ELEVENTH MEETING

Saturday, 21 January 2012, at 10:15

Chairman: Dr B.S. DANKOKO (Senegal)

TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda (continued)

Global mass gatherings: implications and opportunities for global health security: Item 6.8 of the Agenda (Document EB130/17) (continued from the ninth meeting)

The CHAIRMAN drew attention to a revised version of the draft decision on global mass gatherings proposed by the Islamic Republic of Iran, Libya, Morocco, Qatar, Saudi Arabia, Somalia, Syrian Arab Republic and Yemen, which read:

> The Executive Board,
>
> Having considered the report on global mass gatherings: implications and opportunities for global health security,[1]
>
> PP1 Recognizing that mass gatherings **have significant implications for public health beyond the acute public health events which may occur and require rapid detection and effective management;** ~~represent risks to health security, and have the potential to endanger the health of populations, raise levels of social anxiety and security alert, and cause economic disruption on a local, regional or global scale~~;
>
> **PP2 Recognizing that the planning and organization of mass gatherings is the responsibility of the Member States;**
>
> PP~~2~~ **3** Building on the existing WHO resources to support the planning and conduct of mass gathering events;
>
> PP~~3~~ **4** Acknowledging the **challenges of some Member States in managing mass gatherings and the** expertise of the Kingdom of Saudi Arabia **which** ~~in~~ manage~~sing~~ the largest annual recurring mass gathering event, attracting close to 10 million people from more than 180 countries across the globe,
>
> 1. Requests the Secretariat to **further** develop **and disseminate** multisectoral guidance on **planning,** management, **evaluation and monitoring of all types** of mass gathering events with specific emphasis on **sustainable** preventive measures including health education **and preparedness**; ~~taking into consideration the uniqueness of each gathering in terms of location, preparation, cultures and timing;~~
>
> 2. Decides that the Secretariat should, **where appropriate**, work closely with Member States that are planning and conducting mass gatherings, in order to ~~establish~~ **support** cooperation and communication between the concerned health authorities in each country, and ~~therefore contribute to the strengthening of functional capacities required under the International Health Regulations (2005)~~ **help Member States strengthening functional capacities to better utilize the International Health Regulations (2005) to this end**;

[1] Document EB130/17.

3. Encourages **the Secretariat to reach out to** ~~the participation of~~ non-profit-making, nongovernmental and civil society organizations, **including, as appropriate, the private sector** in ~~the development and implementation of~~ health education related to mass gatherings;

4. Requests the Secretariat to raise awareness on the health impact of mass gatherings **and support countries in developing, disseminating and evaluating effective communication strategies, including social media, around key public health messages.** ~~using a highly professional approach and state-of-the-art technologies that can be regularly monitored and evaluated.~~

Mr SAMRI (Morocco) proposed the insertion in the third line of paragraph 4 of the words "as appropriate" between "including" and "social media".

The CHAIRMAN said that, hearing no objection, he took it that the Board wished to adopt the draft decision as amended.

The decision, as amended, was adopted.[1]

Poliomyelitis: intensification of the global eradication initiative: Item 6.10 of the Agenda (Documents EB130/19 and EB130/19 Add.1) (continued from the tenth meeting)

The CHAIRMAN drew attention to a revised version of the draft resolution on poliomyelitis: intensification of the global eradication initiative, which read:

The Executive Board,

Having considered the report on poliomyelitis: intensification of the Global Polio Eradication Initiative,[2]

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

PP1 Having considered the report on poliomyelitis: intensification of the Global Polio Eradication Initiative;

PP2 Recalling resolution WHA61.1 on poliomyelitis: mechanism for management of potential risks to eradication, which, inter alia, requested the Director-General to develop a new strategy to reinvigorate the fight to eradicate poliovirus and to develop appropriate strategies for managing the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, including the eventual cessation of use of oral poliovirus vaccine in routine immunization programmes;

PP3 Recognizing the need to make rapidly available the necessary financial resources to eradicate the remaining circulating polioviruses and to minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

PP4 Noting the Independent Monitoring Board's recent finding that "polio

[1] Decision EB130(3).

[2] Document EB130/19.

simply will not be eradicated unless it receives a higher priority – in many of the polio-affected countries, and across the world" and its recommendation that the World Health Assembly "considers a resolution to declare the persistence of polio a global health emergency";

PP5 Noting the recent report of the Strategic Advisory Group of Experts on immunization that "states unequivocally that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health and is not acceptable under any circumstances";

PP6 Recognizing the need for Member States to engage all levels of political and civil society in order to ensure all children are vaccinated to eradicate poliomyelitis;

PP7 Noting that the technical feasibility of poliovirus eradication has been proved through the full application of new strategic approaches;

PP8 Noting that continuing poliovirus transmission anywhere will continue to pose a risk to poliomyelitis-free areas until such time as all poliovirus transmission is interrupted globally, **and that some countries, such as the Kingdom of Saudi Arabia, require poliovirus vaccination for travellers coming from polio-infected areas, including administration of an additional dose of vaccine upon arrival; [USA]**

1. DECLARES the completion of poliovirus eradication a programmatic emergency for global public health, requiring the full implementation of current and new eradication strategies, the institution of strong national oversight and accountability mechanisms for all areas infected with poliovirus, and the application of appropriate vaccination recommendations for all travellers to and from areas infected with poliovirus;[1]

2. URGES Member States with poliovirus transmission to declare such transmission to be a "national public health emergency" **making poliovirus eradication a national priority programme**, **[JAPAN]** requiring the development and full implementation of emergency action plans, to be updated every six months, until such time as poliovirus transmission has been interrupted;

3. URGES all Member States:

(1) **to eliminate the unimmunized areas and [CHINA]** to maintain very high population immunity against polioviruses through routine immunization programmes and, where necessary, supplementary immunization activities;

(2) to maintain vigilance for poliovirus importations, and the emergence of circulating vaccine-derived polioviruses, by achieving and sustaining certification-standard surveillance **and regular risk assessment [CHINA]** for polioviruses;

(2bis) to review and, if necessary, align national guidelines and practice with WHO recommendations for the vaccination of travellers to and from poliovirus-infected areas; countries at particular risk of recurrent importation and spread of poliovirus may consider additional steps to promote vaccination; [USA]

(3) to urgently make available the financial resources required for the full and continued implementation through end-2013 of the necessary strategic approaches to interrupt wild poliovirus transmission globally, and to initiate planning for the financing to the end of 2018 of the polio endgame strategy;

[1] *International travel and health*. Geneva, World Health Organization, 2012 edition, in press.

(4) to engage in multilateral and bilateral cooperation, including exchanging epidemic information, laboratory monitoring data, and carrying out supplementary immunization activities simultaneously as appropriate; [CHINA]

4. REQUESTS the Director-General:

(1) to plan for the ~~continued~~ **renewed [JAPAN]** implementation through 2013 of the approaches for eradicating wild polioviruses outlined in the Global Polio Eradication Initiative Strategic Plan 2010–2012 and any new tactics that are deemed necessary to complete eradication**, including the establishment of a special polio programme within the Organization**; **[JAPAN]**

(2) to strengthen accountability and monitoring mechanisms to ensure optimal implementation of eradication strategies at all levels;

(3) to undertake the development**, scientific vetting, [USA]** and rapid finalization of a comprehensive polio eradication and endgame strategy that exploits new developments in poliovirus diagnostics and **inactivated poliovirus [USA]** vaccines, informs Member States of the potential timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programmes, and includes budget scenarios to the end of 2018 **that include risk management**; **[USA]**

(3bis) to coordinate the relevant partners to promote the research, production and supply of vaccines, to enhance their affordability, effectiveness and accessibility; [CHINA]

(4) to continue mobilizing and deploying the necessary financial and human resources for the strategic approaches required through 2013 for wild poliovirus eradication, and for the eventual implementation of a polio endgame strategy to the end of 2018;

(5) to report to the Sixty-sixth World Health Assembly and the subsequent two Health Assemblies, through the Executive Board, on progress in implementing this resolution.

The associated financial and administrative implications for the Secretariat were as follows:

1. Resolution: Poliomyelitis: intensification of the global eradication initiative
2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf) Strategic objective(s): 1 Organization-wide expected result(s): 1.2
How would this resolution contribute to the achievement of the Organization-wide expected result(s)? It would support the interruption of circulation of wild poliovirus, and the minimization and management of long-term poliovirus risks.
Does the programme budget already include the products or services requested in this resolution? (Yes/no) Yes, the products and services are included; however, as a result of delays against critical programme indicators in the biennium 2010–2011, additional activities are required in order to achieve the Organization-wide expected result mentioned above. In 2010–2011, the operating budget for poliomyelitis eradication (US$ 909 million) was 99.8% funded through voluntary contributions earmarked for this purpose; approximately 92% of this budget is reflected under the Special programmes and collaborative arrangements budget segment, and approximately 8% reflected under the Base programmes segment. The operating budget for poliomyelitis eradication represents approximately 2% of the Base programmes segment and approximately 50% of the Special programmes and collaborative arrangements segment. Of note, the Base programmes budget segment for poliomyelitis eradication is also funded through earmarked voluntary contributions.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 6 years (covering the period 2013–2018)

(ii) Total: US$ 1896 million (staff: US$ 658 million; activities: US$ 1238 million) projected to be funded through earmarked voluntary contributions.

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000).

Total: US$ 935 million (staff: US$ 281 million; activities: US$ 654 million); projected to be funded through earmarked voluntary contributions.

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

8% of total costs incurred at headquarters level, 6% at regional level and 86% at country level.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No. US$ 441 million are in the approved Programme budget 2012–2013, mainly under the Special programmes and collaborative arrangements budget segment; this figure is projected to be funded through earmarked voluntary contributions.

If "no", indicate how much is not included.

US$ 494 million. The budget increase would be under the Special programmes and collaborative arrangements segment, and is projected to be funded through earmarked voluntary contributions.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No. US$ 339 million is confirmed or projected.

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 596 million; source(s) of funds: earmarked voluntary contributions from WHO Member States, multilateral organizations (including European Commission and development banks), private sector (including Bill & Melinda Gates Foundation and Rotary International).

Ms WISEMAN (Canada) asked whether the words "to eliminate the unimmunized areas" in subparagraph 3(1) meant a renewal of efforts to reach unimmunized areas. She also enquired whether the words "including the establishment of a special polio programme within the Organization" in subparagraph 4(1) referred to a new programme or to the strengthening of the existing one.

Dr TAKEI (Japan) proposed, in the interests of clarity, replacing the words "including the establishment of a special polio programme within the Organization" in subparagraph 4(1) with the words "including the enhancement of the existing Global Polio Eradication Initiative".

Dr NIE Jiangang (China) said that the aim of the proposed amendment to subparagraph 3(1) was to enhance immunization coverage, especially in countries with limited coverage.

Ms SY (Senegal) requested a postponement of further consideration of the draft resolution as consultations were still under way within the African group, in particular on the proposed amendment to the eighth preambular paragraph.

Dr DAULAIRE (United States of America) said that he would withdraw the proposed amendment to the eighth preambular paragraph in the interests of an early adoption of the resolution.

Ms SY (Senegal) thanked the member for the United States for his flexibility and said that in that case she was prepared to adopt the draft resolution.

Dr BIRINTANYA (Burundi) said that the African group also had reservations about the second part of subparagraph 3(2*bis*) referring to countries at particular risk of recurrent importation.

Dr PRADHAN (India), referring to subparagraph 4(3*bis*), proposed that "to coordinate the relevant partners" should be amended to read "to coordinate with all relevant partners".

Mrs BAMIDELE (Nigeria) thanked the member for the United States of America for withdrawing his proposed amendment. With regard to subparagraph 3(2*bis*), as the action proposed in the second part was a matter for national governments, the paragraph should end at "areas".

Dr DAULAIRE (United States of America) said that he had no objection to that proposal.

The CHAIRMAN said that, in the absence of any further objection, he would take it that the Board wished to adopt the draft resolution as amended.

The resolution, as amended, was adopted.[1]

Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011): Item 6.6 of the Agenda (Document EB130/15) (continued from the fourth meeting)

The CHAIRMAN drew attention to a revised version of the draft resolution on the outcome of the World Conference on Social Determinants of Health proposed by Brazil, Chile and Ecuador, which read:

> The Executive Board,
>
> Having considered the report on the World Conference on Social Determinants of Health, held in Rio de Janeiro, Brazil, 19–21 October 2011,[2]

[1] Resolution EB130.R10.

[2] Document EB130/15.

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

PP1 Having considered the report on the World Conference on Social Determinants of Health, held in Rio de Janeiro, Brazil, 19–21 October 2011;

PP2 Reiterating our determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 (reducing health inequities through action on the social determinants of health), which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action;

PP3 Recognizing the need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels;

PP4 Recognizing the need to safeguard health of the populations regardless of global economic downturns;

PP5 Further acknowledging that health equity is a shared goal and responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an "all for equity" and "health for all" global actions;

PP6 Recognizing the benefits of universal health coverage in enhancing health equity and reducing impoverishment;

PP7 Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges, such as eradicating hunger and poverty, ensuring food and nutritional security, access to affordable, safe, efficacious and quality medicines as well as to safe drinking-water and sanitation, employment and decent work and social protection, protecting environments and delivering equitable economic growth through resolute action on social determinants of health across all sectors and at all levels;

PP8 Welcoming the discussions and results of the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil, from 19 to 21 October 2011,

1. ENDORSES the Rio Political Declaration on Social Determinants of Health adopted by the World Conference on Social Determinants of Health, including as a key input to the work of Member States[1] and WHO;

2. URGES Member States:[1]

(1) to implement the pledges made in the Rio Political Declaration with regard to (i) better governance for health and development, (ii) promote participation in policy-making and implementation, (iii) further reorient the health sector towards reducing health inequities, (iv) strengthen global governance and collaboration, and (v) monitor progress and increase accountability;

(2) to develop and support policies, strategies, programmes and action plans, which address social determinants of health, with clearly defined goals, activities and accountability mechanisms and with resources for their implementation;

[1] Including, where applicable, regional economic integration organizations.

(3) to support the further development of the health in all policies approach as a way to promote health equity;
(4) to build capacities among policy-makers, managers, and programme workers in health and other sectors to facilitate work on social determinants of health;
(5) to give due consideration to social determinants of health as part of the deliberations on sustainable development in particular in the United Nations Conference on Sustainable Development (Rio+20) and in other United Nations deliberations with relevance to health;

3. CALLS UPON the international community to support the implementation of pledges made in the Rio Political Declaration for action on social determinants of health, including through:
(1) supporting the leading role of the World Health Organization in global health governance, and in promoting alignment in policies, plans and activities on social determinants of health with its partner United Nations agencies, development banks and other key international organizations, including in joint advocacy, and in facilitating access to the provision of financial and technical assistance to countries and regions in particular, developing countries;
(2) strengthening international cooperation with a view to promoting health equity in all countries, through facilitating transfer on mutually agreed terms of expertise, technologies and scientific data in the field of social determinants of health, as well as exchange of good practices for managing intersectoral policy development;
(3) facilitating access to financial resources;

4. URGES those developed countries which have pledged to achieve the target of 0.7% of the gross national product for official development assistance by 2015 and those developed countries that have not yet done so, to make additional concrete efforts to fulfil their commitments in this regard. We also urge developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets;

5. REQUESTS the Director-General:
(1) to duly consider social determinants of health in the assessment of global needs for health, including in the reform process and future WHO work;
(2) to provide support to Member States in implementing the Rio Political Declaration through approaches such as "Health in All Policies" to address social determinants of health;
(3) to work closely with other United Nations agencies in advocacy, research, capacity-building and direct technical assistance to Member States for work on social determinants of health;
(4) to continue to convey and advocate the importance of integrating social determinants of health perspectives into upcoming United Nations and other high-level meetings related to health and/or social development;
(5) to report to the Sixty-sixth and Sixty-eighth World Health Assemblies, through the Executive Board, on progress in implementing this resolution and the Rio Political Declaration.

The associated financial and administrative implications for the Secretariat, revised in line with the amended draft resolution, were as follows:

1. Resolution: Outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011)

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 7 and 10 Organization-wide expected result(s): 7.1, 7.2, 7.3 and 10.5

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

The resolution would contribute to the achievement of the Organization-wide expected results mentioned above by requesting the Secretariat to scale up action on the social determinants of health, as identified in the Rio Political Declaration on Social Determinants of Health (2011).

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

No

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 6 years (covering the period 2012–2017)

(ii) Total: US$ 127 million (staff: US$ 83 million; activities: US$ 44 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000).

Total: US$ 42 million (staff: US$ 28 million; activities: US$ 14 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters: US$ 16 million; regional offices: US$ 10 million; country offices: US$ 16 million

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No

If "no", indicate how much is not included.

US$ 8.3 million

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

In order to implement the resolution, six staff at grade P.4 and six at grade G.4 would be required at the country and regional levels, and one staff member at grade P.4 would be needed at headquarters.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 29 million; source(s) of funds: voluntary contributions from countries, private donors and multilateral organizations.

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, referring to the revised financial and administrative implications for the Secretariat, asked why the estimated cost appeared to have increased from US$ 94 million to US$127 million. The funding shortfall for the current biennium had also increased from US$ 21.4 million to US$ 29 million.

Ms ESCOREL DE MORAES (Brazil)[1] recalled that the Board had agreed that the word "global" should be inserted between "of" and "economic downturns" in the fourth preambular paragraph; the draft resolution should be amended accordingly.

She, too, would appreciate an explanation of the increased cost estimates.

Dr LARSEN (Norway), Dr NIE Jiangang (China), Dr AGUILAR (Ecuador), Ms SY (Senegal) and Mr SAMRI (Morocco) endorsed the amendment proposed by the representative of Brazil.

Dr KIENY (Assistant Director-General) explained that the higher figure in the revised report on the financial and administrative implications of the draft resolution represented the total cost of the Secretariat's work on social determinants of health, which included the cost of implementing the draft resolution: US$ 8 million. The Secretariat would revise the report to reflect only the cost of implementing the draft resolution.

Dr JESSE (Estonia) acknowledged the explanation and requested that, in future, explanations of any such changes should be included in the relevant financial and administrative report.

The CHAIRMAN took it that the Board wished to adopt the resolution as amended.

The draft resolution, as amended, was adopted.[2]

Draft global vaccine action plan: update: Item 6.12 of the Agenda (Document EB130/21)

The CHAIRMAN drew attention to a draft resolution on World Immunization Week, proposed by Barbados, which read:

> The Executive Board,
> Having considered the report on draft global vaccine action plan: update,[3]
>
> RECOMMENDS to the World Health Assembly the adoption of the following resolution:
>
> > The Sixty-fifth World Health Assembly,
> > PP1 Recalling resolutions WHA58.15 and WHA61.15 on global immunization strategy and the commitment to use the next decade 2011–2020 to achieve immunization goals and milestones in vaccine research and development;
> > PP2 Recognizing the importance of immunization as one of the most cost-effective interventions in public health;

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

[2] Resolution EB130.R11.

[3] Document EB130/21.

PP3 Acknowledging the significant achievements of the Expanded Programme on Immunization at the global level, including the eradication of smallpox, major advances towards eradicating poliomyelitis, eliminating measles and rubella, and the control of other vaccine-preventable diseases, such as diphtheria and tetanus;

PP4 Noting the contribution of successful immunization programmes towards significant reductions in childhood mortality and improvements in maternal health, and thereby towards the attainment of Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health), and towards cancer prevention;

PP5 Recognizing that initiatives such as regional vaccination weeks have contributed towards promoting immunization, advancing equity in the use of vaccines and universal access to vaccination services, and enabling cooperation on cross-border immunization activities;

PP6 Recognizing that the initiative of vaccination weeks, a growing global movement which was first introduced in the Americas in 2003, is scheduled to be observed simultaneously in WHO's six regions in April 2012, with the participation of more than 180 Member States, territories and areas;

PP7 Acknowledging the high level of political support and international visibility given so far to these regional initiatives, and noting that the flexibility of the vaccination week framework allows individual Member States and regions to tailor their participation in accordance with national and regional public health priorities;

PP8 Concerned that, despite all the achievements of immunization initiatives, many challenges remain, including maintaining immunization as a fundamental aspect of primary health care, administering vaccines to all vulnerable populations regardless of their location, protecting national immunization programmes against the growing threat of misinformation on vaccines and immunization, and ensuring that national programmes are considered a financial priority for Member States,

1. REQUESTS Member States to designate the last week of April as World Immunization Week;

2. REQUESTS the Director-General:

(1) to support the annual implementation of World Immunization Week as the overarching framework for all regional initiatives that are dedicated to promoting the importance of vaccination across the life course and working to assure the universal right of individuals of all ages and in all countries to receive this essential preventive health service;

(2) to provide support to Member States in mobilizing the resources necessary to sustain World Immunization Week, and to encourage civil society organizations and other stakeholders to support the initiative.

The associated financial and administrative implications for the Secretariat of adopting the resolution were:

1. Resolution: World Immunization Week
2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf) Strategic objective(s): 1 Organization-wide expected result(s): 1.1 **How would this resolution contribute to the achievement of the Organization-wide expected result(s)?** Immunization Weeks help to: (i) raise global and local awareness of the benefits of vaccination;

(ii) increase the population's acceptance of, and demand for, immunization services; (iii) enhance political commitment; (iv) provide an additional opportunity to deliver vaccines to people, and, consequently, contribute to improving vaccine coverage.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) Implementation would be on a continuing basis, subject to review by the governing bodies.

(ii) Total additional cost: US$ 150 000 per annum (staff US$ 30 000; activities: US$ 120 000).

Note: All WHO regions have adopted their own resolutions on Regional Immunization Weeks; four regions have been implementing Immunization Weeks for a number of years, with the African and South-East Asia regions joining them in 2012. Consequently, the cost of Regional Immunization Weeks has already been planned for and funded, and the increase in cost due to the introduction of the World Immunization Week would be minimal and would simply reflect some additional staff time at the global level needed for coordination, additional media and communication materials, and a small coordination meeting.

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000)

Total additional cost: US$ 300 000 (staff US$ 60 000; activities: US$ 240 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant

Headquarters

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes

If "no", indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

Yes

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ n/a; source(s) of funds: n/a.

The CHAIRMAN also drew attention to a draft resolution entitled "Towards the eradication of measles" proposed by Ecuador on behalf of the Union of South American Nations (UNASUR), which read:

The Executive Board,
Having considered the draft global vaccine action plan: update,[1]

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

PP1 Considering resolution WHA56.20 on reducing global measles mortality and stressing the importance of achieving the goal of reducing deaths due to measles by half by 2005, compared with the 1999 level;

PP2 Attaching priority to the need for Member States to endeavour to achieve Millennium Development Goal 4, namely to reduce by two thirds, between 1990 and 2015, the under-five mortality rate;

PP3 Considering resolution WHA58.15, which adopted the Global Immunization Vision and Strategy to strengthen immunization programmes between 2006 and 2015 and also resolution WHA61.15, on the global immunization strategy, which, inter alia, established the target of reducing measles mortality by 90% by 2010,[2] and urged Member States to review national strategy and programme performance in order to achieve the goal;

PP4 Considering that five regions of WHO, at the level of their respective Regional Committees, have set themselves the objective of eliminating measles: in 1994 the Region of the Americas set itself the objective of eliminating measles by 2000; in 1997, the Eastern Mediterranean Region committed itself to achieve this goal by 2010; in 1998 the European Region committed itself to eradication by 2010; in 2003, the Western Pacific Region pledged to do so by 2012; and lastly, in 2009, the African Region pledged to eliminate measles by 2020. Significant progress has been made to date, and the Region of the Americas successfully interrupted endemic transmission of the measles virus in 2002 and the rubella virus in 2009. Considering that, in June 2009, the International Task Force for Disease Eradication concluded that measles eradication is technically possible, using tools that are currently available, from the point of view of biological, operational and programmatic feasibility, vaccine supply and cost-effectiveness;[3]

PP5 Considering the recent outbreaks of measles imported into the Region of the Americas, cases in Africa and Europe, and the persistently high number of measles deaths in India, in addition to the cost of controlling measles outbreaks for countries that have successfully interrupted transmission;

1. URGES Member States:

(1) to establish a time frame for the eradication of measles, including the component of eliminating rubella and congenital rubella syndrome (CRS), given that technically and operationally this will not change national plans and represents

[1] Document EB130/21.

[2] In relation to the rate in 2000.

[3] A63/18, Global eradication of measles, WHO Secretariat, 2010.

an excellent opportunity to avoid thousands of serious birth defects, in addition to the family, community and institutional burden of CRS;

(2) to develop and implement a global strategy to eradicate measles and rubella within the specified time frame. Due consideration should be taken of the lessons learnt in the Americas to eliminate these diseases, the high impact of which was demonstrated by scientific evidence;

(3) urges Member States currently developing activities to eradicate poliomyelitis to include measles and rubella immunization in their activities;

(4) to collaborate technically and politically in activities to eradicate measles;

(5) to redouble efforts to expedite achievement of the targets of the Global Immunization Vision and Strategy by 2015 by expanding immunization coverage at all levels, and strengthening integrated epidemiological surveillance of measles and rubella;

(6) to request the Review Committee of the International Health Regulations to revise Article 31 on special provisions relating to travellers (Chapter III), paragraph 1(c), Annexes 6 and 7, to include diseases targeted for elimination and/or eradication among those for which international travellers must be immunized, and also the effective development of international surveillance and control strategies;

2. REQUESTS the Director-General:

(1) to require the Strategic Advisory Group of Experts on Immunization to undertake a comprehensive study in conjunction with the International Task Force for Disease Eradication with a view to submitting a draft global strategy on the eradication of measles and rubella and a corresponding plan of action to Member States. This should be accompanied by a planning schedule and a cost analysis of the implementation of a global strategy;

(2) to keep the Sixty-sixth World Health Assembly informed, through the Executive Board, of progress towards implementation of this resolution;

(3) to monitor annual progress towards the development and implementation of the global strategy for the eradication of measles.

The associated administrative and financial implications for the Secretariat of adopting the resolution were:

1. Resolution: Towards the eradication of measles

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 1 Organization-wide expected result(s): 1.1

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

Implementation of the resolution would support the interruption of measles virus transmission by encouraging increased equitable access to measles-containing vaccine. It would also reduce the burden of rubella and congenital rubella syndrome through the increased use of combined measles- and rubella-containing vaccines.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 14 years (covering the period 2012–2025)[1]

(ii) Total: US$ 2369 million (staff: US$ 1133 million; activities: US$ 1236 million)[2]

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000)

Total: US$ 536 million (staff US$ 252 million; activities: US$ 284 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant

Share of total cost: headquarters – 6%; regional level – 8%; country level – 86%

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No

If "no", indicate how much is not included.

US$ 356 million

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

At headquarters, 10 additional staff members would be required (including medical and technical officers and staff in the areas of programme management and finance, communications and administration). In the regions, 3 additional staff members would be needed per region, together with 6 additional staff in intercountry support teams in the African Region. At country level, based on the Organization's experience with activities for the eradication of poliomyelitis, some 2500 national and local staff would be needed. Staff with various skills profiles would be required, including drivers and administrative personnel. Some of the staff concerned would be gradually transitioning from work on poliomyelitis eradication.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 356 million; source(s) of funds: voluntary contributions from various donors, including Member States, international organizations and foundations (including the United Nations Foundation and the American Red Cross, multilateral organizations, the private sector (including the Bill & Melinda Gates Foundation).

[1] Eradication by 2020, post-eradication activities until 2025.

[2] US$ 640 million of the cost of bundled vaccines is not included above (paid by national governments or UNICEF).

The CHAIRMAN further drew attention to a draft decision entitled "Towards the eradication of measles" proposed by Ecuador on behalf of the Union of South American Nations (UNASUR), which read:

> The Executive Board,
>
> Taking note of the recent widespread outbreaks of measles in several WHO regions over the past two years, which have had a devastating impact on the lives of many young children and which further compromise progress towards achieving Millennium Development Goal 4;
>
> Considering that in addition to the existing global approved immunization strategies, five of the six WHO Regions have established target dates for the elimination of measles, however, measles outbreaks continue to pose serious challenges to achieve these targets,
>
> 1. REQUESTS the Secretariat to emphasize that measles remains a serious threat to childhood health globally in the upcoming Global Vaccine Action Plan of the Decades of Vaccines, to be adopted by the Sixty-fifth World Health Assembly in May 2012;
>
> 2. DECIDES to include ambitious immunization coverage targets as well as measles elimination goals in the upcoming Global Vaccine Action Plan;
>
> 3. CALLS upon the Member States to commit to their responsibilities, as stated in the existing regional measles elimination targets and 2015 global measles mortality reduction goals, in order to prevent similar devastating outbreaks of measles in the future.

Dr ST. JOHN (Barbados), introducing the draft resolution on World Immunization Week, pointed out that immunization was one of the most cost-effective public health interventions. Vaccination Week in the Americas had been launched in 2003. In Barbados it had afforded the opportunity to expand vaccination coverage, to train or retrain staff in cold-chain management, introduce new vaccines and conduct catch-up campaigns. Immunization weeks had been launched in the European Region in 2005, in the Eastern Mediterranean Region in 2010 and in the African and Western Pacific Regions in 2011. The Regional Committee for South-East Asia had adopted resolution SEA/RC64/R3 in 2011 urging Member States to organize an annual immunization week in 2012. The financial and administrative implications of the draft resolution showed that the costs arising from the introduction of a world immunization week would be minimal. She noted that Bahamas, Brazil, Canada, Guyana, Jamaica, Mexico, Suriname and the United States of America were cosponsors of the draft resolution, and proposed an amendment to subparagraph 2(1), namely that the word "right" after "universal" should be replaced by "access".

Ms WISEMAN (Canada) expressed support for both draft resolutions and the draft decision. In preparing a programme for eliminating measles, advantage should be taken of resources and networks made available as a result of the poliomyelitis eradication initiative. She asked for information on any consultations on the draft global vaccine action plan to be conducted before the Sixty-fifth World Health Assembly.

Mr DÍAZ ANAIZ (Chile), welcoming the report on the draft global vaccine action plan, said that his Government was firmly committed, both politically and financially, to implementing its national immunization plan. With sound management and improved quality, infrastructure and logistical arrangements, it should be possible to introduce or replace vaccines in line with evolving epidemiological requirements; in 2011, the pneumococcal conjugate vaccine had been introduced. His Government strongly favoured integrated public health programmes; those, in turn, depended on open and transparent communication with the public in order to counter misleading messages emanating

from those opposed to vaccines and to foster public trust in immunization. He supported the draft resolution on World Immunization Week.

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, welcomed the report's emphasis on the commitment of governments to immunization as a priority and on the integration of immunization programmes within national health systems. The Secretariat should play a clear role in both the drafting and the implementation of the action plan. Its normative and technical support would be crucial in the Decade of Vaccines (2011–2020).

The advisability of introducing new vaccines, especially in low-income countries, had to be weighed against other health interventions in terms of health benefits and cost–effectiveness. The public health benefits of vaccination could be undermined by increasingly negative attitudes towards vaccines, as witnessed in Europe during the recent outbreak of measles, and the Secretariat's work in that regard was welcome. She agreed on the need, noted in the report, for ongoing dialogue between suppliers and buyers in order to ensure the supply of high-quality vaccines and supported the idea of establishing a "vaccine access forum", which could help to generate estimates of demand for vaccines. She also supported the establishment of an accountability framework for monitoring and evaluating progress. The European Union would examine ways of supporting a future research and development agenda.

A world immunization week could be a useful means of promoting the benefits of vaccines. Although it might have been better to incorporate that concept into the draft vaccine action plan, she would join the apparent consensus on the draft resolution. She strongly supported the draft decision concerning measles and the inclusion of elimination goals in the draft action plan.

Dr NIE Jiangang (China) encouraged the Secretariat to make the final version of the action plan available for Member States' review before the Sixty-fifth World Health Assembly. The action plan should emphasize the benefits of health education and promotion in enhancing individual and community understanding of, and demand for, immunization. It should also highlight the importance of risk communication in order to address public misunderstandings about the side effects of vaccines.

In order to integrate immunization programmes into broader health systems, immunization services had to be provided in an equitable way, and synergies between immunization and other health programmes needed to be identified. Strategies should be developed and funding sought for immunization programmes on the basis of disease burden, vaccine supply and prices, and the needs of individuals and communities. Intergovernmental donations and financing facilities should be used to support initiatives in areas with low rates of vaccination coverage and to reduce coverage gaps between countries and regions. Disease surveillance, post-market evaluation of vaccines, monitoring of adverse events, and communication with vaccine suppliers, the public, the media and relevant stakeholders should also be emphasized, as should technology transfer to enable developing countries to produce affordable, high-quality vaccines. Strategies should be devised to promote the introduction of new vaccines. He supported the draft resolution on World Immunization Week.

Dr DAULAIRE (United States of America) expressed appreciation of the integration of all aspects of immunization, from research to political commitment, in the draft global vaccine action plan and encouraged other Member States to support it. Most unvaccinated children lived in low- and middle-income countries, but recent large outbreaks of vaccine-preventable diseases in high-income countries highlighted the need for action to re-establish and increase the demand for vaccination in those countries as well. He also encouraged Member States to support resource mobilization for vaccines. In many low-resource countries, the provision of high-quality services was an issue of development as much as disease control, hence the need to improve the quality and performance of their routine immunization programmes as an integral part of functioning health systems based on primary health care principles. As the report referred several times to access to vaccines but paid

insufficient attention to their use, he recommended that it use the term "access and use" instead of "access".

Who would undertake the actions in the draft global vaccine action plan and how would they be coordinated? Were the proposals in paragraphs 16 to 18 of the report to be noted or endorsed? What were the objectives and goals of the proposed vaccine access forum, and what value would it add, especially as other bodies dedicated to enhancing vaccine access existed?

He supported the draft resolution designating a world immunization week, as amended by the member for Barbados, and welcomed the intended flexibility for Member States and regions to tailor their participation. The event should be treated in a way that boosted coverage and strengthened the routine immunization system.

He endorsed the revised draft decision aimed at increasing efforts to increase measles vaccination coverage, particularly in view of recent outbreaks partly caused by diminished coverage. He could not, however, accept the use of the word eradication in the title; elimination would more accurately describe the desired objective.

Dr TAKEI (Japan) affirmed that the global vaccine action plan should contribute towards improving global public health and achieving the health-related Millennium Development Goals and the objectives of the United Nations General Assembly special session on children. However, the relationship between the draft global action plan and the Expanded Programme on Immunization needed to be reassessed in order to avoid duplication, especially in the field.

He supported the principles laid down in the draft resolution on a world immunization week, but stressed the need for flexibility in its implementation. For example, the week mentioned in paragraph 1 coincided with a national holiday period in Japan. He therefore proposed that in the first paragraph the words "where appropriate" be inserted between "April" and "as".

He welcomed the draft decision on measles, in particular the emphasis it placed on controlling the disease in order to achieve Millennium Development Goal 4. Japan had been striving to eradicate measles domestically and was committed to international immunization programmes.

Dr AGUILAR (Ecuador), speaking on behalf of the Union of South American Nations, said that following the recommendation by the Board to streamline the agenda and informal consultations with Member States, it had been decided to withdraw the draft resolution entitled "Towards the eradication of measles" in favour of the draft decision which would result in the inclusion of targets and goals in the global vaccine action plan. He emphasized the need for Member States' commitment; achievement of those objectives should prevent outbreaks of measles – the recent outbreak in Ecuador had occurred after a period of 15 years during which transmission had been interrupted. In response to the member for the United States of America, he said that the word eradication had been a mistake and that the correct term was elimination.

Mr PRADHAN (India) commended the report and its emphasis on the need to raise awareness among communities and to reach underserved and marginalized children and on strong national commitments to immunization. India had designated 2012 as the year of intensified routine vaccination with the aim of improving coverage and reaching all children, particularly in remote areas and urban slums. An Internet system had been introduced for tracking and delivering immunization services to every child and identifying children who had been missed; the database already contained information on nearly 10 million children. Health workers were provided with lists of children due for vaccination. A second dose of measles vaccine had been administered to more than 40 million children as part of a catch-up campaign. The aim was to achieve elimination within three years.

Coverage with hepatitis B vaccine had been extended nationwide and a pentavalent vaccine containing the hepatitis B antigen had been introduced in two states with a good community response. He stressed vaccine security in countries, ensuring timely availability of vaccines at affordable prices

in order to sustain immunization programmes, and strengthening and coordinating research and development programmes.

He supported the draft resolution on a world immunization week as amended by the member for Japan.

Mr MANCHA MOCTEZUMA (Mexico) supported the draft resolution on a world immunization week. Such an event should not involve vaccination campaigns, as the seasonal nature of outbreaks around the world made it difficult for everybody to conduct vaccinations on the same date; such an approach would be contrary to accepted technical practice. Rather, the objective should be to conduct health-promotion and awareness-raising activities aimed at the general public. A world immunization week would provide an opportunity to convey a consistent and clear message to the public about the importance of vaccination – a public health intervention that, in his country at least, was deeply rooted and had produced significant results.

As long as the measles virus was still circulating, the term "elimination" was more appropriate than "eradication". Thus, the draft resolution should perhaps refer instead to the global elimination of measles as the objective for Member States.

Dr BELO (Timor-Leste) endorsed the draft resolution on a world immunization week and the report on the draft global vaccine action plan. Despite the progress made in reducing the morbidity and mortality associated with vaccine-preventable diseases since the launch of the Global Immunization Vision and Strategy 2006–2015, routine immunization coverage in most developing countries remained low owing to limited health-system delivery and financial resources; hence the importance of the adoption of the global vaccine action plan by the Sixty-fifth World Health Assembly. The report should be revised to give priority to developing countries with low immunization rates and where outbreaks were frequent, and to provide information on immunization coverage, financial shortfalls, geographical locations and resource constraints. She urged the Secretariat to provide technical support to Member States in preparing multiyear action plans and in facilitating global partnerships in order to secure international funding for developing countries with the greatest need.

Dr DE ASSUNÇÃO SAÍDE (Mozambique) welcomed the report. His country had successfully applied to the GAVI Alliance for support to introduce pneumococcal vaccine in 2012 and planned soon to introduce other vaccines such as those against rotavirus and human papillomavirus infections. His Government was committed to improving community involvement in efforts to extend access to immunization programmes to hard-to-reach populations through more effective communication. He supported the draft resolution on a world immunization week.

Ms BRANCHI (France) supported the request by the member for the United States for more information on the proposals in paragraphs 16 to 18 of the report. She also asked about WHO's relationship with other partners, such as the GAVI Alliance.

Dr SHEKU DAOH (Sierra Leone), speaking on behalf of the Member States of the African Region, said that the report contained encouraging information on progress towards the elimination of some vaccine-preventable diseases. However, despite research worldwide, successful vaccines had still not been developed against HIV/AIDS, tuberculosis or malaria. He therefore urged WHO to continue to provide support to scientists and institutions engaged in research aimed at eliminating the major diseases affecting Africa, and to coordinate such research. Vaccination coverage rates in most African countries could be improved through the strengthening of health systems and other socioeconomic aspects. In order to maintain the progress made so far, countries and communities had to assume ownership of their vaccine programmes.

In December 2011, the Regional Office for Africa had coordinated a stakeholder consultation in Namibia, at which consensus had been reached on, inter alia, increasing Member States' ownership of, and financial input into, vaccination programmes, and enhancing regional advocacy for immunization through regional vaccination weeks. He therefore strongly supported the six broad strategies outlined in the draft action plan, in particular, that all countries and governments should commit themselves to immunization as a priority. Member States in the Region needed to increase their domestic funding in order to strengthen and sustain vaccination programmes, and the global community should give priority to the principle of equitable access to vaccines.

Dr LARSEN (Norway) asked about the consequences of replacing the word eradication with elimination and of substituting a draft decision for the draft resolution on measles in terms of the financial and administrative implications for the Secretariat.

Dr DAHL-REGIS (Bahamas),[1] observing that vaccination against measles was one of the most cost-effective public health interventions, urged Member States to strengthen their resolve to eliminate the disease by the target date of 2015. She fully endorsed the draft global vaccine action plan and supported the draft resolution on a world immunization week, as amended by the member for Japan.

Dr ATTAYA LIMWATTANAYINGYONG (Thailand)[1] welcomed the report on the draft global vaccine action plan and the strategic directions developed in consultation with stakeholders. She recalled the request to the Director-General in resolution WHA58.15 on the global immunization strategy to mobilize resources for promoting affordable and available new vaccines. That aspect should be reflected in the action plan in terms of generation of evidence, ranging from the burden of vaccine-preventable diseases and cost–effectiveness of vaccines to the impact on health budgets and health system capacity, as well as consideration of the ethical dimensions of equal access of all children, and ensuring that policy decisions to introduce new vaccines were evidence-based. She requested the Director-General to support efforts to promote vaccine affordability, and drew attention to the importance of the expansion of vaccine-production capacities in developing countries, public–private partnerships, financing initiatives and regional pooled procurement. In order to achieve sustainable long-term financing and the supply of high-quality vaccines, additional emphasis should be given to promoting international and regional cooperation in vaccine development, production and procurement, particularly among developing countries, and to devising global mechanisms for funding research and development of vaccines.

She expressed concerns about the required actions set out in the report on raising awareness and increasing demand for vaccination. Without appropriate preparative measures, raising awareness could be a double-edged sword: it could promote greater public acceptance, but, in the absence of evidence of disease burden or cost–effectiveness and without sustainable financing or guaranteed supply, it could create demand that could not be met or inappropriate pressures to introduce vaccines. Thailand wished to take an active role in the consultations on finalizing the global vaccine action plan.

She recognized the potential benefits of a world immunization week and welcomed the draft resolution. Member States must be able to use such an occasion to increase their vaccination coverage rates, and care should be taken to ensure that it was not used for the marketing of products that were not part of national immunization programmes. The focus of any global immunization week should be on basic immunization.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr NTA (Medicus Mundi International), speaking at the invitation of the CHAIRMAN and on behalf of the People's Health Movement, welcomed the progress in developing the draft global vaccine action plan and the international efforts to promote the right to immunization. He expressed concern that WHO would have a limited role in setting immunization policies: as one of several parties working on the Decade of Vaccines, it might be prevented from taking leadership in global public health and in independently guiding the establishment of fair and effective vaccine policies. With regard to the proposed vaccine access forum, Member States should consider carefully how conflicts of interest would be dealt with, as the forum could include stakeholders with commercial interests. The report made no reference to evidence and data on the impact of the introduction of vaccines with new antigens on reducing mortality and decreasing the incidence of vaccine-preventable diseases. The introduction of new vaccines should be subject to detailed, country-specific assessments of needs and health impact, as well as cost-benefit analyses. Immunization programmes should not be seen to be substitutes for a broader range of public health measures, such as access to primary health care services, health education and the availability of safe drinking-water and sanitation. Member States should ensure that the Secretariat could contribute to ensuring safe access to affordable vaccines in a sustainable manner by facilitating local production at regional or country level depending on economies of scale and technology transfer.

Ms DIETTERICH (The Save the Children Fund), speaking at the invitation of the CHAIRMAN and also on behalf of the 230 organizations comprising the civil society constituency of the GAVI Alliance, commended the process adopted by the Decade of Vaccines Collaboration Secretariat that had given civil society the opportunity to engage in all consultations, and she urged the Director-General to ensure the continued engagement of civil society in the implementation of the global vaccine action plan following the dissolution of the Collaboration Secretariat. Immunization was a crucial component of integrated, essential health-care packages. Universal coverage could be achieved only with demand- and supply-side efforts, and the global vaccine action plan must seek to ensure universality, equity, quality, accountability and sustainability. Inequities within countries hampered progress towards the achievement of the Millennium Development Goals, and targeted strategies must be used to meet the needs of unreached populations within countries. A robust accountability framework sympathetic to the principles of aid effectiveness was necessary for the implementation of the global vaccine action plan. All Member States should ensure that the principles and objectives of the action plan were reflected in domestic health and immunization strategies, and she called for the active involvement of government, parliament and civil society to ensure that the implications of the action plan were fully understood. Given the relevance of recommendations of the Commission on Information and Accountability for Women's and Children's Health, WHO must play a central role in the development and implementation of the global vaccine action plan.

Dr BUSTREO (Assistant Director-General), thanking speakers for their valuable comments, said that the suggestions made had been carefully noted. With regard to concerns expressed, she said that the aim of a vaccine access forum would be to facilitate alignment of demand and supply in order to avoid shortages in supply; the concept was still under discussion and the Secretariat would provide further clarification in due course. The Sixty-fourth World Health Assembly had noted the aims of the global vaccine action plan; that plan would capture the vision and actions necessary to achieve ambitious goals for vaccine delivery, quality, research, and public and political support. Intensive consultations with all stakeholders were being held at the regional level so as to maximize the inputs. The consultations would culminate in a discussion of the Strategic Advisory Group of Experts on immunization to be held in mid-February 2012. The WHO Secretariat and Decade of Vaccines Collaboration Secretariat would revise the draft action plan in the light of those discussions, and a briefing would be held in Geneva in March for missions with a view to obtaining further input from Member States. The aim was to share with all Member States a vaccine action plan that would include

measures for monitoring and evaluating the progress made and for accountability, and define the responsibilities of the different actors. The process of collaboration with UNICEF and other partners had been enriching, and she acknowledged the significant inputs provided, in particular from the Decade of Vaccine Collaboration and the GAVI Alliance secretariats.

With regard to the terms eradication and elimination, she said that eradication was used to refer to a targeted and specific effort to ensure the disappearance of the measles virus. The costings for the draft resolution covered what had already been agreed by the Health Assembly, namely the regional plan for elimination; costings were not provided for the specific effort to ensure that measles virus would disappear from the world. As such an undertaking would require further discussion and decision, the progress envisaged was progressive elimination of cases and transmission of the virus. The final push to make the virus disappear might require further discussion in the light of progress made with respect to poliomyelitis eradication.

She said that she would be pleased to provide further clarification and looked forward to receiving further input on the draft global vaccine action plan, the implementation of which would help to promote the achievement of the Millennium Development Goals, in particular Goal 4 (Reduce child mortality).

Responding to a request for clarification from Mrs REITENBACH (Germany), she confirmed that the financial and administrative implications for the Secretariat of the draft resolution on measles did not apply to the draft decision. The decision had no financial implications as the targets would be included in the global vaccine action plan.

Ms SY (Senegal) requested that the words ", in collaboration with all stakeholders," be inserted after "Member States" in paragraph 3 of the draft decision.

The CHAIRMAN took it that the Board was prepared to adopt the draft resolution on World Immunization Week.

The resolution, as amended, was adopted.[1]

The CHAIRMAN further took it that the Board was prepared to adopt the draft decision entitled "Towards the elimination of measles".

The decision, as amended, was adopted.[2]

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: report of the Working Group of Member States: Item 6.13 of the Agenda (Documents EB130/22 and EB130/22 Add.1)

The CHAIRMAN drew attention to the draft resolution contained in Appendix 1 to document EB130/22. The financial and administrative implications of the draft resolution for the Secretariat were set out in document EB130/22 Add.1.

Mr PRASAD (India) said that access to quality, safe, efficacious and affordable medical products continued to present a formidable challenge to developing and least developed countries. Constraints, including high prices, weak drug regulatory authorities and capacity, were exacerbated by

[1] Resolution EB130.R12.

[2] Decision EB130(4).

efforts to promote deliberate confusion between intellectual property and quality issues. He welcomed the unanimous support for WHO's fundamental role in measures to ensure the availability of quality, safe, efficacious and affordable medicines, but expressed concern about the lack of sufficient funding for WHO's work in that area, which included strengthening national health surveillance systems and drug regulatory authorities, and promoting access to quality medicines. India supported international cooperation to promote access to affordable, quality, safe and efficacious medical products. The proposed new Member State mechanism should promote effective collaboration between Member States and the Secretariat to that end, drawing on expert advice as appropriate. Any output from the mechanism relating to policies and recommendations would have to be endorsed through the governing bodies of WHO.

If it was to pursue its global public health mandate with undivided attention, WHO should sever any remaining links with the International Medical Products Anti-Counterfeiting Taskforce, which had a predominant agenda on intellectual property rights. Discussions on the enforcement of those rights should remain outside the work on the quality, safety and efficacy of medicines.

India attached the highest importance to ensuring access to affordable, high-quality, safe and efficacious medicines. As one of the largest exporters of generic medicines, it had taken measures to enhance tracking and tracing, including use of a 2D barcode for the export of pharmaceutical products.

Dr SILBERSCHMIDT (Switzerland), speaking on behalf of the Member States of the European Region, commended the Chair of the Working Group of Member States on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products and welcomed the Group's successful outcome. The proposed new Member State mechanism should improve international cooperation among Member States, and the European Region supported the draft resolution as it stood.

WHO had a fundamental role to play in ensuring the availability of quality, safe, efficacious and affordable medical products. Sufficient resources must be provided from unearmarked sources, such as the regular budget, to enable WHO to continue its efforts and ensure that the new Member State mechanism could function properly once approved by the Health Assembly.

Dr DAULAIRE (United States of America) acknowledged Member States' constructive participation in the Working Group and commended the able leadership of its Chair. He supported the draft resolution. His Government was fully committed to the success of the proposed new Member State mechanism. It also recognized the sensitivities about the role of the International Medical Products Anti-Counterfeiting Taskforce, and would transfer its support from that entity to the new Member State mechanism as soon as the latter was established.

He expressed shock that in some parts of the world some 30% to 50% of the medicines used to treat serious diseases were counterfeit or substandard. Member States had a common mission to ensure the safety and efficacy of medicines and secure the increasingly complex global supply chain. Better surveillance and data were necessary, particularly since the pharmaceutical industry had moved much of its manufacturing operations into the international arena, and opportunistic crimes, such as counterfeiting, adulteration, diversion and cargo theft, were flourishing. The supply chain, which had become more complex, was only as strong as its weakest link. The proliferation of additional handlers, suppliers and middlemen created new entry points for contaminated, adulterated and counterfeit products into that chain. Threats to the integrity of medicines and the security of the supply chain must be met through approaches that included strengthening national regulatory systems and cross-border collaboration. WHO was well-positioned to tackle the complexities and linkages associated with substandard, spurious, falsely-labelled, falsified and counterfeit medical products. Risk-based and multisectoral approaches and sound scientific evidence were essential tools to protect the public from adulterated drugs.

Dr JESSE (Estonia) speaking on behalf of the Member States of the European Union, said that the acceding State Croatia, the candidate countries the former Yugoslav Republic of Macedonia, Montenegro and Iceland, the countries of the Stabilisation and Association Process and potential candidates, Albania, Bosnia and Herzegovina, Serbia, as well as Ukraine, Armenia and Georgia aligned themselves with her statement. She thanked the members of the Working Group for their constructive efforts to overcome the deadlock on the controversial issue under discussion. It was to be hoped that the proposed new Member State mechanism, which would provide a platform for coordinated multisectoral cooperation to help to prevent falsified medicines from undermining the credibility of health systems, would be approved by the Board and the Health Assembly and established without delay. The European Union strongly supported WHO's fundamental role in ensuring the safety, quality and efficacy of medical products and promoting access to affordable, quality, safe and efficacious medicines. Recalling various initiatives, she said that promoting access to safe and high-quality medicines remained a long-standing and high priority in the European Union's support to health in developing countries. The prevention and control of falsified medical products also continued to be a high priority for the European Union; work must be focused on public health and led by WHO. The Secretariat should secure, in a transparent manner, the necessary financial means for work against substandard, spurious, falsely-labelled, falsified and counterfeit medical products within the approved Programme budget 2012–2013.

Mr DÍAZ ANAIZ (Chile) said that his country had a strong regulatory framework to prevent the manufacture, import, possession, distribution and transfer of any falsified, adulterated, contaminated and altered pharmaceutical products. Establishments handling pharmaceutical products were linked through a well-defined and monitored network that covered the only official channels from manufacture or import to delivery to the end-user. Imported pharmaceutical products were subject to quality control before distribution and marketing. At the international level, Chile had established a focal point for the exchange of information and coordination with other members of the Ibero-American Medicines Authorities. It had also designated a focal point for the Pan-American Network for Drug Regulatory Harmonization, which had yet to operate fully, and had taken part in Asia-Pacific Economic Cooperation forums on counterfeit products. He welcomed WHO's work against counterfeit and substandard medicines and medical products, as it provided tools for protecting public health, and he called for more forums for participation in initiatives for public health and for the development of projects and strategies aimed at countries like his.

Speaking on behalf of the Union of South American Nations, he proposed that the first meeting of the new Member State mechanism be hosted by Argentina, and requested that the representative of Argentina be given the floor**.**

Having been given the floor by the CHAIRMAN, Mr CAVALERI (Argentina)[1] said that his Government was offering to host the first meeting of the proposed new Member State mechanism, provisionally to be held over three days in October 2012. It would cover the cost of the event, and provide interpretation in English, French and Spanish. Argentina would be honoured to welcome the Director-General to that meeting and would collaborate with the Secretariat on its organization, including the programming and agenda, accepting that adjustments could be made to suit the needs of Member States. A formal letter about the proposal would be sent shortly to the Director-General.

Ms JIN Guoying (China) endorsed the report of the Working Group and commended the continuous efforts to prevent the counterfeiting of medical products. Her Government attached high

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

priority to ensuring safe medicines, and had taken appropriate steps, including the establishment of a legal framework, setting up an anticounterfeiting mechanism among 13 agencies, and enhancing monitoring and inspections. At the international level, China had established a mechanism for the timely exchange of information. Rigorous regulation of the supply chain at the national level and communication and collaboration among Member States were essential to prevent the counterfeiting of medical products. China would continue to work closely with the Secretariat and other Member States and intensify efforts to ensure the safety of medical products.

In view of differing national conditions and legal frameworks, Member States should be allowed to participate in the proposed new Member State mechanism on a voluntary basis. Accordingly, the words "on a voluntary basis" should be added at the beginning of subparagraph 6(1) of the draft resolution.

Ms WISEMAN (Canada) welcomed the report of the Working Group and supported the draft resolution recommending the establishment of a new Member State mechanism for international collaboration among Member States. Substandard, spurious, falsely-labelled, falsified, counterfeit medical products posed a serious risk to human health, and the international community must continue to make progress in developing coordinated multisectoral approaches in order to combat such medical products. All relevant stakeholders must be involved in the work, and every effort must be made to strengthen the capacity of national regulatory authorities and systems.

Mr TOSCANO VELASCO (Mexico) said that his country attached great importance to the matter under discussion. It had designed several policies to limit the proliferation of substandard, spurious, falsely-labelled, falsified and counterfeit medical products, and, since 2005, all medical products had to be re-registered with the national health authority every five years. Collaboration between national agencies on intellectual property, customs and crime was necessary, as were appropriate legislation and the monitoring of waste medical products. The pharmaceutical market was indeed becoming increasingly globalized; tracing products was becoming more complex, with the number of spurious, falsely-labelled and counterfeit medical products increasing as a result. It was thus important that the proposed new Member State mechanism be set up as soon as possible. The mechanism should open communication channels with industry with a view to facilitating joint action.

He supported the Secretariat's activities, but urged the Secretariat to establish a subcommittee of experts as soon as possible in order to establish a definition of such products.

There was an increasing amount of advertising in the mass media for products that were not medicines but which were reputed to have curative properties. Such products could constitute a threat to health, and he called on Member States to redouble their efforts to restrict them before it was too late. He asked for further clarification of Argentina's intention to cover the costs of the first meeting of the new Member State mechanism.

Dr AZODOH (Nigeria), speaking on behalf of the Member States of the African Region, commended the report of the Working Group. Despite the many strategies deployed by countries to authenticate the quality of products, counterfeit medical products were still entering markets. She encouraged the Secretariat to ensure that every possible step was taken to ensure access to and availability of quality, safe and affordable medical products, including strengthening existing programmes. Countries in the Region had instituted several approaches, including the use of new tools and innovative technological applications. She encouraged WHO to take every necessary step, including work on securing the supply chain, local production, capacity building and multisectoral collaboration, in order to ensure access to and availability of affordable, good-quality and safe medical products. The Secretariat should strengthen its existing programmes in the area. She supported the proposal to establish a new intercountry mechanism, which should include Member States, the private sector and nongovernmental organizations under WHO's coordination. She would also welcome the

establishment of a subcommittee of the Expert Committee on Specifications for Pharmaceutical Preparations to develop a definition of substandard, spurious, falsely-labelled, falsified and counterfeit medical products.

Dr ST. JOHN (Barbados) supported the draft resolution and welcomed Argentina's offer to host the first meeting of the proposed new Member State mechanism. The Secretariat should continue to provide support to drug regulatory authorities in preventing the entry of substandard products through licensing and in removing counterfeit drugs from the market through strengthened pharmacovigilance programmes. Barbados and other countries in the Caribbean would require further support in order to advance the pharmacovigilance activities begun in 2006. WHO's programme on the prequalification of medicines should be expanded, and the Secretariat should continue to provide support to countries in the monitoring of good manufacturing practices. Her country had benefited from the WHO partnership with the Commission of the European Communities on pharmaceutical policies (EC/ACP/WHO); it was to be hoped that the renewed partnership would begin shortly.

Dr TAKEI (Japan) welcomed the efforts of the Working Group. Japan supported the ongoing efforts to prevent substandard, spurious, falsely-labelled, falsified and counterfeit medicines and to ensure improved access to and the quality of medical products, in line with WHO's strategic objective 11. His Government's concerns about such products were not limited to safety and quality but included issues concerning the violation of trademarks and design rights. He highlighted the importance of support and cooperation involving government agencies, international organizations and other stakeholders such as the private sector, while recognizing the importance of transparency and the need to avoid conflicts of interest. Japan's technical support to improve the quality and safety of medicines for diseases prevailing in developing countries took into consideration the measures to prevent substandard, spurious, falsely-labelled, falsified and counterfeit medicines.

Dr BELO (Timor-Leste) welcomed the report of the Working Group and supported the draft resolution, which reaffirmed the role of WHO in ensuring the quality and safety of medical products.

Mr SAMRI (Morocco) commended the able leadership of the Chair of the Working Group and welcomed its report. He thanked the Government of Argentina for offering to host the first meeting of the proposed new Member State mechanism, and in particular to cover the costs of that event, which would facilitate the participation of Member States.

Dr LARSEN (Norway) thanked the Government of Argentina for the kind offer to host the first meeting of the proposed new Member State mechanism and suggested that a preparatory meeting be held in Geneva. As the Member State process was voluntary in nature, the amendment proposed by the member for China was superfluous. Furthermore, the draft resolution was the result of delicate negotiations, which should not be reopened.

The meeting rose at 13:05.

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