World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY
COMMITTEE B

A65/B/PSR/3
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PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

Palais des Nations, Geneva
Friday, 25 May 2012, scheduled at 09:45

Chairman: Professor M.H. NICKNAM (Islamic Republic of Iran)

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THIRD MEETING

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1. FIRST REPORT OF COMMITTEE B (Document A65/53)

Dr GULLY (Canada), Rapporteur, read out the draft first report of Committee B.

Mr CHIRINCIUC (Republic of Moldova) said that had he been present during the vote on the draft resolution on Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, he would have abstained.

Ms ABBAS (Syrian Arab Republic) said that all language versions of the resolution should be aligned with the English text, in particular the words "Israel, the occupying power" in the fifth preambular paragraph and in paragraph 1.

The report was adopted.

2. AUDIT AND OVERSIGHT MATTERS: Item 17 of the Agenda (continued)

Report of the Internal Auditor: Item 17.2 of the Agenda (Documents A65/33 and A65/48)

Dr SAÍDE (Mozambique), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the Committee's fifth report (document A65/48).

Dr SEAKGOSING (Botswana), speaking on behalf of the Member States of the African Region, said that the Member States remained committed to strengthening the Office of Internal Oversight Services. In view of the global recession, he welcomed the introduction of efficiency measures such as reducing travel costs through the use of the Global Management System, but emphasized the need to enforce compliance with the relevant control procedures of the Global Management System. Moreover, a team leader should be appointed to coordinate preparation of the General Management Cluster Standard Operating Procedures.

Operational audits conducted in three country offices had revealed a number of risks including reliability and integrity of financial and operational information; safeguarding of assets; and compliance with WHO Regulations and Rules. He urged the Director-General to work with the Member States concerned to develop or strengthen controls and to monitor progress. Integrated audits had confirmed the important role played by country offices in providing technical advice and boosting compliance in high risk areas. Country offices should however spend more time on supporting governments in meeting their national and international targets and less time on routine programme matters. Integrated audits should, where applicable, include the causes of the anomalies identified and the recommendations made in that regard. He appreciated the performance audits that had been conducted but noted that some risks still needed to be mitigated.

Reports on investigations of alleged cases of misconduct at headquarters should in future provide information on the method by which the incident was handled and the justification for it, as that might be helpful to Member States dealing with parallel cases.

He urged the Director-General to ensure that pending operational audit recommendations were closed as rapidly as possible, and to meet with representatives of country offices to identify strategies to put an end to recurring operational risks. Increased clarity, appropriate resourcing, enforcement of responsibilities for key positions and, above all, appropriate sanctions for non-compliance were needed. The database for tracking recommendations and the classification of audit recommendations launched in 2011, which should be supplemented by an implementation-per-risk category, were valuable contributions.

As set out in Annex 1 to the report of the Internal Auditor, audits had implementation rates ranging from 0% to 98%. That was a matter of concern. In the case of low implementation, individuals must be made accountable and appropriate sanctions applied. The comments column in Annex 1 should be filled in and, where appropriate, an explanation for the low implementation rate should be provided. An explanation of the two columns preceding the comments column would also be welcome.

Open audits for which no progress update had been received in 2011 (Annex 3 to the report) were also a matter of concern. Explanations should be sought and sanctions applied for audits in that category.

Dr THITIKORN TOPOTHAI (Thailand) recalled that more than three quarters of the Organization's budget was derived from earmarked voluntary contributions, which were not subject to the same audit controls as other funds. In any event, in view of the overall scarcity of funds, all resources should be more carefully allocated. Endorsing the views of the delegate of Botswana regarding cases of misconduct, he pointed out that such cases could affect WHO's credibility and should be resolved immediately. The number of open audit recommendations was a matter of concern and those cases should be closed as soon as possible. Was there a mechanism that could facilitate the Secretariat's work in that regard? Performance audit coverage should be broadened to include technical areas.

Mr IFLAND (Germany) welcomed the frank and transparent way in which the Office of Internal Oversight Services had dealt with potential risks to the Organization, ensuring efficient use of its resources, compliance with agreed policies and safeguarding of its assets. He also appreciated the steps that had been taken to strengthen the Office, despite the limited resources available. While the Internal Auditor had stressed that compliance with approved rules and procedures was a critical issue in most investigations, little had been done to enforce compliance even though all three levels of the Organization should be taking steps to do so. The Office of Internal Oversight Services was mandated to assess potential risks to the Organization and to make recommendations to protect it from harm. Its recommendations were based on comprehensive consultations with the parties involved and should be implemented in a timely manner.

Mr COTTERELL (Australia) voiced concern at the number of country offices that had not implemented or reported on their audit recommendations. He asked the Director-General and regional directors to work with country offices to improve compliance and reporting as a matter of urgency.

Mr BLAIS (Canada), endorsing the views of the delegate of Australia, said that efforts should be made to strengthen country offices' control procedures, capacity and accountability, with particular emphasis on human resources, procurement policies and use of the Global Management System. He reiterated his earlier request that audit reports should be made more readily available to Member States.

Dr LI Mingzhu (China) said that the Office of Internal Oversight Services needed more resources to enable it to contribute more effectively to the reform process. The Secretariat should tackle new issues, such as non-compliance, and continue to facilitate the implementation of recommendations made in previous reports.

Mr WEBB (Office of Internal Oversight Services) said that measures had been taken to strengthen controls at headquarters and in regional and country offices, the most notable of which was the adoption of the internal control framework. His Office was responsible for conducting investigations and filing reports, but was not involved in follow-up decisions or sanctions, and consequently could not provide such information to Member States. Two of the investigations involving wrongdoing or harassment had been closed; information about ongoing investigations was confidential.

In reply to the query from the delegate of Botswana about Annex 1, he said that the column entitled "Number of recommendations not implemented (b) high significance (d)" presented the degree of implementation considered by the Office to be the most significant. The column entitled "Quick wins not implemented (b) high priority (c)(d)" listed important recommendations that could be implemented in a short period of time.

Responding to the suggestion from the delegate of Thailand that performance audit coverage should be broadened to include technical areas, he recalled that the Programme, Budget and Administration Committee had requested that the focus for 2012 should be on compliance within country offices. However, it would certainly be possible to increase the number of performance audits in technical areas the following year.

The Director-General, senior managers and regional directors received a quarterly status report on the implementation rates of open audit recommendations. Fourteen responses had been received since the last status report had been published, reducing the percentage of open items from 38% to less than 16%. Nonetheless, management at all levels needed to do more to improve implementation and close audit recommendations.

With the aim of providing easier access to audit reports, WHO was considering options used by other United Nations agencies, such as the UNICEF remote access system.

Dr JAMA (Assistant Director-General) said that WHO took the recommendations of internal and external auditors very seriously. Strengthening country offices and ensuring compliance and accountability were key reform measures that were already being implemented. The new internal control framework would identify control points, and the individuals responsible for management and administration.

Some audit recommendations had been outstanding for over two years, and more detailed explanations in that regard would be provided to the Programme, Budget and Administration Committee at its meeting in January 2013. Delays were often caused by the time needed to institute policy changes and find adequate funding. The Secretariat was in the process of finalizing the internal control framework and the Standard Operating Procedures as part of the reform process. Compliance units had been set up in some regional offices, and a unit would also be set up at headquarters. The Comptroller would have greater authority under the new reform and that would help to improve communication and coordination between headquarters and regional and country offices. Lastly, the Secretariat intended to do even more to streamline travel costs, procurement and personal accounts.

Ms JAKAB (Regional Director for Europe), speaking on behalf of the Global Policy Group, said that the Organization's senior management remained fully committed to establishing a culture of compliance with the Rules of Procedure, strengthening the internal control environment and implementing the recommendations of the Internal and External Auditors, all of which required staff training at all levels and locations. The purpose of the planned compliance units was to ensure implementation of audit recommendations, and feedback on whether or not staff had implemented

recommendations for which they were responsible would be reflected in the staff's performance assessment.

The Committee noted the report.

3. STAFFING MATTERS: Item 18 of the Agenda

Human resources: annual report: Item 18.1 of the Agenda (Documents A65/32 and A65/49)

Dr SAÍDE (Mozambique), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the Committee's seventh report (document A65/49).

Ms RUPPEN (Switzerland) said the staff members were an essential resource at WHO, which was a knowledge-based organization, and would continue to represent a significant expenditure. The Organization should endeavour to keep its staff motivated and take steps to ensure that it remained an attractive employer, so that it could meet the needs of its Member States. She thanked the Department of Human Resources Management for its valuable work, which deserved support and encouragement. She also thanked every one of the Organization's staff members, in Geneva and elsewhere, for their hard work and commitment in a difficult environment.

Ms RIMBY (Sweden) welcomed efforts to improve gender parity across the Organization, but noted a continuing imbalance at the P4 level and above, in all regions. Professional staff were not able to move easily from one region to another even though mobility was vital to making effective use of staff experience and knowledge. One aim of the reform process was to bolster the Organization's convening authority and leadership role in global health, which meant that highly-qualified staff were needed at the country level. Current human resources policies strengthened WHO's role in project implementation, rather than in policy advice, and that had led to a significant increase in professional and general services staff. But country offices did not need more staff - they needed more qualified staff. The large number of staff members soon to retire would provide the Organization with an opportunity to recruit new staff who met the reform agenda criteria.

Mr STUPPEL (United Kingdom of Great Britain and Northern Ireland) said that the human resources report was dominated by figures and failed to reflect staff performance or output. Better analysis of the available data and more details on performance management should be provided in future reports. Like the delegate of Sweden, he was also concerned about the lack of gender parity within the Organization.

Ms BLACKWOOD (United States of America) said that she favoured a strategic approach to human resources planning as part of the reform process. Mobility of staff across all regions should be increased and gender parity ensured, especially in regions where the gender gap was considerable. Future reports should include disaggregated staff data specifying the number of continuing and fixed-term contracts and should define the criteria on the basis of which fixed-term contracts were converted to continuing contracts.

Ms GARCÍA ARREOLA (Mexico) asked what long-term human resources strategies were being considered in order to ensure more systematic succession planning, gender equality and geographical diversity within the Organization. She also wished to know what strategies or

recommendations were being implemented in the Region of the Americas in the light of its difficulties in compiling regional data. According to the report, overall staffing costs still accounted for 50% of expenditure, despite a reduction in the number of staff. Were any steps being taken to tackle that problem?

Ms ALTMAIER (Human Resources Management) said that human resources were WHO's most valuable asset precisely because it was a knowledge-based organization. Everything possible was being done to improve outreach activities even further and to ensure diversity and adequate representation of all Member States, at headquarters and in the regional offices.

Strategic planning to ensure the best match between skills and posts could still be improved. To that end, the Secretariat was developing a skills inventory framework, under which it would map existing skills, identify gaps and make use of global learning and training programmes to give staff the skills needed to fill those gaps. A management development programme focusing on leadership and advisory skills would be held in 2013 and 2014, and training at the regional level in negotiation, diplomacy and policy-making would be strengthened. A global learning management platform and a personal development tracking mechanism were also being developed. That approach based on a blend of learning opportunities would enable the Organization to invest in the skills of its staff, maintain staff motivation and enhance career development. A centralized mobility system modelled on successful regional mobility programmes would also be established.

The Secretariat would seek to provide improved statistical analysis in future reports. Two reports would be produced for the meeting of the Programme, Budget and Administration Committee in January 2013: one would focus on performance management, and the other on the issue of superior performance and under-performance by staff members and ways to reward the former and sanction the latter. The Department of Human Resources Management would also be holding consultations with the staff associations to discuss contract types, eligibility criteria, a quota for continuing appointments, and an overall policy on appointments and separations.

The Committee took note of the report.

Report of the International Civil Service Commission: Item 18.2 of the Agenda (Document A65/35)

The Committee took note of the report.

Amendments to the Staff Regulations and Staff Rules: Item 18.3 of the Agenda (Documents A65/36 and EB130/2012/REC/1, resolution EB130.R16)

The CHAIRMAN drew attention to the draft resolution contained in resolution EB130.R16. The revised figures for the gross base salaries approved by the United Nations General Assembly, which the Health Assembly was invited to approve, were shown in square brackets.

Dr GHEBREHIWET (Eritrea), speaking on behalf of the Member States of the African Region, said that the Member States were in favour of revising the gross base salaries of staff in ungraded posts and of the Director-General. The gross base salaries approved by the United Nations General Assembly in resolution 66/235, which had come into effect on 1 January 2012, were lower than those presented to the Executive Board for consideration at its 130th session, but the changes would not affect the net salaries of the staff members concerned. He endorsed the draft resolution before the Committee.

Ms ALTMAIER (Human Resources Management) said that the original figures provided by the United Nations Secretariat had been updated. An amended version of the resolution had been prepared. That version was now before the Committee.

The CHAIRMAN said that, if he heard no objection, he would take it that the Committee wished to approve the draft resolution, including the revised figures shown in brackets.

The draft resolution, as revised, was approved.[1]

Appointment of representatives to the WHO Staff Pension Committee: Item 18.4 of the Agenda (Document A65/37)

The CHAIRMAN proposed the nomination of Dr A.J. Mohamad (Oman) as a member and Dr M. Tailhades (Switzerland) as an alternate member to the WHO Staff Pension Committee for a three-year term until 2015.

It was so agreed.

The CHAIRMAN said that a draft decision pertaining to the agreed nominations would be included in the Committee's report to the plenary.[2]

4. MANAGEMENT AND LEGAL MATTERS: Item 19 of the Agenda

Agreements with intergovernmental organizations: Item 19.2 of the Agenda (Document A65/42)

Ms SY (Senegal), speaking on behalf of the Member States of the African Region, welcomed the imminent signing of an agreement between the Commission of the African Union and WHO, which would improve upon and replace previous agreements and strengthen cooperation between the two parties. The agreement reflected the African Union's new policy orientation, under which the promotion of access to health care, disease prevention and the strengthening of health systems were accorded the highest priority. The renewed momentum in relations between the African Union and WHO would undoubtedly contribute to improving the health and welfare of the African people.

The CHAIRMAN said that, if he heard no objections, he would take it that the Committee wished to approve the draft resolution contained in document A65/42.

The draft resolution was approved.[3]

[1] Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA65.14.

[2] Decision WHA65(10).

[3] Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA65.16.

Legal matters

Mr PELLET (France) said that he wished to draw attention to the implications, in particular for WHO, of Internet-based health information and of creating a ".health" domain name. What initiatives were envisaged by the Organization in that regard?

Mr BURCI (Legal Counsel) said that the Organization was aware of the potential risks and benefits of Internet use, such as using the domain name "health" to market poor-quality goods and services, and its possible impact on public health. WHO was currently reviewing the financial, administrative and policy implications of registering the domain name "health". If, following the review, the Secretariat considered it appropriate to proceed with the application to register the domain name, a proposal to that effect would be transmitted to the governing bodies for approval.

WHO was also, in consultation with other international organizations and the Internet Corporation for Assigned Names and Numbers (ICANN), exploring ways of protecting the ".WHO" domain. He hoped to report on progress made in that regard at the next session of the Executive Board or the Health Assembly.

Election of the Director-General of the World Health Organization: report of the Working Group: Item 19.1 of the Agenda (Document A65/38)

Ms TAN YEE WOAN (Singapore), speaking in her capacity as Chair of the Working Group on the Process and Methods of the Election of the Director-General, said that, over the course of its three formal meetings, in addition to a series of informal regional and interregional consultations, the Working Group had reached consensus on a package of recommendations for revision of the process of nominating and appointing the Director-General. Those recommendations were set out in document A65/38.

Dr GWINJI (Zimbabwe), speaking on behalf of the Member States of the African Region, thanked Ms TAN YEE WOAN for her excellent leadership of the Working Group. He welcomed the Group's conclusion that equitable geographical representation should be an overarching aim of the election process. That conclusion corresponded to the Region's strong political resolve to give priority to the three regions, including his own, that had not yet had a chance to lead the Organization. The package of recommendations would benefit the Organization in several ways: the recommendation that the Executive Board should nominate three candidates for consideration by the Health Assembly would strengthen the latter's constitutional role; the establishment of a candidates' forum would reinforce the Organization's core values of democracy and the sovereign equality of states; and the application to the selection process of a revised list of criteria would facilitate the nomination of qualified candidates capable of leading the Organization. The Working Group's recommendations reflected the inherent weaknesses of the current system. He therefore hoped that the Director-General would facilitate the process of amending the Rules of Procedure of the Health Assembly so that the new system could enter into force.

Mr OSEI (Ghana) commended Ms TAN YEE WOAN's effective leadership of the Working Group and thanked the Secretariat for the support provided. The flexible, constructive and cooperative spirit demonstrated by the members of the Working Group constituted a good model for future consultations.

Dr DAHL-REGIS (Bahamas) expressed appreciation for the package of recommendations produced by the Working Group and encouraged Member States to approve the draft resolution.

Mr PELLET (France), speaking on behalf of the Member States of the European Region, congratulated Ms TAN YEE WOAN for her effective leadership of the Working Group, which had enabled the participants to reach consensus on a complex and sensitive issue. He endorsed the draft resolution.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) welcomed the recommendations of the Working Group, which would foster fairness, transparency and equity among the Organization's six regions. Equitable geographical representation must be an overarching consideration in the election process. The Health Assembly's role would be strengthened by the opportunity to consider three candidates for the post of Director-General rather than one, as was currently the case. He endorsed the proposal to draw up a code of conduct that would apply both to candidates and to Member States and would be based on the key principles set out in the Working Group's report. The package of recommendations, to which his country had contributed, reflected a convergence of views and thus constituted a solid basis for future consultations and review.

Miss NANOOT MATHURAPOTE (Thailand) fully supported the draft resolution and the package of recommendations proposed by the Working Group, which would ensure the nomination of candidates with a high degree of professional integrity, on the basis of a transparent, fair and equitable process. Equitable geographical representation was a very important principle but the appointment of the Director-General should be based, first and foremost, on professional qualifications and leadership ability.

The Committee took note of the report.

The CHAIRMAN said that, if he heard no objections, he would take it that the Committee wished to approve the draft resolution contained in document A65/38.

The draft resolution was approved.[1]

The CHAIRMAN invited the Health Assembly to join him in applauding Ms TAN YEE WOAN for her work as Chair of the Working Group.

5. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 20 of the Agenda (Document A65/39)

Dr LI Mingzhu (China) endorsed the strategic priorities listed in paragraph 8 of the Secretariat's report (document A65/39). In the context of the post-2015 development agenda, he hoped that WHO would continue to participate in, among other mechanisms, the H4+ and IHP+ health initiatives to ensure that public health remained a priority at the global level.

Dr SHOHANI (Iraq) said that thanks to the efforts of the United Nations Development Assistance Framework (UNDAF), whose role was to ensure that resources were channelled to areas where they were most needed, primary, secondary and tertiary health services had been improved, and assistance to countries had been strengthened. That in turn had helped to bolster national efforts to

[1] Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA63.15.

focus on social determinants of health and noncommunicable disease prevention. He hoped that WHO, which would be signing an agreement with the Commission of the African Union on strengthening cooperation, would conclude similar agreements with other organizations in order to sustain efforts to achieve the Millennium Development Goals.

Dr CHOSITA PAVASUTHIPAISIT (Thailand) commended WHO's efforts to place health issues on the global agenda. While appreciating the Organization's work under the United Nations Development Assistance Framework, she believed that it should now focus on increasing the involvement of United Nations agencies in promoting universal health coverage at the country level. She welcomed WHO's increased access to the Multi-Donor Trust Funds since that would help to meet the need for predictable and non-earmarked funding and to make up for budget shortfalls.

Ms HAMILTON (Canada) said that achieving improved health outcomes on a global scale required direct interventions on the ground and "upstream" investment in policy coherence and coordination of efforts across a broad spectrum of partners. The 2012 Quadrennial Comprehensive Policy Review would provide a valuable opportunity for promoting health issues within the United Nations system. She welcomed the Organization's commitment to the United Nations country team framework and its participation in the Harmonization for Health in Africa initiative as ways of promoting health at the country level. Recognizing the demands that such partnerships placed on the Organization, she suggested that consideration should be given to conducting regular reviews of partnerships to assess their relevance to WHO's strategic priorities.

Dr WORNING (Executive Director, Office of the Director-General) said that the request made at the Sixty-fourth World Health Assembly for more details concerning WHO's collaboration within the United Nations system had been taken into consideration in the preparation of the present report (document A65/39). The report suggested ways in which the Organization could increase the effectiveness of its partnerships, in particular by focusing on strategic priorities and alignments. WHO must ensure that public health issues remained high on the global agenda in the post-2015 period.

Mr LÚCIO (World Meteorological Organization) highlighted the impact of weather and climate on health. Global climate changes would increase the risk of vector-borne diseases such as malaria, West Nile virus and dengue fever as well as weather-borne diseases such as cholera and leptospirosis. WMO was spearheading efforts to develop a global framework for climate services, the aim of which was to bridge the gap between supply and demand with regard to climate services in climate-sensitive sectors, including through the provision of accurate and long-range weather forecasts. The framework would also provide the health sector with an opportunity to learn more about the impact of climate on health and to improve its response to climate-related health risks. WHO was contributing to the preparation of the framework implementation plan by providing information on health needs and priorities. In addition, WHO and WMO were working jointly on the preparation of an atlas showing the distribution and scale of health challenges and climate variability and change and explaining how climate information could be used to inform health decisions. The draft implementation plan and the governance structure of the global framework would be available for review until mid-July; comments by Member States were welcome and would be reflected in the framework document.

The Committee took note of the report.

6. TECHNICAL AND HEALTH MATTERS: Item 13 of the Agenda (continued) (transferred from Committee A)

Draft global vaccine action plan: Item 13.12 of the Agenda (Documents A65/22, A65/22 Add.1 and EB130/2012/REC/1, resolution EB130.R12) (transferred from Committee A)

Mr LASKAR (Bangladesh) welcomed the draft global vaccine action plan, in particular its focus on active interventions and its recognition of vaccination as a part of comprehensive disease control and prevention. The plan's accountability framework, operationalization plan and post-2020 follow up were particularly worthy of mention. Bangladesh, like the other Member States of the South-East Asia Region, had shown keen interest in improving routine immunization coverage and introducing new vaccines. It had even been recognized by the United Nations as having made tremendous strides in immunization during the past decade, with the introduction of two major vaccines, and it was currently in the process of introducing vaccination programmes against rubella and pneumococcal infection.

Dr HASAN (Bahrain) said that under its enhanced vaccination programme, her country had made considerable progress against vaccine-preventable diseases, raising the vaccination rate to 95%. Diphtheria and poliomyelitis had been eradicated, other immunization activities were being carried out, and it was hoped that measles could also be eradicated in the near future. Bahrain endorsed the activities set out in the global vaccine action plan and was confident that the challenges mentioned therein could be met.

Dr FISCHER (Denmark), speaking on behalf of the Member States of the European Union, said that the acceding country Croatia, the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Iceland and Serbia, the countries of the Stabilisation and Association Process and potential candidates Albania and Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement.

Equitable access to vaccines and immunization was of great importance for global health and for that reason, the European Union welcomed the draft global vaccine action plan, which would give governments the guidance they needed in order to define stronger immunization goals, develop country-specific action plans and integrate immunization programmes into national public health systems. The use of established vaccines and the introduction of new ones could bring many benefits, especially to low-income countries. Nevertheless, people's reluctance to participate in immunization campaigns could undermine progress. Transparency, evidence-based policies and new communication tools were needed to tackle that problem.

Coordination with other WHO activities, such as the Global Action Plan for Pandemic Influenza Vaccines, had to be ensured. The establishment of a forum for ongoing dialogue between vaccine suppliers and buyers might help to predict demand and to guarantee a supply of effective, safe, stable and cheaper vaccines.

It was a matter of concern that the draft action plan already faced a funding gap of several billion United States dollars and that funding for the poliomyelitis eradication plan was also uncertain. To be realistic and sustainable, plans had to take account of the global financial crisis. More information on the proposed governance structure and its relationship to other initiatives would be welcome, as would information on when the accountability framework would be ready for review by Member States.

Dr SHOHANI (Iraq) said that disease eradication efforts faced many challenges, especially that of achieving total immunization coverage. His country had made significant progress in that regard; for example, it had introduced new vaccines the previous year as part of an enhanced vaccination programme launched in the 1980s. Attention should be drawn to such programmes in order to raise

public awareness and encourage vaccination acceptance. Cooperation at all levels and the pooling of experiences were essential to extending vaccination coverage.

Dr ABANIDA (Nigeria) said that the success of the draft action plan hinged on several critical factors, including country ownership, improving equity, strengthening health systems and ensuring access to sustainable funding and a supply of high quality vaccines, all of which would need to be enhanced if immunization programmes were to improve over the coming decade. As custodians of their citizens' health, governments should think critically about the challenges for immunization and how they could be overcome. Nigeria, a country with one of the largest unimmunized populations, had made significant progress under its Expanded Programme on Immunization, but still needed to take drastic steps to improve coverage. Immunization and poliomyelitis eradication were top government priorities.

Turning to the draft resolution in document A65/22, he said that in subparagraph 2(1), the words, ",paying particular attention to improving EPI performance, and" should be inserted after the words "components of their national health strategy and plans". A new subparagraph 3(2) should be inserted to read: "to ensure that support to the Global Vaccine Action Plan's implementation at regional and country level includes a strong focus on strengthening routine immunization;".

Mr LAHLOU (Morocco) said that vaccination was a vital aspect of the human right to health, a shared responsibility and a long-term investment in preventing disease and providing a better future for humanity. It was time for the international community and United Nations agencies – particularly WHO and UNICEF, and the GAVI Alliance – to review their roles and obligations with respect to immunizing the world's population against vaccine-preventable diseases. Renewed commitments by governments and development partners were needed in order to assess the cost effectiveness of immunization programmes. By introducing new technologies and vaccines, child and neonatal mortality and morbidity could be reduced, bringing the achievement of the Millennium Development Goals one step closer. However, use of the newer, more expensive vaccines would significantly increase the cost of immunization programmes, making it very difficult for some countries to sustain them in the long term. The international community should seek new mechanisms, and adapt existing ones, within the context of the actual financial capacities of the developing countries, and should make special purchase arrangements available to middle-income countries. He encouraged organizations such as WHO, UNICEF, the GAVI Alliance and the Bill & Melinda Gates Foundation to work together to ensure fair and sustainable access for all to essential vaccines.

Dr RONQUILLO (Philippines) reiterated his country's commitment to the goals and milestones of vaccine research and development described in the draft action plan, which should be guided by demand-driven, country-led approaches. The strategies chosen to deal with the gap between supply and demand should be based on the principles of equity, responsibility and shared accountability. His country was seeking viable mechanisms that would be participatory, inclusive and sustainable, with a view to fostering vaccine self-reliance and self-sufficiency.

Mr PRASAD (India) endorsed the main thrusts of the draft action plan. Adequate financing of immunization programmes was dependent primarily on the commitment made to them by governments, rather than on legislative frameworks that guaranteed funding, and efforts should focus on convincing countries that immunization was a high priority. Vaccines should be introduced as a matter of necessity rather than in response to pressure from special interest groups. The decision to use vaccines should take into account the factors of disease burden, cost-effectiveness and delivery mechanism capacity.

Strategic objective one under the global action plan was to achieve universal commitment to immunization as a priority. According to the plan, a key indicator for monitoring progress towards that goal was the presence of an independent technical advisory group. While endorsing the idea of an

advisory group, he was strongly in favour of integrating it into government where it would have a more holistic perspective.

Raising public awareness and developing community ownership of immunization programmes would help to decrease resistance to vaccination and increase community demand for it, and should be an integral part of any comprehensive strategy. Vaccine safety, the timely availability of affordable vaccines, and vaccine research and development were areas to which greater priority should be given.

Mrs SMIRNOVA (Russian Federation) said that it was important to develop common guiding principles in the field of immunization for all countries, regardless of their income level or capacities, and in that respect the draft action plan was particularly welcome. Among the most noteworthy elements of the plan were: measures to draw attention to the importance of immunization; development and implementation of comprehensive, country-wide policies that included populations living in remote areas; and dialogue between vaccine suppliers and buyers.

Scientific research at national, regional and international levels, backed by governments, civil society and private sector donors, should make it possible to accelerate the development and introduction of new vaccines and improve access to them. The global action plan provided a framework that would enable countries to draw up their own national plans tailored to their particular conditions and capacities, and to mobilize resources for strengthening and ensuring the sustainability of national immunization programmes.

Dr DECOCK (United States of America) said that as a major supporter of the Decade of Vaccines, his Government welcomed the efforts to develop the global vaccine action plan. There was broad international commitment to improved immunization coverage as a key to reducing mortality rates for children under five years of age and to ensuring that progress in that regard continued, or even accelerated, in the post-2015 phase.

Annex 2 to document A65/22, which set out the roles and responsibilities of vaccine development stakeholders, was a welcome addition to the action plan. He also appreciated the plan's emphasis on vaccine safety, strengthening of national regulatory systems, and aggressive pursuit of a global regulatory science agenda, which were essential factors in providing access to safe, effective high quality vaccines worldwide. Providing high-quality immunization services was, however, a major challenge. Many countries were giving immediate priority to improving routine immunization as part of building a functioning health system, which was a prerequisite for more ambitious undertakings. Recent outbreaks of vaccine-preventable diseases in high-income countries had highlighted the need for those countries to re-establish and increase demand for vaccines. He welcomed the idea of setting up a forum for discussing future vaccine needs but warned that in doing so, there was a risk of violating anti-trust laws on price collusion.

He wished to propose two amendments to the draft resolution contained within resolution EB130.R12. In preambular paragraph six, the words "is scheduled to be" should be replaced by the word "was" to reflect the fact that World Immunization Week had already taken place, in April 2012. In subparagraph 2(1), the word "assure" should be replaced by "ensure".

Dr ISMAIL (Brunei Darussalam) welcomed the significant strides made by the international community in the area of immunization over the past decade. Efforts to ensure broad and low-cost vaccination coverage for children should be supported. Maintaining a high level of immunity among very young children, ensuring effective monitoring of immunization programmes, carrying out case-based surveillance and increasing community awareness had been recognized as primary strategies for the control and elimination of vaccine-preventable diseases.

His country had made considerable progress towards the elimination of measles and hepatitis. It had updated its national immunization programme through the use of combination vaccines and booster doses to ensure better compliance with immunization schedules and extend the immunization period. Beginning in 2013, a school-entry immunization record would be required for all pupils.

Professor BAGGOLEY (Australia) welcomed the draft action plan and took note in particular of the fact that the plan had taken account of comments previously made by his country on the issue. He hoped that the action plan would be updated to address the important gaps that remained, in particular unequal immunization coverage across countries and relatively low coverage in some Pacific island countries. The indicators proposed in Annex 1 to the action plan should be incorporated into a broader framework that covered vaccine delivery effectiveness, cost effectiveness and alignment with existing regional plans. As a strong supporter of the GAVI Alliance, Australia encouraged WHO to work closely with the Alliance to avoid duplication of effort and to coordinate programme monitoring.

Dr BRENNEN (Bahamas) said that immunization was a core component of the right to health. His Government was committed to financing five new antigens and introducing them to its national immunization schedule within the next three years. The full potential of immunization at the global level would only be realized when all countries had an equal opportunity to reach appropriate population coverage levels for previously introduced vaccines and to introduce new vaccines into their immunization programmes.

He applauded the efforts of the Revolving Fund of the Pan American Health Organization, a funding mechanism that had helped countries such as his own to achieve their immunization goals and sustain their gains. However, developing countries, and the region's small island developing States in particular, continued to face challenges. WHO could help to meet one of those challenges by providing support to countries that were not eligible for GAVI Alliance assistance, to enable them to reach their goals as rapidly as those receiving assistance. He endorsed the proposed draft resolution.

Dr YU Jingjin (China), endorsing the overarching goals of the draft action plan, suggested that the plan should lay particular stress on health education and promotion; increasing government support for immunization activities; raising public awareness and facilitating access to vaccines. Before introducing new vaccines into their immunization programmes, governments should determine what human and financial resources would be needed and whether they were available. National immunization programmes should be assessed regularly and adjusted accordingly. Multi-country progress reviews should be held annually, and the Organization should support States in making policy decisions.

Dr AL BELOOSHI (United Arab Emirates), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region had made significant progress over the last decade in broadening immunization coverage and reducing morbidity and mortality by introducing new vaccines. Nevertheless, major challenges remained: over one million children were without basic vaccine coverage; mumps had re-emerged in some low-income countries that could not afford to purchase the vaccine, and middle-income countries were having funding problems and needed greater support.

Greater efforts should be made to reduce the morbidity and mortality rates of vaccine-preventable diseases. It was up to governments to take ownership of their immunization programmes and, to that end, adopt the proposed action plan, which should provide them with greater resources and ensure a regular supply of vaccines. Joint purchasing of vaccines on a local basis should also be undertaken.

Turning to the draft resolution**,** he proposed that a paragraph should be added to it in which the Health Assembly would call on the Director-General to provide greater financial resources in order to ensure implementation of the action plan in middle-income countries.

Ms HAMILTON (Canada) said that despite significant progress in immunization worldwide, vaccine-preventable diseases remained a major cause of morbidity and mortality. Immunization had been and would continue to be an integral part of her Government's health programme budget and, in that spirit, she endorsed the draft action plan, in particular its focus on strengthening health systems

and its recognition that vaccine delivery and surveillance systems could not be effective without properly-functioning health systems. Once adopted, the action plan should give rise to detailed operational plans focusing both on joint efforts and on individual country ownership, the latter of which was critical to achieving the goals of the Decade of Vaccines.

Further work was needed on the accountability framework which would benefit from being aligned with existing frameworks, such as the Commission on Information and Accountability for Women's and Children's Health. When would the accountability framework be ready and who would be in charge of its work?

Mr NEVES SILVA (Brazil) said that the countries of Latin America and the Caribbean had considerably strengthened the Expanded Programme on Immunization by launching Vaccination Week in the Americas, which promoted equal access to health care by targeting populations with limited access and at high risk of contracting vaccine-preventable diseases. The proposed world immunization week was a positive response to those regional success stories.

The immunization programme in Brazil was one of its most successful public health initiatives. His country was also developing campaigns to ensure access to vaccines, in conjunction with other countries and the Pan American Health Organization. Vaccines should be adapted to developing country needs and he encouraged WHO to support those countries in devising more effective strategies to combat the rising costs of vaccines and ensure their accessibility.

Many challenges remained. Nevertheless, with joint efforts and commitments from countries and institutional partners, the objectives of the draft action plan could be achieved.

(For continuation of the discussion, see the summary record of the fourth meeting, section 2.)

The meeting rose at 12:35.

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