

**PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING**

**Palais des Nations, Geneva  
Wednesday, 24 May 2018, scheduled at 14:30**

**Chairman: Dr S. BROSTRØM (Denmark)  
later: Dr M. MARTÍNEZ MENDUIÑO (Ecuador)  
later: Dr S. BROSTRØM (Denmark)**

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## EIGHTH MEETING

Wednesday, 24 May 2018, at 14:35

**Chairman:** Dr S. BROSTRØM (Denmark)

**later:** Dr M. Martínez Menduiño (Ecuador)

**later:** Dr S. BROSTRØM (Denmark)

**STRATEGIC PRIORITY MATTERS:** Item 11 of the agenda (continued)

**Polio transition and post-certification:** Item 11.3 of the agenda (document A71/9) (continued)

The representative of AUSTRALIA said that there were substantial risks involved in the polio transition, including a potentially negative impact on WHO operations. She supported the development of country-level resource mobilization plans and advocacy strategies aimed at mainstreaming polio-essential functions into national health systems. WHO should clarify how country-level transition plans would be funded. She commended WHO for providing a detailed overview of potential problems and responses, as well as WHO's development of a new vision for transition planning, looking at opportunities to contribute to achieving the Sustainable Development Goals. Addressing the programmatic, organizational and financial risks associated with the transition must remain a high priority. That would require proactive engagement with partners, such as the GAVI ALLIANCE, and Member States to ensure that essential functions at the country level were maintained and financed sustainably as polio resources decreased.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the polio transition posed a potentially major global health security risk. His Government supported the clear objectives articulated in the draft strategic action plan. It also welcomed the emphasis on the benefits of the polio transition for immunization systems and the WHO Health Emergencies Programme. However, the report offered too few solutions to the many important strategic issues identified and failed to clearly map out the actions required for a successful transition. It remained unclear who was responsible for which actions. WHO should explain how it would mitigate the risks associated with reductions in the number of polio staff. The Organization should indicate when it would approve country ownership and transition plans. Funding requirements for different WHO programmes must be aligned in order to prevent duplication and guarantee results, impact and value for money. He asked whether the case for maintaining existing polio capacities would be clearly articulated in the investment case for the draft thirteenth general programme of work. WHO should also confirm whether it would establish a full-fledged polio transition team following the present Assembly.

The representative of THAILAND said that her Government supported the draft strategic action plan. The monitoring and evaluation framework should include clear and measurable targets. The uncertainties around the date of eradication and the subsequent financial impact were concerning. Member States and development partners should allocate more funding to the polio transition. Human resources must be transferred to other programmes, especially those related to universal health coverage.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country had been polio-free since 1996 thanks to Government initiatives, including the establishment of an effective

surveillance system and vaccine supply chain. However, many children remained at risk due to the ongoing epidemic of circulating vaccine-derived poliovirus and the global shortage of the inactivated poliovirus vaccine. He supported the draft strategic action plan.

The representative of BRAZIL, expressing support for the draft strategic action plan, said that national immunization programmes and surveillance measures must be strengthened to ensure the sustainable elimination of poliomyelitis. Upcoming discussions on the programme budget for the biennium 2020–2021 must include a debate on how polio-essential functions would be integrated into other areas of public health work. WHO should consider all the funding options available for the polio transition and not automatically consider an increase in the assessed contributions of Member States. Discussions on the matter should continue at all WHO governing body meetings between 2018 and 2020.

The representative of KENYA, welcoming the draft strategic action plan, said that his Government had taken several measures to support the polio transition process, such as mapping existing polio assets and scaling up funding to immunization services.

The representative of BAHRAIN stressed the importance of monitoring and evaluating the implementation of the draft strategic action plan at the national, regional and global levels. Action must be taken to overcome the remaining obstacles that hindered progress towards polio eradication. Her Government had increased investment into national prevention programmes and laboratory-based epidemiological surveillance.

The representative of NIGERIA said that the 2017–2018 poliomyelitis programme in his country had proved extremely successful, with no cases of wild or circulating vaccine-derived poliovirus being reported to date. His Government would continue to take measures towards achieving a polio-free world, including by increasing access to vaccinations in security challenged areas, intensifying surveillance and strengthening data quality.

The representative of NIGER said that polio was currently not endemic in her country thanks to the introduction of a high-quality national vaccination programme. However, it continued to face challenges in eradicating the disease, owing to the fact that the poliovirus was still circulating in neighbouring countries. In order to sustain the polio transition process successfully, it would therefore be important to streamline resources, find innovative sources of financing and implement the International Health Regulations (2005) within the framework of cross-border activities.

The representative of PANAMA said that her Government supported the draft strategic action plan.

The representative of BARBADOS said that his country's immunization programme was one of the most comprehensive in the Americas. He commended WHO for introducing strategies to mitigate the risks posed by the ongoing global shortage of the inactivated poliovirus vaccine.

The representative of PAKISTAN said that poliomyelitis incidence in Pakistan had decreased by 90% since 2014. Pakistan would start planning its polio transition in 2019. The transition would involve mainstreaming the essential activities required to sustain wild poliovirus eradication, documenting and sharing lessons learned, and transferring processes, capacities and assets to other health priorities. The polio transition process should not start until the virus had been eradicated in countries in which the disease was endemic. A target date for transition should be set during the final stages of eradication.

The representative of INDIA welcomed the report's emphasis on aligning the polio transition process with the draft thirteenth general programme of work. She supported the proposal to transfer polio programme assets to other public health programmes. It would be particularly useful to absorb the staff and systems of the Global Polio Eradication Initiative into general primary health care and public health systems. The National Polio Surveillance Project must continue to operate at its current level if her Government were to sustain its current efforts. Rapidly scaling down the project would put the polio programme and other related activities at risk.

The representative of the DOMINICAN REPUBLIC, welcoming the report, said that WHO should support countries in following up, coordinating, monitoring and evaluating their immunization programmes. It would be vital to identify weaknesses and challenges relating to vaccine coverage, detection and response.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES said that the draft strategic action plan failed to appropriately address how immunization systems would be strengthened. Neither did it articulate a strategy for sustainable financing. WHO should therefore urgently establish a coordination mechanism to implement the draft strategic action plan at the global, regional and national levels. The draft strategic action plan should also be aligned with the transition plans of the Global Polio Eradication Initiative and the GAVI Alliance. More analysis was required on the impact that the simultaneous transition would have on immunization systems. Without greater political leadership and ownership, the transition would not succeed. WHO must determine the objective for polio transition and clearly define the Organization's role in achieving it.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, welcomed efforts on the global post-certification strategy. While she agreed in principle with the guidance provided, more clarification was required on governance structures, implementation modalities and costs. WHO should hold discussions with important stakeholders to determine the specific measures required. Her organization remained concerned by the chronically low immunization coverage in high-risk areas, increasing numbers of circulating vaccine-derived poliovirus in countries in which the disease was not endemic and continued shortages of the inactivated poliovirus vaccine.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the polio transition process must be made into a political priority. While the draft strategic action plan represented a major step forward, it remained unclear which entity was responsible for leading the process and how immunization systems would be strengthened. She urged WHO to establish a coordination mechanism and ensure it was fully operational before funding ceased. It was imperative to harmonize the draft strategic action plan with the transition plans of other multilateral agencies as well as with country frameworks. WHO should work with the global health community to identify roles and responsibilities in that regard.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the progress made in identifying the polio-essential functions needed to maintain a polio-free world and called for further clarification on how those functions would be supported. Open and constructive dialogue would be vital to ensuring that investments made by countries to halt polio transmission remained sustainable after eradication. While stakeholders were keen to achieve global polio eradication so that they could leverage those investments, they should not do so before eradication had been certified.

The representative of PATH, speaking at the invitation of the CHAIRMAN, expressed concern that many priority countries were not yet in a position to transition, and that donors and multilateral agencies had not been adequately engaged in budget planning. WHO should promote strategic coordination between all relevant stakeholders with the aim of addressing financing gaps in polio transition.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives), acknowledging that the countries currently funded by the Global Polio Eradication Initiative would face significant financial, organizational and programmatic risks during the scaling down period, said that WHO remained committed to polio eradication and had been bolstering transition efforts in countries in which the disease was endemic and those at high risk. Countries that received funding through the polio programme would continue to be encouraged to strengthen their transition planning and to integrate polio-essential functions into their immunization system, as had already been the case in the priority polio transition Member States of the South-East Asia Region. A new vaccination business case for Africa had also been launched.

The five-year draft strategic action plan, with the polio post-certification strategy as its central pillar, had been developed with input from all levels of WHO. It supported country ownership and priorities for integrating polio infrastructure into broader, vaccine-preventable disease prevention systems, without losing the quality and reliability of polio-funded assets. Agency-specific transition plans would also be developed by Global Polio Eradication Initiative partners. Together those plans would support the full implementation of national plans. The cost of integrating polio functions could be financed either through the budget allocated to the draft thirteenth general programme of work or by mobilizing domestic resources at the country level. Transition was not about protecting WHO positions; rather, the ultimate goal was to strengthen country capacity and mainstream functions into government health infrastructure.

The sudden departure of staff represented a worst-case scenario; more than half of the workforce affected by the polio transition was located in Nigeria, which would eventually undergo transition as detailed in the draft strategic action plan. The date of certification had been set as 2021, based on the assumption that wild polio transmission would cease that year. Since that was unlikely to happen, transition projections would be extended accordingly. The draft strategic action plan should therefore be considered a living document based on 16 national transition plans. The Secretariat would report regularly on its implementation to the Executive Board and Health Assembly, and regularly inform Member States of the progress made in relation to the indicators. There would also be an independent evaluation during and after the implementation period. He thanked Member States for their interest in the report and requested their support for the full and effective implementation of the draft strategic action plan and the respective country transition efforts. The Director-General had already taken steps to consider the staffing and resources required for the polio transition process and the Secretariat would provide support at all levels of the Organization for the implementation of the relevant resource mobilization plans.

The CHAIRMAN took it that the Committee wished to take note of the report contained in document A71/9.

**The Committee noted the report.**

**Preparation for a high-level meeting of the General Assembly on ending tuberculosis:** Item 11.8 of the agenda (documents A71/15, A71/16, A71/16 Add.1 and EB142/2018/REC/1, resolution EB142.R3)

The CHAIRMAN drew attention to a draft resolution on preparation for a high-level meeting of the General Assembly on ending tuberculosis contained in resolution EB140.R5, as amended in informal consultations by the delegations of Peru and the Russian Federation, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered documents on the preparation for a high-level meeting of the General Assembly on ending tuberculosis;<sup>1</sup>

(PP2) Noting with concern that tuberculosis remains the leading infectious disease killer in the world today responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016 and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

(PP3) Reaffirming resolution WHA67.1 (2014) adopting the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and resolution WHA68.7 (2015) adopting the global action plan on antimicrobial resistance; as well as recalling the General Assembly resolution 71/3 (2016) “Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance”;

(PP4) Recalling the General Assembly resolution 70/1 (2015) which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

(PP5) Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy, which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required, and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);<sup>2</sup>

(PP6) Recognizing that to achieve the tuberculosis targets and milestones of the Sustainable Development Goals and of WHO’s End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of each country’s path towards achieving universal health coverage and taking into account social, economic and environmental determinants and consequences of tuberculosis;

(PP7) Welcoming the decision contained in the General Assembly resolution 71/159 (2016), to hold a high-level meeting on the fight against tuberculosis in 2018;

(PP8) Welcoming also the first WHO global ministerial conference on “Ending TB in the Sustainable Development Era: A Multisectoral Response”, organized jointly with the Government of the Russian Federation and held in Moscow on 16 and 17 November 2017, and the resulting Moscow Declaration to End TB,<sup>3</sup> with commitments and calls to action regarding notably: advancing the response to tuberculosis within the Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation;

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<sup>1</sup> Documents A71/15, A71/16 and A71/16 Add.1.

<sup>2</sup> Document A70/38, section E.

<sup>3</sup> Available at [http://www.who.int/tb/Moscow\\_Declaration\\_MinisterialConference\\_TB/en/](http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/), accessed 16 May 2018.

developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis;

(PP9) Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework and recalling in this regard resolution EB142.R3 (2018);

(PP10) Welcoming the Secretariat's report on a draft multisectoral accountability framework to accelerate progress to end tuberculosis,<sup>1</sup>

OP1. URGES Member States:<sup>2</sup>

- (1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis, including enabling high-level participation; and
- (2) to pursue the implementation of all the commitments called for in the Moscow Declaration, which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

OP2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration and invite those who have not yet endorsed it to add their support;

OP3. REQUESTS the Director-General:

- (1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly in 2018 on the fight against tuberculosis;
- (2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting in 2018 on the fight against tuberculosis and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to strengthen health systems towards achieving universal health coverage, including for tuberculosis prevention and care; to urgently support high multidrug-resistant tuberculosis (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health security by supporting implementation of the global action plan on antimicrobial resistance, including tuberculosis-specific actions in all countries;
- (3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient and sustainable financing;
- (4) to develop a global strategy for tuberculosis research and innovation, taking into consideration both ongoing and new efforts, and to make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development, considering where possible drawing on relevant existing research networks and global initiatives;
- (5) to continue to develop, in consultation with Member States, the draft multisectoral accountability framework, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB

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<sup>1</sup> Documents A71/16 and A71/16 Add.1.

<sup>2</sup> And, where applicable, regional economic integration organizations.

(2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries;

(6) to present the draft multisectoral accountability framework to accelerate progress to end tuberculosis at the United Nations General Assembly High-level meeting on the fight against tuberculosis in 2018;

(7) to report to the Seventy-second World Health Assembly on the implementation of this resolution.

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

<b>Resolution:</b>	Preparation for a high-level meeting of the General Assembly on ending tuberculosis
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b>	
<b>Programme area:</b>	1.2. Tuberculosis
<b>Outcome:</b>	1.2. Universal access to quality tuberculosis care in line with the End TB Strategy
<b>Output(s):</b>	
	1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1
	1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b>	
	Not applicable.
<b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b>	
	Work called for within the resolution is already addressed in the Programme budget 2018–2019, including normative and strategic guidance, technical cooperation, monitoring and evaluation, research strategy and promotion efforts, as well as coordination efforts with other organizations of the United Nations system and other stakeholders. The expectation is that within the available budget, further stakeholder consultations can be held and technical cooperation undertaken to advance efforts including strengthened accountability of all stakeholders – governmental and non-State actors – at the country, regional and global levels.
<b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b>	
	Six years (2018–2023).

<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	For 2018–2019: US\$ 123.9 million, as in the Programme budget 2018–2019. For subsequent bienniums, the resource requirements will be further assessed and confirmed during the development of the relevant programme budget.
<b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	US\$ 123.9 million (Programme budget 2018–2019 for tuberculosis).
<b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	No additional resource requirements are expected for the current biennium.
<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b>	The resolution calls for acceleration of work on tuberculosis, compared with current effort, and will require, as a minimum, a 4% increase in resources in the Programme budget 2018–2019. The estimates will be further assessed and confirmed during the development of the programme budget for 2020–2021.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>	It is expected that the acceleration of work on tuberculosis undertaken during 2020–2021 will be continued and will require, as a minimum, a 4% increase in resources in the Programme budget 2020–2021, to be reflected in future programme budget resource requirements.
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b>	<ul style="list-style-type: none"> <li>– <b>Resources available to fund the resolution in the current biennium:</b> US\$ 75 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 49 million.</li> <li>– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b> US\$ 30 million.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	25.0	11.3	0.95	5.3	5.75	3.3	7.4	59.0
	Activities	10.7	21.1	0.95	12.5	5.75	4.9	9.0	64.9
	Total	35.7	32.4	1.9	17.8	11.5	8.2	16.4	123.9
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	26.0	11.8	1.0	5.5	6.0	3.4	7.7	61.4
	Activities	11.1	21.9	1.0	13.0	6.0	5.1	9.4	67.5
	Total	37.1	33.7	2.0	18.5	12.0	8.5	17.1	128.9
2022–2023 resources to be planned	Staff	27.0	12.2	1.03	5.8	6.2	3.5	8.0	63.8 <sup>a</sup>
	Activities	11.6	22.8	1.03	13.5	6.2	5.3	9.7	70.2 <sup>a</sup>
	Total	38.6	35.0	2.06	19.3	12.4	8.8	17.7	134.0

<sup>a</sup> The row total does not add up due to rounding.

The representative of the RUSSIAN FEDERATION said that the draft resolution, which had been considered by the Executive Board at its 142nd session, had been the subject of several rounds of informal consultations. As a result, and in accordance with decision EB142.R3, a number of amendments had been incorporated, particularly with regard to the proposed establishment of a multisectoral accountability framework.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the progress made towards ending tuberculosis had been insufficient. More must be done to meet the targets set in the End TB Strategy and the Sustainable Development Goals. The tuberculosis epidemic was a social, political and economic issue, the resolution of which required all parties to work together effectively, notably to improve the affordability of medication and scale up research into multidrug-resistant tuberculosis. In Africa, the tuberculosis epidemic was exacerbated by high poverty levels, HIV infection, poor nutrition and smoking, and the presence of high-risk groups. Tackling the epidemic would therefore require a multisectoral approach and high-level political commitment to address funding gaps. He expressed support for the draft resolution.

The representative of COLOMBIA welcomed the clear proposals made in the report, which would be essential to ensuring a successful high-level meeting. She expressed particular appreciation for the emphasis on clear, action-based commitments and the multisectoral focus. It was important to reach an agreement on preparing a multisectoral accountability framework that encompassed all dimensions of the multisectoral tuberculosis response and provided for a timely review of results and corrective action, where necessary. Tuberculosis was not solely a health issue, which made it all the more important to set ambitious goals to tackle it.

The representative of GHANA said that, despite the gains outlined in the report, the 2020 milestone of the End TB Strategy could not be achieved without the acceleration of implementation strategies and greater political commitment. He outlined several elements of his own country's strategic plan to end the tuberculosis epidemic, and expressed the hope that the current process would result in a global multisectoral accountability framework that would hold governments and other agencies to account in the fight against tuberculosis.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region expressed concern about the shortfall in funding for tuberculosis-related activities, particularly given the high burden of the disease in her Region. The commitments made during the Ministerial Meeting Towards Ending TB in South-East Asia in New Delhi would therefore be crucial to driving the tuberculosis control agenda in South-East Asia. It would also be vital to secure adequate funding in order to ensure that health systems could identify new cases and provide successful treatment, and effectively tackle multidrug-resistant and extensively drug-resistant tuberculosis. Particular attention should be paid to countries with specific humanitarian needs, taking into account different disease burdens and funding needs. Her region fully supported the draft resolution.

The representative of PERU said that the high-level meeting would provide the political impulse required to continue the fight against tuberculosis. The resulting political declaration should highlight the importance of strengthening human resources in the field of tuberculosis prevention and treatment and supporting countries responding to multidrug-resistant tuberculosis and a high burden of the disease. It should also emphasize the need to adopt a community-based approach to tuberculosis detection and continuity of treatment, strengthen dialogue with civil society and the private sector to finance research into vaccines and new medicines, and support tuberculosis patients and their families. He supported the draft resolution.

The representative of BAHRAIN, expressing support for the Moscow Declaration to End TB, said that her country had been implementing the commitments made in that document. Continued high-level political engagement would be required to support the international efforts to end tuberculosis, in line with the Sustainable Development Goals. She endorsed the draft resolution.

The representative of CANADA expressed support for the draft resolution, noting the importance of expanding access to prevention and treatment services, investing in tuberculosis response measures and collaborating with civil society. A key priority for her country was the establishment of a multisectoral accountability framework based on a collaborative approach, so as to enable an independent, constructive review of performance. That framework should be presented at the high-level meeting to ensure that the resulting political declaration contained a commitment to develop and implement it. Lastly, she emphasized the importance of taking into account the specific needs of indigenous peoples, and women and girls during the preparations for the high-level meeting.

The representative of ARGENTINA welcomed the preparatory work and actions outlined in the report and fully recognized the importance of galvanizing the political support needed to tackle tuberculosis. She agreed that sufficient and sustainable financing was needed for a full response to the tuberculosis epidemic, alongside increased investment in research and innovation and an agreement on establishing a multisectoral accountability framework. Her country supported the draft resolution.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the proposed development of a multisectoral accountability framework and drew attention to a recently adopted regional strategic plan to tackle tuberculosis. It was important to ensure that the high-level meeting considered the specific support required for countries with a high tuberculosis burden, and countries experiencing complex emergencies, including those under severe pressure owing to the presence of a high number of refugees. The high-level meeting preparation process should take into account the situation of those countries to ensure that their specific needs were addressed.

The representative of the ISLAMIC REPUBLIC OF IRAN said that tuberculosis continued to disproportionately affect vulnerable populations. While previous WHO strategies had saved lives, it was important to acknowledge the negative impact of factors such as HIV coinfection, multidrug resistance, drug and alcohol addiction, diabetes, chronic respiratory diseases and complex emergencies on tuberculosis epidemiology. His country remained committed to ending tuberculosis epidemics by 2030 in line with target 3.3 of the Sustainable Development Goals and called for greater multisectoral action in that area. He expressed concern that political pressures and unlawful, unilateral sanctions could affect populations' access to therapeutic and diagnostic services.

The representative of ALGERIA, welcoming the report, agreed that it was essential to continue efforts to tackle tuberculosis through a holistic, multisectoral approach. In particular, redoubling efforts in terms of resource mobilization and research and development would help respond to the multidrug-resistant forms of the disease. His country supported the draft resolution.

The representative of CHINA said that thorough preparations for a successful high-level meeting would be crucial to strengthening global political commitment, facilitating fundraising and promoting cooperation among countries in the fight against tuberculosis. She welcomed the Secretariat's continued dialogue with Member States, civil society, the private sector and multistakeholder panels, with a view to drafting an action-oriented political declaration. The establishment of a multisectoral accountability framework would be an important part of the End TB Strategy. Any potential tuberculosis framework should address all aspects of the disease and take into account differences in medical standards and tuberculosis prevalence among Member States. She

proposed that, in subparagraph 3(5) of the draft resolution, the phrase “especially in the highest burden countries, and the independent review of progress achieved by those countries” should be deleted.

The representative of JAPAN expressed her support for the draft resolution. As a co-facilitator of the high-level meeting, her country would do its utmost to build consensus and draft a political declaration that would create a global momentum to combat tuberculosis. To that end, the active participation of all Member States would be imperative. She emphasized that tackling tuberculosis required political resolve and a multistakeholder approach, and looked forward to the adoption of the proposed multisectoral accountability framework at the high-level meeting. Tuberculosis should also be considered as part of efforts to promote universal health coverage.

The representative of VIET NAM welcomed the proposal to establish a multisectoral accountability framework. She noted with concern that the technology required to control tuberculosis and provide standard services had not yet been made universally available. Multisectoral accountability would therefore be essential to ensuring the optimal use of all tools for detection, treatment and prevention of tuberculosis, including social protection for patients. Ending tuberculosis required technological innovation; WHO should thus advocate for investment in tuberculosis research.

The representative of ECUADOR said that access to medicines and diagnostics would be essential to eradicate tuberculosis, and that the most vulnerable populations, including persons deprived of their liberty and those from the poorest communities, must not be left behind. Such an approach had become increasingly urgent given the prevalence of HIV and tuberculosis coinfection and multidrug-resistant strains of the disease. Greater regional and global support for affected countries and more work to address social determinants would be crucial. Policies on tuberculosis must be given priority, and appropriate resources should be made readily available to strengthen prevention and control efforts. He welcomed the draft resolution and emphasized that combating tuberculosis would play an important role in achieving the Sustainable Development Goals.

The representative of AUSTRALIA said that WHO and its partners had an important role to play in building political momentum ahead of the high-level meeting. His country remained committed to reducing the burden of tuberculosis at the global and regional levels, including through bilateral aid programmes, contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and investment in product development partnerships. He drew attention to multidrug-resistant tuberculosis, which was a particular problem in the Western Pacific and South-East Asia Regions. The Secretariat should ensure that high priority was given to discussions of multi-drug resistant tuberculosis at the high-level meeting.

The representative of the PHILIPPINES expressed his support for the proposal to establish a multisectoral accountability framework that encompassed all dimensions of the tuberculosis response, with a view to monitoring and evaluating progress more effectively. He also welcomed increased investment in tuberculosis efforts and the increased engagement of stakeholders. To that end, it would be imperative to define the specific roles to be played by other sectors as well as the Global TB Caucus, and to elicit their support for the existing and proposed efforts to eliminate tuberculosis.

The representative of the MALDIVES said that her Government had committed to controlling and eliminating tuberculosis through a multisectoral strategic plan that was aligned with the End TB Strategy. To achieve the End TB Strategy’s targets, action must be taken to explore innovative funding mechanisms and collaborative partnerships. She welcomed the proposal to establish a multisectoral accountability framework, but called for a harmonized and inclusive approach to reporting, so that countries with low prevalence and small countries like the Maldives could use existing reporting mechanisms. Her country wished to be added to the list of sponsors of the draft resolution.

The representative of SAUDI ARABIA welcomed the draft resolution. Referring to the proposal to establish a multisectoral accountability framework to accelerate progress towards ending tuberculosis, he called on WHO to strengthen the effectiveness of rapid diagnostic tests and make them more readily available at the country level. Greater efforts should also be made to devise innovative mechanisms to support national laboratory-based monitoring systems, integrate diagnostic and therapeutic tuberculosis services into public health systems and enable States with a high burden of drug-resistant tuberculosis to obtain new and costly non-standard drugs. Sustaining anti-tuberculosis programmes and removing the stigma around the disease should remain a high priority.

The representative of PAKISTAN said that his country remained fully committed to tackling tuberculosis and had made substantial progress in strengthening the diagnosis and treatment of the disease. The End TB Strategy represented a paradigm shift that encompassed bold policies and multisectoral cooperation.

The representative of AZERBAIJAN expressed her support for the draft resolution. Member States had shown tremendous political will to end tuberculosis and improvements had been noted. She hoped to see additional progress in the coming years, including in the area of multidrug-resistant tuberculosis.

**Dr Martínez Menduño took the Chair.**

The representative of INDONESIA said that her Government remained fully committed to fulfilling the Moscow Declaration to End TB and to addressing the challenges involved in tackling the disease. She looked forward to a successful high-level meeting and asked for her country to be added to the list of sponsors of the draft resolution.

The representative of INDIA said that her Government had increased funding for its national strategic tuberculosis plan and had allocated a significant part of the plan's budget to addressing the quality of patient care in the private sector, with a view to eliminate tuberculosis by 2025. Efforts had also been made to detect tuberculosis cases in high-risk areas, enhance the effectiveness of diagnostics and treatment and provide targeted support to poor and marginalized communities. Her country was a major manufacturer of anti-tuberculosis drugs and remained fully committed to working with WHO to overcome the challenges presented by the disease.

The representative of the UNITED STATES OF AMERICA said that the high-level meeting represented an important opportunity to strengthen international partnerships. Her country remained committed to implementing the End TB Strategy through a multisectoral approach. Coordinated intergovernmental efforts were necessary to save lives and reduce the substantial health and economic burdens of the disease. There was also a need to rapidly scale up the diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis. Continued innovation and research and multidisciplinary approaches would be essential in that regard. Despite the significant progress made in the fight against tuberculosis, it remained the top infectious disease globally. Bolstering commitment across all sectors was therefore vital. To support global eradication, her country would be happy to share its experiences and lessons learned with other Member States.

The representative of MALAYSIA expressed support for the Moscow Declaration to End TB, and the efforts made in preparation for the high-level meeting. Her country had strengthened its health systems in order to achieve universal health coverage, including for tuberculosis. It remained committed to implementing the End TB Strategy and would closely monitor progress made towards that end.

The representative of SOUTH AFRICA, speaking on behalf of Brazil, the Russian Federation, India, China and South Africa (the BRICS countries), said that, to meet the targets of the Sustainable Development Goals and the End TB Strategy, action must be taken to strengthen tuberculosis prevention and treatment as part of the universal health coverage agenda. Addressing the social and economic determinants and consequences of tuberculosis would also be important. Political leadership and accountability would be required at the highest levels. All countries should ensure that Heads of State attended the high-level meeting and committed to taking concrete actions, including the funding of research and development for shorter treatment regimens, vaccines, and point-of-care diagnostic tests.

The representative of GERMANY expressed her concern regarding the high number of cases of multidrug-resistant and extensively drug-resistant tuberculosis, and tuberculosis and HIV coinfection. The development of new diagnostics and therapeutic agents, as well as a vaccine, would be paramount for the control and elimination of the disease. She called for the integration of tuberculosis health service provisions into national health systems, with a view to achieving universal health coverage and barrier-free access to medical services for all tuberculosis patients and high-risk groups. Efforts should also be made to implement effective surveillance, prevention and care measures and adopt a patient-centred approach to the disease involving non-State actors and patient representatives. She supported the draft resolution.

The representative of ZAMBIA said that strong political commitment would be required to accelerate progress towards ending tuberculosis. Integrated and patient-centred prevention and care, and intensified research and innovation would also be crucial in that regard. She congratulated the Secretariat for hosting the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, and expressed her support for the Moscow Declaration to End TB. WHO should maintain the current level of strategic and technical assistance provided to Member States and should work with the relevant stakeholders to ensure sufficient and sustainable funding for tuberculosis efforts. She supported the draft resolution.

The representative of THAILAND drew attention to the importance of integrating tuberculosis services into universal health coverage. Strong and equitable health systems were fundamental for tackling any disease, including tuberculosis. His Government remained committed to participating in the high-level meeting and to upholding the Moscow Declaration to End TB.

The representative of the RUSSIAN FEDERATION said that Member States should step up their efforts to fight tuberculosis. She highlighted the important role played by the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow in 2017 in that respect, and hoped that the Moscow Declaration to End TB would enjoy the highest levels of political support. WHO's efforts to develop a global strategy on tuberculosis-related research and innovation were welcome. Progress to end tuberculosis would only be possible through the introduction of innovative and faster diagnostic tools, modern vaccines, and medicines that were effective against drug-resistant forms of the disease. The preparations for establishing a multisectoral accountability framework should be carried out under the direct coordination of WHO.

The representative of ANGOLA said that health ministries could not win the fight against tuberculosis without the participation of other sectors. Poor quality medicines and vaccines continued to pose problems in African Member States, and therefore continuous support by WHO would be required to tackle tuberculosis in the African Region. She supported the draft resolution.

The representative of MEXICO said that tuberculosis remained a serious public health problem in his country, and that the development of innovative strategies would be required to control the disease. He urged Member States to participate in the high-level meeting.

The representative of PANAMA said that a multisectoral approach and appropriate funding would be required to accelerate the implementation of the End TB Strategy, particularly in terms of research and development. She reiterated the global need for high-level political commitment to eliminate tuberculosis successfully.

The representative of TURKEY said that Member States should take immediate action to address the rise in drug-resistant tuberculosis and multidrug-resistant tuberculosis cases. She supported the draft resolution.

The representative of PARAGUAY said that paragraphs 3(2) to (4) of document EB142.R3 should be taken into account at the high-level meeting. She hoped that, through the adoption of an action-oriented political declaration at the high-level meeting, Heads of State would support the inclusion of tuberculosis in all national policies, not only those relating to health.

The representative of NAMIBIA, while commending WHO and the global community for the progress made in the fight against tuberculosis, said that more remained to be done. Ministers of health in all six Regions should urge Heads of State and Governments to attend the high-level meeting. He supported the draft resolution.

The representative of MONGOLIA said that social support for all tuberculosis patients, including the homeless and other disadvantaged populations, should be increased and community-based tuberculosis services should be promoted in order to ensure the elimination of the disease. Further support for the use of new diagnostic tools and the expansion of shorter treatment regimens for multidrug-resistant tuberculosis patients was also required. Steps should be taken to devise treatment guidelines for cases of latent tuberculosis, with a particular focus on the children of tuberculosis patients.

The representative of SURINAME expressed support for the proposed establishment of a multisectoral accountability framework to accelerate progress towards ending tuberculosis.

**Dr Brostrøm resumed the Chair.**

The representative of PAPUA NEW GUINEA said that all stakeholders should be actively involved in the preparations for the high-level meeting. His country was due to host the Asia-Pacific Economic Cooperation CEO Summit in 2018, for which an agenda item on tuberculosis had been put forward. It was hoped that the meeting would result in an outcome document containing firm commitments to combat the disease.

The representative of AUSTRIA said that greater commitment would be required to achieve the ambitious targets on tuberculosis. Ensuring ownership and accountability for the actions planned and carried out at each administrative and operative level would be vital to monitor progress successfully and guarantee sustainability. Alignment with existing plans and strategies would also be imperative in order to avoid duplication of efforts. The components of the proposed multisectoral accountability framework had been well chosen. Close collaboration should be sought with the regional Centers for Disease Control and Prevention in order to monitor and evaluate the actions taken under the framework effectively.

The representative of BRAZIL said that all tuberculosis patients should have access to the innovative tools and services required for rapid diagnosis, treatment and care. Addressing the social and economic determinants and consequences of tuberculosis would be critical to that end. The health sector could not act alone in the fight against tuberculosis. He therefore welcomed the proposal to establish a multisectoral accountability framework at the global level.

The representative of COSTA RICA said that political commitment and stewardship as well as community participation would be crucial to the success of the End TB Strategy.

The representative of SLOVAKIA said that efforts should be made to rapidly detect and treat drug-susceptible tuberculosis and multidrug and extensively drug-resistant tuberculosis. Provision of adequate treatment was essential to break the chain of transmission in the community. National political commitment would be required to ensure the diagnosis of tuberculosis, latent tuberculosis infection and multidrug-resistant tuberculosis in all settings and circumstances, particularly in centres or facilities hosting large numbers of high-risk individuals. She supported the draft resolution.

The representative of MYANMAR said that the lack of funding for regional activities must be addressed at the international level. Strong political commitment and financial investment would be required. Member States should support the preparations for, and actively participate in the high-level meeting with a view to ensuring the adoption of an action-oriented political declaration. He hoped that the high-level meeting would result in more robust and practical solutions to overcome the remaining challenges, and provide the necessary impetus to achieve the targets for ending tuberculosis.

The representative of CHINA said that he wished to withdraw his country's proposed amendment, and expressed support for the draft resolution.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called for the inclusion of child-specific targets in research and development, prevention and treatment to ensure that childhood tuberculosis challenges were treated with the urgency they deserved. Ending tuberculosis as a global health threat was vital to addressing antimicrobial resistance, as the two were inextricably linked. Member States should therefore make the necessary resources available to end drug-resistant tuberculosis. She urged Member States to adopt a political declaration based on human rights, equity and medical science, and to commit to closing the funding gaps in research and development and tuberculosis detection, prevention and treatment.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that tuberculosis had an adverse impact on global social and economic development, as it disproportionately affected poor and marginalized communities and persons of working age. Specific efforts were needed to reach underserved population groups and to reduce stigma, discrimination and isolation. Given that multidrug-resistant tuberculosis accounted for one third of all deaths related to antimicrobial resistance, efforts to combat antimicrobial resistance would be central to tackling multidrug-resistant tuberculosis. Priority must be given to strengthening health systems, focusing on countries with the highest burden of disease. She urged Member States to invest in human resources to ensure that an adequate number of trained health care professionals were available to work on tuberculosis prevention, treatment and the delivery of people-centred care, as part of integrated health services. Improved infection prevention and control measures would be essential to ending tuberculosis and would require funding and high-level political support. Given the high risk of tuberculosis infection facing health care professionals, she called on WHO to strengthen occupational health measures designed to protect the health workforce. Member States should also adopt legislation, regulations and policies that promoted the optimal use of the nursing workforce in the delivery of tuberculosis and joint tuberculosis and HIV programmes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to focus on identifying policy implementation gaps and developing new safe and effective vaccines and medicines to reduce the spread of tuberculosis. Urgent action was required to eradicate the disease, in line with the antimicrobial resistance agenda and efforts to achieve universal health coverage. The Secretariat should therefore continue to provide Member States with the necessary support to integrate measures to eliminate tuberculosis into the fight against antimicrobial resistance.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the unique needs of infants, children and adolescents must be given due consideration. Member States should ensure the highest level of political representation at the high-level meeting and adopt a declaration that included commitments to close the gaps in tuberculosis diagnosis, treatment and prevention. The outcome document of the high-level meeting should also clearly set forth that the response to tuberculosis must be equitable, rights based and people centred.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that alcohol consumption and alcohol-related problems significantly increased the risk of tuberculosis and often resulted in poor compliance with tuberculosis treatment. Member States should therefore adopt a comprehensive and integrated approach to the disease that included measures to address alcohol as a risk factor. The forthcoming high-level meetings on noncommunicable diseases and tuberculosis would provide a unique opportunity to focus on cross-cutting risk factors and comorbidities, with a view to attaining the Sustainable Development Goals.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that Member States should ensure the highest level of representation at the high-level meeting and should use the occasion as an opportunity to set clear national and global testing, treatment and prevention targets. Member States should also invest heavily in research and development that met the public need for affordable and effective tools to combat tuberculosis and should commit to monitoring the progress made towards combating the disease. WHO should also take steps to convene a global tuberculosis taskforce.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the spread of tuberculosis was linked to poor living conditions and socioeconomic factors. Ending tuberculosis would therefore also require action to address social determinants such as poor nutrition and housing. Models based on private sector participation failed to provide optimum care; the best results in tuberculosis management and control had been achieved in countries with robust public health systems. She therefore urged Member States to support primarily public funded health systems based on the principles of universal health coverage. New medicines for treating extensively drug-resistant and multidrug-resistant strains of tuberculosis had been protected by patents and therefore remained too expensive for patients and countries with a high prevalence of the disease. Given the public health impact of tuberculosis, she urged WHO to support a waiver on patent protection on all new tuberculosis medicines.

The representative of PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that WHO and its partners had an important role to play in driving progress towards the eradication of tuberculosis. High-level political representation at the forthcoming high-level meeting on the subject would therefore be essential. During those discussions, Member States should make every effort to define ambitious, clear and measurable targets for the

prevention, surveillance, diagnosis and treatment of tuberculosis and ensure that the appropriate monitoring mechanisms were put in place.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to make firm political and financial commitments at the high-level meeting, including those pledges made in the Moscow Declaration to End TB. They should also improve the diagnosis and treatment of tuberculosis and implement effective systems to monitor antibiotic use and antimicrobial resistance at the national level. Welcoming the establishment of the Global Antibiotic Research and Development Partnership, she urged WHO to ensure that the initiative followed the recommendations contained in the global action plan on antimicrobial resistance. Furthermore, she called on WHO incorporate the principle of delinkage into the proposed multisectoral accountability framework.

The WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, called on Member States to increase national efforts aimed at curbing antimicrobial resistance, fostering the development of new anti-tuberculosis medicines, and establishing an adequate public health infrastructure. They should also take the necessary steps to ensure that health workers had access to the appropriate personal protective equipment while caring for patients with active tuberculosis.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that, while it was important to find treatments for tuberculosis, consideration must also be given to palliative care and ensuring that all patients had access to care, including in cases where a cure was not possible.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, said that the availability of quality-assured medicines played a key role in the fight against tuberculosis. Poor quality medicines could expose patients to subtherapeutic doses, potentially promoting the development of multidrug-resistant strains of a disease. Pharmaceutical quality must therefore remain a priority. It was important to work with manufacturers to increase the supply of quality-assured antimicrobials and support governments in establishing robust pharmaceutical quality assurance and post-market quality surveillance systems.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that efforts to reduce the burden of tuberculosis and improve people's lives required a life course approach that addressed comorbidities, including noncommunicable diseases. The forthcoming high-level meetings on noncommunicable diseases and tuberculosis would offer Member States the chance to adopt a One Health approach. She therefore urged Member States to take advantage of that opportunity to highlight the links between tuberculosis and noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the scale-up of access to effective tuberculosis treatments remained inadequate, in spite of the fact that current regimens used low-cost generic medicines and governments benefited from donor funding. To end tuberculosis, greater efforts must be made to implement global guidelines at the local level and devise effective health system strengthening policies that would support a holistic approach to, and bolster the detection, diagnosis and treatment of tuberculosis.

The representative of KNCV TUBERCULOSIS FOUNDATION, speaking at the invitation of the CHAIRMAN, said that, in order to have a tangible impact, the high-level meeting must produce a comprehensive package of outputs at the global and country levels and an accountability framework that would survive changes in political leadership. Commitments should also be made to ensure that the human resources required to tackle both active and latent tuberculosis infections were made available. Her organization stood ready to support WHO efforts to that end.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that smoking was a risk factor for tuberculosis infection and poor treatment outcomes. Both tuberculosis and tobacco use were linked to poverty. Given those linkages, tuberculosis services should be integrated into advice on tobacco cessation in order to improve tuberculosis outcomes. The Convention Secretariat remained committed to participating in collaborative efforts to end tuberculosis and engaging with other partners, including the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Collaboration across the two areas should be viewed as a cost efficiency measure worth promoting as part of efforts to achieve universal health coverage. The Convention Secretariat remained committed to improving quality of life and life expectancy for tuberculosis patients. As the implementation of target 3.a of the Sustainable Development Goals would improve the outcomes of global tuberculosis control efforts, it recommended including the implementation of the WHO Framework Convention on Tobacco Control in the outcome document of the high-level meeting of the General Assembly on ending tuberculosis.

The representative of the STOP TB PARTNERSHIP said that the high-level meeting represented the best chance of achieving target 3.3 of the Sustainable Development Goals, namely ending tuberculosis by 2030. In order to achieve that goal, WHO should include as outcomes for the high-level meeting measures to: reach all people affected by tuberculosis by closing gaps in diagnosis, treatment and prevention; ensure that the tuberculosis response was equitable, rights based and people centred; accelerate the development of new tools to end tuberculosis; invest the funds necessary to end tuberculosis, and commit to decisive and accountable global leadership, including regular United Nations review and reporting processes. Member States should also commit to diagnosing and treating 40 million people with tuberculosis by 2022. He called on Heads of State to attend the high-level meeting and to commit fully to the meeting outcomes. Efforts should be made to devise a strong, independent accountability mechanism in order to ensure that the meeting resulted in tangible actions. His organization therefore fully supported the proposed establishment of a multisectoral accountability framework.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases), responding to points raised, said that WHO stood ready to work together with all stakeholders to end tuberculosis. An example of that commitment was the Director-General's recent announcement that WHO in cooperation with the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Agency for International Development and other partners would support countries to provide high-quality tuberculosis treatment to 40 million people by 2022. The Secretariat valued the comments and suggestions received concerning the proposed establishment of a multisectoral accountability framework, particularly given the expedited consultation and preparation process. He acknowledged that many Member States had only been able to begin reviewing the draft resolution and relevant documentation in the lead up to the Seventy-first World Health Assembly. The establishment of a multisectoral accountability framework would be presented at the high-level meeting of the General Assembly on ending tuberculosis. The Secretariat would also support any additional consultations requested by Member States to discuss the instrument further. WHO called on all Heads of State, particularly those from countries with a high burden of tuberculosis, to participate in the high-level meeting, which represented an historic opportunity. Member State engagement and support would be vital to achieving the target of ending tuberculosis by 2030. He expressed

appreciation for the efforts of the Governments of the Russian Federation and Peru in leading the consultations on the draft resolution. He also welcomed the decision by the Government of Papua New Guinea to include tuberculosis on the agenda of regional forums. A multisectoral approach would be vital to ending tuberculosis.

The DIRECTOR-GENERAL said that the growing high-level political commitment made to ending tuberculosis, including by leaders such as President Putin and Prime Minister Modi, was encouraging and represented a great opportunity. Although the Governments of Brazil, Russia, India and China and South Africa should take the lead in efforts to combat tuberculosis, it was also important to mobilize the Governments of other countries, particularly those with a heavy burden of the disease. He would send letters to Heads of State and Governments, in order to ensure a high level of participation in the high-level meeting of the General Assembly on ending tuberculosis. He stressed the importance of building cooperation and synergies among all stakeholders to fight the disease, for example through the joint initiative to provide effective tuberculosis treatment to 40 million people by 2022. While Member States should take the lead in those efforts, United Nations agencies, civil society and the private sector also had an important role to play. It was essential to maintain the current momentum and to bring about a paradigm shift in tackling tuberculosis.

On the issue of antimicrobial resistance, and in response to concerns about whether efforts to end tuberculosis should be incorporated into the work of the WHO Antimicrobial Resistance Secretariat, he stressed that tackling tuberculosis would form a key part of addressing antimicrobial resistance. It would be vital to promote research and development in that area and to foster the engagement of the private sector in order to make progress in that regard.

In the absence of any objections, the CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution contained in resolution EB142.R3, as amended, was approved.<sup>1</sup>**

**Public health preparedness and response:** Item 11.2 of the agenda (continued)

- **WHO's work in health emergencies** (document A71/6)

The CHAIRMAN invited the Committee to consider the revised version of the draft resolution on cholera prevention and control, which read:

The Seventy-first World Health Assembly,

(PP1) Recalling resolution WHA64.15 (2011) on cholera: mechanism for control and prevention, which led to the revitalization of the Global Task Force on Cholera Control to support Member States to reduce the public health, social and economic consequences of cholera by strengthening WHO's work in this area, and improving collaboration and coordination among stakeholders;

(PP2) Recognizing the report by the Director-General on WHO's work in health emergencies<sup>2</sup> and the Global Task Force on Cholera Control's recently launched strategy,

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.3.

<sup>2</sup> Document A71/6.

Ending Cholera: A Global Roadmap to 2030,<sup>1</sup> large-scale outbreaks of cholera continue to cause significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. With an estimated disease burden of 2.9 million cases and 95 000 deaths every year worldwide, the disease still affects at least 47 countries across the globe, with a potential to spread where water, sanitation and hygiene conditions are inadequate;

(PP3) Acknowledging that the prevention and control of cholera require a coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours, with adjunct use of oral cholera vaccines, strengthened surveillance and information sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health;

(PP4) Acknowledging also that cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people;

(PP5) Affirming that progress towards the 2030 Agenda for Sustainable Development including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); and Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), would reduce the prevalence and spread of cholera, along with other diarrhoeal diseases and enteric infections;

(PP6) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP7) Acknowledging that cholera, as a disease of epidemic potential, has to be recognized in itself and reported separately from other diarrhoeal diseases, within national surveillance systems, as not doing so hampers effective control measures,

#### OP1 URGES Member States:<sup>2</sup>

(1) to foster the identification by governments of cholera epidemics and to elevate cholera as a State priority in affected countries through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader diarrhoeal disease control initiatives, or within national health, health security, water, sanitation and hygiene, development and Sustainable Development Goal implementation plans, where relevant, and national disaster and/or emergency management agencies;

(2) to develop and implement, in affected countries, a multisectoral package of selected effective prevention and control measures, including long-term water, sanitation and hygiene services, access to appropriate health care, access to safe water, sanitation and improved hygiene behaviours, as well as infrastructure development along with associated capacity-building activities for operations, maintenance and repairs and sustainable financing models adapted to the local transmission pattern for long-term control or elimination;

(3) to ensure that national policies and plans regarding the prevention and management of cholera comprise all areas with high-risk of cholera transmission;

(4) to establish national multisectoral cholera and acute diarrhoea prevention and surveillance mechanisms in affected countries to coordinate the implementation of the

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<sup>1</sup> Ending cholera: a global roadmap to 2030 (<http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1>, accessed 21 May 2018).

<sup>2</sup> And, where applicable, regional economic integration organizations.

control or elimination plan, ensuring representation of the different ministries, agencies, partners and communities involved in cholera control efforts;

(5) to strengthen capacity for preparedness in compliance with International Health Regulations (2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact;

(6) to strengthen surveillance and early reporting of cholera in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including information on critical determinants including water and sanitation coverage;

(7) to strengthen community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;

(8) to support, including through international cooperation, research for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment; **and monitoring AMR; [Thailand].**

(9) to refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(10) to establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans;

OP2 REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of cholera in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Global Task Force on Cholera Control secretariat and working groups, including by providing technical support and operational guidance to countries for cholera prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multisectoral, integrated interventions for long-term cholera prevention, control and elimination; interventions for preparedness and response to cholera epidemics in accordance with the global initiatives of Ending Cholera: A Global Roadmap to 2030 and aligned with national plans to encourage reporting, monitor progress and disease burden in order to inform country and global strategies; and interventions for control or elimination;

(3) to support countries, upon request, in the assessment of cholera risk factors and capacity for multisectoral engagement within existing technical resources;

(4) to continue leading the management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI Alliance;

(5) to monitor and support long-term cholera prevention and control and elimination programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research **and evaluation agenda for cholera, targeted to address important knowledge gaps, to the improvement of implementation of existing interventions, including WASH, and to the development of improved vaccines for better and more durable prevention and outbreak control [EU]** covering all aspects of cholera control;

(7) to raise the profile of cholera at the highest levels on the global public health agenda and to strengthen coordination and engagement of multiple sectors, particularly water, sanitation and hygiene, and other non-health sectors such as finance and infrastructure development;

(8) to report to the Seventy-third World Health Assembly, through the Executive Board at its 146th session, on the global cholera situation and evaluate efforts made in cholera prevention and control.

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

<b>Resolution:</b> Cholera prevention and control
<b>A. Link to the programme budget</b>
<p><b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b></p> <p><b>Programme area:</b> E.1. Infectious hazard management</p> <p><b>Outcome:</b> E.1. All countries are equipped to mitigate risks from high-threat infectious hazards.</p> <p><b>Output:</b> E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens.</p>
<p><b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b></p> <p>Not applicable.</p>
<p><b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b></p> <p>In line with the proposed resolution, additional activities for the biennium 2018–2019 include the reinforcement of the Global Task force on Cholera Control secretariat at WHO through the recruitment of additional staff, and increased capacity to support countries to scale up their ability to implement and monitor multisectoral cholera control plans through the organization of in-country workshops and recruitment of technical experts to be based in at least four cholera-affected countries.</p>
<p><b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b></p> <p>The resolution is aligned with the time frame of the Ending cholera: a global roadmap to 2030, with objectives set to reduce cholera deaths by 90% by 2030.</p>
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<p><b>1. Total resource requirements to implement the resolution, in US\$ millions:</b></p> <p>Estimated at US\$ 121 million from 2018 to 2030, with an expected increase in staffing and activities in countries to provide support for the implementation of the entire road map in countries.</p>
<p><b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>US\$ 7.93 million.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>Zero.</p>

<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b>
US\$ 19.69 million for the biennium 2020–2021.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>
US\$ 10.43 annually, which reflects a 20% increase in staffing and activities requirements in the African Region, South-East Asia Region and Eastern Mediterranean Region, up to 2030.
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b> US\$ 4.10 million available under the cholera workplan 2018–2019 of the programme budget of the WHO Health Emergencies Programme.
– <b>Remaining financing gap in the current biennium:</b> US\$ 3.83 million.
– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b> Zero.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
<b>2018–2019</b> resources already planned	Staff	3.87	1.00	0.25	0.20	NA	0.40	NA	5.72
	Activities	1.06	0.79	0.00	0.18	NA	0.18	NA	2.21
	Total	4.93	1.79	0.25	0.38	NA	0.58	NA	7.93
<b>2018–2019</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2020–2021</b> resources to be planned	Staff	5.09	4.00	0.50	0.80	NA	1.20	NA	11.60
	Activities	1.70	3.56	0.53	0.57	NA	1.70	NA	8.09
	Total	6.79	7.56	1.03	1.37	NA	2.90	NA	19.69
<b>Future bienniums</b> resources to be planned	Staff	5.09	6.00	0.50	0.96	NA	1.44	NA	13.99
	Activities	1.93	2.68	0.39	0.68	NA	1.19	NA	6.87
	Total	7.02	8.68	0.89	1.64	NA	2.63	NA	20.86

NA: not applicable.

In the absence of any objections, the CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution, as amended, was approved.<sup>1</sup>**

**The meeting rose at 17:30.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.4.