuring progress on actions outlined in the global dementia action plan.

10. In 2017, less than 1% of PubMed research output focused on dementia. This figure is significantly lower than for other noncommunicable diseases such as cancer (10.7%), cardiovascular disease (7.0%), or diabetes (1.7%). In view of the dearth of research in this important area, WHO is developing a blueprint for research and innovation to help coordinate and stimulate investment in research efforts globally.

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

11. In resolution WHA66.4 (2013), the 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

12. 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.

13. **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. In 2018–2019, it supported Member States in using the tools, enabling national eye care assessments to be completed by an additional 17 Member States.

14. **Building capacity and scaling up country action.** The Secretariat, in collaboration with partners, 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 the implementation of the action plan. In 2018–2019, a further 55 Member States strengthened implementation of services for eye and hearing care in cooperation with the Secretariat. During the same period, the Secretariat assisted in the expansion of child blindness

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).

prevention programmes in three Member States; plans to implement similar programmes in a further three Member States have been agreed for 2020.

15. **Awareness creation and advocacy.** The Secretariat oversaw the global launch of the first *World report on vision* on 9 October 2019, with the aim of galvanizing action to address key challenges facing the eye care sector over the coming decade. Two national launches of the report were organized in 2019 and a further 30 are planned in 2020. 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 World Sight Day with the support of the Secretariat and partners through the provision of critical evidence, strategic communications and infographics.

16. **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 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 more than 60 population-based surveys conducted by 35 Member States since 2010.

17. 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 universal coverage of such services.

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

18. In 2019, three countries reported a total of 53 human indigenous cases of dracunculiasis (guinea-worm disease), namely, Angola (one case), Chad (48 cases) and South Sudan (four cases), from a total of 28 villages. Cameroon reported one human case, probably imported from Chad. When eradication efforts were launched in the 1980s, the disease was endemic in 20 countries. Ethiopia has reported zero human cases since 2018, as has Mali since 2016. The eradication of dracunculiasis will contribute to the attainment of universal health coverage.

19. The global dracunculiasis eradication campaign is based on both community and country-focused interventions. WHO and its global partners (the United Nations Children's Fund, The Carter Center, and the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention) have sustained the drive, together with donors, to ensure that support is provided to affected countries for dracunculiasis eradication efforts.

20. To date, following recommendations of the International Commission for the Certification of Dracunculiasis Eradication, WHO has certified a total of 199 countries, territories and areas, including 187 WHO Member States, as free of dracunculiasis transmission. Seven Member States remain to be certified: the disease remains endemic in Chad, Ethiopia, Mali and South Sudan, while Angola reported its second confirmed indigenous human case in 2019 (the first case was reported in 2018). Sudan is in the precertification stage, as is the Democratic Republic of the Congo, which has not reported the disease since the 1980s.

21. During 2019, Chad, Ethiopia, Mali and South Sudan maintained active community-based surveillance in 7735 villages, compared with 5075 villages in 2018. At the request of the Chadian Ministry of Health, an independent external evaluation of the programme will be conducted in Chad during the first half of 2020. Sudan maintained precertification surveillance, while Angola and the Democratic Republic of the Congo carried out additional active case searches along with strengthening their national surveillance.
22. In recent years, case searches in the Democratic Republic of the Congo have not found any human cases or infected animals.
23. Angola reported its second human case in January 2019, following strengthening of surveillance and awareness creation by the Ministry of Health with WHO support. Follow-up investigation suggests that both the cases concerned are the result of a small, indigenous transmission focus at the border with Namibia, though investigations carried out in Namibia at the border areas did not reveal evidence of transmission of the parasite. WHO continued its assistance to the Namibian Ministry of Health and provided support to strengthen cross-border surveillance.
24. All countries that remain uncertified continued to offer cash rewards for voluntary case reporting of dracunculiasis in 2019. Most of the certified, previously endemic countries continued to submit quarterly reports to WHO in 2019.
25. Cameroon is working to set up active surveillance in at-risk border areas, and to increase awareness of the reward nationwide with WHO support. Despite the challenging security issue, WHO is supporting the Central African Republic to improve surveillance in high-risk areas bordering Chad.
26. *Dracunculus medinensis* infection in dogs continues to pose a challenge to the global eradication campaign. In 2019, Chad reported 1935 infected dogs and 46 infected cats; Ethiopia reported two infected dogs, and six infected baboons; Mali reported infections in nine dogs and Angola in one dog. Transmission through animals can be interrupted through enhanced surveillance, case containment, health education for community members and animal owners, and vector control interventions. Countries in which the disease is currently transmitted took aggressive steps to expand vector control interventions during 2019.
27. Conflict and insecurity continued to delay eradication programme efforts and accessibility in certain areas of Mali. Population displacement in South Sudan continued to hamper programme implementation and restrict access to some areas where the infection is endemic.
28. The thirteenth meeting of the International Commission for the Certification of Dracunculiasis Eradication was held in April 2019 in Addis Ababa, during which a subcommittee was created to address the issue of certification of countries that reported guinea-worm infection in animals. The fourteenth meeting of the International Commission for the Certification of Dracunculiasis Eradication will be held in April 2020 in Geneva.
29. At the 23rd International Review Meeting of Guinea-Worm Eradication Program Managers in March 2019 in Atlanta (United States of America), countries reported on the status of their programmes during the preceding year. The 24th International Review Meeting will be held in March 2020, also in Atlanta. The fourth Biennial Review Meeting for Guinea-Worm Eradication Programmes in Certified Countries is due to be held in July 2020 in Cameroon, to review post-certification surveillance activities.

30. An informal meeting with health ministers of countries affected by dracunculiasis was held on the margins of the Seventy-second World Health Assembly in May 2019 at the request of the Government of Ethiopia. The ministers or their representatives expressed unwavering commitment to eradication of the disease.

31. The Director-General addressed a high-level joint advocacy and fundraising event organized by The Carter Center and WHO on 26 September 2019 alongside the United Nations General Assembly in New York.

D. IMPROVING THE PREVENTION, DIAGNOSIS AND CLINICAL MANAGEMENT OF SEPSIS (RESOLUTION WHA70.7 (2017))

32. In 2017, the Health Assembly adopted resolution WHA70.7 on improving the prevention, diagnosis and clinical management of sepsis. This first report describes the progress made in response.

WHO guidance on sepsis prevention and management

33. In 2018 WHO convened a Sepsis Technical Expert Meeting to support implementation of the resolution by identifying gaps, key players and short- and long-term priorities for future action.

34. In 2019, WHO updated the guidelines on the integrated management of childhood illness to include possible serious bacterial infections leading to sepsis. WHO also started the process of developing global guidelines on the clinical management of adult sepsis, to be issued in 2021.

35. Since 2017, a range of WHO trainings and clinical process tools to promote the early recognition and timely management of sepsis have been developed, including the course on *Basic emergency care: approach to the acutely ill and injured*, developed by WHO and the International Committee of the Red Cross in collaboration with the International Federation for Emergency Medicine.

36. In 2019, WHO and partners conducted research demonstrating that standard care protocols coupled with one of two monoclonal antibody treatments can reduce mortality in Ebola virus disease.

37. Between 2017 and 2019, WHO developed and tested a wide range of implementation and training resources to apply recommendations on the prevention of infections leading to sepsis in health care facilities, including surgical sepsis and infections due to antibiotic-resistant pathogens.

Estimating the global burden of sepsis

38. In May 2020, WHO will publish the first global report on sepsis epidemiology and burden. This will be based on inputs gathered from a wide range of international experts throughout 2019, on primary research conducted by WHO, and on several systematic reviews on sepsis epidemiology and burden in different patient populations.

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39. WHO has led the development of a consensus definition of maternal sepsis,¹ and has conducted two large multicountry, facility-based observational studies on maternal infections² and abortion-related complications.³
40. WHO published the International Classification of Diseases, 11th Revision, allowing reporting of sepsis, in conjunction with the underlying infection.
41. In 2019, WHO published the *Landscape of diagnostics against antibacterial resistance, gaps and priorities*, and the Model List of Essential In Vitro Diagnostics, including in vitro diagnostics that play a role in the diagnosis of sepsis.

Support to Member States

42. The WHO Global Antimicrobial Resistance Surveillance System supported countries in building clinical microbiology and epidemiology capacities and generated surveillance data on antimicrobial resistance and sepsis (87 countries participating as of January 2020).
43. Improving water, sanitation and hygiene is a critical element of infection prevention. The Seventy-second World Health Assembly (2019) adopted resolution WHA72.7 on water, sanitation and hygiene in health care facilities. WHO has developed a wide range of resources to support implementation of the resolution (including *Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access to quality care*), and WHO, the United Nations Children's Fund and partners are supporting implementation of these in 21 countries.
44. WHO has facilitated implementation research and scale-up of new guidelines on serious bacterial infections in 19 African and Asian countries.
45. A campaign on health care workers' awareness and appropriate management of maternal sepsis was implemented in 53 countries in 2018.⁴
46. In collaboration with many stakeholders in the field of critical care and infection prevention, in 2018, WHO led a global campaign entitled "It's in your hands – prevent sepsis in health care". As of 2 May 2019, a total of 22 144 hospitals and health care facilities in 182 countries and areas had registered their commitment to the global campaign.

¹ Bonet M, Nogueira Pileggi V, Rijken MJ, Coomarasamy A, Lissauer D, Souza JP et al; Global Maternal and Neonatal Sepsis Initiative Working Group. Towards a consensus definition of maternal sepsis: results of a systematic review and expert consultation. *Reproductive Health*. 2017;14(1):67.

² Bonet M, Souza JP, Abalos E, Fawole B, Knight M, Kouanda S et al. The global maternal sepsis study and awareness campaign (GLOSS): study protocol. *Reproductive Health*. 2018;15(1):16.

³ Kim CR, Tunçalp Ö, Ganatra B, Gülmezoglu AM; WHO MCS-A Research Group. WHO multi-country survey on abortion-related morbidity and mortality in health facilities: study protocol. *BMJ Global Health*. 2016;1(3):e000113.

⁴ Brizuela V, Bonet M, Souza JP, Tunçalp Ö, Viswanath K, Langer A. Factors influencing awareness of healthcare providers on maternal sepsis: a mixed-methods approach. *BMC Public Health*. 2019;19:683.

47. The Integrated Interagency Triage Tool¹ and other process guidance for early identification and management of sepsis have been successfully piloted in several countries across five WHO regions over the last two years.

Collaboration with other organizations

48. WHO and the Surviving Sepsis Campaign are collaborating on updating clinical guidelines for sepsis.

49. WHO is collaborating with Neonatal AntiMicrobial Resistance to develop new, globally applicable, empirical antibiotic regimens and strategies for the treatment of neonatal sepsis.

50. In 2019, WHO and the United Nations Children's Fund launched the global report *Survive and thrive: transforming care for every small and sick newborn*, which includes neonatal sepsis and ways forward to address the quality of neonatal services.

51. WHO is collaborating with the London School of Hygiene and Tropical Medicine and international and national experts to develop a value proposition for the group B *Streptococcus* vaccine to be issued in 2021.

E. SMALLPOX ERADICATION: DESTRUCTION OF VARIOLA VIRUS STOCKS (resolution WHA60.1 (2007))

52. In May 2007, the Sixtieth World Health Assembly adopted resolution WHA60.1 on smallpox eradication: destruction of variola virus stocks.

53. In May 2019, the Seventy-second World Health Assembly discussed the report of the Director-General on this topic.² Member States noted the report – and thus the majority view of the WHO Advisory Committee on Variola Virus Research that research with live variola virus for the development of antiviral agents should continue in view of advances in synthetic biology and medical countermeasures; they re-emphasized that outcomes and benefits of countermeasures should be accessible to all; they underscored the importance of maintaining biosafety and biosecurity in the two live variola virus repositories; and they reiterated that variola virus stocks should be destroyed once the research programme was completed. It was agreed that the decision on the date of destruction of live variola virus stocks would be deferred to afford time to reflect on the best options for global public health. Furthermore, given the re-emergence of monkeypox in a number of countries, the Secretariat would continue to facilitate development of interventions, enhance preparedness and support access to

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