

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

**WHO headquarters, Geneva
Wednesday, 24 January 2018, scheduled at 09:00**

Chairman: Dr A. HAFEEZ (Pakistan)

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FIFTH MEETING

Wednesday, 24 January 2018, at 09:10

Chairman: Dr A. HAFEEZ (Pakistan)

STRATEGIC PRIORITY MATTERS: Item 3 of the agenda (continued)

Public health preparedness and response: Item 3.3 of the agenda (documents EB142/8, EB142/9 and EB142/10) (continued)

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that tackling the emergence of disease required input from beyond the health care sector. Among the guiding principles for the draft five-year global strategic plan to improve public health preparedness and response, 2018–2023, contained in Appendix 1 of Annex 1 to document EB140/10, the intersectoral approach was particularly welcome. She recognized the importance of country ownership and leadership in the draft strategic plan and the need to strengthen Member States' emergency response capacities. Member States should include all relevant nongovernmental and local stakeholders in their response to emergencies. The full and effective participation of young people and students contributed to better health preparedness and emergency response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that all parties to conflicts must protect civilians and health care capacities and respect the ethical obligation of health personnel to treat all patients. The Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies should be implemented, and governments should meet their obligations under international human rights and humanitarian law and uphold United Nations Security Council resolution 2286 (2016). WHO should: facilitate research into the timeliness and effectiveness of international interventions; make accurate and timely clinical care guidelines available to health care providers; and deliver information, particularly on disease prevention, optimal hygiene and infection control practices, to all people in zones affected by emerging infections.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the WHO research and development blueprint for action to prevent epidemics and applauded the recent progress on strengthening country capacity, including the containment of the 2017 Ebola virus disease outbreak in the Democratic Republic of the Congo. Experience there had shown that infectious disease physicians and scientists were central not only to response efforts, but also to policy formulation and system strengthening. WHO and its Member States should enact the recommendations of the International Working Group on Financing Preparedness and ensure that every country had a costed and financed national action plan by 2019. It was important to establish an independent monitoring and accountability mechanism, take further action on the research and development blueprint and include antimicrobial resistance in WHO health preparedness and response plans.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses played a critical role in the prevention, detection and assessment of, and response to, public health events. Their technical skills, knowledge and experience

of health systems strengthening were also valuable in the development of national policies for health preparedness and response. More emphasis was needed on recovery, and governments should address the long-term effects of outbreaks as a priority in their recovery plans. WHO and governments should focus on long-term health workforce planning and continuing education for health professionals to ensure sufficient staffing levels.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the focus in the draft strategic plan on such aspects as WHO's leadership and governance, community engagement, consultation and countries with the greatest risks of emergencies and outbreaks. However, framing emergency preparedness as a health security issue might result in developed nations prioritizing the protection of their own citizens over solidarity with affected countries. The emphasis on mobilizing domestic financing could place an unfair burden on low- and middle-income countries. Instead, the core capacities required by the International Health Regulations (2005) should be strengthened on the basis of global financial solidarity. The dearth of indicators to assess progress on strengthening the core capacities gave cause for concern, and a target based on global funding commitments should be incorporated into the draft strategic plan. The rise of public–private partnerships for global health security was also worrying, as it risked undermining the Organization's leadership and conferring undue influence on the private sector.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that breastfeeding, which provided babies with food, care and immune support, was a lifeline in emergency situations. However, public emergency appeals rarely highlighted the resilience of breastfeeding or the fact that artificially fed babies faced many more risks to survival. WHO should promote emergency preparedness protocols that protected breastfeeding and improved food security. Those working in emergencies should follow the Operational Guidance for Emergency Relief Staff and Programme Managers, which was designed to give practical guidance on infant and young child feeding. Emergencies were prime opportunities for commercial exploitation, and an over-emphasis on fortified, quick-fix products could undermine breastfeeding and the consumption of sustainable local foods.

A member of the INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, recalling that the Committee's work and results framework stemmed directly from the report contained in document A69/30, said that its next report would focus on: progress; standard operating procedures and business processes; communication; human resources; efforts to strengthen country offices; due diligence under the Framework of Engagement with Non-State Actors; effective cooperation with partners; the implementation of the International Health Regulations (2005), including experience with the development of national action plans, the adoption of multisectoral and One Health approaches, and the need for tools to support implementation; community engagement; security; the financing gap; and the ability of country offices to raise local funds. The Committee remained committed to ensuring that the Secretariat followed its recommendations, as it had to date. She expressed her appreciation to the Member States, and other partners, that had hosted field visits or otherwise provided support to the Committee in its work.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the WHO Health Emergencies Programme was on constant alert to tackle public health emergencies caused by natural disasters, conflict situations and other factors; it filtered thousands of reports of potential public health threats every month. The systems and processes outlined in the Emergency Response Framework contributed to the critical responses required.

Given that emergency response alone was insufficient, the programme also included five major long-term strategies on prevention and preparedness: supporting long-term disease control, with a

particular focus on cholera and yellow fever; strengthening the core capacities required under the International Health Regulations (2005); linking preparedness and core capacities to health systems strengthening; developing partnerships, with an emphasis on building a health reserve workforce; and making research more central to response efforts through the research and development blueprint. The Independent Oversight and Advisory Committee had highlighted the challenges that lay ahead for the Programme, namely strengthening WHO's work at country level and enhancing its capacities, including for resource mobilization and communication, and ensuring fit-for-purpose business processes.

Standard operating procedures had been introduced in the areas of human resources, procurement and delegation of authority. Fast-track provisions were being developed for the Framework of Engagement with Non-State Actors to ensure that due diligence could be carried out swiftly. Briefing and training of key target audiences would continue in 2018. The Programme's management and administration network would conduct a review of established standard operating procedures every month, although duplication with existing WHO processes was to be avoided.

Although the Programme had attracted about US\$ 1000 million in donor support during its first biennium, that funding was mostly earmarked and short-term. Consequently, the Programme would be starting almost from scratch in its second biennium, making it difficult to retain established capacities. A new financing model was needed to ensure better results for Member States.

The Contingency Fund for Emergencies had so far disbursed some US\$ 35 million, usually within 24 hours of a request being made. Given that the Fund was almost depleted, it should be underwritten by long-term investment as a global public good; a strategy to that end had been developed as part of the Programme. The Central Emergency Response Fund remained a critical donor, particularly for humanitarian crises, but its funding criteria made it reluctant to fund outbreak responses until a large number of deaths had occurred. WHO had questioned the policy on the grounds that it was counterintuitive and ethically challenging. While the insurance-based Pandemic Emergency Financing Facility was interesting and supported by WHO, it was confined to three groups of viruses and could only be activated if stringent thresholds were reached. It had yet to be used and was unlikely to be needed if outbreaks were halted at an early stage.

Yemen, which faced a catastrophic situation and the collapse of its health system, was one of WHO's largest countries of operation. While it was clear that with better surveillance, better access and less politics, more could have been done to tackle the cholera outbreak sooner, the WHO country team had worked tirelessly to keep fatality rates well below what might have been expected. Ultimate culpability for destroying the water, sanitation and health infrastructure and blocking the deployment of health workers and life-saving supplies must rest with the warring parties and their international supporters. Supplies of the cholera vaccine might help the situation, but were not a substitute for a peaceful solution. One of the Programme's top priorities was to review the situation thoroughly and identify the lessons learned.

Although the draft strategic plan had undergone an intensive consultation process, various Member States had highlighted the need for indicators to be clarified and aligned with the draft thirteenth general programme of work 2019–2023. A meeting of National IHR Focal Points was envisaged for early March 2018 to discuss the proposed revisions to the self-assessment annual reporting tool; other technical issues could also be discussed at that meeting.

The need for stronger analysis of capacity was a priority in the Programme's 2018 work plan. Staff had reviewed the advisory groups and planned to establish a community of practice for the National IHR Focal Points through online channels and face-to-face meetings. Innovative developments, such as gaming technology, would be used to conduct simulations. The purpose of the annual reporting tool and voluntary monitoring and evaluation instruments was not to conduct more assessments but to help Member States to address gaps in core capacities through their national action plans. Funding should not be conditional on completing any one aspect of those assessments.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Eastern Mediterranean Region was experiencing some of the world's most serious emergencies, such as those in the Syrian Arab Republic and Yemen, and therefore faced many health-related problems. Health services were struggling to cope with huge numbers of displaced people, health care was difficult to deliver in inaccessible and insecure areas, and attacks on health workers continued. Health systems strengthening was key to the prevention of and response to such emergencies. The WHO Health Emergencies Programme had brought more capacity and resources to the region; however, the Programme could not succeed without the proper administrative architecture, standard operating procedures and business processes. The Regional Office reviewed its practices in that regard on an ongoing basis. Health emergencies required the collective involvement of all technical areas at the global, regional and country levels.

The LEGAL COUNSEL, referring to the representative of Palestine's request concerning the use of the term "occupied Palestinian territories", said that the terminology used in document EB142/9 was in line with the guidance given in the WHO Style Guide, which was to be reviewed with a view to following United Nations practice as closely as possible, subject to any guidance from WHO's own governing bodies. The outcome of the review would determine how the term would be used in future WHO documents.

The DIRECTOR-GENERAL said that, since the world remained vulnerable to a crisis as severe as the recent Ebola virus disease outbreak, investing resources and energy in emergency preparedness and response was more important than ever. He received a daily briefing on the status of emergencies worldwide and co-chaired the recently instituted WHO health security council with the Executive Director for the WHO Health Emergencies Programme. Recent experience had shown that the key to containing emergencies lay in aligning action at all three levels of the Organization and building effective partnerships with governments and other stakeholders. Member States must urgently devote more financial resources to the Contingency Fund for Emergencies, which enabled the Organization to respond to emergencies early, thereby saving resources and lives. Flexible, long-term funding was vital. All of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme would be implemented. As part of WHO transformation, procurement processes were being reviewed and redesigned to make them as responsive and efficient as possible.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB142/8 and EB142/9.

The Board noted the reports.

The CHAIRMAN also took it that the Board wished to adopt the draft decision contained in Annex 2 to document EB142/10.

The decision was adopted.¹

¹ Decision EB142(1).

The representative of CHINA,¹ speaking in exercise of the right of reply, said that some representatives had made irresponsible remarks in relation to Taiwan,² that were irrelevant to the agenda and to which she resolutely objected. Taiwan was part of China, as recognized by international law and the broad consensus of the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make use of meetings of the WHO governing bodies to challenge that principle. Taiwan's participation in the activities of international organizations must be guided by the one-China principle and organized on the basis of reasonable and fair cross-Strait consultations. From 2009 to 2016, Taiwan's participation in the Health Assembly had indeed been based on a special arrangement between the two sides in accordance with the one-China principle. The Member States in question should observe the rules of WHO meetings. Moreover, they should honour the one-China principle and immediately cease their interference in issues relating to China's territorial sovereignty.

The representative of the RUSSIAN FEDERATION¹ expressed support for the comment made by the delegation of China on the need for speakers to restrict their comments to items on the Board's agenda.

Polio transition planning: Item 3.4 of the agenda (documents EB142/11 and EB142/11 Add.1)

The CHAIRMAN invited the Board to take note of the report and consider the draft decision contained in document EB142/11. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB142/11 Add.1.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement.

In order to prepare the strategic action plan requested in decision WHA70(9) (2017), comprehensive and accurate information on the financial and human resources implications of polio transition should be made available as soon as possible, particularly as funding for poliomyelitis programmes should rightly be reduced once interruption had been achieved. While the draft decision merited support, the references to a "revision of budget ceilings" and "additional financial resources" in paragraphs (6) and (7) were causes of concern. The Secretariat should include in the strategic action plan appropriate measures to capture, document and disseminate the lessons learned from the Global Polio Eradication Initiative and up-to-date information on country transition plans. Stronger WHO leadership and continued political commitment from governments would be needed to make polio transition a success.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that although the last case of wild poliovirus in the Region had been detected over 16 months previously, it was possible that transmission had continued in certain high-risk areas where surveillance was impossible. Additionally, there had been small local outbreaks of vaccine-derived type 2 poliovirus. Polio transition planning had been a priority at the regional and country levels since 2015; several national polio transition plans had been finalized and others were in the final stages of

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

² World Health Organization terminology refers to Taiwan, China.

development. However, as the Region received significant funding from the Global Polio Eradication Initiative, there was concern that the planned reduction in resources and staff could throw vulnerable health systems into crisis and compromise existing vaccination commitments. It was therefore essential that WHO, governments and stakeholders advocated for sufficient financial resources to maintain robust efforts to eradicate polio and ensure the success of polio transition planning in the African Region.

The representative of BAHRAIN said that she concurred with the need to develop a detailed strategic action plan on polio transition and national transition plans that were aligned with the strategic priorities set out in the draft thirteenth general programme of work 2019–2023 and would support Member States in achieving the Sustainable Development Goals. She supported the draft decision.

The representative of ZAMBIA, recognizing the potential for the wider use of poliomyelitis-related assets, welcomed the new WHO vision to use polio transition planning as an opportunity to improve access to essential health care, respond to disease outbreaks and health emergencies, and advance the attainment of the health-related Sustainable Development Goals. She supported the draft post-certification strategy.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, recognized the importance of maintaining essential poliomyelitis functions in endemic and at-risk countries and the reliance on poliomyelitis infrastructure and staff in supporting other health interventions, particularly in countries with limited national health capacity. It was imperative that optimal use should be made of the human resources, experience and lessons learned in the 28 years of the Global Polio Eradication Initiative. He expressed support for the draft decision as a step towards robust polio transition planning that would not only mitigate the risks associated with winding down the poliomyelitis-related budget, but also increase capacities to achieve other important public health goals. The Governments of the Member States of the Eastern Mediterranean Region were committed to reviewing the progress and challenges of polio transition in greater detail at the Regional Committee meeting in October 2018.

The representative of JAPAN said that the timing of polio eradication would have to be considered carefully, because of the difficulty of assessing local security situations. Member States would need to set up partnerships on the ground to prepare for the potential re-emergence of poliomyelitis.

Speaking on behalf of the representatives of the Board members of the Eastern Mediterranean Region, Canada, Monaco, Norway, Panama and the United States of America, he said that the representatives of those countries had agreed on amendments to the draft decision. In explanation of those amendments, he said that the proposed strategic action plan on polio transition would enable Member States to make an informed decision regarding the programme budget for 2020–2021, maintain essential poliomyelitis functions and sustain progress. However, it was a cause of concern that document EB142/11 Add.1, on the financial and administrative implications of the draft decision, had only been published the previous day.

The draft decision, as amended, would read as follows:

The Executive Board, having considered the report on polio transition planning,¹ decided:

- (1) to acknowledge the Director-General's establishment of a polio transition planning and management team and the elaboration of a vision and a strategic framework for transition planning and encourage allocation of adequate resources;
- (2) to note that the current report partially fulfils the request in the Health Assembly's decision WHA70(9) (2017), and accordingly to request the Director-General to submit to the Seventy-first World Health Assembly a detailed strategic action plan on polio transition, aligned with the priorities and strategic approaches of the draft thirteenth general programme of work 2019–2023;
- (3) to recall the request made to the Director-General in the Health Assembly's decision WHA70(9) (2017) for a strategic action plan on polio transition that clearly identifies the capacities and assets that are required to maintain a polio-free world after eradication, to sustain progress in other programmatic areas, and provides a detailed costing of these capacities and assets, to be submitted for consideration by the Seventy-first World Health Assembly;
- (4) to acknowledge the progress made in the development of draft national polio transition plans in the priority countries, reiterating the urgency of finalizing and approving national plans by governments in all countries that have stopped poliovirus transmission;
- (5) to request regular communication to all Member States on the progress made in polio transition planning efforts, through regular updates on the dedicated polio transition planning webpage and the organization of an information session before the Seventy-first World Health Assembly;
- (6) to request the Director-General to ensure that the subject areas of polio transition planning and polio post-certification are standing items on the agenda of all sessions of WHO's governing bodies during the period 2018–2020, and that the Secretariat provides detailed progress reports on these technical subjects during those sessions; and
- (7) to take note of the draft GPEI post-certification strategy, urging all Member States to take appropriate measures to ensure that their short- and long-term health sector plans reflect the need to sustain the polio-essential functions necessary to ensure a polio-free world.

The representative of CANADA said that she looked forward to receiving the full strategic action plan on polio transition, with a detailed costing, at the Seventy-first World Health Assembly. Prioritization of transition planning and appropriate staffing and budget support for the polio transition planning and management team should be encouraged. She requested clarification of the additional financial resources required for polio transition, in order to better understand why an increase had been introduced at such a late stage. She looked forward to receiving further details on the draft post-certification strategy. Budgetary planning for the biennium 2020–2021 should clearly reflect the financial requirements associated with sustaining essential poliomyelitis-related functions, as well as those of programmatic areas dependent on poliomyelitis-related funding. Those requirements should also be reflected in the financial plan for the draft thirteenth general programme of work 2019–2023. Country transition planning must be guided by the essential functions outlined in the draft post-certification strategy and the associated costs and accountability must be identified. The governments of all Member States receiving poliomyelitis eradication funding should finalize their polio transition plans as soon as possible.

¹ Document EB142/11.

The representative of the DOMINICAN REPUBLIC said that eradicating poliomyelitis risked undermining the financing of activities designed to prevent the outbreak of other diseases, especially in Member States with limited resources. It was time to reflect on the dangers of the overspecialization of health finance. Although using fractional doses of inactivated poliovirus vaccine had been proven to be effective, that immunization schedule was undermined by shortfalls in vaccine production. The Director-General should therefore solicit estimates for the global levels of production of all safe and effective vaccines to reduce the risk of a resurgence of poliomyelitis and avoid nullifying the progress made by immunization programmes during the transition period. Member States must establish adequate budgets for the implementation of the measures laid out in the strategic action plan and the draft post-certification strategy.

The representative of ALGERIA said that a rapid transition period could affect Member States' capacity to respond to disease outbreaks and could undermine health systems dependent on personnel deployed through the Global Polio Eradication Initiative. Human resources should be appropriately reassigned and sustainable and predictable financing should be ensured, including during the post-certification period. Polio transition planning should be kept on the Governing Bodies' agenda until 2020. Doing so would entail the submission of technical and progress reports. He supported the draft decision and said that he was prepared to discuss the amendments proposed by the representative of Japan.

The representative of IRAQ said that polio transition planning should be aligned with other relevant national plans and programmes and tailored to suit the priorities of each country, integrating emergency preparedness and response programmes. It should focus on capacity-building and be incorporated into primary health care services.

The representative of PAKISTAN said that, as a result of national efforts, the incidence of poliomyelitis infection in his country had been reduced by more than 90% since the latest outbreak in 2014. The poliomyelitis eradication programme in Pakistan had also led to other health benefits, such as health systems strengthening. It was now critical to document knowledge and repurpose assets, infrastructure and activities gained from the Global Polio Eradication Initiative to avoid the resurgence of wild poliovirus and support other health priorities. Polio transition could only begin once poliomyelitis eradication had been achieved in those countries where the virus was still endemic; the current momentum of existing eradication efforts should not be lost.

The representative of MEXICO recognized the positive impact that the strategic action plan would have in areas such as surveillance and response. Sustainable long-term planning was essential to maintain a poliomyelitis-free world, including the continuation of poliomyelitis-essential functions after the end of the Global Polio Eradication Initiative. She therefore supported the amendments to the draft decision proposed by the representative of Japan.

The representative of the UNITED REPUBLIC OF TANZANIA said that routine poliomyelitis immunization had reached more than 90% of the population over the previous five years and poliomyelitis assets had been used to bolster other surveillance and response activities. He recommended that WHO and its partners continue to advocate for sufficient resources to sustain the pace of poliomyelitis eradication. He supported the amendments proposed by the representative of Japan.

The representative of the PHILIPPINES said that Member States should take measures to ensure that their health sector plans reflected the need to sustain essential poliomyelitis-related functions. The strategic action plan should include strategies to ensure a sustained supply of inactivated poliovirus vaccine and contingency plans in case of a global shortage of that vaccine.

WHO should continue to provide technical assistance in the development, updating and monitoring of national polio transition plans. She was prepared to discuss the proposed amendments to the draft decision.

The representative of THAILAND said that poliovirus would not be stored in any Thai laboratories, in accordance with goal 1 of the draft post-certification strategy, as referred to in document EB142/11. It should not be expensive for Member States to stockpile new vaccines in case of a potential resurgence of poliomyelitis. Thus, she proposed amending the last line of goal 2 of the same strategy to read "...by providing access to safe, effective and affordable vaccines". In light of the murder of two poliomyelitis eradication workers in Pakistan on 18 January 2018, WHO should improve the internal monitoring of non-staff members and volunteers working on the frontline of poliomyelitis eradication. She proposed adopting a shorter draft decision, retaining only paragraphs (5) and (6) of the original draft decision, as contained in paragraph 84 of the document.

The representative of ITALY expressed support for the amendments to the draft decision proposed by the representative of Japan.

The representative of MONACO¹ said that the work completed on the strategic action plan and the draft post-certification strategy had been commendable and should continue. However, the Secretariat should provide justification for the financial and administrative implications of the draft decision, which had only been released the previous day, as the increase in resources seemed large for a procedural plan.

The representative of BANGLADESH¹ said that the polio transition plan for Bangladesh would be finalized by December 2018 and that the Government would begin to operate all essential poliomyelitis-related functions in 2023. In that regard, he emphasized the importance of containment, immunization, surveillance and applying lessons learned in order to remain polio-free. He thanked the GAVI Alliance for its commitment to covering the funding gap left by the scaling-down of the Global Polio Eradication Initiative.

The representative of the RUSSIAN FEDERATION¹ said that document EB142/11 contained only the basic elements of the strategic action plan and needed further work. Emphasis should be placed on the development of national transition plans and WHO should provide differentiated support to Member States, with an emphasis on countries with limited resources. The document lacked clarity on a number of issues, including the actions required of Member States prior to certification of poliomyelitis eradication; the duration of protection of poliovirus vaccinations; surveillance; and validation of the switch to bivalent oral polio vaccine. The lessons learned in the transition from trivalent to bivalent oral polio vaccine in 2016 should be borne in mind during the preparation of the strategic action plan. She supported the draft decision and the amendments proposed by the representative of Japan.

The representative of TOGO¹ said that the strategic action plan would necessitate constant dialogue between country offices and health ministries to avoid any duplication of activity. He welcomed the goals contained in the draft post-certification strategy, but said that Member States must receive support to identify domestic resources as a supplement to external financial support.

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

The representative of the UNITED STATES OF AMERICA¹ recalled that polio transition could reduce the budget of WHO by up to 20%; future reports should thus address the financial and institutional challenges of polio transition. Member States' transition plans should account for the polio-related functions detailed in the draft post-certification strategy and those activities should continue after wild poliovirus had been eradicated. While polio transition planning was important, focus must be maintained on the goal of interrupting the transmission of wild poliovirus.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that while polio transition planning was important, it was more important to complete the eradication of poliovirus, which was not a given. The projected time frame for polio transition was too short. Support should be provided to the Governments of Afghanistan and Pakistan, where poliomyelitis was still endemic, for at least five more years in order to contain the risk of resurgence. Poliomyelitis eradication staff and assets, and the experience gained, should be repurposed to benefit other areas of work, in the context of the draft thirteenth general programme of work 2019–2023.

The representative of NIGERIA¹ said that her Government wanted to make the most of the investment in the country's poliomyelitis eradication infrastructure created under the Global Polio Eradication Initiative. To that end, polio transition planning had already begun at the highest level. She supported the amendments to the draft decision proposed by the representative of Japan.

The representative of ETHIOPIA¹ said that his country had been certified polio-free in 2017. Polio transition planning should be smooth and efficient and the transition process in country offices in particular should be transparent, especially countries where the number of staff members would be significantly reduced. Indeed, polio transition should go beyond scaling down resources; the process should also ensure that all current gains were sustained. He urged Member States to approve the draft decision and supported the amendments proposed by the representative of Japan.

The representative of SUDAN¹ said that maintaining her country's polio-free status was a challenge when faced with outbreaks in neighbouring countries. The shortage of inactivated poliovirus vaccine had led to an interruption in the national immunization programme, which had recently been relaunched. While supporting the concept of polio transition planning, she called on WHO to continue its support for surveillance and immunization activities at the country level, especially in high-risk areas.

The representative of NORWAY¹ said that WHO must provide comprehensive support to Member States that were in the process of developing national polio transition plans, as those plans would inform the development of the strategic action plan on polio transition. A detailed analysis of the financial and operational risks to the Organization and a robust contingency plan should also be incorporated into the final strategic action plan. Polio transition costings must form part of all future budget planning, with particular regard to the draft thirteenth general programme of work 2019–2023. Maintaining funding for polio-related assets would be crucial to the success of the Organization's present and future work, and a detailed cost estimate should be prepared without delay. She reiterated the call for further clarification of the financial and administrative implications of the draft decision, which had only been received the previous day.

The representative of CHINA¹ said that laboratories and manufacturers responsible for developing and producing poliovirus vaccines should redouble their efforts in order to strengthen and

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

increase access to safe and effective poliovirus vaccines. Surveillance and monitoring of poliovirus must continue so as to ensure an effective response to any poliomyelitis outbreaks. Sufficient human and financial resources should be made readily available in those cases.

The representative of SOUTH AFRICA¹ welcomed the new approach to polio transition planning, which paid greater attention to mitigating risks and extended beyond a focus on reducing liabilities to the Organization. She urged WHO to advocate for global and country-level funding in order to sustain the gains made towards poliomyelitis eradication. Ensuring adequate capacity for poliomyelitis-related activities and post-certification activities would be vital in that regard. WHO should continue to support countries to ensure that national polio transition plans were compatible with long-term national sustainable development plans. She expressed support for the proposed amendments to the draft decision.

The representative of GERMANY,¹ supported by the representative of SPAIN¹, urged Member States that received poliomyelitis eradication funding to plan to take over the operation of polio-funded assets. He cautioned against assuming that donors who currently provided voluntary funding to poliomyelitis eradication would divert their funding to other areas of the Organization once the poliovirus had been eradicated. Member States had approved the Programme budget 2018–2019 under assurances from WHO that adequate funding would be allocated to polio transition planning. He therefore requested clarification of why the financial and administrative implications of the draft decision contained a request for an additional US\$ 6.6 million to undertake that task. He supported the amendments to the draft decision proposed by the representative of Japan.

The representative of ISRAEL¹ said that she supported the draft decision on polio transition planning and the amendments proposed by the representative of Japan, but had concerns regarding the late publication of supporting documents.

The representative of MOROCCO¹ said that polio transition must be well planned, with particular regard to vaccine production capacities, taking into account the lessons learned from the switch from trivalent to bivalent oral polio vaccine. The definition of eradication specified the total disappearance of a virus in all forms, including the destruction of related vaccines. WHO had not, however, been able to achieve that goal after eradicating smallpox, and that experience should be taken into account. The potential use of biological weapons and the risk they posed to unvaccinated populations should be considered. It was time to strengthen efforts in countries where poliomyelitis had not yet been eradicated, and to ensure that Member States received the financial support required for eradication and surveillance activities.

The representative of INDONESIA¹ said that the polio transition plan for Indonesia had been finalized. She called for continued engagement with all stakeholders to maintain momentum towards poliomyelitis eradication.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed support for the amendments to the draft decision proposed by the representative of Japan. She supported the inclusion of polio transition planning in the draft thirteenth general programme of work 2019–2023 and the establishment of a polio transition team. She called for a time-bound commitment for the delivery of a draft fully costed strategic action plan, and echoed the request for clarification of the financial implications of the draft decision provided in document EB142/11

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

Add.1. She urged Member States to finalize their national polio transition plans by the deadline of June 2018, and identify who would operate poliomyelitis-essential functions at the global and country levels.

The representative of ECUADOR¹ expressed support for the majority of comments made during the discussion of polio transition planning.

The representative of INDIA¹ welcomed the alignment of polio transition planning with the draft thirteenth general programme of work 2019–2023 and the proposed transfer of poliomyelitis-related assets to other vital primary health care functions once eradication had been certified. National poliomyelitis surveillance efforts should not be scaled down too quickly, as that could cancel out the gains made and threaten other immunization efforts. Global funding would ensure that national polio surveillance continued at the current level.

The representative of COLOMBIA¹ said that concern remained regarding the risk of poliovirus vaccine shortages. He called for renewed political commitment to funding poliomyelitis eradication. He expressed support for the draft decision.

The representative of AUSTRALIA¹ said that WHO faced substantial operational risks across a range of programme areas as poliomyelitis-related resources were phased out in coming years. He therefore urged the Secretariat to focus on the programmatic, organizational and financial risks associated with the transition. Close partnerships should be maintained with key stakeholders and affected Member States to ensure that essential functions at the country level were maintained and would be financially sustainable once polio resources were scaled back. He asked the Secretariat to inform the Board when and how consultations would take place on the strategic action plan on polio transition that was scheduled to be presented to the Seventy-first World Health Assembly. He supported the draft decision as amended by the representative of Japan.

The representative of UNICEF, noting the implications of scaling back poliomyelitis-related funding in countries with weak health systems, urged WHO to implement a differentiated strategy that took into account the specific needs of the countries concerned. Support for such countries should take a phased approach that identified suitable funding opportunities to fill short-term funding gaps, while working in partnership with national governments on their long-term strategy to assume financial responsibility for eradicating poliovirus. In that regard, national transition plans should be finalized within the following six months. For its part, UNICEF would continue to work in close partnership with WHO in the post-certification period on activities related to immunization and outbreak response to ensure that the world remained polio free.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that WHO must continue to update information on the potential financial requirements of the post-eradication period, so as to ensure an effective transition as polio funding decreased and avoid unanticipated funding gaps. In that context, activities to successfully scale back the Global Polio Eradication Initiative should be strengthened and conducted in a timely fashion. She therefore called on WHO to prioritize dialogue on polio transition planning with stakeholders outside the polio eradication community, and to support countries in mobilizing domestic resources to maintain their polio surveillance networks. Following an independent analysis of the planned transition away from support under the Global Polio Eradication Initiative, country-level

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

plans for winding down activities under that Initiative must be elaborated and shared with all partners to ensure a coordinated and comprehensive response.

The representative of the GAVI ALLIANCE welcomed the draft post-certification strategy, but said that his organization's future engagement would depend on governance structures, implementation modalities and costs. He expressed concern at the continued risk to poliovirus eradication posed by weak primary health systems and chronically low immunization coverage in high-risk countries. The experience and expertise of assets funded from poliomyelitis-related activities must be leveraged to address those challenges. National polio transition plans and robust sector-level dialogue at the country level would be essential to ensuring a world free of poliomyelitis.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that close attention should be paid to polio transition planning in countries with the most fragile health systems, in order to ensure stability during the transition period and to maintain general public health operating capacities. WHO should also consider the broader use of funds and existing assets in emergency preparedness activities. Polio transition plans should take into account the possibility of diminishing funds and make the necessary provisions aimed at supporting existing national health system capacities.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged WHO to pay closer attention to the timely elaboration and implementation of national polio transition plans, with particular regard to deliverables, timelines and indicators, to ensure that gaps in the expanded programme on immunization did not occur. Member States must make financial resources available to fund critical functions previously supported under the Global Polio Eradication Initiative. Moreover, it was likely that scaling back that Initiative would also lead to unanticipated gaps in coordination. Robust communication efforts would be required to ensure that stakeholders outside the poliomyelitis eradication sector were kept informed.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on WHO to continue its efforts to prioritize poliomyelitis-funded assets and ensure that they continued to be deployed in a way that strengthened public health systems. Renewed efforts must also be made at the country level to develop sustainable and effective national polio transition plans.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) thanked Member States for their valuable comments and suggestions. Noting that not all elements of decision WHA70(9) (2017) had been fully completed, he said that the newly established polio transition team would transmit a detailed and fully costed strategic action plan on polio transition to Member States for consultation at the earliest possible opportunity. The strategic action plan would be aligned with the priorities set forth in the draft thirteenth general programme of work 2019–2023 and would have a ten-point framework. In that regard, relevant data were currently being collected in priority countries on poliomyelitis-funded assets and the essential functions that would need to be maintained following poliomyelitis eradication. National polio transition plans must make reference to country-level poliomyelitis eradication capacity, include information on financing and the cost of absorbing poliomyelitis-related functions, and incorporate suitable approaches to surveillance, immunization and emergency response, ensuring that polio transition would not leave gaps in the core capacities required by the International Health Regulations (2005). The programme budget for 2020–2021 would include funding for activities relating to polio transition planning and plans to scale back the polio eradication programme, including the transition of staff members. Sustained operational support and funding would be required from all stakeholders, including Member States and external partners, in order to guarantee success in eradicating poliomyelitis and keeping the world polio-free.

While a few Member States would be able to mobilize domestic resources in order to bear the cost of performing essential functions and implementing transition plans, other more fragile countries may need additional support, in line with the country classification presented in the draft thirteenth general programme of work. The Secretariat would work to restrict overall cost increases such as those related to staff costs and programme activities. It was hoped that no additional funding would be required for staff costs and the Secretariat was discussing funding options with donors. Some positions would be incorporated into the polio transition team, which also intended to recruit a secretary and a communications consultant. In each country, existing national polio programme officers would be given the role of transition consultants to initiate and monitor the implementation of transition plans at country level, and some staff members had been seconded from other departments.

Implementation needed to be facilitated at country level; draft national transition plans should be finalized, so as to be implemented as soon as possible. A series of consultations would be held with Member States and other stakeholders before the Seventy-first World Health Assembly, and interested parties were invited to join an informal steering group to guide the development of the strategic action plan. The lessons learned from poliomyelitis eradication could be found in journals and on the Global Polio Eradication Initiative website, and a webpage on polio transition planning was due to be launched, as requested by Member States.

Some of the additional costs referred to by representatives could be explained by the new vision behind polio transition planning, which went beyond the reduction of liabilities for the Organization to address the responsibility of WHO to keep the world polio-free and to maintain the key assets and sustain the achievements of the Global Polio Eradication Initiative.

The REGIONAL DIRECTOR FOR AFRICA said that addressing the US\$ 200 million liability faced by the African Region with regard to polio transition was one of her team's priorities, and discussions had taken place with various stakeholders in that regard. Poliomyelitis-related staff and infrastructure had played a pivotal role in the response to many outbreaks in her Region, and the staff members had unique experiences that could contribute towards achieving universal health coverage, particularly of vulnerable populations. A regional investment case on immunization had been developed that recognized that increased immunization coverage, sustained surveillance and containment would remain important during the post-certification period. The investment case would be followed by the mapping of relevant partners. Member States, the Secretariat and other partners had a joint responsibility for national polio transition planning. Countries in the Region with significant poliomyelitis-related assets should finalize and validate their national polio transition plans by March 2018.

The DIRECTOR-GENERAL assured Member States that polio transition planning was a priority for the Secretariat. The draft strategic action plan on polio transition would be prepared prior to the Seventy-first World Health Assembly. While transition planning was important, he recognized that poliovirus had not yet been fully eradicated and efforts in that regard must continue.

The CHAIRMAN took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

¹ Decision EB142(2).

Health, environment and climate change: Item 3.5 of the agenda (documents EB142/12 and EB142/12 Add.1)

The CHAIRMAN drew attention to the draft decision contained in document EB142/12. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB142/12 Add.1.

The representative of JAPAN said that WHO's response to health, environment and climate change should be focused and draw on the Organization's comparative advantage. The link between climate change and health emergencies made in paragraph 31 of the Director-General's report should be carefully reviewed in the context of the proposed comprehensive global strategy on health, environment and climate change. It was important to understand the implications of widening the scope of the WHO Health Emergencies Programme to take climate change into account. WHO should minimize the burden of data collection on Member States by linking the monitoring of the impact of climate change on health with existing monitoring of related targets under the Sustainable Development Goals.

The representative of SRI LANKA said that the report should refer to occupational health aspects of environment and climate change and provide strategic directions for follow-up to resolution WHA60.26 (2007) on workers' health. He therefore suggested amending paragraph (2) of the draft decision by adding the words "with special attention to the work environment" after "global strategy on health, environment and climate change".

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the proposed development of a global strategy on health, environment and climate change. Although only one country in the Region might be eligible to benefit from the flagship initiative, or platform, to address the impact of climate change on health in small island developing States, referred to in paragraph (1) of the draft decision, there were other States with densely populated coastal areas that were vulnerable to rising sea levels. WHO should therefore extend the initiative to cover similarly affected Member States. She encouraged integrated, interventional and multisectoral strategies aimed at addressing environmental and social determinants within the core functions of the health sector.

The representative of CANADA said that she supported the draft decision. The measures put forward in the report should be included as part of the draft thirteenth general programme of work 2019–2023 in order to develop the third strategic priority of promoting healthier populations. It was important for WHO to focus on the gender-specific aspects of climate change and the disproportionate effect that they had on vulnerable groups and indigenous communities.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, said that the effects of climate change had resulted in the exposure of millions of people in his Region to hostile conditions, which had a serious impact on health and prevented the achievement of some of the Sustainable Development Goals. In response, and in line with the 2008 Libreville Declaration on Health and Environment in Africa, a regional strategy for the management of the environmental determinants of human health had been adopted. He requested the Director-General to make special provision for that strategy in the draft thirteenth general programme of work, by broadening the scope of the flagship initiative to address the health effects of climate change in small island developing States to include other affected settings. That should also be reflected in the draft decision.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement.

In order to achieve Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 13 (Take urgent action to combat climate change and its impacts), it was necessary to apply a cross-cutting and preventive approach to work across the health, environment and climate change agendas. There was a need to expand knowledge on the links between health, environment and climate change. As no single stakeholder was able to manage all the aspects of health impacts from environmental factors, a Health in All Policies approach was required. There was also a clear need for a more integrated One United Nations approach, in which all relevant agencies worked together to achieve objectives relating to mitigating the health impact of climate change.

She had previously submitted questions to the Secretariat relating to the draft decision, and she urged the Secretariat to share the answers it had provided with the Board. Paragraph (1) of the draft decision, on the flagship initiative, would benefit from a timeline and a defined role for the governing bodies. She therefore proposed amending the end of paragraph (1) of the draft decision by adding the words “and to submit the draft action plan for coordination by the Seventy-second World Health Assembly in May 2019 through the Executive Board at its 144th session in January 2019”. She also suggested amending paragraph (2) by adding after “regional offices” the words “and with other relevant United Nations programmes and specialized agencies, such as UNEP”.

The representative of the NETHERLANDS said that an intersectoral and multistakeholder approach was essential when developing the draft strategy, and the health sector had an advocacy role to play in that regard. Moreover, attention should be paid to the health sector as a contributor to environmental issues. Poor countries with high population growth were among those most vulnerable to the effects of climate change; quality family planning was a basic health service that had the potential to support national efforts to tackle climate change.

The representative of ZAMBIA said that the combination of long-standing, unresolved and new environmental health challenges could not be ignored. It was important not to forget that environmental degradation could have an economic cost for the health sector. Member States should increase investment in prevention activities. Targeted support for the most vulnerable nations should be obtained through innovative national and international funding mechanisms and, in that context, he welcomed WHO’s request for accreditation to the Green Climate Fund. He supported the draft decision.

The meeting rose at 12:25.

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