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PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

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Thursday, 28 January 2016, scheduled at 14:30

Chairman: Ms M.P. MATSOSO (South Africa)

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NINTH MEETING

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COMMUNICABLE DISEASES: Item 9 of the Agenda

Draft global health sector strategies: Item 9.2 of the Agenda (Documents EB138/29, EB138/30 and EB138/31)

The representative of BRAZIL said that the draft global health sector strategies addressed three major public health issues synergistically to ensure coordination, integration and optimization of investments. He congratulated WHO for including new drugs for hepatitis C in its essential drugs list, and for developing pre-qualification guidelines related to medicinal products. However, many new drugs were still not accessible for all. Brazil remained strongly committed to tackling the challenge of eliminating mother-to-child transmission of syphilis, although efforts to invest public money had been undermined by a global shortage of benzylpenicillin. The reasons for the shortage needed to be discussed and addressed by WHO in order to prevent a reoccurrence. The fast-tracking of the HIV/AIDS response until 2020 would be key to changing the path of the epidemic and would require the expansion of treatment as prevention and the use of combination prevention. Brazil proposed that the Board should approve a decision to submit the three strategies for adoption by the Sixty-ninth World Health Assembly.

The representative of JAPAN, welcoming the new strategies, said that it was precisely by setting ambitious targets that success was often achieved. However, the strategies needed to be adaptable according to each country's unique epidemiological and social context. WHO should support the implementation of the strategies in collaboration with partner agencies. HIV/AIDS was no exception to drug resistance and countries should give due consideration to that critical issue at all stages of strategy implementation. He stressed the need for innovation with regard to new drugs and welcomed the research and development pillar of the strategies while recognizing that intellectual property had been a sensitive issue in the discussions. He requested that the words "where appropriate" should be added to the phrase "applying flexibilities of the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property" in section 4.3.3 of the draft global health sector strategy on HIV, 2016–2021.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the focus of the HIV strategy on women, girls and key populations, and on equity. She welcomed the emphasis on dual prevention of mother-to-child transmission of syphilis and HIV. Although the ambitious target of providing everyone living with HIV with retroviral drugs was commendable, her Government believed priority should be given to people with CD4 counts under 350. She asked how WHO would help governments to scale-up equitably, without unintentionally weakening health services. Welcoming the progress made on pre-exposure prophylaxis, she sought clarification on how WHO would help governments to scale-up and to consider the impact on the capacity on their health services. On the issue of hepatitis, the global community needed to move quickly to understand the scale of the problem and who was affected. The proposed global targets on hepatitis should be treated with caution where they might drive the

prioritization of resources at national level: countries should be supported to plan and prioritize their resources in a holistic manner.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that, although the cost of HIV prevention, care and treatment would continue to rise, prevention should remain the cornerstone of the HIV response and be fully integrated into health systems. While the new WHO guidance was appreciated, it placed great demands on countries with high HIV burdens. In addition, countries were still grappling with high prices for antiretroviral treatment. The draft strategy should therefore make clear recommendations on how WHO would support countries in the region to push for the local and subregional production of medicines and diagnostic tests for HIV. WHO should support existing African Union processes to focus on short-term strategies for the achievement of the targets while proposing long-term strategies for a sustainable response.

The representative of the CONGO said that the challenge for the African Region would be to consolidate existing strategies on HIV/AIDS and sexually transmitted infections while strengthening and consolidating strategies on viral hepatitis. By 2030, there should be no new instances of HIV/hepatitis B coinfections in areas where the vaccine for the latter was available. In the same timeframe, the risk of HIV coinfection with hepatitis C could be reduced by more than 50% if research towards a hepatitis C vaccine were accelerated. It should be possible to eliminate mother-to-child transmission of HIV by 2020–2021. However, preventing sexually transmitted infections would be more complex. The best approach against human papilloma virus (HPV) was to ensure the availability of high-quality vaccines for teenagers. In order to control the spread of other sexually transmitted infections, awareness-raising and free access to condoms would be essential. Early diagnosis and treatment needed to be free and included in universal health coverage. Lastly, curative treatment for hepatitis C needed to be made vastly more accessible.

The representative of the RUSSIAN FEDERATION said that the overall goal of achieving sustainable development for health was very ambitious and that many of the goals contained in the strategies would be unattainable in the 2016–2021 timeframe. She would prefer to allow each country to set its own goals taking into account national circumstances. The strategies should also aim to promote a healthy lifestyle and family values and emphasize the negative effects of bad habits. With regard to HIV, collecting data was important and the range of indicators used on HIV/AIDS in the report needed to be refined. Likewise, some of the definitions, including those referring to mortality, were sometimes ambiguous and should therefore be clarified by WHO. The Russian Federation was ready to support the adoption of the strategies provided its comments were taken into account. It stood ready to participate in any efforts made to change the text.

The representative of SAUDI ARABIA welcomed the three draft global health sector strategies and reported that treatment with the new hepatitis C drugs could not be guaranteed to all patients in his country, which had been forced to prioritize their use owing in particular to the prohibitive cost involved. The international community, including WHO, should therefore draw lessons from the experience with HIV/AIDS drugs by lobbying for a drastic price reduction in the interest of achieving global access to hepatitis C treatment, reducing avoidable deaths from liver cirrhosis and cancer and ultimately eradicating the virus.

The representative of CANADA praised the integrated approach of the strategies; all three had a crucial role to play in the Agenda for Sustainable Development. She urged WHO and Member States to work in partnership to strengthen the overall health response to communicable diseases. Addressing antimicrobial resistance should remain a priority and ensuring the overall availability of medicines to

treat sexually transmitted infections was a crucial component of the proposals. Canada supported the proposal to recommend adoption of the strategies by the Sixty-ninth World Health Assembly.

The representative of CHINA expressed support for all three strategies and said that his country was ready to play a proactive role in attaining the goal to end the AIDS epidemic by 2030. However, WHO should clarify its definition of new infections and explain how the data in the draft strategy had been collected in order to facilitate evaluations. Member States should also be accorded the flexibility to adjust indicators in order to reflect their stage of development. He called on WHO to coordinate resource allocation for viral hepatitis; to provide more financial and technical support and reduce the prices of medicines; and to play a greater role in political initiatives, resource mobilization, technical support and experience sharing. In addition, it would be important to enhance the prevention and treatment of Chlamydia trachomatis.

The representative of the REPUBLIC OF KOREA endorsed the prevention approach of the draft global health sector strategy on HIV, 2016–2021, which sought to improve the stability of health care services through early HIV detection and treatment and coordinate HIV response strategies in order to reduce the cost of prevention, care and treatment and prevent new infections and HIV-related deaths.

She strongly supported the draft global health sector strategy on sexually transmitted infections, 2016–2021; with continued WHO support, its implementation promised sustainable progress through strengthened investment for health service interventions. By mid-2016, the Government of the Republic of Korea would introduce a national human papillomavirus vaccination programme and efforts were under way to reduce human papillomavirus-related diseases, including cervical cancer.

She supported the comprehensive approach of the draft global health sector strategy on viral hepatitis and emphasized that the 2020 and 2030 targets could be made more achievable if based on reliable baseline data. In the Republic of Korea, efforts to prevent mother-to-child transmission had dramatically reduced the prevalence of hepatitis B among children aged under five and hepatitis C testing might be added to the national health screening programme. She commended WHO's continuing leadership in increasing public awareness of chronic hepatitis.

The representative of the UNITED STATES OF AMERICA supported the suggestion by the representative of Brazil that the Board should recommend the adoption of the three draft strategies by the Health Assembly.

Adopting a fast-track approach for HIV that front-loaded key investments and maximized efficiency was critical to the success of the strategy and it could be achieved with increased domestic investments and existing donor commitments, if it was deployed effectively. In implementing the strategy, WHO and Member States should pay special attention to: more efficient and differentiated service delivery models; greater attention to adherence to and retention across the treatment cascade; a focus on reducing the risk of HIV drug resistance; key populations at exceptionally high risk of HIV, including men who have sex with men, transgender women, sex workers, people who inject drugs and prisoners. In addition to girls and young women, their male partners needed HIV prevention and testing services and greater emphasis should be placed on cost studies and cost data. More detailed guidance was required on how to use programme data and financial data to prioritize funding decisions relating to the treatment cascade.

He welcomed the first-ever health sector strategy on hepatitis, and the extensive input from Member States, experts and advocates in its development: it supported effective interventions, including primary intervention such as vaccination, reducing transmission and providing access to affordable high-quality diagnosis, care and treatment.

In implementing a global strategy on sexually transmitted infections, WHO should: provide up-to-date guidance with a revision of the 2003 Guidelines for the management of sexually transmitted infections; support higher quality country-level surveillance data, including on antimicrobial-resistant

gonorrhoea; promote new diagnostic testing technologies; and integrate reporting of data on sexually transmitted infections with that on HIV and maternal and child health programmes.

He urged WHO to investigate the shortage of long-acting intramuscular penicillin, which was a threat to the elimination of mother-to-child transmission of syphilis and to controlling syphilis in the population at large.

The representative of THAILAND said that, while there was no doubt that antiretroviral treatment constituted an effective control measure for HIV, the use of condoms should be more actively promoted, particularly among high-risk groups. With reference to viral hepatitis and especially hepatitis C, she requested that WHO and its development partners should facilitate access to medicines at affordable prices, particularly in low- and middle-income countries. Turning to the strategy on sexually transmitted infections, she was concerned that the proposed target on the human papillomavirus vaccine would have an adverse effect on cervical cancer screening programmes.

The representative of the DOMINICAN REPUBLIC said that his Government had made progress in combating HIV/AIDS, refining its strategy in respect of vulnerable populations such as drug users and sex workers and providing antiretroviral treatment free of charge. Efforts were being made to reach the targets on testing and treatment of people living with HIV; to address coinfection, particularly with respect to tuberculosis; and to prevent mother-to-child transmission of HIV/AIDS and syphilis. While vaccination against hepatitis B had been part of the Dominican Republic's immunization programme for 20 years, the cost of drugs to treat hepatitis B and C remained high. The Government was considering the possibility of assuming the cost of the human papillomavirus vaccine.

The representative of SWEDEN, speaking also on behalf of Denmark, Finland, Norway, Iceland, Estonia, Latvia and Lithuania, expressed support for the suggestion made by the representative of Brazil that the Board should recommend the strategies for adoption by the Health Assembly. Sexually transmitted infections were an important public health topic that did not always receive the attention they deserved. She drew attention to the threat posed by drug resistance, which threatened progress towards reducing the impact of sexually transmitted infections worldwide. The unified format of the global health sector strategies was a welcome innovation. While the draft strategy on sexually transmitted infections provided good guidance on interventions and screening, greater attention should be paid to prevention outside the health system, including universal access to education and comprehensive sexual education. The references to gender equality and zero discrimination in the strategy were particularly welcome. The Nordic and Baltic countries would have preferred to see stronger language in the strategy with regard to sexual and reproductive health and rights as an essential part of universal health coverage.

The representative of ALBANIA said that some of the targets contained in the strategies were ambitious and required resource mobilization, focused action plans and efficiency in implementation. Alignment with the Sustainable Development Goals should be taken into account. Coherence between the three strategies and other health sector strategies, and strategies across sectors, was essential not only for the sake of consistency, but also from the perspective of universal health coverage.

The representative of NAMIBIA said that African countries had met the 2015 Millennium Development Goal target to halt and reverse the spread of HIV, and several had progressed towards ensuring universal access to treatment. That notwithstanding, challenges remained with regard to access to antiretroviral therapy, in particular for women and children. The global health sector strategy on HIV should therefore be focused and targeted, and should promote universal testing, treatment for all persons with a CD4 count of 500 or below, rather than 350 or below, and treatment of all pregnant

women and children under 12 years of age, irrespective of their CD4 count. The strategy should also encourage enhanced monitoring and surveillance, and efforts to reduce the price of antiretrovirals.

The representative of the PHILIPPINES said that while HIV was declining globally, it was still increasing in some countries, including the Philippines. Viral hepatitis was a growing cause of mortality among people with HIV. High prevalence of sexually transmitted infections had a profound impact not only on adults, but also on adolescents and children worldwide. The Philippines was committed to reversing those trends, and therefore welcomed the three draft strategies.

The representative of INDIA[1] said that the drafting of the HIV strategy was timely, given the commitment to end the AIDS epidemic by 2030. Strengthened health systems were key to meeting that target. Welcoming the fact that connections with comorbidities such as tuberculosis were underscored in the strategy, he said that HIV services should also develop linkages with treatment for noncommunicable diseases, including with mental health services. Greater emphasis should be placed on ensuring adequate access to affordable treatment, including second line drugs. India was committed to meeting the 2030 target. The draft strategy on viral hepatitis should make specific reference to prevention and to the importance of developing a hepatitis C vaccine. Further evidence with regard to the human papillomavirus vaccine would be appreciated, including on immunity provided, adverse events, target age groups, repeat vaccination requirements, and cost effectiveness. Further consultations should be held before submitting the draft strategies to the Health Assembly for adoption.

The representative of SLOVENIA[1] said there was growing evidence that alcohol abuse was a driver in the HIV/AIDS epidemic and should be taken into consideration in HIV programmes. A paragraph to that effect could be included in the draft strategy on HIV, and included as "reduce alcohol use" in the summary list of interventions for impact.

The representative of SWITZERLAND[1] welcomed the three draft strategies and supported the proposal made by the representative of Brazil. She welcomed efforts to align the HIV strategy with the UNAIDS multisectoral strategy for 2016–2021, which would facilitate a coherent approach to global commitments to end the HIV epidemic. The comprehensive consultative drafting process had ensured that the three strategies were relevant to the different needs of Member States in all six regions. Significant progress had been made in HIV prevention through the use of antiretrovirals, both as treatment as prevention and as pre-exposure prophylaxis. The use of pre-exposure prophylaxis should be carefully monitored in order to limit the risk of the emergence of resistant strains of the virus. The fact that pre-exposure prophylaxis did not prevent the spread of other sexually transmitted infections should also be underscored.

The representative of GERMANY,[1] supporting the proposal made by Brazil, said that the set of key indicators for the HIV strategy should include an indicator for monitoring progress towards meeting the overall goal of ending the AIDS epidemic as a public health threat by 2030. While acknowledging the potential of pre-exposure prophylaxis, he noted with concern the emphasis that WHO placed on pre-exposure prophylaxis with regard to eliminating HIV transmission and called on the Organization to qualify its statement using evidence concerning its effectiveness in treating various target groups and the negative side effects. In resource-limited countries, the use of pre-exposure prophylaxis should not be promoted at the expense of people living with HIV who required antiretroviral therapy. In order to increase alignment with the UNAIDS multisectoral strategy, the draft

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

HIV strategy should place further emphasis on behavioural prevention, since the number of new infections could only be sustainably reduced by strengthening sexual and reproductive rights. Germany considered that a biennial progress reporting requirement would be sufficient, rather than the annual requirement proposed.

The representative of MOROCCO[1] said that progress was being made with regard to HIV prevention, treatment and care in Morocco, with the support of WHO, UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria. He welcomed the draft HIV strategy, which was in line with the Moroccan national plan, currently being developed for 2017–2021, which aimed in particular to strengthen the availability of essential services, enhance equity by supporting interventions targeting the most vulnerable groups, promote the development and implementation of an accelerated intervention service and mobilize continuous funding for sustainable activities.

The representative of AUSTRALIA,[1] expressing support for the proposal made by the representative of Brazil, said that, given the significant burden of disease from viral hepatitis, the draft strategy on that issue was particularly welcome. The target to end the AIDS epidemic as a public health threat by 2030 was ambitious and would require swift and comprehensive global efforts. The use of universal health coverage as an organizing framework for the three draft strategies would facilitate the integration of activities and ensure that international responses were cost effective and sustainable. Affordable access to treatment, particularly for viral hepatitis, posed a significant challenge. WHO should therefore continue to assist Member States in price negotiations. Monitoring implementation and reporting on the new strategies should draw on existing global indicators and reporting frameworks, in order to reduce the reporting burden on Member States.

The representative of GHANA[1] said that Ghana was committed to meeting the target to end the AIDS epidemic as a global health threat by 2030. To that end, progress was being made through the adoption of national programmes for the elimination of mother-to-child transmission, care and support for people living with HIV, provision of antiretroviral therapy, and target interventions for high risk groups. New interventions required considerable financial and commodity support.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA[1] said that the draft plans contained ambitious targets, which would require increased international cooperation and adaptation to national contexts. The draft global health sector strategy on HIV must be in line with the newly adopted Sustainable Development Goals. Low-income countries would require greater technical cooperation in order to meet those goals, in particular Goal 3.3 on ending epidemics. Further information about inequities in progress in efforts to combat HIV would be appreciated. He hoped that the three strategies would be adopted by the World Health Assembly at its Sixty-ninth session.

The representative of PANAMA[1] said she welcomed the human rights approach to the three strategies, as a guarantee of full inclusion without discrimination, access to information and use of all health sector capacities in administering promotion, prevention, surveillance and treatment services. The draft global health sector strategy on HIV constituted a comprehensive plan for a world with no new cases of HIV. In order to meet the Sustainable Development Goal target 3.3 on ending the epidemics of HIV, viral hepatitis and sexually transmitted infections, joint action towards the achievement of universal health coverage, including for the most vulnerable, would be crucial, with an emphasis on early diagnosis, accessibility and availability of antiretroviral therapy, and promotion of treatment adherence. The support of nongovernmental organizations in that regard was key.

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

The representative of ECUADOR[1] expressed support for the proposal by the representative of Brazil. Although the global health sector strategy on HIV/AIDS 2011–2015 had resulted in some positive changes, much remained to be done. The draft global health sector strategy on HIV for 2016–2021 provided an opportunity to continue to strengthen national health systems. Investment in health must be permanent – otherwise, decades' worth of work could be lost in months when new outbreaks of disease struck. Making universal health coverage a priority was the only way to reach the strategy's goal of ending the AIDS epidemic by 2030. Scientific advances and investment in medicines and infrastructure must be accompanied by a change in mentality and by clear policies designed to end discrimination and stigmatization. The current global financial outlook was not encouraging; it was therefore good that the global health sector strategy on HIV had been drafted to work in tandem with the UNAIDS strategy for 2016–2021.

The representative of INDONESIA[1] welcomed the structure provided by the draft strategies, including the "strategic directions", and the fact that the draft strategy on sexually transmitted infections addressed the continuing challenge of antimicrobial resistance. Investment in the five core areas proposed in the draft strategy on viral hepatitis would contribute to the achievement of target 3.3 of the goals of the 2030 Agenda for Sustainable Development.[2] Despite the progress made in health technology, diagnostics and treatment for the hepatitis C and B viruses were still insufficiently affordable or available. WHO and other international partners should support Member States' implementation of the strategy to combat viral hepatitis in order to ensure universal access to tests and treatment.

The representative of CUBA[1] expressed support for the three draft strategies presented, and for the proposal made by the representative of Brazil. In 2015, Cuba had eliminated mother-to-child transmission of HIV and congenital syphilis. Cuba's success in reducing HIV infection, which was due in part to WHO support, demonstrated that universal health coverage and universal access to treatment were the keys to fighting HIV. Her Government was committed to an HIV-free generation and was ready to share its experience and collaborate with those who needed support.

The representative of EGYPT said that the prevalence of the hepatitis C and B viruses in Egypt had declined dramatically since 1996, as a result of a range of measures taken by the Government, with WHO support, including public awareness-raising, immunization and improved care and treatment.

The representative of the RUSSIAN FEDERATION, speaking on viral hepatitis and sexually transmitted infections, said that the effective methodological work that had been conducted over the previous 20 years to fight AIDS and tuberculosis was currently needed on viral hepatitis and sexually transmitted infections, at the national, regional and global levels, making use of the organization and funding approaches that had been developed. While more information was needed on sexually transmitted infections and viral hepatitis, concrete measures could be taken, as the draft strategies demonstrated. Strategies should focus on combatting coinfections, with a harmonized, across-the-board approach. Coinfections caused severe problems and therefore prevention and treatment must be carefully evaluated with reference to certain vulnerable categories of patient. She requested the convening of a technical working group at which her delegation would like to make a number of editorial and technical amendments to the strategies.

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

[2] See United Nations General Assembly resolution A/RES/70/1 http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the African Region had high rates of viral hepatitis, with over 8% of its population chronically infected with hepatitis B and over 2% with hepatitis C. While the draft strategy was welcome, there were problems with its implementation, including its high cost, which would disproportionately impact low- and middle-income countries. WHO should mobilize more resources for its implementation, in part by negotiating with funding providers, including development agencies. Member States should be encouraged to establish viral hepatitis response mechanisms under their national health strategies. It was of concern that the draft strategy did not address the challenges concerning access to diagnostics and treatments for hepatitis, particularly for low- and middle-income countries; public-health related Trade-Related Aspects of Intellectual Property Rights flexibilities should be used to ensure affordable access. Moreover, the strategy focused mainly on hepatitis B and C, but African governments also needed to address hepatitis A. Therefore, strategies to guarantee access to safe food and water, and to establish sanitary conditions, were needed. In the light of those considerations, the draft strategy should be revised prior to its submission to the Sixty-ninth World Health Assembly.

The representative of PAKISTAN said that, while prevention and community awareness were essential components of the draft strategy, the introduction of new medicines to treat hepatitis C would change the focus, provided that affordable access was ensured; nevertheless, there should be greater emphasis on research to develop a hepatitis C vaccine. Injection safety and hygiene also merited special attention. Drug resistance arising from the increased availability of antiretroviral drugs for hepatitis was a potential problem that should be addressed.

The representative of JAPAN said that medical treatment and blood transfusions constituted one of the main hepatitis transmission routes. As health care was rapidly expanding in many countries, safe treatment in medical settings and blood safety must be ensured as a matter of urgency and WHO should expand technical support to Member States in those areas. Barriers to access to medical products could be removed through use of Trade-Related Aspects of Intellectual Property Rights flexibilities and by responding to factors such as the organization of national health administrations and the quality and quantity of health care professionals. Harm reduction and the removal of penalties for illicit drug use were essential. A one-size-fits-all approach was not viable; individual countries' circumstances needed to be considered in order to prevent disease.

The representative of MOROCCO[1] said that the lack of data on the incidence of mortality due to viral hepatitis B and C in Morocco made it difficult to align the goals of its national strategy with those of the WHO draft strategy. Furthermore, the lack of coherence between the Sustainable Development Goals, target 3.3 of which stated that, by 2030 the international community would "combat hepatitis", and the draft strategy, which sought to "eliminate viral hepatitis as a public health threat by 2030" could make it difficult for governments to set their targets. Nevertheless, the draft strategy provided useful guidance for the design of national prevention and control plans and should be adopted. WHO should increase technical and financial support to aid the implementation of national strategies.

The representative of GHANA[1] said that viral hepatitis was a heavy burden for the African Region, where there was a growing number of deaths due to hepatitis and related complications. Ghana had a national viral hepatitis strategy which incorporated all the elements described in the WHO draft strategy, but implementation was lacking. Member States should strengthen prevention

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mechanisms for all types of viral hepatitis and partners should support research on all types of hepatitis for which vaccines did not currently exist. Member States should strengthen surveillance on viral hepatitis and manufacturing companies should work towards improved, affordable agents to treat acute and chronic viral hepatitis infections. WHO should continue to lead in innovative strategies to eliminate all types of viral hepatitis.

The representative of GREECE,[1] while acknowledging the barriers to implementation of a national hepatitis plan, said there was also the potential to make significant progress by working with global actors, including WHO. The five core intervention areas and the strategic directions set out in the draft strategy were welcome, and the Greek Government would seek to ensure that its national hepatitis plan was aligned with the WHO strategy. Harm reduction played an important role in preventing not only hepatitis, but also HIV. Although there was a cure for hepatitis C, its current cost made it unaffordable for Greece if access to treatment was to be scaled up. Input from civil society and technical expertise would be needed to develop a solution. The Greek Ministry of Health was keen to establish a strong working relationship with WHO and its partners in order to develop a national hepatitis plan that would also address HIV and sexually transmitted infections.

The representative of VIET NAM[1] highlighted the prevalance of the hepatitis B virus in Viet Nam, where approximately 10% of the population was chronically infected. She urged WHO and other partners to: deliver guidelines and an action plan for hepatitis prophylaxis treatment for pregnant women as soon as possible, in order to reduce vertical transmission by 30% by 2020; increase birth dose coverage through a strong integrated communication strategy and the sharing of results of research with communities and health care providers; and enhance the monitoring and evaluation of hepatitis B and C treatment programmes and ensure equitable access and coverage across regions.

The representative of the UNITED REPUBLIC OF TANZANIA[1] welcomed the draft strategy and looked forward to the implementation of interventions that would serve all segments of the population. Certain terms used in document EB138/30, such as "vulnerable and affected populations" and "key populations", needed to be defined, however.

The representative of JAPAN said that comprehensive methods should be adopted for the prevention and control of sexually transmitted infections, as they were multifaceted. Although vaccination played a role, other approaches such as education on safe sex and condom use were also very effective.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that early diagnosis and effective treatment were an essential part of sexually transmitted infection control programmes. Given the development of gonococcal antimicrobial resistance, Member States should increase investment in laboratory diagnosis and establish surveillance systems to monitor the resistance of different pathogens. Most countries in the Region needed support in that area, including access to effective medicines for sexually transmitted infections. The draft strategy did not adequately reflect primary prevention of new infections and should include interventions that addressed all population segments rather than selected groups. He proposed incorporating the phrase "zero new infections" into the global vision of the draft strategy, and amending the point "meaningful engagement of key populations" under the guiding principles to read "meaningful engagement and empowerment of all communities, including people living with sexually transmitted infections". Clarity was required on strategies that addressed gonococcal antimicrobial resistance.

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

The representative of SLOVAKIA said that there was no internationally-accepted definition of the term "sexual and reproductive health rights" used in the 2016–2021 strategy on sexually transmitted infections, and that it should therefore be amended to read "sexual and reproductive health".

The representative of UNAIDS, speaking at the invitation of the Chairman, said that the 2016–2021 strategy on HIV incorporated the ambitious but realistic targets agreed on by Member States in the UNAIDS Strategy for 2016–2021 and was fully in line with the document.

The representative of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, speaking at the invitation of the Chairman said that, while advances in diagnostics technology and improvements in treatment would make it possible to achieve the goal of the HIV strategy, WHO and Member States should remain realistic. Health systems as they stood were unable to cope with expansion on such a scale, and diagnosis, treatment and care would need to shift increasingly from hospitals to communities and homes. Providing legal protection and training to community volunteers and formally recognizing their role in public health would boost national systems and extend the reach of health care in a responsive, culturally-sensitive and cost-efficient manner.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the Chairman, said that the draft viral hepatitis strategy was the single most important document on the issue, as it represented the first time that specific, target-driven commitments had been made. The strategy aimed high but it needed to do so, even if it fell slightly short of its targets, as there were many years of inaction to make up for.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the Chairman, and in reference to the draft strategies on HIV and viral hepatitis, said that patent licensing was vital to enable competition among manufacturers and reduce prices. The Medicines Patent Pool had recently expanded its mandate beyond HIV to work on hepatitis C. She welcomed close collaboration with WHO and Member States to increase access to affordable treatment in developing countries.

The representative of MEDECINS SANS FRONTIERES INTERNATIONAL, speaking at the invitation of the Chairman, urged Member States to rapidly implement the recommendation to provide antiretroviral therapy to all individuals with HIV upon diagnosis. For Member States to implement the WHO guidelines, adequate financial and programmatic support was necessary, especially for low-coverage countries. "Test and treat" as a simplified strategy could accelerate the scaling-up of antiretroviral treatment in such countries and in conflict and emergency settings. It should be implemented as part of a package of care in such environments, without discrimination. Major donors such as the Global Fund should engage in the implementation of the strategy following the adoption of the 2030 Agenda for Sustainable Development. Viral hepatitis would only be eliminated by 2030 if key actions were taken, such as the introduction of ambitious hepatitis B immunization programmes and the reduction of regulatory time-lags for the registration of new medicines in low- and middle-income countries.

The representative of INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the Chairman, said that gender equality and human rights were welcome principles in all three draft strategies. Political support, financial commitment and integration with existing health systems, including community health services, were required for the strategies to become a reality.

The ASSISTANT-DIRECTOR GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases) said that the new approach of addressing several issues together had worked well and could enable linkage and coherence between three major health threats across WHO, and ensure greater efficiency in the process. The support expressed for target 3.3 of the Sustainable Development Goals was very encouraging and the tools were available to achieve it. He recognized that certain important issues needed to be tackled, such as drug resistance, access to affordable treatment, vaccines and medicines, and the setting of high but deliverable targets for Member States. The draft HIV strategy provided critical components for a multisectoral response and would be valuable at the United Nations High-level Meeting on HIV/AIDS in June 2016.

The concerns raised on the hepatitis targets would be carefully examined after the Executive Board. Regarding the comments on price reduction, particularly for hepatitis C medicines, work had been carried out collectively across the different departments in the Secretariat to look at developing a comprehensive price reduction strategy and providing guidance for countries on the use of Trade-Related Aspects of Intellectual Property Rights flexibilities, and on HIV/AIDS and hepatitis diagnosis, treatment and testing. An opportunity would be provided to review the strategies and incorporate Member States' comments in the finalized version. A draft resolution was being developed to adopt the strategies at the Sixty-ninth World Health Assembly.

The ASSISTANT-DIRECTOR GENERAL (Family, Women and Children's Health) suggested finding a more structured way to discuss the three strategies for the Health Assembly. She acknowledged the call for an emphasis on innovation concerning new medicines, particularly in light of increasing gonococcal antimicrobial resistance. Noting the comments on strengthening the aspects of the strategy on prevention and increased surveillance, she said that the Secretariat would work with Member States to make the necessary adjustments, including a re-examination of the targets, as requested by Thailand. In reply to the comments made on human papillomavirus, WHO had a clear position paper on cervical cancer prevention focusing on primary prevention through the use of the human papillomavirus vaccine and secondary prevention through screening of pre-cancerous lesions and treatment. Multiple tools were also available online and her team would provide further explanations if requested.

The CHAIRMAN suggested that the Secretariat should take into account the discussion by the Board in finalizing the three draft strategies and submit the draft strategies, with a draft resolution, to the Sixty-ninth World Health Assembly for their consideration.

It was so agreed.

Global vaccine action plan: Item 9.3 of the Agenda

The representative of CANADA, while commending the progress made towards the global vaccine action plan targets, expressed concern that implementation of the Plan had been consistently off-track for the past three years. The 2015 Assessment Report of the Global Vaccine Plan had referred to measles and rubella elimination as "an opportunity being missed". The mid-term review should therefore be held early in 2016 to identify gaps and remedy that missed opportunity. Strong accountability and leadership to improve data quality and vaccine availability were key to achieving the targets. Given the importance of the Global Polio Eradication Initiative's legacy planning work, future reports should provide an overview of polio progress, as plans were almost ready to be operationalized at country level.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that despite significant efforts to implement vaccination interventions, the results achieved were still below the expected level. The introduction of new

vaccines was weak and the situation remained deplorable in countries that were ineligible for new vaccine funding from the GAVI Alliance. Moreover, the Ebola virus disease epidemic had destabilized health systems and interrupted vaccination programmes. To overcome such challenges, WHO should continue assisting countries in implementing efficient and robust coordination mechanisms, developing synergies and mobilizing resources. It should also support Member States in their dialogues on financing to increase donor numbers, and appeal on behalf of countries ineligible for GAVI Alliance funding. Uninterrupted supplies should be ensured for health facilities, and health systems strengthened. Member States should encourage initiatives for the local production of medicines, including vaccines, as well as innovative financing programmes and international cooperation for the provision of technical assistance. Pressure group networks should be promoted at government level to ensure that vaccination was considered as a financial priority.

The representative of ARGENTINA welcomed the report and noted the need for an accountability system that was transparent at all levels, particularly at the country level.

The representative of the REPUBLIC OF KOREA said that the recommendations for action were clear and detailed, and would help progress towards the goals of the Decade of Vaccines. The Republic of Korea would continue to collaborate with international partners to eliminate vaccine-preventable diseases.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that several countries in his region experienced increasing challenges with regard to the global vaccine action plan due to emergency or security situations and that a regional vaccine action plan, which took into account regional challenges, had been endorsed by the Regional Committee for the Eastern Mediterranean in October 2015. The Region supported the recommendation by the Strategic Advisory Group of Experts on immunization to present the 2016 report to the World Economic Forum. To bolster implementation of the global vaccine action plan, countries and partners should allocate more financing, improve immunization data quality, establish optimal programme structures and appoint adequate numbers of staff for a sufficient period of time. A monitoring and accountability process should be established at national and subnational levels through national immunization technical advisory groups.

The representative of JORDAN stated that cost considerations had prevented inclusion of the pneumococcal conjugate vaccine alongside the rotavirus vaccine in his country's child immunization programme, as Jordan no longer benefited from the GAVI-negotiated price discount following its reclassification as a middle-income country. The Government therefore potentially faced the difficult decision of having to renege on its commitment to introduce the two new vaccines into its immunization programme for all Jordanian and refugee children owing to the fact that they were too costly, thanks to lack of competition, to be financed from the health budget. He therefore urged WHO to give serious consideration in particular to the seventh and eighth recommendations made by the Strategic Advisory Group of Experts. He drew attention to the resolutions adopted at the World Health Assembly in 2015 on vaccine pricing, opportunities for new vaccine candidates produced by manufacturers in developing countries, the provision of technical support to those manufacturers and the option of priority registration as a company.

The representative of CHINA noted the challenges of the action plan's long implementation cycle, which required constant review of achievements and difficulties. Strengthened cooperation was needed to achieve the global vaccine action plan goals. The Secretariat should provide greater technical support to help developing countries with improving the quality of monitoring data. With regard to areas that were yet to eliminate measles, rubella and congenital rubella syndrome,

consideration should be given to extending the deadline for their elimination and local production capacity for vaccines.

The representative of SAUDI ARABIA said that the true immunization coverage was unlikely to be reflected by the available data, the quality of which should therefore be improved through national investment, with support from partners and stakeholders, and subsequently monitored by independent technical bodies. The exchange of data on vaccine purchasing and pricing should likewise be improved and transparent pricing information made readily available. An increase in the number of WHO-approved manufacturers should furthermore be encouraged in order to break monopolies and liberalize prices.

The representative of the RUSSIAN FEDERATION said that progress towards achieving the global vaccine action plan was hindered by unstable financing for national immunization programmes and limited access to vaccination for certain population groups, particularly migrants. She supported the recommendations of the Strategic Advisory Group of Experts, which should serve as a basis for adjusting activities under national immunization plans. A key recommendation was the provision by WHO of guidance on immunization programmes and strategies during conflict or the chronic disruption of access to immunization. The recommendations should include the development by the Secretariat of an appropriate strategy to tackle the anti-vaccination lobby.

The representative of BRAZIL said that he supported the recommendations of the Strategic Advisory Group of Experts, in particular on improving immunization coverage, funding national immunization programmes and introducing annual progress reviews by regional technical advisory groups. It was important to develop new and less marketable vaccines. The Organization should work closely with regulatory authorities to support developing countries' vaccine producers, in order for them to participate in the prequalification process. He looked forward to receiving an update on progress towards the implementation of resolution WHA68.6 (2015) on the global vaccine action plan, particularly with regard to vaccine pricing, at the Sixty-ninth World Health Assembly, and expressed his country's willingness to collaborate with others to achieve the global vaccine action plan goals.

The representative of the UNITED STATES OF AMERICA urged Member States to support efforts to analyse the problems in achieving the global vaccine action plan goals and find appropriate solutions. The Organization should build on the success of polio programmes, since thoughtful legacy planning on polio, including intensified vaccine development, would sustain immunization cover and provide benefits years into the future. He supported the report and the recommendations of the Strategic Advisory Group of Experts on immunization, particularly on the need for global, regional and national development partners to align efforts to support countries in strengthening leadership and accountability frameworks to implement national plans. Experience had shown that proper planning allowed aggressive goals to be achieved, even in challenging circumstances, and that polio assets should be used to build solid health infrastructure and tackle existing and emerging health concerns.

The representative of THAILAND requested that WHO and other development partners should continue to support Member States in strengthening national immunization programme management and human resource development on immunization at all levels. The joint Member State and WHO International Review of the Expanded Programme on Immunization provided a good model for the development of immunization programmes. Vaccine affordability and security could be ensured by boosting vaccine production capacities in developing countries. Incentives should address the link between research and development costs and vaccine prices, as reflected in resolution WHA60.30 (2007) on public health, innovation and intellectual property. The Organization should facilitate the implementation of resolution WHA68.6, in particular with regard to vaccine affordability and price sharing. Thailand remained committed to the global vaccine action plan.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported the accelerated implementation of the global vaccine action plan and the recommendations of the Strategic Advisory Group of Experts. The most important challenge was to reach the "fifth child" and end inequity to ensure that all children received life-saving vaccines. She called on all countries to bring progress on the global vaccine action plan back on track and urged WHO to provide countries with increased support on immunization at all levels.

The representative of SURINAME, speaking on behalf of the member countries of the Caribbean Community and Common Market, said that the English- and Dutch-speaking countries of the Caribbean had committed to the global vaccine action plan and to reporting progress annually. She expressed concern at the failure to achieve adequate homogeneity of vaccine coverage in those countries and noted that, since the region was highly dependent on tourism and vulnerable to the re-importation of diseases, surveillance systems should be strengthened. All countries in the region would require increased support to improve vaccine homogeneity, strengthen data and surveillance systems and align national plans with regional action plans.

The representative of EGYPT expressed support for the proposal by Jordan to include low-and middle-income countries in the support provided for implementation of the global vaccine action plan. His country was at the bottom of the band for middle-income countries, yet subject to the same treatment as countries at the top of that band, which had an impact on access to vaccines.

The representative of COLOMBIA[1] said that the upwards trend in vaccine pricing presented a major challenge to achieving full coverage of highly-priced recombinant vaccines. She took note of the recommendations by the Strategic Advisory Group of Experts on sharing information on vaccine prices and supply systems; effective strategies were needed in that regard. The work of WHO should be intensified to ensure universal access to vaccines and guarantee transparent pricing and research and development on new vaccines. Where regional mechanisms for negotiating prices were in place they should be strengthened and replicated in regions where they were lacking. The Organization should document and share information on high vaccine prices faced by countries during emergencies and natural disasters.

The representative of MOROCCO[1] said that, if the strong leadership and accountability at all levels that had led to success for certain countries could be extended to all, the global vaccine action plan would make progress as planned in the second half of the Decade of Vaccines. He called on WHO to support countries, including Morocco, through technical and logistical assistance to: obtain vaccines at affordable prices; strengthen disease surveillance and data collection and use to make immediate decisions at local level; evaluate the impact of new vaccines; boost surveillance of the undesirable side effects of vaccines; strengthen national and international partnerships for vaccination; and develop research activities.

The representative of MEXICO[1] reiterated its commitment to vaccinating children in accordance with the global vaccine action plan. Success in introducing new vaccines should be maintained in order to accelerate progress to eliminate preventable diseases.

The meeting rose at 17:30.

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

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