

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

**Palais des Nations, Geneva
Monday, 29 May 2017, scheduled at 09:00**

**Chairman: Dr H. M. AL-KUWARI (Qatar)
later: Mr A. HURREE (Mauritius)**

CONTENTS

	Page
1. Health systems (continued)	
Member State mechanism on substandard/spurious/falsely-labelled/ falsified/counterfeit medical products (continued)	2
2. Communicable diseases	
Global vaccine action plan	6

COMMITTEE A
TENTH MEETING

Monday, 29 May 2017, at 09:50

Chairman: Dr H. M. AL-KUWARI (Qatar)
later: Mr A. HURREE (Mauritius)

1. HEALTH SYSTEMS: Item 13 of the agenda (continued)

Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products: Item 13.6 of the agenda (documents A70/23, A70/23 Add.1, A70/23 Add.2 and EB140/2017/REC/1, decision EB140(6)) (continued from the ninth meeting, section 2)

The representative of SPAIN said that the Member State mechanism had made significant progress since 2016, especially in terms of the new working definitions. The new, simpler term “substandard and falsified medical products” would facilitate the dissemination of action areas and documents. As the Chair of the Steering Committee of the Member State mechanism, Spain had focused on consolidating progress and making headway on the item on transit, as well as the dissemination and application of the agreements reached. He looked forward to the publication of the study on the public health and socioeconomic impact of substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products. Given the impact that such medical products had on public health, it was essential to make further progress and consolidate global coordinated action to strengthen the guarantee of quality medicines, including for those sold online.

The representative of SRI LANKA agreed with the change of terminology from “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” to “substandard and falsified medical products”. His Government had made considerable efforts to prevent counterfeit medical products, applying a number of strategies to improve their regulation, detection and investigation. His Government would take action to develop a national plan based on the road map set out in the Annex to document A70/23.

The representative of MALAYSIA said that a simplified common understanding of the term “substandard/spurious/falsely-labelled/falsified/counterfeit” medical products had been necessary. However, the replacement of that term should not affect national and regional regulations or legislation relating to SSFFC medical products. The working definitions contained in Appendix 3 to the report of the fifth meeting of the Member State mechanism, contained in the Annex to document A70/23, brought clarity to the terminology used by the global surveillance and monitoring systems. She agreed that the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” should be replaced by “substandard and falsified medical products” in future documentation on the subject.

The representative of ARGENTINA said that, despite the progress made, gaps persisted in the funding of the work of the Member State mechanism. Noting that the working definitions included three categories of medicines, making it possible to remedy the asymmetries in interpretation and facilitating the work of WHO and other stakeholders, he said that his Government supported the use of the term “substandard and falsified medical products”. Before the next meeting of the Steering

Committee of the Member State mechanism, the report on the work and documentation of the Global Steering Committee for Quality Assurance of Health Products presented to the Steering Committee of the Member State mechanism should be made available to all Member States. He supported the suggestion that a representative of the Global Steering Committee should be invited to give a presentation at the next meeting of the Steering Committee of the Member State mechanism.

The representative of TUNISIA said that the fight against substandard and falsified medical products required coordinated action. Describing the measures taken in her country, she highlighted the introduction of regulations and national mechanisms to ensure protection against SSFFC medical products and curb the resulting risk to public health. Her Government had joined the MedNet platform, which enabled the exchange of information and experiences. She supported the proposal to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” by “substandard and falsified medical products”.

The representative of CHINA, agreeing with the statement made by the representative of the Russian Federation at the previous meeting, said that SSFFC medical products represented one of the many risk factors that threatened human health security. Cooperation and information exchange between global regulatory authorities should be strengthened to combat SSFFC medical products, and control and prevention capacities improved. His Government had cooperated with a number of countries and regions to combat the globalization of SSFFC medical products. He agreed with the proposal to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” with “substandard and falsified medical products”.

The representative of BANGLADESH said that the guidance on developing a national plan to combat SSFFC medical products and the draft guidance on the testing of “suspect” SSFFC medicines were useful and practical documents. His Government was stepping up the monitoring of pharmaceutical establishments, especially with regard to compliance with recommended guidelines on good practice for the manufacturing of medicines and vaccines. Focal points had been registered for the global focal point network on SSFFC medical products, and his Government had participated in a recent meeting of the South-East Asia Regulatory Network, which provided opportunities for stronger collaboration and information exchange among regulators.

The representative of MEXICO said that he supported the work and conclusions set out in the review of the Member State mechanism. He was in favour of adopting the working definitions contained in Appendix 3 to the report of the fifth meeting of the Member State mechanism and of replacing the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” by “substandard and falsified medical products”. His Government remained committed to developing the activities in the workplan in order to strengthen regulatory systems and guarantee the quality of medical products.

The representative of NIGER, describing the legal framework governing the mechanism put in place in his country, said that an international meeting on the fight against the illicit trade in counterfeit medicines and other health products would be held in Niger. A number of the recommendations had been implemented in his country, including adoption of a national policy under which trade in fake medicines was considered a crime against human security, strengthening of the partnership with WHO by increasing the use of existing tools, and developing an information, awareness-raising and communication campaign on the dangers of fake medicines. He called on WHO to strengthen support to develop appropriate processes for coordination, communication and dissemination of information on the main areas of action and to support the mechanism going forward by securing funding to boost completion of the objectives. He agreed with the change of terminology.

The representative of BRAZIL commended the participants of the Member State mechanism for reaching consensus on the working definitions for substandard and falsified medical products. His Government agreed with the change in terminology. Removing aspects relating to counterfeit medical products from the working definitions was a specific decision that did not prejudice WHO's authority to consider broader issues of intellectual property rights that affected access to and the affordability of medicines, including under several items on the agenda of the Governing Bodies.

The representative of the REPUBLIC OF KOREA said that there was a need to create a global cooperation framework to enable Member States and the Secretariat to implement a coordinated and committed response to tackling the problems related to SSFFC medical products. Her Government had actively contributed to global efforts to eradicate SSFFC medical products by participating in the working groups on activities A and E. The guidance by the informal working group on activity A should be published and the outcomes of the informal working groups on activities C and H approved as a matter of priority. She called on the Secretariat to support the activities of the working group on activity E and all other informal working groups.

The representative of GHANA said that an interagency coordination system had been set up in Ghana, which had helped in the early detection and handling of matters relating to SSFFC medical products. Effective communication and alert systems in real time between countries would enable further progress in that area. His Government supported the proposal to replace the use of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" by "substandard and falsified medical products".

The representative of BOTSWANA supported the proposed definitions in Appendix 3 to the report of the fifth meeting of the Member State mechanism. They would provide a common understanding of what was meant by SSFFC medical products. In 2013, legislation which provided for the regulation and control of counterfeit medicines and assured medicine safety, efficacy, quality and registration had been approved in Botswana. A minimal number of cases of suspected counterfeit medicines had been reported in her country, although the extent of the problem might be underestimated due to the limited capacity for carrying out post-marketing surveillance and the lack of a fully functional pharmaceutical analysis laboratory. WHO was urged to continue in its role of coordinating and setting high standards to ensure the safety, efficacy and quality of medical products through a transparent and fair process anchored by ethical considerations of public health.

The representative of ZIMBABWE commended the work of the fifth meeting of the Member State mechanism. Monitoring the quality of health products required national medicines regulatory authorities to be independent and free from regulatory capture. That could be achieved only if they had the necessary resources and skills. His Government supported efforts to create and implement mechanisms to control substandard and falsified medical products. The challenges of high prices, inadequate access to affordable medicines, and shortages of medicines provided fertile ground for substandard and counterfeit medical products in low-income countries; the stated goals and desired outcomes were achievable where health systems were strong. Funding to support awareness of the risks of the actions, activities and behaviours resulting from substandard and falsified medicines should be increased in order to address those challenges.

The representative of PANAMA said that her country recognized the importance of the control of SSFFC or substandard and falsified medical products as the introduction of such products was detrimental to public health. Her country was in the process of updating and reviewing its legal framework in that regard. A specialized criminal instrument against the falsification and copying of medicines and medical devices was needed in Panama. Her Government supported the Member State mechanism's objectives. Expertise at the national level should be boosted with a view to competent

authorities carrying out joint operations. Her Government would support all efforts of the international community to combat the trade of substandard and falsified products.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that it was crucial to raise awareness of falsified medicines among patients and stakeholders, and to elevate the seriousness of participating in related criminal activities. Coordination among all actors was vital to tackle the issue, and she encouraged tighter control across all players involved in all steps of the medicine supply chain. Furthermore, legal tools such as the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (Medicrime Convention), and initiatives such as track and trace to tackle unregulated online pharmacies, were important to protecting patients. She urged WHO to take the necessary measures to fight the global threat of falsified medicines and protect public health.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that collective action was needed to achieve success in the fight against the spread of substandard and falsified medical products, and in that respect she commended the recommendation in the report on the review of the Member State mechanism to encourage the engagement of additional actors in the mechanism. The lack of globally approved definitions of such medical products was a key hindrance to strong coordinated action; the consensus reached by the Member State mechanism to accept the use of the term "substandard and falsified medicines" was therefore an important step forward. However, efforts to tackle falsified versions of genuine, approved medicines must not be confused with patent infringement disputes. WHO was responsible for ensuring that the issue was adequately addressed at the international level.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points raised, said that the globalized movement of medical products and active pharmaceutical ingredients demanded global surveillance systems. The Secretariat would continue to enhance the surveillance and monitoring system, establish a global network of regulatory focal points, and support Member States with tools, capacity-building and the strengthening of national regulatory systems to prevent, detect and respond to substandard and falsified medical products. It was clear from the review of the Member State mechanism that Member States wished it to continue. Expressing support for the call for increased resources, and thanking Member States for their contributions, she said that the Secretariat would continue to seek further resources to support its work. Furthermore, the Secretariat was pleased to adopt the new terms agreed by Member States and hoped that all stakeholders would also adopt those definitions when considering substandard and falsified medical products.

The Committee noted the reports contained in documents A70/23 and A70/23 Add.1.

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A70/23.

The draft decision was approved by acclamation.¹

¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA70(21).

2. COMMUNICABLE DISEASES: Item 14 of the agenda

Global vaccine action plan: Item 14.1 of the agenda (document A70/25)

The CHAIRMAN drew attention to a draft resolution on strengthening immunization to achieve the goals of the global vaccine action plan”, proposed by the delegations of Australia, Brazil, Burkina Faso, Colombia, Ecuador, Malaysia, Panama, Philippines, Thailand and Viet Nam, which read:

The Seventieth World Health Assembly,

PP1 Having considered the report on the global vaccine action plan;¹

PP2 Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the global vaccine action plan; and resolution WHA67.23 (2015) on health intervention and technology assessment;

PP3 Welcoming the declaration by the International Expert Committee for Documenting and Verifying Measles, Rubella and Congenital Rubella Syndrome Elimination, that the Member States in the Region of the Americas have achieved the interruption of endemic transmission of both rubella and measles viruses² in 2015 and 2016, respectively;

PP4 Welcoming the validation of the elimination of maternal and neonatal tetanus in all districts in all 11 Member States of the South East Asia Region;

PP5 Having considered the 2016 assessment report from the Strategic Advisory Group of Experts on immunization on the implementation of the global vaccine action plan and progress towards its stated strategic objectives and goals;³

PP6 Noting that although many countries have achieved the 2015 goals of the global vaccine action plan, and that others are making substantial progress, indicating that while the goals and targets are ambitious, they are achievable, 2016 assessment report from the Strategic Advisory Group of Experts on immunization concluded that progress is not on track and that only one of six mid-decade targets was met;

PP7 Noting the progress made on the introduction of new vaccines and the impact that these vaccines have at the individual level and, when high vaccination rates are achieved, at the population level, in reducing morbidity and/or mortality from vaccine-preventable diseases, such as pneumonia, diarrhoea and cervical cancer;

PP8 Concerned that at the mid-point of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to life-saving vaccines is too slow;

PP9 Noting that although Member States in all six WHO regions have measles elimination goals, and that three regions have rubella elimination goals, additional efforts should be invested to reach measles and rubella elimination;

PP10 Recognizing the important contribution of vaccines and immunization to: improving the health of populations; achieving the ambitious Sustainable Development Goals; outbreak preparedness and response, including in respect of outbreaks involving emerging pathogens; and addressing antimicrobial resistance;

¹ Document A70/25.

² See document CD55/INF/10, Rev.1.

³ The full 2016 SAGE Assessment Report of the Global Vaccine Action Plan is available at: http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf (accessed 23 January 2017).

PP11 Recognizing that strong health systems and integrated routine immunization programmes that are well coordinated across other relevant sectors contribute to achieving immunization goals and targets, and universal health coverage;

PP12 Recognizing the significant progress achieved towards polio eradication and the significant contribution of the polio-related assets, human resources and infrastructure, which should be transitioned effectively, to the strengthening of national immunization and health systems;

PP13 Recognizing the need for enhanced international cooperation aimed at in a sustainable manner, strengthening the capacities of developing countries to achieve the goals of the global vaccine action plan,

(OP)1 URGES Member States:¹

- (1) to demonstrate stronger leadership and governance of national immunization programmes by:
 - (a) increasing the effectiveness and efficiency of national immunization programmes, as an integrated part of strong and sustainable health care systems;
 - (b) allocating adequate financial and human resources to immunization programmes according to national priorities;
 - (c) strengthening national processes and advisory bodies for independent, evidence-based, transparent advice including on vaccine safety and effectiveness, such as health intervention and technology assessments and/or National Immunization Technical Advisory Groups working in collaboration with national regulatory authorities;
 - (d) strengthening mechanisms to monitor and efficiently manage vaccination programme funds at all levels;
 - (e) making up-to-date and accurate information on the effectiveness and safety of vaccines publicly available;
 - (f) strengthening systems to monitor and address adverse events following immunization;
 - (g) promoting awareness-raising campaigns on immunization, underlining public health benefits and vaccine safety and effectiveness;
 - (h) strengthening the immunization systems, procedures, and policies that are necessary to achieve and sustain high immunization coverage;
 - (i) reviewing periodically, through the National Immunization Technical Advisory Groups or equivalent independent groups, the progress made, including immunization coverage, lessons learned and possible solutions for dealing with remaining challenges;
 - (j) continuing to report on progress to the regional committees, as urged in resolution WHA65.17;
- (2) to ensure use of up-to-date data including where possible sex-disaggregated data on immunization coverage to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;
- (3) to strengthen and sustain surveillance capacity by investing in disease detection and notification systems, routine analysis and data reporting systems;
- (4) to expand immunization services beyond infancy to cover the whole life-course, as appropriate, guided by evidence, including burden of diseases, cost effectiveness, budget impact assessment and system capacities and using the most appropriate and effective

¹ And, where applicable, regional economic integration organizations.

means of reaching the other age groups and high-risk populations with immunization and integrated health services;

(5) to strengthen international and national actions to ensure the application of the International Health Regulations (2005), which aim to prevent, protect against, control and provide a public health response to the international spread of diseases;

(6) to mobilize domestic financing, as appropriate, in order to sustain the immunization gains achieved through the support from the Global Polio Eradication Initiative and the GAVI Alliance;

(7) to continue to strengthen international cooperation to achieve the goals of the global vaccine action plan, including by enhancing sustainable, national and regional manufacturing capacity for affordable vaccines and technologies through collaboration and exchange, as appropriate;

(OP)2 REQUESTS the Director General:

(1) to continue supporting countries to achieve regional and global vaccination goals;

(2) to advocate in national and international forums in support of the urgency and value of accelerating the pace of progress toward achieving the goals of the global vaccine action plan by 2020, including, addressing the nine recommendations made by the Strategic Advisory Group of Experts on Immunization in their 2016 assessment mid-term review of the Global Vaccine Action Plan;

(3) to ensure that accountability mechanisms for monitoring global and regional vaccine action plans are fully implemented;

(4) to support Member States in strengthening National Technical Advisory Group (NITAG) or equivalent mechanisms cooperating with regulatory authorities to inform national decisions based on national context and evidence to achieve national immunization goals;

(5) to collaborate with all key partners, including civil society organizations, in order to assess how their work complements national routine immunization systems and the implementation of costed national immunization plans and targets;

(6) to continue working with all partners to support research, development and production of vaccines against new and re-emerging pathogens;

(7) to continue to strengthen the WHO prequalification programme and provide technical assistance to support developing countries in capacity building for research and development, technology transfer, and other upstream to downstream vaccine development and manufacturing strategies that foster proper competition for a healthy vaccine market;

(8) to continue working with all parties to support use of joint procurements and other mechanisms to increase efficiency, cost effectiveness and sustainability of vaccine supply;

(9) to continue working with all parties to support research and development, especially in developing countries, for supply chain innovations and vaccine-administration technologies, to increase the efficiency of vaccine delivery, as appropriate;

(10) to cooperate with, as appropriate, international agencies, in accordance with their respective mandates, donors, vaccine manufacturers and national governments¹ in order to overcome barriers to timely and adequate access to affordable vaccines of assured quality for all, and to implement effective preventive measures for the protection of

¹ And, where applicable, regional economic integration organizations.

health workers including in public health emergencies of international concern and in the specific context of humanitarian crises;

(11) to report to the Seventy-third World Health Assembly through the Executive Board, on the epidemiological aspects and feasibility of, and potential resource requirements for, measles and rubella eradication, taking into account the assessment of the Strategic Advisory Group of Experts (SAGE) on Immunization;

(12) to continue to monitor progress annually and to report to the Health Assembly, through the Executive Board, as a substantive agenda item in 2020 and 2022 on the achievements made against the 2020 global vaccine action plan goals and targets.

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

Resolution: Strengthening immunization to achieve the goals of the global vaccine action plan	
A. Link to the general programme of work and programme budget	
1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.	
Twelfth General Programme of Work, 2014–2019 outcome(s):	Increased vaccination coverage for hard-to-reach populations and communities.
Programme budget 2016–2017 output(s):	Output 1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines; Output 1.5.2. Intensified implementation and monitoring of measles and rubella elimination strategies facilitated; Output 1.5.3. Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization.
2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.	Not applicable.
3. Estimated time frame (in years or months) for implementation of any additional deliverables.	The resolution would be implemented during 2017–2021. The Sixty-fifth World Health Assembly in resolution WHA65.17 (2012) requested the Director-General to report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets. As the Secretariat will report on the finalization of the global vaccine action plan (final assessment, monitoring and evaluation) in 2021, activities will need to be carried out until then.
B. Budgetary implications	
1. Estimated total cost to implement the resolution if adopted, in US\$ millions:	US\$ 258 million (from 2017 to 2021).

2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:
<p>US\$ 7 million.</p> <p>This additional budgetary requirement is needed to cover new activities that have arisen over the course of the biennium, including: supporting the implementation of the WHO research and development blueprint for action to prevent epidemics, facilitating the implementation of malaria vaccine pilot projects; strengthening surveillance for measles and other vaccine-preventable diseases, even as resources available through the Global Polio Eradication Initiative decline; and providing support to countries not eligible for support from the GAVI Alliance in accessing new and underutilized vaccines and strengthening their immunization programmes, including the maintenance and expansion of the vaccine product, price and procurement database, and establishing a vaccine demand/supply exchange forum. The sum of US\$ 7 million includes costs for staff, procurement and consultant contracts for technical support.</p>
2.b. Resources available during the current biennium
<p>– Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:</p> <p>None.</p> <p>– Extent of any financing gap, in US\$ millions:</p> <p>Implementing activities as requested in the draft resolution would require an estimated amount of US\$ 7 million for the remainder of the biennium.</p> <p>– Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</p> <p>Some fundraising activities would be implemented after adoption of the resolution to cover the funding gap. Several partners have already expressed interest in increasing their investments in the areas mentioned in the draft resolution.</p>
3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:
<p>US\$ 73 million.</p> <p>Additional budgetary requirement is needed to cover new activities, for example, in relation to the WHO research and development blueprint for action to prevent epidemics, and malaria vaccine pilot projects. Strengthening surveillance for measles and other vaccine-preventable diseases is key to achieving the goals of the global vaccine action plan and requires additional budget and resources. A plan is needed to secure the necessary investments by countries to sustain immunization during polio transition and to continue and enhance support to countries that transition out of support from the GAVI Alliance, in order to mitigate any risk to sustaining effective immunization programmes when polio funding decreases.</p> <p>Has this been included in the Proposed programme budget 2018–2019?</p> <p>As far as possible, these costs will be accommodated within the Programme budget 2018–2019.</p>
4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:
<p>US\$ 178 million for biennium 2020–2021.</p>

The representative of COLOMBIA said that his Government welcomed the recommendations of the Strategic Advisory Group of Experts on immunization, but was concerned about the uneven progress made towards the elimination of poliomyelitis, measles, rubella and maternal and neonatal tetanus. Misinformation about the positive effects of vaccination put the gains of decades of national and international efforts and investment at risk. Joint efforts were needed to increase vaccine coverage and equitable access to vaccination, with an emphasis on promoting the use of the combined measles-rubella vaccine. Future reports should take into account countries' investments in their cold

chain systems, as well as in technical capacity-building for health care staff, in order to ensure that biological products were stored in optimal conditions.

The representative of CHINA said that her Government was willing to help countries with low vaccination coverage to create preventive vaccination strategies. She supported the recommendation by the Strategic Advisory Group of Experts on immunization that Member States should secure the necessary investments to sustain immunization during the polio transition.

The representative of SRI LANKA described the situation in her country, noting the efforts that had been made to improve the implementation of the Expanded Programme on Immunization, including by introducing a new immunization policy, taking measures to appraise the Programme's output and placing emphasis on quality assurance. Her Government was exploring the feasibility of financing immunization services at the provincial and subnational levels, so as to enhance ownership and sustainability.

The representative of JAMAICA recognized the importance of investing in the success of the global vaccine action plan. His Government had already implemented many of the actions recommended in the report and had made great strides in improving the quality of data on immunization coverage and disease surveillance through its database for the Expanded Programme on Immunization. Since Jamaica's gross national income per capita was above the eligibility threshold, his Government had never received support from the GAVI Alliance. The threshold did not give adequate weight to the burden of diseases in a country and he therefore encouraged the Secretariat to advocate for vaccine manufacturers to set prices in line with those offered to the GAVI Alliance. The Secretariat should increase support for countries with respect to advocacy and social mobilization, which were crucial to building public support for vaccination.

The representative of AUSTRALIA noted that, despite the progress made by a number of Member States in respect of immunization coverage, progress towards the global targets was too slow, especially those on poliomyelitis, measles, rubella, maternal and neonatal tetanus and equitable access to vaccines. Australia supported the recommendations of the Strategic Advisory Group of Experts on Immunization, and urged all Member States to join in urgent action to achieve the agreed goals by 2020.

The representative of BAHRAIN noted the need to provide vaccines equitably to all, using new technologies. He encouraged Member States to guarantee the effective implementation of the Expanded Programme on Immunization and stressed the importance of establishing the required legislative and regulatory frameworks. In Bahrain, the Programme enjoyed high-level, governmental support. All age groups were guaranteed full coverage without discrimination, and his Government was able to respond quickly to outbreaks. He supported the global vaccine action plan.

The representative of the BAHAMAS, noting that immunization remained the best investment in public health and drawing attention to the challenges posed by fragile economies, conflict situations, increased cross-border movement and growing rates of vaccine refusal, said that maintaining high coverage of childhood immunization would require continued financial support from governments and external partners. Countries transitioning from GAVI Alliance support must look inward to private partners for support. Progress made in vaccine-related research and development was commendable. He looked forward to the forthcoming report on the polio endgame and expected that, by the time the final report on the global vaccine action plan was delivered, measles elimination would have been declared in at least 50% of regions.

The representative of INDIA said that a number of actions had been taken in his country to implement the global vaccine action plan, including the establishment of the independent National Technical Advisory Group on Immunization and an initiative to achieve full immunization coverage for all children. The Secretariat should mobilize funds to ensure a supply of quality, accessible and affordable vaccines, provide technical support for local manufacturing and technology transfer, and address the procedural and legal barriers that undermined competition and price reductions for new vaccines. Certain countries – such as those with low birth rates, those not eligible for GAVI Alliance support or those within a region – could benefit from pooling their vaccine procurement capacities. He endorsed the draft resolution, which should be adopted by consensus.

The representative of PARAGUAY expressed concern that progress towards eradicating poliomyelitis and eliminating measles and rubella had been slow, and that many countries had not achieved sufficient vaccine coverage. Official country coverage indicators should be established, as even countries with near full coverage still experienced outbreaks of vaccine-preventable diseases. She highlighted the issue of resistance to vaccination and said that technical tools must be made available to introduce more systematic vaccination processes and allow for their effective evaluation.

The representative of QATAR said that his Government had implemented a range of measures aimed at achieving the goals of the global vaccine action plan. Measures included introducing new vaccines and evaluating vaccination coverage among children and adolescents. Cross-border migration had led to a reduction in vaccination levels; the Secretariat and Member States should therefore work to raise awareness of the importance of vaccination in preventing outbreaks. Furthermore, Member States must pool resources to ensure that high-quality vaccines were available at competitive prices.

The representative of the RUSSIAN FEDERATION expressed overall support for the recommendations made by the Strategic Advisory Group of Experts on immunization. Stable funding of national immunization programmes, so as to ensure access to vaccines throughout the life course, was needed if the global vaccine action plan was to be implemented successfully. Thanks to additional measures taken by his Government, endemic transmission of measles and rubella in the country had ceased in 2015. The relevant documentation should reflect that fact. It was important to boost the quality and use of data on immunization and epidemiological monitoring, to continue research into, develop and introduce new vaccines, and to train staff. Particular attention should be paid to the recommendations of the Strategic Advisory Group of Experts on immunization concerning the stability of national immunization programmes through the poliomyelitis eradication transition period.

The representative of the REPUBLIC OF KOREA, welcoming the report, highlighted the need to improve vaccine coverage worldwide and increase investment in research and development. Her Government had eliminated poliomyelitis and measles thanks to high vaccination coverage, but the country was nevertheless affected by shortages of some vaccines. The Secretariat should forecast the global balance of vaccine supply and demand, and cooperate closely with Member States and vaccine manufacturers to avoid shortages.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, emphasized the importance of the topic for his Region. The African Region had made considerable progress in improving vaccine coverage, including in countries with the highest numbers of unvaccinated children. The landmark Ministerial Conference on Immunization in Africa had resulted in the Addis Declaration on Immunization. The synchronized switch from trivalent to bivalent oral polio vaccine had been successful. Use of meningitis A vaccine continued apace, and no cases of serogroup A meningococcal meningitis had been reported among those vaccinated.

Nevertheless, the Region recognized the slow progress made towards achieving the goals set out in the global vaccine action plan. In that regard, strengthening countries' health systems to provide

better access to immunization and respond to outbreaks was critical. He urged the Secretariat to advocate for measures to assist countries not eligible for support from the GAVI Alliance; to raise awareness of and preparedness for the transition away from poliomyelitis funding; to support countries in improving immunization monitoring, surveillance and data quality; provide technical support and guidance on community mobilization and demand generation for immunization services; ensure the availability and continuous supply of vaccines such as inactivated poliovirus vaccine; and integrate immunization into broader efforts to strengthen health systems through a multisectoral approach. Health systems strengthening and innovation should be prioritized as ways to achieve the global vaccine action plan goals.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his country's immunization programme was based around the family but included new target groups such as indigenous peoples, the prison population and older adults. Its surveillance system for diseases and public health events performed above expectations. He expressed support for the global vaccine action plan.

The representative of LEBANON expressed support for the recommendations made by the Strategic Advisory Group of Experts on immunization with regard to stronger leadership and governance and prioritizing immunization services, especially for vulnerable groups. His country's immunization programme was being extended to cover such groups, including refugees from the Syrian Arab Republic, without discrimination. Despite the impact of the Syrian crisis on Lebanon and its health system, poliomyelitis and diphtheria-tetanus-pertussis vaccination coverage had been maintained. More funding was needed to ensure sustainable vaccine supplies and equitable, high-quality services. The Secretariat should monitor global vaccines supplies closely to avoid future shortages. His country wished to be added to the list of sponsors of the draft resolution on the global vaccine action plan.

The representative of BOTSWANA said that six new antigens had been introduced into her country's immunization schedule between 2010 and 2016, including rotavirus and pneumococcal vaccines and a second dose of measles vaccine. Combined measles and rubella vaccine had been introduced in 2016 through a catch-up campaign. Further work was needed to reach the WHO target for pentavalent vaccine coverage, although uptake had increased through initiatives such as African Vaccination Week and child health days. She strongly urged the Secretariat to negotiate with immunization partners, in particular vaccination manufacturers, on the issue of reducing vaccine costs for countries that were ineligible for support from the GAVI Alliance and procured all their own vaccines.

The representative of TURKEY, outlining the improvements made to preventive and primary health care services in her country, highlighted the priority that her Government attached to routine immunization. At 97%, national pentavalent vaccine coverage exceeded the European Region average, and measles vaccine coverage stood at the same figure. Supplementary vaccination activities had been carried out for under-21s against hepatitis B and rubella. The country had been declared poliomyelitis-free and as having eliminated neonatal tetanus, and no cases of diphtheria had been reported in recent years. New vaccines were being added to the routine immunization programme and the Ministry of Health contributed to vaccine research. Measures were in place to ensure the safe and efficient distribution of vaccines, and routine vaccination was provided free of charge to migrant children under 5 years of age who were under temporary protection. In order to tackle the threat of outbreaks from imported cases, the highest possible vaccination coverage should be promoted in all countries.

The representative of VIET NAM said that increased immunization coverage in her country had resulted in significant reductions in infection, morbidity and mortality from vaccine-preventable

diseases. In order to give Member States timely warnings of epidemics, the Secretariat should work closely with them to share and update information on infectious diseases at the global and regional levels. Further support from the Secretariat would be beneficial in helping her country to introduce new vaccines into its immunization schedule.

The representative of ANGOLA, noting that eligibility for support from the GAVI Alliance was determined solely by a country's gross national income per capita, said that the great disparity between economic indicators and true development levels in some middle-income countries raised the question of whether the GAVI Alliance criteria would ultimately result in failure to meet the targets set out in the global vaccine action plan. While welcoming the draft resolution, he observed that the report did not adequately reflect the recommendations made in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines.

The representative of the PLURINATIONAL STATE OF BOLIVIA echoed the need identified by the Strategic Advisory Group of Experts on immunization for more vaccine research and development in low- and middle-income countries. Her Government had taken steps to expand its vaccination coverage, including by introducing human papillomavirus vaccine into its immunization schedule. She welcomed the recommendations made by the Strategic Advisory Group of Experts.

The representative of JAPAN applauded the elimination of maternal and neonatal tetanus in all Member States of the South-East Asia Region and the interruption of endemic transmission of rubella and measles in the Region of the Americas, but encouraged further efforts to achieve the goals set out in the global vaccine action plan. Sufficient financial and human resources were needed to strengthen surveillance systems and improve immunization coverage for diseases approaching eradication or elimination. His Government would continue to provide support to that end.

The representative of MALAYSIA expressed the view that it should be possible to eliminate rubella and congenital rubella syndrome in Malaysia by 2020 as the disease was less infectious than measles, the elimination of which would require higher vaccination coverage at all levels. Global coverage for measles-containing vaccine should be at least 90% at the country, district and subdistrict levels, which was higher than recommended in the global vaccine action plan. Increasing coverage would entail additional resource mobilization and greater commitment, and consideration should be given to extending the deadline for measles elimination beyond 2020. As countries stepped up their immunization activities to meet those goals, it was essential to ensure adequate supplies of vaccines worldwide.

The representative of the UNITED STATES OF AMERICA expressed support for the draft resolution and the recommendations made by the Strategic Advisory Group of Experts on immunization, especially with respect to the need for development partners to align their efforts; however, implementation of the global vaccine action plan remained a matter of concern. Enhanced global coordination and advocacy were needed to achieve the targets set out in the global vaccine action plan, mobilize resources, and address gaps in technical and financial support, particularly with regard to poliomyelitis. All countries, in particular those that had or would shortly become ineligible for support from the GAVI Alliance, must allocate their own resources to maintaining strong routine immunization programmes. His Government was committed to increasing the capacity of developing countries to manufacture high-quality vaccines at an affordable price; nonetheless, any actions by the Director-General to promote technology transfer should be on voluntary and mutually agreed terms. The initial focus should be on the priorities identified in the report of the Strategic Advisory Group of Experts, which did not mention technology transfer.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing support for the draft resolution and the recommendations made by the Strategic Advisory Group of Experts on Immunization, especially the importance of national financing of immunization programmes to ensure sustainability, called on all Member States to prioritize that financing within their national budgets. Given the slow progress to date, she asked how the Secretariat would ensure adequate support for countries to accelerate the achievement of the targets set out in the global vaccine action plan as the transition away from poliomyelitis funding approached.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country, which had introduced new and underused vaccines covering 15 antigens and increased access to those vaccines, had succeeded in eliminating maternal and neonatal tetanus and had been declared poliomyelitis-free in 2015. Overall immunization coverage exceeded 90% and pentavalent vaccine coverage had increased. Interdisciplinary advisory and coordination bodies supported the country's immunization activities. A web-based stock management tool for vaccines had been introduced to address vaccine supply and shortages. He endorsed the recommendation made by the Strategic Advisory Group of Experts on immunization that vaccine research and development partners should support vaccine research and development capacity in low- and middle-income countries and thanked the various partners that had supported his country's efforts to implement the global vaccine action plan.

The representative of NIGER said that his Government had elaborated a comprehensive multi-year plan for immunization, in accordance with the global vaccine action plan and other regional and national strategies. In 2016, Niger had been certified as being free of wild poliovirus, had eliminated maternal and neonatal tetanus and had made the switch from trivalent to bivalent oral poliovirus vaccine. Other achievements had included the introduction of new vaccines such as human papillomavirus and rotavirus vaccines and the incorporation of inactivated poliovirus vaccine into the national routine immunization programme. Despite such progress, challenges such as strengthening the cold chain and incorporating human papillomavirus vaccine into the national routine immunization programme remained. He therefore requested additional financial support. Niger fully supported the draft resolution.

The representative of CANADA echoed the concerns of the Strategic Advisory Group of Experts on immunization that progress to eradicate poliomyelitis and eliminate measles and rubella, and maternal and neonatal tetanus must be accelerated. Her Government would be sending a high-level delegation to the polio pledging event at the Rotary International Convention in June 2017 and she urged all current and potential donors and endemic countries to attend the event as part of efforts to achieve global eradication of poliomyelitis. The shortage of inactivated poliovirus vaccine was a matter of deep concern. Stakeholders must effectively plan for the transition of polio assets, including the strengthening of national immunization and health systems and the expansion of health services. Given the importance of routine immunization in the delivery of basic health care, immunization indicators to measure progress towards the Sustainable Development Goals were essential. Further consultations were needed to discuss how stakeholders could more effectively collaborate to implement the recommendations of the Strategic Advisory Group of Experts and achieve the goals of the 2011–2020 Decade of Vaccines. Reaching the most vulnerable and hardest-to-reach populations continued to pose a challenge and would require sustained effort and collaboration at the global level. Her Government had sponsored the draft resolution in view of the urgent need to achieve the goals of the global vaccine action plan.

The representative of NORWAY said that the slow progress made towards achieving the goals of the global vaccine action plan was of great concern: recent disease outbreaks had demonstrated the importance of health systems that could deliver results, including strong routine immunization and

disease surveillance. Progress towards attaining the goals of the global vaccine action plan in relation to measles and rubella would help to inform discussions on the future consideration of a possible eradication target. Country ownership would be crucial to making substantial progress towards achieving the goals of the global vaccine action plan. To that end, Governments should make evidence-based decisions regarding the introduction of new vaccines and increase domestic resources following transition from donor support. She expressed support for the draft resolution.

The representative of ECUADOR said that his country guaranteed universal and equitable access to vaccines free of charge throughout the life course and called on all Member States to adopt a similar approach. While great progress had been made, further support for research and development was crucial in order to develop new vaccines and prevent more diseases. He supported the use of immunization indicators as a means of tracking progress and said that WHO should consider creating a separate unit to provide both technical support and support to formulate national legislation to strengthen the commitment of Member States to guaranteeing adequate vaccination coverage at the country level.

The representative of SENEGAL said that support should be provided to enable countries transitioning from donor support to mobilize sufficient additional resources from local partners and develop innovative financing mechanisms. His country had already established a foundation to mobilize private-sector resources and had made great progress in introducing the new vaccines recommended in the global vaccine action plan. Financing must also be made available for strategies to reach every child, with the support of civil society.

The representative of CHILE said that the importance of immunization to global health and sustainable social development should not be underestimated. Implementation of the global vaccine action plan at the regional level should be led by Member States. It was essential to make available sufficient funding for national immunization programmes; provide technical support to monitor their implementation; and establish registers on vaccine quality and use. Member States must collaborate with relevant stakeholders to strengthen surveillance mechanisms and enhance accountability for implementation of the global vaccine action plan, particularly with regard to the elimination of cases of measles, mumps and rubella, and maternal and neonatal tetanus. Research and development on new vaccines should be prioritized for low- and middle-income countries. Her country fully supported the recommendations of the Strategic Advisory Group of Experts on immunization.

Mr Hurree took the Chair.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, expressed concern at the slow progress made towards implementation of the global vaccine action plan. The Region had implemented numerous measures, including the adoption of a plan of action on immunization that was aligned with the goals of the global vaccine action plan. Highlighting some of the Region's public health achievements, he recalled that rubella had been eliminated from the Region in 2015, and in 2016 the Region had been the first to eliminate measles, while poliomyelitis had been eradicated in 1994. To sustain those achievements, he urged Member States to provide the highest level of political commitment to the sustainable elimination of those diseases. Reimportation and weakened epidemiological surveillance systems posed significant challenges to sustained elimination in the Region. All countries should therefore take a more active role in strengthening routine immunization programmes and promote actions to identify and address inequities in order to ensure that all communities were protected from vaccine-preventable diseases. With those objectives in mind, several Member States of the Region had sponsored the draft resolution, which would also contribute to achieving target 3.b of the Sustainable Development Goals.

The representative of INDONESIA said that her Government was strongly committed to improving access to vaccines and immunization services and to achieving high and equitable immunization coverage. In addition, her Government had prioritized the introduction of new vaccines, notably to reduce the national infant and under-5 mortality rate. However, the high price of new vaccines had posed a considerable challenge to that policy. She called on WHO to support developing countries in vaccine price negotiations in order to increase the affordability of new and effective vaccines. Efforts should also be made to support the research and development capacities of developing countries by establishing technology transfer with vaccine manufacturers in low- and middle-income countries. Strong political commitment was required to advance national immunization programmes and secure the required funding.

The representative of GEORGIA expressed support for the objectives outlined in the European Vaccine Action Plan 2015–2020. A multi-year plan had been developed in Georgia based on the goals of the global vaccine action plan. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of SURINAME underlined the need for governments to enact laws to guarantee access to immunization, establish national immunization technical advisory groups and ensure the availability of sufficient funds. Her Government had incorporated the recommendations to increase equitable access to vaccines for the elimination of measles and rubella, and maternal and neonatal tetanus and the eradication of poliomyelitis in the national vaccine action plan. Steps had also been taken to enhance national surveillance capacity and data quality. Suriname continued to receive technical and financial support to procure vaccines and related supplies through the Revolving Fund of the Expanded Programme on Immunization. In that context, she urged WHO to increase international cooperation towards the achievement of the goals of the global vaccine action plan, including by enhancing sustainable national and regional manufacturing capacity for affordable vaccines and technologies.

The representative of PANAMA said that WHO should concentrate its efforts on countries that had been unable to increase vaccination coverage rates sufficiently. Her Government provided routine immunization free of charge and had made access to cost-effective vaccines a national priority. Such efforts had resulted in the elimination of yellow fever, poliomyelitis, diphtheria and rubella in Panama. The Government also monitored the side effects of vaccines, and worked to continuously improve the cold chain to ensure the safety and quality of vaccines. She urged the Secretariat to work with Member States in countering the negative public health impacts of the anti-vaccination movement.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region was on track to achieve the targets pertaining to hepatitis B control and the introduction of new and underutilized vaccines. However, several countries continued to experience challenges related to diphtheria-tetanus-pertussis vaccination coverage, particularly those countries experiencing protracted emergencies, and achievement of the measles and rubella, and maternal and neonatal tetanus elimination targets. Financial constraints were a major impediment to the elimination and control of such diseases.

The Member States of the Region had developed or were updating their comprehensive multi-year plans for immunization in line with the provisions of the Eastern Mediterranean vaccine action plan. In that connection, processes must be established to monitor the implementation of global and regional vaccine action plans at the national and subnational levels. Information sharing on vaccine prices would also facilitate the procurement process for quality vaccines at competitive prices. Special attention should be paid to middle-income countries that did not qualify for support from the GAVI Alliance to ensure that they had access to affordable vaccines. Efforts among partners must be aligned so as to promote national leadership, accountability and the achievement of global vaccine

goals. Guidance on the delivery of immunization services in emergency settings would be particularly useful. He stressed the importance of achieving the eradication of poliomyelitis at the earliest possible opportunity and of transferring resources to other immunization priorities.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, said that the next four years presented an opportunity for countries and all relevant stakeholders to make strides towards the achievement of the goals of the global vaccine action plan. Member States should demonstrate stronger leadership and governance of national immunization programmes and invest more in sustainable immunization programmes as an integral part of universal health coverage efforts. She requested global immunization partners to continue to provide financing to ensure that self-supporting countries and countries transitioning from support from the GAVI Alliance had the necessary capacity, tools and resources to sustain immunization programmes and gains over the long term. Governments should develop their capacities to assess vaccine priorities so as to ensure the impact, value for money, and sustainability of their health investments. Merely improving surveillance capacities was not sufficient to ensure that governments made the right choices regarding vaccine investment. Noting the need for countries to enhance efforts to reach the many unvaccinated and under-vaccinated children, including in areas of conflict and crisis, she requested guidance from the Secretariat in that regard. It was important to place the global vaccine action plan in the context of the International Health Regulations (2005) and the Global Health Security Agenda. The Member States of the Region remained fully committed to implementing the Expanded Programme on Immunization and eliminating measles and rubella by 2020, and therefore welcomed and supported the draft resolution.

The representative of THAILAND expressed concern at the slow progress made towards achieving many of the global immunization targets. A robust primary health care system, adequate financing, rigorous disease surveillance and effective monitoring based on subnational coverage data were key to achieving those targets. She expressed support for the draft resolution and urged Member States and relevant partners to accelerate implementation of the global vaccine action plan in countries that were not on track to reach immunization goals. Given that high vaccine prices posed a significant barrier to global immunization, especially for middle-income countries and those countries transitioning from receiving support from the GAVI Alliance, she requested the Director-General to develop an innovative financing mechanism that took account of the recommendations of the Consultative Expert Working Group on immunization to ensure that investment in research and development was delinked from vaccine prices. Reiterating the importance of expanding immunization throughout the life course, she said that her Government was rolling out an adult immunization plan. Noting the need for strong commitment from global and regional immunization partners, she requested WHO to take the lead in advocating adult immunization and provide technical support for establishing strategies at the national level.

The representative of BANGLADESH said that his country was on track to achieve the goals set out in the global vaccine action plan, and had made significant progress towards elimination of measles and control of rubella and congenital rubella syndrome. He requested WHO prequalification of domestic medicines to enable the national regulatory authority to begin operations. He thanked the GAVI Alliance for providing financial support for procuring vaccines and said that his Government would be willing to share its expertise and experience to further advance regional and global efforts to increase vaccination coverage and introduce new and under-used vaccines.

The representative of PAKISTAN said that, in addition to introducing a number of new vaccines in recent years, a single, performance-based financing mechanism for immunization programmes had been developed under his country's national immunization support project; his Government was willing to share that model with other countries and the Secretariat. To ensure the optimal use of resources and capacities, it was important to establish and strengthen linkages between immunization and polio eradication at the national, regional and global levels. He expressed appreciation to the GAVI Alliance and the Secretariat for supporting efforts to strengthen the Expanded Programme on Immunization and said that support from the GAVI Alliance should be provided to countries in conflict or emergency situations, particularly for the procurement of vaccines at negotiated rates.

The representative of IRAQ called on WHO to address the high prices of vaccines that were particularly burdensome in middle-income countries, which were often facing conflict or limited economic resources. A meeting on procuring vaccines at low prices should be held with the participation of the GAVI Alliance, UNICEF, Médecins Sans Frontières and other relevant organizations. He proposed that the eighth preambular paragraph of the draft resolution should be amended to read: "Concerned that at the mid-point of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to affordable and life-saving vaccines is too slow; and recognizing that middle-income countries in particular have faced specific challenges with high prices and lagged behind the introduction of new vaccines". He highlighted the importance of introducing new vaccines, such as pneumococcal conjugate vaccine, as part of the Expanded Programme on Immunization in order to reduce child mortality and morbidity.

The representative of MEXICO welcomed the advances made globally, but expressed concern at the lack of progress in attaining certain priority objectives under the global vaccine action plan, especially with regard to global shortage of vaccines and price fluctuation. Her Government supported the global initiatives to address health throughout the life course, including universal vaccination coverage, and recognized the need to ensure coverage and timely vaccination. She called on Member States and the Secretariat to continue building on the progress already achieved by promoting the use of new vaccines and tools that accelerated the reduction of preventable diseases. She welcomed the recommendations of the Strategic Advisory Group of Experts on immunization.

The representative of ZAMBIA said that his Government had prioritized health promotion, disease prevention, health systems strengthening and vaccine procurement, and was developing a financing mechanism for new vaccines. Data obtained at the community level had revealed that his Government's official estimate of the number of children eligible for vaccination had been far too low and, as a result, an insufficient number of vaccines had been procured through the GAVI Alliance. He asked the Secretariat and the GAVI Alliance to support Member States in developing a mechanism that ensured more accurate estimates of the population when calculating vaccine requirements.

The representative of ZIMBABWE, noting the importance of expanding immunization services beyond infants and children, said that financial support was required to introduce and sustain the use of new vaccines, such as pneumococcal conjugate, rotavirus and human papillomavirus vaccines, in order to meet global immunization targets. Commending the work of the Strategic Advisory Group of Experts on immunization, he said that challenges hindering progress towards achieving global immunization targets should be addressed at all levels. He welcomed the efforts of stakeholders to conduct clinical trials to develop and introduce Ebola, HIV and malaria vaccines.

The representative of the PHILIPPINES said that while her Government had managed to mobilize additional funds to introduce new vaccines, more funds were required to purchase the necessary amount of vaccines to ensure full coverage of vulnerable age groups and sustain the supply of new vaccines. Attention should be given to making vaccines more affordable and available, especially to low- to middle-income countries such as the Philippines, including by pooling vaccine orders to obtain lower prices. She welcomed efforts to enhance technical support and collaboration between countries in measuring the burden of disease and monitoring and evaluating the impact of introducing new vaccines.

The representative of ALGERIA said that implementing the global vaccine action plan in low- and middle-income countries had proven to be a considerable challenge; more affordable vaccines, more rigorous planning, a stronger mechanism for gathering data on vaccination coverage, and surveillance of vaccine-preventable diseases were required in that regard. Equitable access to vaccination programmes was also crucial at both the individual and country levels for the global vaccine action plan to be successful. With technical support from the Secretariat, his Government had successfully introduced five new vaccines under the Expanded Programme on Immunization, with resulting vaccination coverage of over 90%. Nevertheless, the high cost of vaccines remained an obstacle. The recommendations of the Strategic Advisory Group of Experts on Immunization should serve as a reference point. With support from WHO, middle-income countries should develop mechanisms for collective purchasing of vaccines and promote the local production of safe, effective vaccines at affordable prices. He drew attention to the increasing problem of vaccine refusal, which could jeopardize the long-term success of the global vaccine action plan.

The representative of GHANA recognized the significant progress made, but called on Member States and the global community to work together to address the challenges regarding access to vaccines and the related technologies and develop strategies to reach populations that were not easily accessible. His country was participating in trials of the malaria vaccine RTS,S, and had started the process of transitioning from receiving support from the GAVI Alliance, including through efforts to mobilize domestic funding for vaccines and vaccination. The shortage of essential vaccines was a major cause for concern; WHO and the international community must address the gap in supply and demand. His Government wished to be added to the list of sponsors of the draft resolution.

The representative of AFGHANISTAN said that while vaccination coverage in Afghanistan had improved, it remained low, especially in rural and remote areas. He outlined the steps taken in his country to make routine immunization more accessible and improve vaccination coverage, particularly with a view to eradicating poliomyelitis. He expressed appreciation for the GAVI Alliance's efforts to strengthen systems and improve immunization outcomes and thanked development partners for their continued support.

The representative of SOUTH AFRICA expressed support for the recommendations aimed at strengthening Member States' efforts in disease prevention through vaccination. She described the steps her Government was taking to achieve the goals of the global vaccine action plan, including by strengthening the health system and expanding coverage, for example by introducing pneumococcal conjugate vaccine among children, actively monitoring the performance of medicine suppliers and proactively managing supply issues. She urged WHO, in collaboration with vaccine-producing partners, to give priority to the needs of countries with high rates of communicable diseases to ensure that vaccine strategies were addressed.

The representative of TUNISIA welcomed the efforts made to achieve the goals of the global vaccine action plan and supported the recommendations of the Strategic Advisory Group of Experts on immunization. Although improvements in vaccination coverage had been made in Tunisia, the introduction of new vaccines had proved challenging as the price of the new pneumococcal conjugate vaccine, for example, exceeded that of all vaccines included in the national immunization schedule. She requested a review of the eligibility criteria for middle-income countries for eligibility for support from the GAVI Alliance, particularly as many were facing situations that made it difficult to provide equitable access to vaccines for all infants, thereby jeopardizing attainment of the objectives of the global vaccine action plan.

(For continuation of the discussion, see the summary record of the eleventh meeting, section 1.)

The meeting rose at 12:45.

= = =