

**PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING**

**WHO headquarters, Geneva  
Friday, 25 January 2019, scheduled at 14:30**

**Chairman: Dr P. SILLANAUKKEE (Finland)  
Later: Ms M.N. FARANI AZEVÊDO (Brazil)  
Later: Dr S.M. ZWANE (Eswatini)**

**CONTENTS**

|  | <b>Page</b> |
|--|-------------|
| <b>Strategic priority matters (continued)</b>                |             |
| <b>Proposed programme budget 2020–2021 (continued) .....</b> | <b>2</b>    |
| <b>Polio</b>   |             |
| • <b>Eradication .....</b>                                   | <b>7</b>    |
| • <b>Transition.....</b>                                     | <b>16</b>   |

## FOURTH MEETING

Friday, 25 January 2019, at 14:45

**Chairman:** Dr P. SILLANAUKEE (Finland)

**Later:** Ms M.N. FARANI AZEVÊDO (Brazil)

**Later:** Dr S.M. ZWANE (Eswatini)

**STRATEGIC PRIORITY MATTERS:** Item 5 of the agenda (continued)

**Proposed programme budget 2020–2021:** Item 5.1 of the agenda (documents EB144/5, EB144/6 and EB144/7) (continued)

The CHAIRMAN invited the Board to consider the report contained in document EB144/7.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that, since the aim of the Thirteenth General Programme of Work, 2019–2023 was to attain measurable impact at the country level, an impact framework was necessary in order to measure the combined efforts of the Secretariat, Member States and partners, which in turn should be closely aligned with efforts to achieve the Sustainable Development Goals.

The WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 was designed to measure impact using a three-level system. The highest level consisted of the healthy life expectancy indicator, which would measure all policy and regulatory work carried out both within and outside health ministries. The next level comprised the “triple billion” goals. Progress made towards each “triple billion” goal would be measured using a corresponding index. Lastly, the third level contained 46 programmatic targets which would serve as a flexible toolkit to support Member States in measuring the effectiveness of interventions at the national level.

The Secretariat’s contribution towards the realization of the objectives of the Thirteenth General Programme of Work would be measured using various quantitative and qualitative indicators, such as outputs from the results framework and qualitative case studies, and by evaluating intermediate progress towards the “triple billion” goals. Triangulating the above approaches would provide a clearer picture of the Secretariat’s overall contribution.

With regard to data collection, efforts would focus on working with and strengthening existing national health information systems in order to avoid placing an unnecessary burden on countries. In particular, the collection of high-quality data on births, deaths and causes of death would be essential for monitoring the Sustainable Development Goals and must be prioritized by all countries.

As the universal health coverage index was based on the two indicators for target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), any proposed changes to it would need to be approved by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. The development and strengthening of the overall WHO Impact Framework and its indices was intended to be a collaborative process in which the Secretariat would work with Member States, in particular national statistical offices, health ministries and academic partners. It was hoped that projections would be produced for each country and that ministries would be able to use the baseline data to determine which national policy and regulatory changes would be needed to achieve the targets for 2023 and 2030.

The representative of JAPAN said that, although he welcomed the flexible nature of the programmatic targets, uniform monitoring would be necessary to measure progress made towards the

“triple billion” goals. However, that may not be possible owing to the differing capacity for data collection among countries. He would appreciate clarification on how the baseline indices would be calculated without additional data collection. With respect to the implementation plan for the WHO Impact Framework, he asked how, how often and from what date Member States would be requested to submit data. He also requested clarification as to when the reports on the mid-term review and final assessment would be completed. Consultation with Member States would be key to the success of the Impact Framework.

The representative of MEXICO welcomed the WHO Impact Framework, but said that its shortcomings, such as the lack of a systematic method of data collection that would allow for comparisons between countries, would hinder the achievement of its objectives. The Framework should include an evaluation methodology that took into account immediate and medium- and long-term measurements so that progress could be assessed for each biennium. He called on the Secretariat to devise a process for harmonizing data to enable the formulation of statistical indicators, so that the real and tangible impact of the Organization’s work could be determined.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, sought clarification on the linkage between each index and its “triple billion” goal, as well as on each region’s contribution to achieving those goals. Further details should be provided on the validity and sensitivity of the three indices identified in the WHO Impact Framework. It would be challenging to compare an index across countries if the component indicators used were different; in that regard, the use of at least eight indicators under the universal health coverage index could require additional data collection. She asked whether the choice and achievement of indicators would have any implications for budget and resource allocation. In that connection, the Secretariat should provide further information on how Member States’ preferences with respect to their contribution to the indices, indicators and targets would be taken into account. Lastly, she sought clarification on the plans in place to address the varying quality of data infrastructure among Member States.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, welcomed the WHO Impact Framework and encouraged discussion of ways to increase the health monitoring capacity of countries. As some technical aspects of the Framework remained unclear, he called for consultations to be held in Geneva before the Seventy-second session of the World Health Assembly, with the participation of health monitoring experts and statisticians responsible for monitoring the Sustainable Development Goals. The Framework must be aligned with the framework for monitoring the attainment of the Sustainable Development Goals, to avoid the duplication of reporting efforts.

The representative of the UNITED STATES OF AMERICA expressed support for the WHO Impact Framework as a key component of the transformation agenda. However, additional information was needed on how the Secretariat would support Member States to prioritize indicators of relevance and strengthen the quality of data to measure those indicators. He looked forward to further clarification of WHO’s roles and responsibilities in achieving impacts. Given the insufficient acknowledgement of the hierarchies, dependencies and interactions between the three layers of the Impact Framework’s measurement system, it should include more detail on accountability and describe inputs at each level. Lastly, further work on data sources and on ensuring functioning data systems at the country level would be essential to enable Member States to provide the necessary data.

The representative of SRI LANKA said that the data requirements of the WHO Impact Framework were challenging but would lead to improvements in national and subnational health information systems and registration systems. Further discussions to prioritize a core set of initial indicators could be useful, although Member States should still be free to tailor adoption of the

Framework to their national needs. The Framework should be used as a driver to identify a set of process indicators that would lead to the achievement of the proposed impact indicators.

The representative of BRAZIL said that the WHO Impact Framework would be a useful tool that might help the Organization to optimize resource allocation. However, many of the new indicators were ambiguous with respect to how they would be assessed and the country capacities that would be required. Further attention should be paid to the standardization of indicators, the coordination and division of work among different actors, and the capacity-building support required. A timetable for the implementation of the Framework should also be created. Regarding the frequency of data submission, he supported the idea put forward by the representative of Mexico for immediate, medium- and long-term measurements.

The representative of GERMANY said that the WHO Impact Framework effectively addressed the targets outlined in the Thirteenth General Programme of Work and would play a key role as an accountability tool. However, the contribution of the Secretariat towards the achievement of targets had not been fully analysed and described; he therefore encouraged the setting of activities and outputs to enable the Secretariat's contribution to be measured at the global, regional and national levels. He shared the concern expressed by other Board members that the data collection requirements related to the Impact Framework could impose too great a burden on countries. He would be interested to learn who would be responsible for measuring the Secretariat's progress and success in relation to the Framework.

The representative of the RUSSIAN FEDERATION<sup>1</sup> expressed support for the WHO Impact Framework and called for a timetable to be developed for its finalization and implementation, which should reflect the support to be provided to build national health information system capacity. A methodology to measure progress against the indices must be also created, and the Impact Framework's indicators aligned with the indicators for the Sustainable Development Goals. She echoed calls for intergovernmental technical consultations to be held before the Seventy-second session of the World Health Assembly. Her Government would be willing to participate in the development of the system to monitor implementation of the Thirteenth General Programme of Work.

The representative of BANGLADESH<sup>1</sup> welcomed the WHO Impact Framework and the universal health coverage index but noted the need to address existing gaps in its measurement. The data collection and analysis requirements under the Impact Framework would be particularly challenging in resource-constrained settings; enhanced and predictable resources would therefore be required in lower-middle-income countries, including from the international community. National-level implementation of the Framework should be tailored to each country's epidemiological and socioeconomic situation. In addition, the Framework should not be used to rate country performance in achieving universal health coverage. His Government was willing to explore the feasibility of implementing the Framework, with technical support from the Secretariat.

The representative of SOUTH AFRICA<sup>1</sup> said that strengthening country capacities as well as the capacities of country offices would be critical to realizing the measurable outcomes of the Thirteenth General Programme of Work, the Sustainable Development Goals and countries' national targets. The Secretariat should work with national authorities to determine the type and degree of technical support required by each country. Further discussions on how the Secretariat would support Member States in strengthening health systems and health information systems would be welcome. She questioned why the language used in outcome 3.3 of the results framework referred to "health settings and Health in All Policies promoted", when a reference to "healthier populations" alongside healthy settings would be

---

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

better aligned with the “triple billion” goal of one billion more people enjoying better health and well-being and the corresponding goal in the Impact Framework and investment case. Her Government would be happy to participate in further discussions on the topic, to be held in Geneva.

**Ms Farani Azevêdo took the Chair.**

The representative of THAILAND<sup>1</sup> expressed concern that the technical and political process by which the indicators had been developed had not been described in the document under consideration. Member States must be formally consulted and invited to approve the indicators, not merely asked to note them. Indicators should be assessed based on their validity, relevance, specificity, sensitivity, reliability and feasibility. He welcomed the concept of “effective coverage” but noted that the related investments in capacity, knowledge and data collection had not been described. The Secretariat should therefore provide further detail on the processes involved in the WHO Impact Framework and propose a way forward. Her Government was willing to participate in a formal consultation process to be organized by the Secretariat.

The ASSISTANT DIRECTOR-GENERAL (Metrics and Measurement) thanked participants for their comments, which would enrich the development of the WHO Impact Framework and ensure that it was aligned with Member States’ expectations. With regard to the validity and sensitivity of the indices, the Impact Framework reflected the outcome of consultations with Member States but was still a work in progress and would be further refined with Member State input.

The Secretariat had already begun work to strengthen country capacity, in line with the objectives of the Thirteenth General Programme of Work. She outlined the SCORE technical package being developed as standards to help countries assess and optimize their health information systems. A baseline description of existing health information systems based on the SCORE package would be provided by the end of 2019. The Secretariat was launching the World Health Survey+ to support countries to fill data gaps and was providing support to strengthen health information systems not only in stable countries but also in countries in crisis, including those facing emergencies, where data could be reported using digital technologies. The Organization’s focus was not solely on data collection but also on helping countries to make use of data and research evidence in their decision-making. Any additional efforts required of health authorities with respect to data collection under the Impact Framework would lead to enhanced accountability at the national level. She welcomed Member States’ comments on the need for further consultations. The Secretariat had prepared extensive and detailed metadata, of which only a summary had been included in document EB144/7; the full package of information would be made available soon.

Regarding whether the third “triple billion” goal (One billion more people enjoying better health and well-being) should address only health itself or include an intersectoral element, she explained that both the second and third “triple billion” goals could, in a sense, be considered as falling under the purview of universal health coverage. However, they had been formulated as separate goals to emphasize the need for different approaches to tackle two particular aspects of health: protection from health emergencies; and ensuring a Health in All Policies approach.

The DIRECTOR (Metrics and Measurement), clarified that not every country would be required to measure every indicator related to the 46 programmatic targets. The WHO Impact Framework had been aligned with the Sustainable Development Goals and existing Health Assembly resolutions so as not to unduly increase the burden placed on countries with respect to data collection. Countries’ underlying health information systems must, however, be strengthened, and the Secretariat was committed to working with Member States, providing technical support to fill gaps and adapting

---

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

indicators to varying country contexts. The method for measuring the Secretariat's contribution was evolving and Member States would be consulted before it was finalized. The report on the methods underpinning the Impact Framework and the measurement system, outlining the metadata, data-availability mapping and sources of technical support for Member States, regional offices and country offices, would be made available before the Seventy-second Health Assembly. Member States would also be consulted on the baseline report.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that it was clear from participants' comments that the Secretariat must consult with country experts from ministries of health and statisticians in further refining the indices set out in the WHO Impact Framework. The aim was to develop a practical way for countries to track the progress made and the impact on their own health systems. She welcomed the idea of further consultations with Member States to finalize the indicators before the next Health Assembly.

The DIRECTOR-GENERAL thanked Member States for their comments, which would be taken into account to further improve the WHO Impact Framework. The Thirteenth General Programme of Work was impact- and outcome-based and, in line with that approach, the Impact Framework was also designed to measure progress. The draft proposed programme budget 2020–2021 and the results framework would become more concrete once the operational plan came into effect. Until then, he agreed that Member State consultations should be held in Geneva, with the aim of finalizing the Framework before the Seventy-second Health Assembly in May. Adequate notice of the consultations would be provided so that representatives from capitals could also participate.

As per established United Nations practice, no indicator could be used without Member State approval. However, even once the Impact Framework and indices had been agreed upon, countries would be limited by their capacity levels. A phased approach could therefore be adopted, and the Organization would play a greater role in providing support for capacity-building and health systems strengthening, including in relation to health information systems. All recommendations as to how to build better health information systems and strengthen country capacities would be welcome. He looked forward to receiving further input from Member States to develop the Framework and enable consensus to be reached on the set of indicators as soon as possible.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) outlined the additional information that would be provided in response to Member States' comments. First, document EB144/5 on the draft proposed programme budget 2020–2021 would be revised to include finalized measurements for the output framework, as well as more information on the global goods process and how normative work would be strengthened in general. The section on outputs would be revised, with a focus on how WHO would deliver them. Programmatic targets from the WHO Impact Framework would also be integrated into the document.

Secondly, the Secretariat would produce two additional information documents. One would detail the operationalization of the draft proposed programme budget, articulate existing challenges, explain how the draft proposed programme budget would solve them, and make it easier to compare the Programme budget 2018–2019 and the draft proposed programme budget 2020–2021. The first information document would also include a high-level implementation plan for the US\$ 99 million reallocation and cost savings target for 2021, with an explanation of how the approach would be applied. The second information document would provide greater detail on polio transition planning, especially as it related to the US\$ 227 million increase included in the proposed base budget 2020–2021.

He took note of the request for consultations to be held on the WHO Impact Framework.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) suggested that a number of informal consultations should be held with Member States in the coming months, during which the new information documents would be presented. The Secretariat would ensure that sufficient notice of the

consultations was provided to Member States so as to enable the participation of representatives from capitals.

The DIRECTOR-GENERAL said that the forthcoming consultations with Member States would also cover the grants available and measures to be taken in case of problems relating to resource allocation, and how the draft proposed programme budget related to the new organizational structure. The intention was that new initiatives, such as the proposed WHO academy and strengthening of WHO's normative functions, would be financially self-sustaining from the outset and would not draw funding away from existing programme areas. Further detail on those topics would be provided to Member States during the forthcoming consultations.

The CHAIRMAN confirmed that intersessional consultations would be held prior to the Seventy-second World Health Assembly to enable Member States and the Secretariat to discuss and finalize the WHO Impact Framework and the draft proposed programme budget for 2020–2021. She took it that the Board wished to note the reports contained in documents EB144/5 and EB144/7.

**The Board noted the reports.**

**Polio:** Item 5.3 of the agenda

• **Eradication** (document EB144/9)

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that Afghanistan and Pakistan were the only two countries in the world still reporting wild poliovirus circulation. The strong progress made in eradicating wild poliovirus during 2016 and 2017 in both countries had slowed in 2018. The number of poliomyelitis cases had remained low but was higher in 2018 than in 2017, and poliovirus had been circulating in the known common reservoir areas throughout 2018. The conflict situation in Afghanistan and the resulting frequent and extensive bans on immunization had been a significant factor in preventing the national immunization programme from reaching every child. In Afghanistan and Pakistan, pockets of suboptimal programme performance and high levels of population movement had contributed to the continuation of poliovirus transmission. The Governments of Afghanistan and Pakistan and partners from the Global Polio Eradication Initiative remained fully committed to eradicating poliomyelitis from the Region and from the world.

Stopping poliovirus transmission in countries in which the virus was endemic and in those experiencing outbreaks and improving basic immunization services was the only way to eliminate the risk of the international spread of wild poliovirus and circulating vaccine-derived poliovirus type 2, as demonstrated by the fast and comprehensive responses to the outbreaks of circulating vaccine-derived poliovirus in the Syrian Arab Republic and the Horn of Africa. It was hoped that the development of a new strategic plan for the Global Polio Eradication Initiative for the period 2019–2023 would clearly establish poliovirus eradication as a global public health priority and would be reflected in WHO's work at all levels. It was vital to make full use of the experience, skilled human resources and lessons learned over 30 years of global polio eradication to support Member States in improving immunization efforts and responding to outbreaks and emergencies, and to contribute to the goals of the Thirteenth General Programme of Work, 2019–2023.

The representative of VIET NAM highlighted the range of measures taken by his Government to eradicate polio. He expressed grave concern that insufficient doses of inactivated poliovirus vaccine at the national level and the switch from trivalent to bivalent oral poliovirus vaccine had resulted in millions of children not being immunized in his country. He requested sufficient inactivated poliovirus

vaccine to meet his country's needs in 2019 and asked the Secretariat to finalize the new polio eradication strategy covering the period 2019–2023.

The representative of the UNITED STATES OF AMERICA welcomed the new approaches and enhanced accountability in the field, but highlighted the need to overcome existing political and organizational challenges in order to fully realize the goal of interrupting poliovirus circulation. He supported the development of a revised endgame strategy covering the period 2019–2023 and looked forward to continued dialogue with global partners to develop a strategic action plan to interrupt wild poliovirus transmission and sustain global achievements in polio eradication. Member States must intensify efforts to fully implement and certify containment of polioviruses, and the Secretariat must provide timely technical support to Member States for the implementation of poliovirus containment safeguards. He urged all donor nations to continue working towards poliovirus eradication.

The representative of CHINA said that it was important to overcome the challenges described by the Regional Director for the Eastern Mediterranean. He outlined the actions taken by his Government to eradicate poliovirus and expressed support for the development of a new endgame strategy for the period 2019–2023 to achieve and maintain a polio-free world. The Secretariat should take into consideration the specific contexts of developing countries, particularly those with a high risk of imported poliovirus, and develop a feasible programme of action. International and interregional cooperation should be enhanced to reduce the cross-border spread of wild poliovirus. In addition, the Secretariat should increase the financial and technical support provided to countries where poliovirus transmission persisted or those where there was a risk of transmission and implement more timely and effective measures to accelerate the global polio eradication process.

The representative of AUSTRALIA said that the Global Polio Eradication Initiative and its partners must focus their efforts to ensure that the new strategy covering the period 2019–2023 was the final strategy of the Global Polio Eradication Initiative. Immunization and surveillance efforts in hard-to-reach populations needed to be increased. Adequate planning, including the transfer of the responsibilities of the Global Polio Eradication Initiative to other WHO programmes, was also required. The new strategy of the Global Polio Eradication Initiative should have a strong focus on close collaboration with partners such as Gavi be explicit about the total cost of eradication and address issues beyond the health sector, such as conflict, sanitation and infrastructure. She urged Member States to continue engaging in the development of a new eradication strategy, which must be financially proportional and sustainable, and encouraged the Organization to plan for the post-certification period.

The representative of BAHRAIN said that, in order to interrupt circulation of poliovirus, efforts must be stepped up at the global, regional and country levels, including improving outbreak responses and strengthening collaboration between polio programmes and humanitarian programmes in affected areas. It was important to: provide affordable and sustainable inactivated poliovirus vaccine both now and after certification; consolidate containment activities; and fulfil the requirements of the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use: GAPIII. It was essential to tackle the challenges to achieving smooth polio transition and sustaining essential functions in order to ensure that the world remained polio-free. Effective polio transition would contribute significantly towards attaining the Sustainable Development Goals, the global health security agenda and universal health coverage. Member States should honour their programme funding commitments, and resource requirements should continue to be assessed to ensure transparency and cost-effectiveness.

The representative of CHILE said that the development of a new strategy for the period 2019–2023 would highlight which activities needed to be undertaken and what the Global Polio Eradication Initiative needed to do differently in order to certify the eradication of polio. She described



the range of measures taken by her Government at the national level and affirmed its full commitment to working at the local, regional and international levels to eradicate poliomyelitis.

The representative of GERMANY said that the challenges related to interrupting transmission of and eradicating poliovirus had to be met with innovative solutions. A universal health systems approach that included health systems strengthening was essential. The new Global Polio Eradication Initiative strategy covering the period 2019–2023 should reflect the recent decision made by Gavi to provide support for inactivated poliovirus vaccine and reflect the associated costs, including for the post-2020 period. Close collaboration was needed between Gavi, the Global Polio Eradication Initiative and partners, as well as advocacy for future funding for Gavi regarding inactivated poliovirus vaccine. As a key partner of the Global Polio Eradication Initiative, WHO must play a leading role in that regard. It was crucial that the new endgame strategy for the period 2019–2023 included a comprehensive budget for polio activities, rather than a budget solely for financing the Global Polio Eradication Initiative.

The representative of SUDAN thanked the Secretariat for the technical support provided to Member States in the Eastern Mediterranean Region for elaborating national polio eradication plans. The new budget and strategy for the Global Polio Eradication Initiative for the period 2019–2023 would enable a more efficient and effective transition, providing countries with sufficient time to strengthen national health systems, step up routine immunization and emergency response, and mobilize local funding to sustain essential health functions. Transferring part of the cost of transition to the proposed base budget for 2020–2021 was the best way to ensure the sustainability of the work of the Global Polio Eradication Initiative in the post-certification period, and to achieve and maintain eradication. He requested clarification as to how the strategic action plan on polio transition and the new Global Polio Eradication Initiative strategy for 2019–2023 were related.

The representative of MEXICO welcomed the development of a new strategy for the period 2019–2023. His Government supported the declaration in 2014 of the international spread of wild poliovirus as a public health emergency of international concern, as well as the recommendations promulgated under the International Health Regulations (2005) and the positioning of poliomyelitis as a global health priority. His Government would be paying close attention to the outcomes of the Emergency Committee meeting convened in August 2018 under the Regulations to review alternative approaches to, and tools for, eradication. In addition to political will, financial resources must be mobilized in order to maintain a world free of wild and vaccine-derived poliovirus. The new strategy for the period 2019–2023 should therefore be fully funded and applied across the three levels of the Organization. The financing of eradication strategies would require innovative funding solutions and increased funding from donors.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the actions taken by the Regional Office for Africa to eradicate poliomyelitis. In December 2018, there were no reported cases of type 1 wild poliovirus, and the last case of type 2 wild poliovirus had been reported in November 2012. Since May 2016, all countries in the Region had switched from trivalent to bivalent oral polio vaccine and many countries had strengthened acute flaccid paralysis surveillance. However, recurrent gaps in surveillance, weak immunity levels and issues related to data quality in insecure areas made it difficult to verify that wild and circulating vaccine-derived type 2 poliovirus had stopped circulating in poliomyelitis-free areas and countries. The global shortage of inactivated poliovirus vaccine and the length of time taken in discussing documents on poliovirus containment and infectious materials further complicated the situation. In view of those challenges, it was crucial to implement the new strategy covering the period 2019–2023 and to continue financing polio eradication activities beyond certification. He called for adequate and regular availability of inactivated poliovirus vaccine at the global level and requested the Secretariat to provide support to strengthen the health systems of the Member States of the Region.

The representative of FIJI expressed support for the development of a new endgame strategy. Recent polio events worldwide, and especially in neighbouring Papua New Guinea, were concerning. Although his country had a well-established and strong polio vaccination programme, that was not necessarily the case in other small Pacific island countries. The remoteness and isolation of communities remained a challenge. It was therefore essential to strengthen health systems and universal health coverage principles as an approach towards polio eradication.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the risk of the spread of wild poliovirus and circulating vaccine-derived poliovirus type 2 could only be mitigated by interrupting the circulation of poliovirus in countries in which it was endemic, improving basic prevention services, adopting comprehensive containment measures to minimize poliovirus facility-associated risk, and stopping the use of oral polio vaccine. The development of a new strategy for the Global Polio Eradication Initiative was essential, and he looked forward to its presentation to the Seventy-second World Health Assembly. The strategy would position poliomyelitis eradication as one of WHO's priorities and should be reflected at all levels of the Organization.

The Member States of the Region remained fully committed to: helping the Governments of Pakistan and Afghanistan to eradicate wild poliovirus in 2019; facilitating the implementation of the temporary recommendations promulgated under the International Health Regulations (2005) to end the international spread of poliovirus; fully implementing the WHO global action plan to minimize poliovirus facility-associated risk; strengthening monitoring for early detection; ensuring comprehensive prevention coverage among high-risk and vulnerable groups such as refugees, internally displaced persons, migrants and mobile populations; updating poliomyelitis outbreak and response plans; and stepping up planning for the transition of poliomyelitis programme knowledge and resources. Implementing those actions would keep the Region free of the disease and maintain progress in other programme areas dependent on polio programme infrastructure.

The representative of INDONESIA expressed support for the adaptation of the Polio Eradication and Endgame Strategic Plan beyond 2018, as well as the five-year extension of the Global Polio Eradication Initiative. He welcomed the development of a strategy covering the period 2019–2023 and its emphasis on a country-based approach to polio eradication and transition, including ensuring the supply of inactivated poliovirus vaccine, funding for national polio eradication programmes, and poliovirus containment. In response to the recent outbreak of poliovirus in Papua New Guinea, the two countries had organized a cross-border meeting and a table-top exercise.

The representative of JAMAICA expressed support for the development of a polio eradication strategy for the period 2019–2023. There were still gaps and weaknesses that needed to be addressed if regions were to remain polio-free despite increasing mobility. She urged the Secretariat and international partners to continue to advocate for funds to be mobilized for polio eradication, especially in areas such as micro-planning, monitoring and evaluation of data quality, surveillance and vaccine procurement. She thanked PAHO for facilitating the purchase of vaccines at affordable prices.

The representative of TURKEY said that the progress made towards polio eradication was promising despite the ongoing challenges. He welcomed the development of a new endgame strategy, which would clarify action during the transition period, and called for stocks of polio vaccine to be more effectively monitored.

The representative of ISRAEL said that increasing mobility meant that there was an urgent need to improve monitoring and surveillance systems, particularly with regard to sewage systems and the early detection of polioviruses, especially in high-risk populations. His Government stood ready to support such efforts and share best practices. In addition, a contingency plan was needed to ensure

sufficient production and supply of monovalent type 2 oral polio vaccine in the event of an outbreak of circulating vaccine-derived poliovirus type 2. He looked forward to the presentation of the new strategy covering the period 2019–2023 to the Seventy-second World Health Assembly.

The representative of LIBYA commended efforts towards polio eradication but stressed that those efforts must continue and that the necessary support should be provided to all stakeholders in the field, especially in at-risk and vulnerable countries. He expressed concern that the resources allocated to polio eradication were in decline, threatening the progress achieved thus far. The increase in the number of displaced persons and refugees from countries in which the disease was endemic had also exacerbated the risk of a potential spread. He thanked the Secretariat for the technical support provided in improving immunization coverage and surveillance in his country.

The representative of DJIBOUTI said that it was important to maintain surveillance efforts and high immunization coverage in the Horn of Africa and called on Member States and other partners to continue providing support to countries in that region. Polio could not be eradicated unless primary health care systems were strengthened.

The representative of COLOMBIA welcomed the development of a new strategy. Polio eradication should remain a priority for WHO, and his Government supported all country, regional and global efforts in that regard. Globalization and increased migration highlighted the need for sustained and focused action to eradicate polio. He expressed concern about the risk of shortages of polio vaccines, particularly inactivated poliovirus vaccine, and called for short-, medium- and long-term action and planning to mitigate that risk. He also called for renewed political and financial commitments for the eradication of polio.

The representative of ANGOLA<sup>1</sup> said that his Government was committed to working closely with the Secretariat and other partners at the regional and global levels, particularly in terms of surveillance of the border with the Democratic Republic of the Congo. He advocated the inclusion of former polio focal points in integrated surveillance of potentially epidemic diseases.

The representative of THAILAND,<sup>1</sup> noting that a concerted effort by both the Secretariat and Member States was needed to eradicate polio, expressed concern that the report did not state that WHO was doing its utmost to address the global shortage of inactivated poliovirus vaccine. He urged the Secretariat to take account of resource needs and availability when drawing up action plans.

The representative of PERU<sup>1</sup> said that, in order to eradicate polio, it was necessary for all stakeholders to work together to ensure high immunization coverage, ongoing epidemiological surveillance for early detection of poliovirus, and sustainable funding.

The representative of ETHIOPIA<sup>1</sup> said that it was important to further strengthen the polio eradication efforts of Member States in the Horn of Africa to ensure that the interventions initiated by the Regional Office for Africa were effective. He urged WHO to continue to work closely with subregional organizations, such as the Intergovernmental Authority on Development, to eradicate polio.

The representative of INDIA<sup>1</sup> outlined the measures taken by his Government to mitigate the risk of poliovirus importation and emergence of vaccine-derived poliovirus. He expressed concern at the global shortage and rising cost of inactivated poliovirus vaccine, which would become a financial burden

---

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

for low- and middle-income countries and could adversely affect their health agendas. He called for the unprecedented rise in the price of inactivated poliovirus vaccine to be brought under control.

The representative of CANADA<sup>1</sup> encouraged the Secretariat to work closely with the governments of countries in which the disease was endemic in order to rapidly implement the recommendations of the review conducted by the Independent Monitoring Board of the Global Polio Eradication Initiative of affected countries and to ensure that the recommendations, particularly those concerning governance and management challenges, were integrated into the new strategy for the period 2019–2023. It was important to fully understand the reasons for immunization refusals and address the issue by implementing communication and community outreach strategies and drawing up contingency plans to vaccinate more children in inaccessible areas. To increase immunization coverage, it was necessary to improve immunization campaigns, adopt innovative strategies and work closely with other stakeholders such as Gavi. Concerning the budget for the Global Polio Eradication Initiative, it was essential to have a full and accurate picture of the costs of both eradicating wild poliovirus and monitoring circulating vaccine-derived poliovirus.

The representative of NIGERIA<sup>1</sup> highlighted the steps taken by his Government in response to the resurgence of circulating vaccine-derived poliovirus type 2, including a robust outbreak response with support from the Global Polio Eradication Initiative and its partners. His Government had stepped up routine immunization activities using both inactivated poliovirus vaccine and fractional-dose inactivated poliovirus vaccine in some states in northern Nigeria. Activities had also been carried out in the security-compromised states of Borno and Yobe to reach inaccessible children and improve surveillance. His Government was committed to eradicating polio and would further strengthen its immunization, response and surveillance efforts in 2019. Steps were also being taken by his Government to apply for certification of wild poliovirus interruption.

The representative of the RUSSIAN FEDERATION<sup>1</sup> welcomed the development of a new strategy for the period 2019–2023. It was important to eradicate wild poliovirus, while also recognizing that vaccine-derived poliovirus was a problem. She considered the report to be too optimistic regarding the time frame for the transition to inactivated polio vaccine, since there was a shortage of the vaccine in many countries and therefore a real risk of transmission. Further in-depth dialogue was needed on the transition to inactivated polio vaccine, combined with careful assessment of global vaccine needs and full consideration of Members States' financial capacity to procure vaccines. She supported Secretariat efforts to step up countries' technical capacities in containment, particularly with regard to the development of appropriate guidelines and the training of auditors on GAPIII, and the differentiated support provided post-certification with a focus on resource-constrained countries.

### **Dr Zwane took the Chair.**

The representative of SPAIN<sup>1</sup> said that, in order to achieve polio eradication, it was necessary to reach all populations and areas that did not have sufficient immunization coverage. Renewed political will was therefore essential and should be accorded high priority by WHO and the international community. She urged all Member States to continue efforts to eradicate polio.

---

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

The representative of MOROCCO<sup>1</sup> welcomed the development of a new polio eradication strategy for the period 2019–2023 and highlighted the measures his Government was taking to advance global efforts to eradicate polio.

The representative of NORWAY said that efforts should be focused on stopping not only transmission of wild poliovirus, but also circulation of vaccine-derived polioviruses. Use of inactivated poliovirus vaccine would be essential in that regard. Strategic work on polio transition should maintain a focus on eradication. Effective collaboration between all stakeholders would be crucial, as well as a clear division of tasks, budget clarity, predictable financing and increased resource mobilization. Further work was needed on the strategy and budget of the Global Polio Eradication Initiative. In addition, support should be provided for the implementation of measures to ensure safe retention of polioviruses.

The representative of MONACO<sup>1</sup> expressed disappointment that the number of cases of polio had increased in 2018, while recognizing the difficulty of the daily work done by workers trying to reach all children for vaccination. She supported the idea of continuing the eradication strategy until 2023 and ensuring that financial and human resources were made available for its implementation. She applauded the measures taken by Gavi and other stakeholders to achieve and maintain polio eradication, including poliovirus containment activities and the switch to the use of injectable vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that her Government was engaging with the Global Polio Eradication Initiative in developing its new strategy. Many of the strategy's future challenges were delivery-based in nature, which would require new ways of working and collaboration with non-health actors. In the light of the expected shortfall in the funding of the Global Polio Eradication Initiative for 2019, it was imperative that donors were provided with accurate financial information. The Global Polio Eradication Initiative and WHO should therefore work closely with Gavi to prepare a comprehensive report detailing the total costs of polio, including post-certification and inactivated poliovirus vaccine costs.

The representative of BOTSWANA<sup>1</sup> described the measures taken at the national and regional levels to eradicate polio. Recognizing the need to strengthen country capacity, she welcomed the continued support for polio eradication and the polio transition process in both the African Region and around the world.

The representative of ECUADOR<sup>1</sup> underscored the need to step up efforts to prevent the re-emergence and spread of polioviruses. Countries should reduce the number of containment facilities, prioritizing those facilities that had vital national or international functions. He called on all Member States to implement the Strategic Advisory Group of Experts' recommendations of 2016 on immunization. Shortages of polio vaccine, especially in areas that were endemic, as well as in high-mobility and inaccessible areas, increased the risk of the virus spreading or re-emerging. To ensure availability, strategies for pooled purchasing must be reviewed, pricing of vaccines should be renegotiated, and notification of any projected shortages in vaccines should be provided.

The representative of the SYRIAN ARAB REPUBLIC<sup>1</sup> said that, since the re-emergence of poliovirus in her country in 2013, a wide-ranging immunization campaign had been carried out. She thanked WHO and UNICEF for the support provided, which had led to the Syrian Arab Republic being declared polio-free in December 2018. Work was continuing at the national level to maintain that status.

---

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

The representative of GAVI, THE VACCINE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that he had taken on board Member States' call for greater collaboration between Gavi and the Global Polio Eradication Initiative in the development of the latter's next strategic period. Amid the current challenges concerning the supply of inactivated poliovirus vaccine, the board of Gavi had increased funding by approximately US\$ 200 million for the period 2019–2020, and approximately US\$ 850 million for the post-2020 period. Such funding would operate in combination with appropriate country co-financing arrangements. Emphasizing the importance of accelerating nationally owned transition plans, he said that Gavi had provided time-limited bridge funding to facilitate the transition and absorption of essential routine immunization functions into national budgets. Gavi was working with the Global Polio Eradication Initiative to leverage polio-funded assets to strengthen routine immunization coverage and the delivery of routine polio and other life-saving vaccines. He reaffirmed the commitment of Gavi to effectively implementing the polio endgame strategy, sustaining strong health systems and maintaining a polio-free world.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the increase in polio cases in 2018 and outbreaks of circulating vaccine-derived poliovirus were worrying. She applauded the Director-General for visiting Afghanistan and Pakistan to urge a renewed focus on polio eradication and welcomed the development of a new strategy. The implementation of targeted, tailored strategies in priority areas and strong country ownership were essential. To ensure a successful outcome, adequate material, human and financial resources should be provided to the Global Polio Eradication Initiative and collaboration with a wide range of partners must be strengthened. Bold and ambitious action would be needed to achieve a polio-free world.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that success was the only accepted and expected outcome of the fight against poliomyelitis. He hoped that the goal of zero reported cases among children could be achieved by no later than the end of 2020. However, achievement of the goal would require the full support and efforts of all key players. During the recent visit of the Director-General to Afghanistan and Pakistan, the importance of the active contribution of those countries and their communities was stressed. Similarly, reassurance had been provided to the Governments of Afghanistan and Pakistan of the continued active participation and support of WHO, UNICEF, other United Nations bodies, partners and donors, until polio had been eradicated. Innovative solutions would be required by all means and at all levels, including in relation to surveillance, financing, increasing coverage in inaccessible areas and raising awareness. The Member States of the Region remained fully committed to eradicating polio.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) thanked Member States for the support and commitment that they had shown in indicating a way forward to eradicate polio; their comments would be taken into account in the development of a new strategy. There appeared to be consensus that the challenges were global in nature, and that the global supply and cost of vaccines must be taken into consideration in a single, comprehensive polio budget. He highlighted the need for collective efforts and the development of innovative strategies to access hard-to-reach population groups and thanked the Government of Nigeria for its efforts in piloting such strategies. The drivers of low coverage should similarly be tackled, and collaborative governance should be improved with Gavi and other organizations, including at the local and subregional levels. A number of challenges remained, such as cross-border movement of populations, the fragility of certain countries, especially in the Eastern Mediterranean Region, and conflicts. In that regard, the Global Polio Eradication Initiative infrastructure should be sufficiently robust for it to take a leading role in ensuring the highest possible immunization coverage. Recalling resolution WHA71.16 (2018) on the containment of polioviruses, he said that containment had become an issue and that providing support to strengthen integrated surveillance systems was crucial. He welcomed the comments from the representative of Gavi especially in regard to strengthening routine immunization systems.

The DIRECTOR (Polio Eradication) said that, although the world was close to being polio-free, more remained to be done. The strategic plan for polio eradication would be revised for the period 2019–2023 to take present challenges into account, build on lessons learned from the period 2013–2018, and improve performance in all regions using proven tools. The new strategic plan would also identify innovative ways of using local knowledge to overcome obstacles that had previously seemed insurmountable, including the importance of understanding and allaying the concerns of parents and communities. Member States had a key role in and responsibility for achieving that objective; countries in which the disease was endemic must continue their efforts to gain access to all children, and countries that were facing outbreaks of vaccine-derived polioviruses must act swiftly and decisively. In addition, countries with weak routine immunization infrastructure and low coverage must urgently commit to improving that situation. Countries that produced vaccines and those that were planning to store potentially infectious materials must accelerate efforts to meet the requirements of resolution WHA71.16.

A sufficient supply of inactivated poliovirus vaccine was now available to support routine immunization programmes in all countries that needed it; a priority exercise would be conducted to provide supplies to those countries most at risk. He expected the price of inactivated poliovirus vaccine to decrease and stabilize with the arrival of new supplies from 2020 onwards and agreed that information on the total cost of polio eradication should be provided. Increased collaboration with Gavi was also necessary. The Secretariat would report back to Member States before the Seventy-second World Health Assembly on the progress made in reaching all children, ensuring sufficient vaccine supply and proper containment, and increasing routine immunization coverage. While the Secretariat and its partners would continue to provide support, ultimately it was the responsibility of Member States to deliver a polio-free world.

The DIRECTOR-GENERAL said that Gavi had recently joined the Polio Oversight Board; the vaccine-related issues raised by Member States would therefore be discussed in that forum.

During a recent mission to Afghanistan and Pakistan, the two remaining countries where the virus was endemic, he had observed a high level of commitment from the respective Governments to address the root causes of poliovirus transmission, which would be key to eliminating polio in those countries. However, security concerns were complicating efforts: many children lived in inaccessible locations that could not be reached, and a significant proportion of poliomyelitis cases were located in border regions affected by conflict. Despite their best efforts to take ownership of the problem, the Governments of Afghanistan and Pakistan had agreed that they would not be able to eliminate poliovirus without cooperation; to that end, the Government of Afghanistan had demonstrated willingness to negotiate access to areas where children were in need. The Secretariat had discussed the devastating physical and social effects of poliomyelitis with the Governments of Afghanistan and Pakistan and had emphasized the need to reduce the stigma surrounding poliomyelitis and raise awareness of the importance of immunization among communities.

The last phase of polio eradication efforts would be the most difficult. Micro-planning based on concrete problems would be critical. For example, immunization teams had reported that families sometimes actively prevented their children from receiving vaccinations by marking their fingers in such a way that it appeared as though the child had been vaccinated. Another problem was the fabrication of data by a small minority of vaccinators who falsely claimed that they had vaccinated certain children or visited certain areas. Eradication required an all-or-nothing approach: failure to reach every child and seemingly minor gaps in immunization coverage would reverse progress made, hinder future gains and ultimately thwart eradication. Sustained and increased efforts, financing, commitment and courage would be needed to succeed in the polio endgame. He thanked all partners for their support, and Rotary International in particular for its role as a trailblazer in polio eradication.

**The Board noted the report.**

- **Transition** (document EB144/10)

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives) said that the development of a new strategic plan for the Global Polio Eradication Initiative for the period 2019–2023 would provide additional time to ensure the effective and efficient management of polio transition and related assets and enable strengthening of country capacities around the core goals of the Thirteenth General Programme of Work, 2019–2023. However, the Secretariat would continue to provide support to priority countries where needed. Transition planning and implementation should proceed without delay. He reassured Member States that funding from the Global Polio Eradication Initiative for the polio transition element of the WHO base budget for 2020–2021 would prevent a potential duplication between the new budget for the Global Polio Eradication Initiative and the polio transition element of the WHO base budget. Polio transition was a key institutional priority for WHO: the African Region was already aligning polio assets with the wider infrastructure of the Expanded Programme on Immunization; the South-East Asia Region had completed functional transition, with India having already committed substantial financial resources to support polio transition; and the Eastern Mediterranean Region was making steady progress, despite challenges faced in Afghanistan and Pakistan – the two remaining countries in which the disease was endemic – and obstacles to immunization resulting from fragile conflict situations.

The representative of JAMAICA said that more work was needed to raise public awareness of efforts to ensure that Jamaica and the Region of the Americas remained polio-free. She supported the proposed increase in the draft proposed programme budget 2020–2021 for the polio transition element and welcomed the decision to extend the work of the Global Polio Eradication Initiative for a further five years. A differentiated approach was needed to support countries in polio transition, which should be country-led so as to support involvement at the local level, sustainable commitments and national funding and policies. She urged the Secretariat to consider providing support to countries to carry out risk assessments, formulate risk mitigation plans and evaluate the impact of mitigation activities, and expressed support for the Secretariat's recommendations and proposed next steps.

The representative of JAPAN called for increased collaboration between WHO, UNICEF and Gavi to ensure that regions remained polio-free after the Global Polio Eradication Initiative had concluded its programme. In line with the objectives of the Thirteenth General Programme of Work, the Secretariat should identify the essential functions that should be maintained during polio transition and those that should be terminated, since that information would be pertinent to discussions on the draft proposed programme budget 2020–2021.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the work done at all levels of WHO to prepare for a polio-free world, but emphasized the need to retain a focus on eradication and cautioned against any premature scaling back of the polio programme. He welcomed the recent stakeholder meeting held in Montreux, but said that more robust dialogue with donors, partners and other key stakeholders was essential to ensure that the necessary accountability, financing and governance structures were in place to maintain polio eradication in the post-certification period, including by containing and eliminating outbreaks of vaccine-derived poliovirus. Pragmatic proposals on the funding and implementation of integrated vaccine-preventable disease surveillance, strengthened essential immunization, augmented emergency response capacity for outbreaks and containment in laboratories would be welcome.

The representative of GERMANY said that a successful polio transition would greatly contribute to the goal of universal health coverage. He highlighted the importance of country ownership in that regard, noting that polio-related structures must be transformed into general structures as part of domestically financed national health systems. Preparation for transition must begin before eradication



had been achieved in order to provide sufficient time to build the necessary national health system capacities. He therefore urged the Secretariat to intensify high-level political dialogue with countries and focus on strengthening the capacity of national partners to enable them to assume increasing responsibility for transition, including with regard to long-term funding, and to tackle not only the technical but also the political aspects of transition. Given the surprising initial lack of consideration of the issue of alignment in the funding provided for human resources in the pre- and post-eradication periods, it would be useful to map the progress achieved in polio transition for presentation to the Seventy-second World Health Assembly.

The representative of BRAZIL welcomed polio transition efforts and the development of the strategic action plan on polio transition. The Secretariat and the Global Polio Eradication Initiative must continue to provide support to the 16 countries that were global priorities for transition and the necessary funding must be ensured to enable essential functions to be maintained. He asked how the Secretariat intended to mobilize the US\$ 227 million for polio transition; how it would integrate essential polio-funded functions into its regular work; and whether the resources required would be allocated from assessed or voluntary contributions, reiterating that his country did not support an increase in assessed contributions.

The representative of CHINA, welcoming the progress made in polio eradication and efforts to plan for polio transition, said that, during the transition period, it would be crucial to ensure that the necessary plans and arrangements were in place to maintain the progress achieved. Vaccine supplies were a key concern; coordination from WHO would be required in order to ensure a sufficient supply of inactivated poliovirus vaccine to meet country needs and reduce gaps in immunization.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that the activities planned for 2019 clearly addressed Member States' concerns. Six of the priority countries for polio transition in the African Region had already finalized their national transition plans and budgets. However, certain challenges remained, namely: shortfalls in financing for the implementation of national transition plans; a lack of support for investment proposals; a shortage of experienced workers; and a reduction in funding provided to the Secretariat and Member States by organizations such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Sufficient resources should therefore be mobilized at the national level and advocacy should be scaled up among development partners to ensure sufficient funding for the implementation of national transition plans. In particular, he urged Member States and development partners to finance the Secretariat's funding proposals for vaccination, surveillance and emergency situations in the Region. A monitoring and evaluation framework should be formulated to provide better information on the progress made on polio transition.

The representative of ALGERIA welcomed the progress made towards polio eradication. He expressed support for the proposed approach to funding polio transition and highlighted that Member States had an important role to play in the transition process by implementing national transition plans.

The representative of VIET NAM welcomed the Secretariat's continued progress towards reaching the milestones set out in the strategic action plan on polio transition. He described the range of polio transition activities implemented in his country and asked the Secretariat and global partners to continue efforts to ensure sufficient supplies of inactivated poliovirus vaccine to countries in need. Clear information on transition costs would be required to develop the next national plan for polio transition.

The representative of MEXICO underscored that the Secretariat, in collaboration with national authorities, must take national circumstances and local situations into account in developing an appropriate polio transition strategy. She expressed appreciation for the efforts made by the Secretariat

and the Global Polio Eradication Initiative to secure financing for the fight against poliomyelitis. Avoiding duplication in resource allocation and ensuring the optimal management of existing resources would be crucial. She reaffirmed her country's commitment to the formulation of a sustainable transition plan.

The representative of INDONESIA said that his Government supported the Global Polio Eradication Initiative programme, as long as it was implemented in a transparent and accountable way and strengthened the systems of the countries concerned. Enhanced support should be provided to countries in which the disease was endemic to enable them to build capacity. Governments must monitor points of entry and request a certificate of polio immunization from travellers arriving from a country in which the disease was endemic, in accordance with the International Health Regulations (2005). It was important to intensify high-level consultations with all relevant stakeholders, including the private sector and nongovernmental organizations. In addition, a comprehensive strategy should be formulated to research a new and affordable polio vaccine. He requested clarification regarding the objectives and the selection procedure for country transition support visits and further information on the results of the four country visits that had been undertaken in 2018.

The representative of AUSTRALIA expressed support for moving polio-related functions from the Global Polio Eradication Initiative to the proposed WHO base budget. She welcomed action to ensure that the critical functions of the Global Polio Eradication Initiative would be sustained after the programme had been concluded. The Secretariat and Member States must swiftly implement the strategic action plan on polio transition to ensure that global health security and progress towards the health-related Sustainable Development Goals were not compromised. Given that the goal of polio transition should be to develop country capacity, including for routine immunization, the Secretariat should provide an update on efforts to increase country-level resource mobilization in priority countries, as well as further information on the implications of extending the programme of the Global Polio Eradication Initiative. In addition, the Secretariat must continue to engage proactively with affected countries and key stakeholders, such as Gavi and donors.

The representative of THAILAND<sup>1</sup> expressed support for the strategic action plan on polio transition, as well as the recommendation for a differentiated approach that was tailored to the contexts of individual countries. However, there must be no duplication between the budget for the Global Polio Eradication Initiative and the WHO base budget.

The representative of MONACO<sup>1</sup> recalled that her Government was one of the States that had promoted polio transition and was one of the co-sponsors of resolution WHA70.9 in 2017. She welcomed the work undertaken thus far on polio transition. However, the data on polio transition should have been further refined and the information in document A71/9 updated to allow a clearer understanding of the implementation of the strategic action plan on polio transition and enable the formulation of more focused budget-related questions. Country ownership would be key to ensuring a smooth and successful polio transition and maintaining a polio-free world, which in turn would be an essential element of achieving universal health coverage.

The representative of NORWAY<sup>1</sup> said that interaction at the country level was crucial to ensure national ownership of transition plans, especially in the light of the larger share of transition-related costs that many governments would have to bear. However, the biggest task was to make country plans operational. It was vital for WHO and its country-level partners to monitor the risk of discontinuation of polio-related activities. The Secretariat should explain the possible consequences of extending the

---

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

programme of the Global Polio Eradication Initiative on transition planning and implementation. All stakeholders must work together to ensure the success of the strategic action plan on polio transition.

The representative of ETHIOPIA<sup>1</sup> said that the polio transition process should not create unintended implications for national health systems. The winding down of the Global Polio Eradication Initiative was extremely worrying since polio was still a challenge in many Member States in the African Region, including Ethiopia, which was one of the priority transition countries. He called on WHO and its partners to address the funding gap for polio transition plans in priority countries in a timely and effective manner.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that his Government looked forward to participating in further discussions on how polio-funded assets were being integrated into the most appropriate organizations and programmes, as well as on potential future governance and monitoring mechanisms. He welcomed the participative process that had begun with the Montreux meeting in November 2018. Clarification should be provided of whether the proposed independent monitoring mechanism would be based on the existing Transition Independent Monitoring Board. In addition, it was essential to provide the governing bodies with regular updates on polio transition progress.

The representative of INDIA<sup>1</sup> said that his Government was in favour of transitioning polio programme assets to other public health programmes, without compromising polio eradication activities. A reduction in committed funding to the polio infrastructure could put polio and other immunization programmes at risk. His Government had strengthened national immunization activities and was providing financial support at the national level to ensure a smooth transition. In the light of the global challenges that still existed in polio eradication, funding for the Global Polio Eradication Initiative and the National Polio Surveillance Project must continue, so as to sustain and strengthen the gains made to date.

The representative of CANADA<sup>1</sup> urged WHO to present key stakeholders with a clear road map indicating the consultations, work streams and discussions that would be required to advance towards the successful governance of polio following its eradication. Options for a clear governance framework should also be provided in order to identify how key functions, such as financing and operations, would be shared among the new owners. WHO must work closely with the Global Polio Eradication Initiative to address key challenges and shortfalls, and the Global Polio Eradication Initiative must continue strengthening its relationship with Gavi. Regular updates on the progress made on transition efforts would be welcome.

The representative of ZIMBABWE<sup>1</sup> said that global polio eradication could become a reality during the course of the Thirteenth General Programme of Work. It would require the Secretariat to sharpen the focus of its work in countries, revitalizing primary health care and accelerating universal health coverage. Polio transition would be more effective if Rotary International, WHO and Gavi stepped up their work on measles elimination and eradication, with robust and expanded immunization programmes embedded in strong national health services and systems.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that her Government was in favour of a differentiated approach that was tailored to the needs of Member States. She agreed with the importance of developing strategies for polio post-certification; discussions on the governance of those strategies would also serve as a catalyst to facilitate polio transition. Regular monitoring and assessment of the

---

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

high-level Steering Committee for Polio Transition, and ensuring transparency in the management of finances would be key to the success of transition efforts. Her Government would continue to work closely with Member States to help ensure a stable polio transition.

The representative of BOTSWANA<sup>1</sup> said that her Government appreciated the road map and detailed workplan to implement the strategic action plan on polio transition. She noted with satisfaction the decision of WHO to consider transition under its proposed base budget for 2020–2021 and the decision of the Global Polio Eradication Initiative to extend its programme. Support from the Secretariat in developing the national polio and post-certification transition plan would be welcome. If not carefully planned, the polio transition process could hinder the achievement of the goals set out in the global vaccine action plan. In that connection, it would be necessary to strengthen the Expanded Programme on Immunization.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> emphasized that the Secretariat and Member States should be fully focused on ensuring the eradication of polio, since it was not guaranteed. Polio assets should be transitioned within the context of the Thirteenth General Programme of Work and its strategic priorities, with some key assets transitioned to strengthen surveillance, immunization and emergency and readiness response in priority countries. Outreach strategies and supplementary immunization activities would not be sufficient to eradicate polio and use of inactivated polio vaccine must change. It was essential to launch a global campaign to combat vaccine resistance. In addition, clarification regarding targeted sampling of healthy children would be appreciated.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that WHO must fill gaps in polio transition planning and evaluate current and future immunization and health needs. Greater progress was needed on the Sustainable Development Goals, particularly with respect to health equity. Future stakeholder meetings must consider country-specific challenges as they related to the four thematic transition priority areas and include a wider range of stakeholders, including governments and civil society. She requested further details on the work of the high-level Steering Committee on Polio Transition and its expected outcome. The financial responsibilities of the Global Polio Eradication Initiative and WHO remained unclear with regard to short- and long-term funding for transition. Although the proposed polio transition budget had increased, it was still insufficient, and it might be necessary to adapt fundraising strategies at the country level. WHO must establish a global governance mechanism for polio transition.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives), responding to points raised, said that the most important part of the polio transition process was making essential functions strong enough to ensure continuity of work, including by providing customized support aimed at achieving full national ownership and working extensively with UNICEF and Gavi. WHO would not dismantle any functions but instead integrate and transform them into health system blocks. There was therefore a need to carefully review the deployment of human resources that had been trained by the polio programme. The extension of the programme of the Global Polio Eradication Initiative was not a threat, but instead an excellent opportunity to ensure a smooth, progressive transition, especially in fragile countries. WHO was establishing a monitoring and evaluation framework for transition and would be discussing transition with the Transition Independent Monitoring Board of the Global Polio Eradication Initiative to ensure continuity of independent oversight. The follow-up to the meeting in Montreux would consist of four thematic high-level meetings that would take place before the next World Health Assembly. There would also be a final governance meeting to identify viable governance opportunities, taking into consideration the final reports on country visits. The Secretariat would report to the Seventy-second

---

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

World Health Assembly with consistent data and a clear indication of the feasibility of updated national transition plans.

THE DIRECTOR-GENERAL, thanking participants for their comments, said that, although an organized transition was important, the focus must be on eradication. He agreed that ownership of polio transition should lie with countries. Recognizing that the situation in different countries varied, the Secretariat would provide tailored support to the 16 countries that were global priorities for transition. In addition, the Secretariat would continue to hold inclusive stakeholder consultations to determine the best way forward.

**The Board noted the report.**

**The meeting rose at 19:15.**

= = =