

**PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING**

**WHO headquarters, Geneva  
Friday, 27 January 2017, scheduled at 18:00**

**Chairman: Dr R. BUSUTTIL (Malta)**

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## TWELFTH MEETING

Friday, 27 January 2017, at 18:05

Chairman: Dr R. BUSUTTIL (Malta)

### 1. COMMUNICABLE DISEASES: Item 9 of the agenda

#### Global vaccine action plan: Item 9.1 of the agenda (document EB140/25)

The CHAIRMAN drew attention to a draft resolution on strengthening immunization to achieve the goals of the global vaccine action plan proposed by Australia, Brazil and Colombia, which read:

The Executive Board,  
Having considered the report on the global vaccine action plan,<sup>1</sup>

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,  
(PP1) Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the global vaccine action plan;

(PP2) Welcoming the declaration by the International Expert Committee for Documenting and Verifying Measles, Rubella and Congenital Rubella Syndrome Elimination, that the Member States in the Region of the Americas, have achieved the interruption of endemic transmission of both rubella and measles viruses<sup>2</sup> in 2015 and 2016, respectively;

(PP3) Welcoming the validation of the elimination of maternal and neonatal tetanus in all districts in all 11 Member States of the South East Asia Region;

(PP4) Having considered the 2016 assessment report from the Strategic Advisory Group of Experts on immunization on the implementation of the global vaccine action plan and progress towards its stated strategic objectives and goals;<sup>3</sup>

(PP5) Noting that many countries have achieved the 2015 goals of the global vaccine action plan, and that others are making substantial progress, indicating that while the goals and targets are ambitious, they are achievable;

(PP6) Noting the progress made on the introduction of new vaccines and the impact that these vaccines have in reducing child mortality and protecting more people against vaccine-preventable diseases;

(PP7) Concerned that at the midpoint of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate

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<sup>1</sup> Document EB140/25.

<sup>2</sup> See document CD55/INF/10, Rev.1.

<sup>3</sup> The full 2016 SAGE Assessment Report of the Global Vaccine Action Plan is available at: [http://www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/SAGE\\_GVAP\\_Assessment\\_Report\\_2016\\_EN.pdf](http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf) (accessed 23 January 2017).

measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to life-saving vaccines is too slow;

(PP8) Noting that although Member States in all six WHO regions have measles elimination goals, and that three regions have rubella elimination goals, additional efforts should be invested to reach measles and rubella elimination;

(PP9) Recognizing the enormous potential of vaccines and immunization in: improving the health of populations; achieving the ambitious Sustainable Development Goals; contributing to outbreak preparedness and response, including in respect of outbreaks involving emerging pathogens; and preventing antimicrobial resistance;

(PP10) Recognizing that routine immunization programmes fully integrated into health systems contribute to achieve universal health coverage by strengthening health systems and increasing coverage for other health interventions;

(PP11) Recognizing the significant progress achieved towards polio eradication and the significant contribution of the polio-related assets, human resources and infrastructure, if transitioned effectively, in strengthening national immunization and health systems;

(PP12) Recognizing the need for enhanced international cooperation aimed at strengthening the capacities of developing countries to achieve the goals of the global vaccine action plan, including through transfer of technology,

(OP) 1. URGES Member States:<sup>1</sup>

(1) to demonstrate stronger leadership and governance of national immunization programmes by:

- ensuring that immunization programmes are fully integrated into national health systems;
- ensuring allocation of sufficient budgetary resources to immunization and strengthening evidence-based, transparent and independent decision-making mechanisms, such as National Immunization Technical Advisory Groups or equivalent mechanisms;
- promoting mechanisms to monitor and efficiently manage vaccination programme funds at all levels and allocating adequate human resources for immunization programmes;
- strengthening systems to monitor adverse events following immunization, and making relevant information publicly available;
- promoting awareness-raising campaigns on immunization, underlining public health benefits and vaccine safety;
- strengthening the immunization systems, procedures, and policies that are necessary to achieve and sustain high immunization coverage;
- reviewing national progress periodically, through the National Immunization Technical Advisory Groups or equivalent independent groups, of the progress made, lessons learned and possible solutions for dealing with remaining challenges;
- reporting every year to the regional committees, as urged in resolution WHA65.17;

(2) to ensure use of up-to-date data on immunization coverage to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

- (3) to strengthen and sustain surveillance capacity by investing in disease detection and notification systems;
- (4) to expand immunization services beyond infancy to cover the whole life course, where appropriate, and determine the most effective and efficient means of reaching the other age groups and high-risk populations with immunization and integrated health services;
- (5) to strengthen international and national actions to ensure the application of the International Health Regulations (2005), which aim to prevent, protect against, control and provide a public health response to the international spread of diseases;
- (6) to mobilize domestic financing, as appropriate, in order to sustain the immunization gains achieved through the support from the Global Polio Eradication Initiative and the GAVI Alliance;
- (7) to strengthen international cooperation to achieve the goals of the global vaccine action plan, including through transfer of technology;

(OP) 2. REQUESTS the Director-General:

- (1) to advocate in national and international forums in support of the urgency and value of accelerating the pace of progress toward achieving the goals of the global vaccine action plan by 2020;
- (2) to enhance accountability mechanisms for monitoring implementation of global and regional vaccine action plans;
- (3) to continue supporting countries to achieve regional and global goals for measles, rubella and maternal and neonatal tetanus elimination by 2020;
- (4) to report to the Health Assembly no later than 2020, in consultation with Member States, on whether formal goals for measles and rubella eradication should be set, including their time frames;
- (5) to collaborate with all key partners, including civil society organizations, in order to assess how their work strengthens national routine immunization systems and the implementation of costed national immunization plans and targets;
- (6) to continue working with all partners to support research, development and production of vaccines against new and re-emerging pathogens;
- (7) to continue working with all parties to support research and development and the use of vaccine delivery and supply chain innovations that increase efficiency and cost-effectiveness;
- (8) to cooperate with, as appropriate, international agencies, in accordance with their respective mandates, donors, vaccine manufacturers and national governments in order to overcome barriers to timely and adequate access to affordable vaccines of assured quality for all, including in public health emergencies of international concern and in the specific context of humanitarian crisis;
- (9) to continue to monitor progress and report every year to the Health Assembly on progress toward achievement of global immunization targets, as a substantive agenda item, using the Strategic Advisory Group of Experts on immunization in order to guide discussions and future actions, as requested in resolution WHA65.17.

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

<b>Resolution:</b> Strengthening immunization to achieve the goals of the global vaccine action plan	
<b>A. Link to the General Programme of Work and the Programme budget</b>	
<b>1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.</b>	Twelfth General Programme of Work, 2014–2019, category 1, outcome: increased vaccination coverage for hard-to-reach populations and communities. Programme budget 2016–2017, outputs 1.5.1 (implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines), 1.5.2 (intensified implementation and monitoring of measles and rubella elimination strategies facilitated); and 1.5.3 (target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization).
<b>2. Please provide a short justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.</b>	The resolution would be implemented during 2018–2021 (the global vaccine action plan finishes at the end of 2020). The Sixty-fifth World Health Assembly in resolution WHA65.17 (2012) requested the Director-General to report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets. As the Secretariat will report on the finalization of the global vaccine action plan (final assessment, monitoring and evaluation) in 2021, activities will need to be carried out in 2021.
<b>B. Budgetary implications for implementation of additional deliverables</b>	
<b>1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:</b>	US\$ 7 million. The additional budget requirement does not include polio eradication costs nor the cost of bundled vaccines procured by UNICEF. This additional budgetary requirement is needed to cover new activities, including but not limited to: supporting the implementation of the blueprint for research and development preparedness and response, facilitating the implementation of malaria vaccine pilot programmes; strengthening surveillance for measles and other vaccine-preventable diseases, even as resources available through the Global Polio Eradication Initiative decline; and providing support to countries not eligible for Gavi support in accessing new and underutilized vaccines and strengthening their immunization programmes, including the maintenance and expansion of the vaccine product, price and procurement database, and establishing a vaccine demand/supply exchange forum. The sum of US\$ 7 million includes costs for staff, procurement and consultant contracts for technical support.
<b>(i) Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US\$ millions:</b>	
<b>– How much are the resources available to fund the proposed resolution in the current biennium?</b>	The current biennium budget for WHO activities on immunization under the budget envelope for the global vaccine action plan is US\$ 272 million. Implementing activities requested in the proposed resolution would require an estimated additional amount of US\$ 7 million.

– **How much would the financing gap be?**

US\$ 7 million would be needed to implement the activities requested in the proposed resolution.

– **What are the estimated resources, not yet available, if any, which would help to close the financing gap?**

Some fundraising activities would be implemented after adoption of the resolution to cover the funding gap. Several partners have already expressed interest in increasing their investments in the areas mentioned in the resolution.

**2. 2018–2019 (if required): estimated budget requirements, in US\$ millions:**

US\$ 20 million.

Additional budgetary requirement is needed to cover new activities, for example, in relation to the blueprint for research and development preparedness and response, and malaria vaccine pilot programmes. Strengthening surveillance for measles and other vaccine-preventable diseases is key to achieving the goals of the global vaccine action plan and requires additional budget and resources. A plan is needed to secure the necessary investments by countries to sustain immunization during polio and Gavi transitions, in order to mitigate any risk to sustaining effective immunization programmes when polio funding decreases. Some of the polio funds may be transferred to implement such “transition” activities.

**3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions:**

US\$ 15 million for biennium 2020–2021.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that at the first Ministerial Conference on Immunization in Africa held in early 2016, ministers from across the continent had signed the Addis Declaration on Universal Access to Immunization, committing to 10 specific goals. If endorsed at the forthcoming 28th African Union Summit, the Declaration would constitute a major milestone for health in Africa. All countries of the Region had developed or updated comprehensive multi-year or annual expanded programmes on immunization. Eleven countries considered to be priority by the GAVI Alliance had established National Immunization Technical Advisory Groups. Countries in the Region faced multiple challenges, and action was being undertaken to accelerate progress towards high and more equitable immunization coverage. Research and development was crucial, as were local and regional vaccine production capacities. Given the current shortage of certain vaccines, Member States should give due consideration to the recommendations of the United Nations High-level Panel on Access to Medicines. The Secretariat must continue to support countries in achieving their immunization goals.

The representative of BAHRAIN underscored the importance of helping countries to achieve the strategic objectives of the global vaccine action plan and ensure that development gains were not lost. It was vital to support research and development, including on delivery technologies, to promote equitable access of vulnerable populations to life-saving vaccines. States should be encouraged to put in place effective mechanisms and legal frameworks that provided for government-supported universal health coverage packages and accelerated regulatory pathways for vaccines in emergency settings. Efforts should be made to expedite vaccine registration.

The representative of CHINA said the report contained in document EB140/25 provided valuable guidance. His Government had strengthened its capacities to implement the global vaccine action plan and had achieved excellent results. It would work with WHO to accelerate achievement of the plan.

The representative of the PHILIPPINES said that he supported the recommended actions of the Strategic Advisory Group of Experts on Immunization, in particular on expanding immunization services to the whole life course, strengthening surveillance capacity, and supporting vaccine research and development. He also recognized the importance of National Immunization Technical Advisory Groups. Given persistent challenges, including vaccine stock outs, achievement of 100% coverage, vaccine introduction, the prequalification process and pricing transparency, there was a need to improve national supply chain and logistics management. He looked forward to technical support from the Secretariat in that regard and endorsed the draft resolution.

The representative of the RUSSIAN FEDERATION said that the document should be amended to reflect the fact that Russia had been free from endemic transmission of measles and rubella since 2015, as confirmed by the WHO Regional Committee for Europe. She supported stable financing for national immunization programmes, access to vaccination for all population groups, including migrants, and immunization throughout the life course. She highlighted the importance of improved quality and use of immunization data, vaccine research and development, human resources development and the provision of support to countries. Particular attention should be given to the recommendation of the Strategic Advisory Committee of Experts on Immunization on sustaining effective national immunization programmes during the polio transition process. She supported the draft resolution.

The representative of FRANCE said that her country had contributed €465 million to the GAVI Alliance for the period 2016–2020. The slow progress in achieving the goals of the global vaccine action plan was worrying, and ambitious actions were needed to strengthen health and immunization systems. All Member States must make a strong commitment to sustain immunization during GAVI and polio transitions. With many countries transitioning out of GAVI Alliance support and funding from the Global Polio Eradication Initiative still to be discussed given the prospect of polio eradication, Member States must demonstrate strong commitment to sustaining immunization systems.

The representative of CANADA said that her country, which was a strong supporter of global immunization, shared the concerns about slow progress towards the goals of the global vaccine action plan. She welcomed the switch to bivalent oral polio vaccine, but expressed concern about the continued shortage of inactive poliovirus vaccine and delays in introducing the vaccine into routine immunization schedules. All stakeholders needed to plan effectively for the transition of polio assets. More needed to be done to reach vulnerable and inaccessible populations if maternal and neonatal tetanus was to be eliminated by 2020. She strongly supported the inclusion of immunization indicators to measure progress towards the Sustainable Development Goals. There should be further discussion of how all stakeholders could collaborate more effectively to achieve the targets of the Decade of Vaccines, including on developing appropriate accountability mechanisms and securing resources for implementation.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that she would submit a series of amendments to the draft resolution in writing to the Secretariat.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was a major supporter of the GAVI Alliance, whose work was crucial for increasing equitable access to life-saving vaccines in low-income countries. Continued support from major immunization partners, WHO and UNICEF, was essential to support countries in getting back on track to achieve the goals of the global vaccine action plan, and to be accountable for doing so. Full national ownership of immunization programmes was essential to ensure sustainability;

sustained domestic financing, capacity building and strong systems were essential. She called for strong and early engagement with governments to ensure a smooth transition out of external funding.

The representative of TURKEY expressed support for the draft resolution. Noting that steps must be taken to protect immunization gains in countries transitioning out of GAVI Alliance support, he said that the retention of qualified personnel could help to maintain the immunization level in countries supported by the Global Polio Eradication Initiative. He would have welcomed some recommendations in the report concerning anti-vaccine groups and would appreciate guidance from the Secretariat on how to deal with such groups.

The representative of the UNITED STATES OF AMERICA said that development partners must align their efforts to promote national leadership, accountability frameworks and achievement of the global vaccine action plan's goals. A global coordination and advocacy mechanism should be established to facilitate the achievement of immunization targets in all countries, and she welcomed the commitments contained in the Addis Declaration on Universal Access to Immunization. Resource mobilization was also crucial to close gaps in technical and financial assistance. Countries must build upon successful polio eradication operations, identifying ways to maintain and fund critical activities that were currently supported through polio funding. She supported the development of enhanced guidance on immunization services delivery in emergency settings. She would welcome further discussions during the intersessional period on the draft resolution prior to its adoption.

The representative of BRAZIL,<sup>1</sup> invited to take the floor by the CHAIRMAN at the request of the representative of COLOMBIA, and speaking on behalf of the Member States of the Region of the Americas, echoed the concern over the slow progress towards universal immunization coverage. The Region had recorded historic public health achievements, including the elimination of rubella and measles, and stood ready to share its experience with others. If the Region was to sustain its immunization gains, Member States must demonstrate the highest levels of political commitment to eliminating those diseases, as importation of cases was an important challenge. Recalling target 3.8 of the Sustainable Development Goals, he said that equitable access to routine immunization for people in all communities should be made an integral component of national health systems.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO expressed his appreciation to WHO and other partners that had supported his country's immunization efforts. A national framework had been developed to accelerate the reduction of maternal and child mortality and included high-impact interventions such as immunization. All partners involved were providing resources for immunization, and such concerted efforts were ensuring the availability of vaccines across the country. Multistakeholder collaboration was essential in achieving high coverage rates.

The representative of THAILAND expressed concern at the slow progress in meeting global immunization targets, which was exacerbated by factors such as the unaffordable cost of vaccines, fiscal space and commitment, in particular in the context of a transition from donor support. Her country would support a life-course approach to immunization, but would welcome evidence of effectiveness, cost-effectiveness and sustainability, as well as WHO guidance on developing platforms for adult immunization. She called on WHO and research partners to support vaccine development in developing Member States. Innovative mechanisms were also needed to support timely access to more affordable vaccines for middle-income countries. Her delegation would be submitting proposed amendments to the draft resolution to the Secretariat in writing and would welcome further work on the text during the intersessional period.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



The representative of ALGERIA said that immunization in Algeria was free of charge for all, including migrants, and the immunization budget had tripled in 2016 following the introduction of four new vaccines. However, the significant immunization gains achieved in the country were threatened by the availability and high cost of vaccines. A mechanism should be established, under the leadership of WHO, to facilitate access to affordable vaccines for middle-income countries, including through national production.

The representative of MEXICO expressed concern at the lack of progress in reaching some of the goals. Immunization in Mexico was supported at the highest political level: pneumococcal and rotavirus vaccine had been added to the routine immunization schedule, and tetanus, diphtheria and acellular pertussis vaccination for pregnant women had also been introduced. Member States and the Secretariat must work to sustain the progress achieved and push for the responsible use of new vaccines and tools to accelerate progress.

The representative of COLOMBIA, noting the socioeconomic benefits of immunization, expressed concern about the anti-vaccine movement. Political commitment, good governance and strong national immunization systems were essential for meeting the goals of the global vaccine action plan. Sustained, high immunization coverage, excellent epidemiological surveillance and commitment from all Member States were essential to safeguard gains and eradicate diseases. Given the steady rise in vaccine prices, she called for the development of information systems to enable accurate vaccine price comparisons and mechanisms to ensure supply.

The representative of PAKISTAN expressed concern that global immunization coverage had increased by only 1% since 2010. Routine immunization was a top priority in the national health plan 2016–2025, and systematic steps were being taken to eliminate tetanus and measles. The current focus was on equitable coverage in routine immunization, especially in urban slums. Pakistan had introduced new vaccines into its routine immunization schedule and a national support platform had been established to address the fragmented financing structure of immunization programmes. Legislation on compulsory vaccination and protection of health workers had been passed in 2015. Major challenges included smooth polio legacy planning and the transition out of GAVI Alliance support, vaccine affordability, private sector involvement and sustainable domestic financing for routine immunization. He expressed support, in principle, for the draft resolution.

The representative of AUSTRALIA<sup>1</sup> expressed concern at the slow progress towards attaining targets of the global vaccine action plan, and supported the recommended actions. He strongly urged all Member States to implement the recommendations in full in order to accelerate progress and achieve the agreed goals by 2020. He encouraged planning for polio and GAVI transitions in order to maintain immunization programmes following the withdrawal of those external funding sources. Australia was partnering with the World Bank to strengthen health systems and support the institutional and financial sustainability of donor-financed immunization programmes in countries Asia and the Pacific. He commended the draft resolution, and was pleased to cosponsor it.

The representative of PANAMA,<sup>1</sup> welcoming the recommended actions set out in the report, particularly those relating to sustaining immunization coverage in vulnerable groups, said that WHO should focus efforts in countries where action to increase immunization coverage had not been effective. In Panama, immunization was free of charge and administered in the context of primary health care and routine immunization campaigns, at a cost of some US\$ 35 million annually. The national advisory committee on immunization practices provided technical guidance, and special

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

programmes were in place for vulnerable groups. As a result of those efforts, a number of diseases, including measles, had been eliminated. Panama wished to be added to the list of sponsors of the draft resolution.

The representative of DENMARK<sup>1</sup> said that the Secretariat must remain focused on encouraging achievement of the goals of the global vaccine action plan. Uptake of the human papillomavirus vaccine in Denmark was low and a nationwide information targeting parents would shortly be launched to address misconceptions about the vaccine and fill knowledge gaps. He thanked the Regional Office for Europe for its assistance in that regard. He highlighted the importance of reliable data on vaccine coverage and the occurrence of vaccine-preventable diseases, and called on WHO to continue its efforts to improve global access to vaccines.

The representative of ECUADOR<sup>1</sup> said that his country wished to be added to the list of sponsors of the draft resolution.

The representative of CUBA<sup>1</sup> said that immunization efforts should take place in the broader context of the global drive towards universal health coverage, and public, private and nongovernmental health services should be harnessed. National policies, strategies and best immunization practices needed to be developed and underpinned by political commitment. National ownership of immunization programmes and sustained financial support were essential. In Cuba, 8 out of 11 vaccines used in the national immunization schedule were produced nationally and a pneumococcal vaccine was under development. Cuba stood ready to share its experience with WHO.

The representative of MOROCCO<sup>1</sup> proposed that a paragraph reading along the following lines: “The Strategic Advisory Group of Experts on Immunization recommended that Member States strengthen the capacities of vaccination control laboratories in collaboration with international organizations” should be added after paragraph 14 of the summary in the Annex to the report contained in document EB140/25.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that progress in implementing the global vaccine action plan was too slow and noted with concern that almost 50% of unimmunized children lived outside countries eligible for GAVI Alliance support. Actions high on WHO’s agenda in 2017 should include strengthening partnerships with civil society organizations, providing guidance to countries and partners on sustainable financing of immunization services, and supporting the establishment of an expert group of stakeholders to develop a reporting framework. She strongly supported the recommendation on resolving barriers to the timely supply of affordable vaccines in humanitarian crisis situations and alleviating the financial burden on countries to buy and deliver vaccines for displaced populations.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that immunization was not sufficiently addressed in major global health discussions. A disconnect between immunization and the health system agenda was also evident in countries where commitment to the global vaccine action plan was low. Very few countries used pharmacists as immunizers, although they were the most accessible health care providers. Member States should make vaccination a core component of pharmacy curricula to increase confidence in pharmacists as immunizers.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the United Nations Commission on Life-Saving Commodities for Women and Children had identified pharmacists as an underutilized resource for vaccine administration. A significant number of people could be reached if community pharmacies provided immunization services, and she therefore encouraged all Member States to revise their legal frameworks to authorize pharmacists to administer vaccines.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that WHO had recently closed its Middle-Income Countries Task Force, particularly as those countries still faced severe challenges in accessing new and more expensive vaccines. A group, led by WHO, should be reconvened, focusing on pooled procurement, price transparency and competition to increase affordability. She called for accelerated efforts to implement WHO guidance for vaccination in emergencies and for action with global partners to secure the lowest possible prices for humanitarian actors and governments protecting those affected by crisis. Donors and stakeholders must support governments in implementing existing WHO immunization recommendations. Competition was essential to improve vaccine affordability. Pneumococcal conjugate candidate vaccines from developing country manufacturers should be prioritized by the Secretariat for technical and regulatory support, and resources from the GAVI Alliance should be forthcoming to bring such vaccines to market. Governments should make use of the WHO Vaccine Product, Price and Procurement database, which had helped to improve transparency on vaccine prices.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that progress on achieving equitable access to immunization was too slow. Inequalities in coverage within countries constituted a concern, as was the fact that, globally, one in seven children under 12 months was missing out on basic vaccination. Every child had the right to basic vaccination as part of the right to health. He urged Member States to provide immunization and other essential health services to all children as part of universal health coverage. He also called on Member States to support a side event on the global vaccine action plan at the Seventieth World Health Assembly. A strong resolution would demonstrate countries' commitment to accelerate progress towards universal immunization coverage.

The DIRECTOR (Department of Immunization, Vaccines and Biologicals), thanking representatives for their comments, said that he had taken note of the suggestions made. He particularly welcomed the approaches and solutions outlined to address the slow progress in implementation of the global vaccine action plan and achieve immunization goals, including the need to increase country ownership and leadership. He drew attention to the Addis Declaration on Universal Access to Immunization in Africa as a means of securing high-level commitment. The importance of strengthening National Immunization Technical Advisory Groups had been highlighted as a means of promoting independent in-country monitoring systems and enhancing accountability, as had the need for legislation to protect immunization funding. The expanded programme on immunization was increasingly complex, with some 20 vaccines recommended for routine immunization, and well-trained, capable managers were essential to supervise implementation. The majority of unvaccinated children lived in the most underserved areas, including those affected by humanitarian emergencies, and lessons could be learned from the Global Polio Eradication Initiative on increasing access for delivering routine immunization. Recalling comments on supporting integrated immunization delivery through national health systems and on improving logistics and supply chain management, he said that a meeting would be held with the leaders of the agencies that had spearheaded development of the global vaccine action plan with a view to reaching consensus on actions to improve support to national programmes. Every effort would be made to ensure a smooth transition of polio assets, infrastructure and staff. In cooperation with the GAVI Alliance, resources had been secured for almost 80 new in-

country staff positions for routine immunization scheduling. The Secretariat was working to prepare guidance on countering the anti-vaccine movement.

**The Board noted the report.**

The representative of COLOMBIA proposed that, in the light of the number of proposals for amendments, informal intersessional meetings should be organized with a view to reaching consensus on the draft resolution for presentation to the Seventieth World Health Assembly.

The CHAIRMAN took it that the Board wished to postpone the adoption of the draft resolution to allow for further consultations among Member States during the intersessional period before the Seventieth World Health Assembly in order to reach consensus.

**It was so agreed.**

**Global vector control response: Item 9.2 of the agenda (document EB140/26)**

The representative of FIJI welcomed the guidance set out in the draft global vector control response 2017–2030. He expressed concern that the high burden of vector-borne diseases faced by the Pacific Island Member States might be exacerbated by climate change. In the light of the scale and urgency of the challenges posed by vector-borne diseases, it was important to maintain the momentum of WHO's work in that field. Noting that mere consideration of the report would therefore be insufficient, he requested the Secretariat to prepare a draft resolution on the global vector control response, in consultation with Member States, before the Seventieth World Health Assembly. His Government was willing to provide support in that process.

The representative of the RUSSIAN FEDERATION said that the draft global vector control response was both timely and appropriate, and its goals and targets were realistic. She expressed support for the key areas of action identified in the report, but stressed that they should include the need to increase the number of entomologists, in order to address the global shortage. The Russian Federation would cooperate with WHO in training programmes. Further work on global vector control should include the development of a list of strategic measures that took into account the varying capacity among countries. Measures on the production of prophylactic medicines should also be developed as part of the work on the blueprint for research and development preparedness and rapid research response. In addition, WHO should consider establishing an international expert group on vector control issues and developing an interactive resource-mapping system and list of up-to-date national scientific documents on the diagnosis, prevention and treatment of communicable diseases. Her Government would be willing to participate in the work of such a group.

The representative of JAMAICA said that vector-borne diseases posed a substantial threat to the health of the people of the Caribbean. The implementation of strategic models developed by PAHO/WHO, such as the Integrated Management Strategy for Dengue Prevention and Control, had achieved limited success, in part owing to the failure to adapt them to the national capacity. Highlighting the need to strengthen capacity at the country level, he called on WHO to: provide technical and other support to enable Member States to adopt the relevant strategies and develop country-specific action plans; support capacity-building of country teams; and advocate and provide guidance for advancing the Health in All Policies approach.

The representative of the NETHERLANDS said that effective vector control required long-term commitment and an integrated approach, with WHO playing a leading and coordinating role. His Government had supported WHO in its work on invasive species of mosquitoes. Although the draft global vector control response was an encouraging step in the right direction, it was very ambitious. In order to reduce the burden of vector-borne diseases, efforts should be focused on developing medicines and vaccines. In addition, a sound regional approach was needed to address the specific entomological and public health challenges faced by each country.

The representative of the PHILIPPINES said that his country was facing the challenges outlined in the report. Enhanced vector control capacity could only be achieved if countries had well-trained and experienced technical experts to formulate, monitor and assist in the implementation of the draft global vector control response. Enhancing capacity to monitor and document vector behaviour patterns and conduct vector surveillance would be vital in planning and carrying out appropriate vector control activities that took account of the effects of climate change. He underscored the need to ensure that basic and applied research included activities to assess the safety of products used, such as insecticides and larvicides, in order to prevent inappropriate use. The draft global vector control response would only be effective if multi-stakeholder collaboration and political will were ensured. His Government supported the draft global vector control response and was committed to participating actively in its finalization.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, welcomed the draft global vector control response. WHO had an integrated plan for malaria control for 2016–2030, which allowed countries to adapt their national control programmes with the aim of accelerating malaria elimination. While remarkable progress had been made in combating malaria, with the deployment and use of long-lasting insecticidal nets and indoor residual spraying, much work still remained to tackle other vector-borne diseases. Member States needed to establish robust and effective entomological surveillance mechanisms, evaluate interventions, implement integrated plans to combat vector-borne diseases, and encourage the involvement of communities. They should also develop coordination mechanisms and bring together all stakeholders in priority interventions with a view to creating synergies and complementarities in the mobilization of resources, which are needed in order to carry out interventions and action plans.

The representative of the DOMINICAN REPUBLIC, highlighting the scale of the problem of vector-borne diseases in his country, said that an integrated approach to vector management was crucial, and measures should be taken that had already proven effective and cost-efficient, such as the use of insecticidal mosquito nets and indoor residual spraying, and breeding ground control and management. Thus far, vector control interventions had not been sustainable and had not been adequately tailored to the realities in countries. The sterile insect technique should be incorporated into vector control strategies. Innovative entomological surveillance systems must be used appropriately, and studies of insecticide resistance and vector behaviour were particularly important. International migration posed a threat with regard to the introduction of new species. The elaboration of the draft global vector control response would afford an opportunity for WHO to work with Member States to combine political will with practical action and cutting-edge technology, research, capacity-building and regulation of procurement and use of insecticides.

The representative of THAILAND said that while the draft global vector control response was welcome and its proposed four pillars of action were comprehensive, it was doomed to fail unless global warming and climate change were addressed effectively. WHO and its partners should support translation of vector control response measures into programme implementation, and monitoring and evaluation at the country level. To do so, human resources for vector control must be strengthened to

sustain the performance of entomologists and vector control operations teams, and regional networks that enhanced mutual support between Member States must be strengthened.

The representative of FRANCE said that the development of the draft global vector control response had involved an inclusive consultation process. Vector control was an intersectoral issue, which also required a response by local communities involved in, for example, urban planning, preventing stagnant water and agriculture, in particular regarding the use of insecticides that had an impact on mosquito resistance. Local communities must take ownership of prevention strategies. A link should be established between the draft global vector control response and the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Zika virus disease outbreak had shown that vector-borne disease outbreaks could constitute public health emergencies of international concern. Research and development should not be limited to treatment, but should also address innovative prevention. New biocides and alternatives were essential, and the research and development blueprint should drive the development of new tools for vector control, while every effort should be made to ensure environmental protection and address ethical concerns. Zoonoses should be addressed in a separate action plan. To achieve tangible results, close monitoring of the implementation of the draft vector control response would be required.

The representative of the UNITED STATES OF AMERICA said that, in order to be sustainable, vector control would require political commitment, advocacy, funding and inter-sectoral coordination. The cost of establishing and maintaining strong vector control capacity and scaling up vector control activities in priority areas should be estimated. Realistic and measurable milestones for the development of entomology capacity should be set, with epidemiological indicators, to enable countries to assess their progress in controlling specific vector-borne diseases. Substantial research and development would also be required. He supported the call for a draft resolution on the global vector control response to be prepared for submission to the Seventieth World Health Assembly.

The representative of NEW ZEALAND said that she supported the proposal to prepare a draft resolution on the global vector control response for submission to the Seventieth World Health Assembly and was willing to support its development. Evidence-based, community-engaged, sustainable vector control efforts could reduce the burden of vector-borne diseases.

The representative of CHINA said that the draft global vector control response offered a comprehensive approach to reducing the global burden of vector-borne diseases. The elimination of vector breeding grounds was an important aspect of vector control, which required intersectoral action and a whole-of-society approach. Vector surveillance, planning for control and scientific impact assessments were essential to ensure sustainable vector control. Greater consideration should be given to the challenges posed by population migration.

The representative of CANADA said that vector control was complex, and would require concerted efforts at all levels, with solutions tailored to country situations. WHO should align its vector control response with other efforts to improve global capacity in preventing, detecting and responding to new and emerging health threats. The revised version of the draft global vector control response, including projected costs and alignment with other initiatives, would be welcome. His Government would continue to work closely with partners to monitor the global risk posed by vector-borne diseases and to ensure continued research and increased epidemiological capacity. His Government would continue to provide support to developing countries to build their research capacity. He agreed with the proposal to develop a draft resolution for submission to the Seventieth World Health Assembly.

The representative of BAHRAIN said that significant challenges continued to impede vector control; Member States must make every effort to implement the draft global vector control response. Vector control strategies that were in line with the Sustainable Development Goals were needed, and WHO must support Member States' efforts to combat and mitigate the impact of vector-borne communicable diseases.

The representative of MEXICO welcomed the development of financing mechanisms to ensure the sustainability of vector control programmes and the development of innovative technologies, including the use of the Wolbachia bacteria, genetically modified insects and the sterile insect technique. Mexico had enhanced its entomological surveillance and vector control capacity and increased the funding allocated to those areas, and was gathering a wide range of data, including on entomological, transmission, environmental and climate-related risks. It was also raising awareness of the issue with a view to enhancing community mobilization. Mexico supported the draft global vector control response and was committed to its implementation at the national level.

The representative of COLOMBIA expressed support for the draft global vector control response, which provided important tools and guidance to strengthen regional, national and local capacity for vector control. It was vital to train entomologists, increase epidemiological surveillance, raise awareness among individuals and communities, and enhance the treatment provided to people affected by vector-borne diseases. She highlighted the importance of a coordinated intersectoral approach in advancing vector control efforts, especially in developing countries. She said that Colombia supported the proposal that a draft resolution should be prepared for submission to the Seventieth World Health Assembly and her delegation was ready to collaborate on it.

The representative of CHINA said that his Government supported the proposal to develop a draft resolution on vector control response and would be willing to participate in its preparation.

The representative of the UNITED REPUBLIC OF TANZANIA,<sup>1</sup> welcoming the renewed global attention accorded to vector control, expressed support for the key action areas outlined in the draft global vector control response. His country had undertaken a range of targeted vector control initiatives, including indoor residual spraying, larval source management, and tsetse fly and human African trypanosomiasis eradication campaigns. There was a pressing need to scale up holistic vector control initiatives, particularly as certain vectors could transmit more than one disease. Implementation of the draft global vector control response would require additional resources, which should be taken into account in the draft proposed programme budget 2018–2019 and beyond. He called on the Secretariat and all stakeholders to continue to support Member States in implementing the draft global vector control response, particularly with regard to human resources development initiatives.

The representative of AUSTRALIA<sup>1</sup> said that, given the changing demographic, social and environmental risk factors for vector-borne diseases, WHO's renewed focus on strengthening vector control globally was timely. The recent outbreaks of Zika virus disease were a case in point. She expressed support for the draft global vector control response, which provided a comprehensive and integrated approach to vector control at the global level, and noted the ongoing work on implementation costing. A number of practical challenges would need to be addressed at the country level, including the integration of existing malaria and dengue control programmes and the coordination of an intersectoral response. Ongoing collaboration to share tools, expertise and resources would be critical to meet the 2030 targets outlined in the global vector control response. Australia

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

supported the proposal to prepare a draft resolution prior to the Seventieth World Health Assembly for consideration by Member States and her delegation was available to support the process.

The representative of BRAZIL said that he supported the approach outlined in the draft global vector control response. Brazil had already developed strategies and initiatives in line with the draft global vector control response, and had put in place a community-based integrated vector control management system. Implementation of the PAHO Strategy for Arboviral Disease Prevention and Control would be critical to regional efforts to combat vector-borne diseases. In view of the cross-border spread of vector-borne diseases, international cooperation was an important tool that could bolster national, regional and global capacity, especially with regard to human resources and surveillance systems. Brazil supported the negotiation and adoption of a draft resolution at the Seventieth World Health Assembly.

The representative of PANAMA<sup>1</sup> said that vector-borne diseases disproportionately affected the poorest populations, exacerbating inequalities. In addition, affected communities had limited awareness of actions to reduce the risk factors for such diseases. An integrated vector management approach was crucial. Panama was conducting entomological surveillance activities, developing training courses for technical professionals and new technologies, and strengthening disease notification systems. She supported the proposal to prepare a draft resolution for consideration by the Seventieth World Health Assembly.

The representative of SWITZERLAND<sup>1</sup> welcomed the draft global vector response, particularly pillar 1 on strengthening inter- and intra-sectoral collaboration and pillar 4 on enhancing community engagement. She noted the role of WHO in producing norms and its expertise in tackling an emerging and complex problem. In the context of the Sustainable Development Goals, a broad evidence-based approach to vector control could be used to examine the determinants of health and equity. She encouraged the Secretariat to work closely with relevant partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Partnership, in order to ensure a holistic and coherent approach. Switzerland supported the proposal to prepare a draft resolution before the Seventieth World Health Assembly.

The representative of JAPAN<sup>1</sup> said that core capacities under the International Health Regulations (2005) should be strengthened for effective control of infectious diseases. Community involvement and inter-sectoral collaboration, including the education sector, were key to prevention and control activities. Robust surveillance and information-sharing among countries and regions were also essential. WHO and its regional offices should continue to play a strong leadership role in the fight against vector-borne diseases.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, noting that a robust and sustainable water, sanitation and hygiene (WASH) programme was critical to effective vector control, requested the inclusion of guidance on WASH interventions under pillar 1 of the draft global vector control response, including a specific mention of the importance of effective excreta disposal. She highlighted the need for an integrated response, noting that the report should also include a section on medical treatment and the integration and sequencing of vector control, as well as guidance on the coordination of funding.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



The ASSISTANT-DIRECTOR GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases), thanking Member States and other participants for their comments, recognized the challenges faced by countries in relation to vector control. An effective vector control response required the engagement of all stakeholders. He had taken on board the points raised, including the need for research and development, environmental protection, and capacity-building. He welcomed Member States' support for the draft global vector control response and a proposed draft resolution for consideration at the Seventieth World Health Assembly. The draft global vector control response was the fruit of a broad consultation process, and the feedback provided by Member States would be incorporated into its revision. All three levels of the Organization would work closely to ensure implementation of the intra- and inter-sectoral approach outlined in the draft global vector control response.

**The Board noted the report.**

The CHAIRMAN took it that the Board wished to request the Secretariat, in consultation with Member States, to prepare a draft resolution for consideration at the Seventieth World Health Assembly.

**It was so agreed.**

**2. HEALTH SYSTEMS:** Item 8 of the agenda (continued)

**Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property:** Item 8.4 of the agenda (documents EB140/20 and EB140/20 Add.1) (continued from the eleventh meeting, section 1)

The CHAIRMAN recalled that the discussion of the draft resolution contained in document EB140/20 and the terms of reference of the overall programme review contained in Annex 2 to that document had been suspended at the eleventh meeting to allow for informal consultations on the proposed amendments.

The representative of the UNITED STATES OF AMERICA said that the informal consultations had resulted in an agreement to accept all of the proposed amendments. He hoped that the amended version of the text would be acceptable to the Board.

The DIRECTOR (Department of Governing Bodies) drew attention to the amended version of the text, which read:

The Executive Board,

Having considered the proposed terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property set out in the Secretariat's report,<sup>1</sup>

APPROVES the terms of reference set out in the Annex to this resolution.

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<sup>1</sup> See document EB140/20, Annex 2.

## ANNEX

### TERMS OF REFERENCE OF THE OVERALL PROGRAMME REVIEW

1. As ~~proposed in document~~ directed in WHA68.18/35, the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The expert review panel should seek to identify areas of consensus, in line with the ten principles of the global strategy and plan of action on public health, innovation and intellectual property (contained in the annex to WHA61.21). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public- and private-sector entities involved in biomedical research and development, the programme review will:

- (a) assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;
- (b) Consider the evaluation of, and identify the key barriers to, ~~assess the implementation and its key barriers~~ of the global strategy and plan of action so far;
- (c) review achievements, good practices and success factors as well as gaps, weaknesses and remaining challenges;
- (c BIS) ensure that over the course of the evaluation, there is appropriate input and review by the three agencies specified in WHA61.21 as implementers of the global strategy and plan of action on public health, innovation and intellectual property, specifically WIPO, WTO and UNCTAD;
- (d) based on an assessment of the costs and benefits of the global strategy and plan of action, determine whether it should be continued to 2022 and, if it is continued, ~~provide recommend a way forward, including details of what may need to be improved and modified in the next stage of its implementation of the global strategy and plan of action until 2022;~~
- (e) submit a final report to the Health Assembly, including the assessment of the global strategy and plan of action and recommendations on the way forward.

2. The final report of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, focusing on its achievements, remaining challenges and recommendation on the way forward will be presented to the Seventy-first WHA in 2018 through the 142nd session of the EB.

The representative of ALGERIA asked the delegations that had proposed amendments to explain the reasons for doing so.

The representative of the UNITED STATES OF AMERICA said that the purpose of the first amendment was to change the document symbol from that of the Secretariat's report to that of the resolution resulting from that discussion. The aim of the addition of the second sentence was to emphasize that the goal of the expert review panel should be to seek to identify areas of consensus. If the panel could not develop a set of recommendations, it would be very difficult for Member States to do so. In addition, it was important to avoid a repetition of the outcomes of the report of the High-level Panel on Access to Medicines, in which several dissenting opinions were presented. The amendment also served to highlight that the principles of the global strategy and plan of action on public health, innovation and intellectual property must continue to serve as a guide. The purpose of the third amendment was to emphasize the importance of engagement with public- and private-sector innovators, a topic which had been consistently absent from discussions on improving access. In that

regard, concerns had been raised in the report of the High-level Panel about unintended consequences on innovation systems.

The representative of CANADA said that further time was required to allow Member States to review the proposed amendments.

The CHAIRMAN took it that the Board wished to postpone the discussions to allow the Secretariat to circulate an amended version of the draft resolution and terms of reference for consideration by Member States.

**It was so agreed.**

(For continuation of the discussion and adoption of a decision, see the summary record of the seventeenth meeting, section 1.)

**The meeting rose at 20:30.**

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