



141ma sessione del Consiglio Esecutivo

Ginevra, 1-2 giugno 2017

**Interventi effettuati dal Dott. Ranieri Guerra
in relazione all'agenda dei lavori**

ITEM 4. Outcome of the Seventieth World Health Assembly

Italy is honored to be back to the Executive Board after 14 years. This membership comes during the G7 Italian Presidency. The coincidence allows us to promote continuity of dialogue in such critical areas as environment degradation and climate change impact on health.

These issues are obviously of paramount importance and WHO's leadership is crucial. We are ready to provide collaboration and technical expertise as well as support to the budget review and proposed increase of assessed contributions to make sure that WHO stays stronger and independent.

Thank you.

ITEM 5. Report of the Programme, Budget and Administration Committee of the Executive Board

Italy considers with favor the excellent review of the budget traceability system adopted by WHO. We think the system is a major breakthrough as far as transparency and accountability are concerned.

This will definitely contribute to building up confidence and trust. Analytical work will become now possible and allow Member States to contribute further.

ITEM 6. Technical and health matters

Sub ITEM on 7.1 - Eradication of malaria

We note the report with satisfaction. In particular we want to underline the need to review mathematical modelling in light – for instance – of resistance to available medicinals, promoted also by the constant circulation of fake drugs.

We have only three points (one less than our distinguished colleague from Japan) that we suggest for further analysis:

The first is a call upon the mobilization of meaningful domestic resources that endemic countries should devote to integrated malaria control. Without this commitment, we see no hope for the near future. This is coherent with Abuja declaration (according to which at least 15% of GDP should be invested in the health sector).

Secondly, we would welcome a stronger and stronger support to research, preventing the risk of possible paradox disinvestments triggered by a declining incidence.

Finally, we highlight the risk of importing the vector in many countries, which are currently not affected, due mainly to climate changes.

Italy has eliminated malaria only in the late sixties of last century. Conditions for breeding anopheles are still accessible and malaria may resurge at any time, as in many, if not all, the Mediterranean countries, where we have three regional offices (EURO, AFRO and EMRO) that should converge and collaborate actively.

Our geography is also war-thorn with several countries in turmoil, very weak health systems, dilapidated services and hosting a large number of migrants, refugees and other highly mobile population groups easily carrying the plasmodium.

Sub ITEM on 7.2 - Rheumatic heart disease

Rheumatic Heart Disease is definitely a condition related to poverty and to undocumented migration. Italy thinks that we have an ethical duty to address it and keep it high in our priority agenda.

We note the Secretariat's report and its comprehensive review on an all too often neglected area.

We endorse and support the resolution proposed by New Zealand and other Member States.

Rheumatic heart disease is fully preventable and even one case is in excess of what must be expected.

We think two issues raised in the report deserve further development, analysis and scaling up.

The first is rapid diagnostic testing made usable by Primary Health Care workers and even lay staff where available, provided that they are properly trained and are requested to populate appropriate reporting systems and registers.

The second is the need to educate the society. Parents and school teachers in particular, must be trained on early identification, screening, treatment protocols of possibly affected children.

We think that, given its characteristics and gender specificity, this is a disease that can and must be easily managed if not eliminated by a competent and effective primary health system.

We see no reasons why this should not happen in the very near future, keeping it very highly visible in the global health agenda.

ITEM 7. Management and governance matters

Sub ITEM on

7.1 Governance Reform follow-up to decision WHA69(8) (2016)

We appreciate the effort to classify and analyze objectively proposals. We particularly value the coherence dimension called Criterion G.

We would like to see some additional references to a one UN vision and approach by incorporating in Criterion B, factor B.2 “the comparative advantage of WHO in addressing the proposal and advocating for it within the UN system”.

A good example is these days’ discussion on the UN global compacts on migrants and on refugees excluding health and the related resolution asking the Director General to make any effort for its inclusion at the next UNGA discussion.

We feel also that WHO should anticipate priority issues and direct agenda formulation, reinforcing its foresight capacities and analytical strengths.

Criterion A, factor A.1 may include “The current health situation and trends...”, and factor A.3 may read “...an urgent or neglected health issue and/or anticipates an emerging issue likely to become a priority given the available or incoming evidence”.

On Annex 2, we think some simulations can be conducted to support the weight scale proposed or to amend it according to results and experience gained.

ITEM 7. Management and governance matters

Sub ITEM on

7.3 Evaluation: annual report.

We face two different visions:

one is based on the current labor force market and its development in our ageing societies (option to adopt by January 2018);

the second is based on economic considerations, given its clear financial implications and savings for the Organization (option to post-pone to January 2020).

In times of financial constraints and budget uncertainty, we support option 2.