PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Friday, 25 May 2018, scheduled at 09:00

Chairman: Dr F. FEROZ (Afghanistan)

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FOURTH MEETING
Friday, 25 May 2018, at 10:45

Chairman: Dr F. FEROZ (Afghanistan)

1. **DRAFT SECOND REPORT OF COMMITTEE B** (document A71/55)

The RAPPORTEUR read out the draft second report of Committee B.

The report was adopted.¹

2. **MATTERS FOR INFORMATION:** Item 20 of the agenda

**Global vaccine action plan:** Item 20.1 of the agenda (document A71/39)

The representative of THAILAND expressed concern over the slow progress in meeting the goals of the global vaccine action plan. Synthesizing existing knowledge on reaching vulnerable groups should be a priority for the Secretariat. Member States should strengthen primary health care and scale up efforts to accelerate the transition towards universal health coverage. The Secretariat should also review the impact of current pooled-procurement practices on the negotiation of vaccine prices in self-procuring middle-income countries, and support Member States in developing innovative financial mechanisms to foster equitable immunization. Ongoing high-level policy commitment and support from all partners were needed to eliminate measles.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported the recommendations of the Strategic Advisory Group of Experts on immunization. As immunization was the most cost-effective public-health intervention and a tracer for health-system performance, she asked what WHO offices were doing worldwide to help countries increase investment in health and improve equitable coverage of vaccines. She requested further details on the process to develop the global vaccine action plan 2021–2030, and asked whether it would be fully coordinated with partners such as the GAVI Alliance and UNICEF to ensure consistency between future strategies.

The representative of AUSTRALIA said that, while she commended increased immunization rates in a number of countries, she was concerned about the marginal increase in global immunization since 2010, rising vaccine hesitancy and the disruption in vaccine supply caused by production, procurement and distribution issues. She urged Member States to fully implement the recommendations of the global vaccine action plan and to plan for and effectively manage polio and GAVI Alliance transitions, maintaining immunization programmes and external financing decreases and integrating routine immunization programmes into national health systems. She expressed her Government’s full support for the recommendations of the Strategic Advisory Group of Experts on immunization and urged the Secretariat to continue in its efforts to improve supply-chain issues and

¹ See page […].
the other activities outlined in the report and its leadership role in delivering accurate and effective vaccination communication campaigns to combat the global rise in vaccine hesitancy.

The representative of the REPUBLIC OF KOREA supported the recommendations, but shared the concern over slow progress. She called for greater efforts to protect all people against re-emerging vaccine-preventable diseases. She thanked WHO for its responses to the requests in resolution WHA70.14, particularly its technical support in strengthening regional and national technical advisory and immunization advocacy groups. WHO should encourage experts to carry out studies into adverse events following immunization and regularly evaluate vaccine safety; such efforts could be powerful tools in responding to vaccine hesitancy. She requested WHO to coordinate with stakeholders and manufacturers to predict vaccine supply shortages, to consider vaccine supply issues in collaboration with global manufacturers, and to establish a mechanism for minimizing vaccine shortages so that vaccine supply and demand could be more precisely anticipated.

The representative of COLOMBIA said that immunization should play a larger role in national health policies, as it was one of the most cost-effective ways to prevent morbidity and mortality from preventable diseases. She welcomed the recommendation to strengthen vaccine research and development capacities in low- and middle-income countries. She expressed concern about the lack of uniform results in eradicating poliomyelitis and eliminating measles, and the misinformation generated by anti-vaccination movements. Joint efforts were needed to increase immunization coverage and equitable access to vaccines, with a focus on expanded use of the combined measles-rubella vaccine. She highlighted the significant challenge to health security posed by the migration-related re-emergence of diseases such as measles and diphtheria in Latin America. Stronger regional and global cooperation was needed to address the public health challenges arising from migration.

The representative of BRAZIL said that special attention should be given to antiparasitic vaccines. Eliminating schistosomiasis, for example, required a multi-faceted approach that included a vaccine to block or impair transmission of the disease. A Sm14-based vaccine against schistosomiasis had been developed and had achieved excellent results in clinical trials in Brazil, in cooperation with the government of Senegal and supported by WHO resources. Such initiatives should be prioritized to decrease inequities and increase the well-being of the poorest and most vulnerable populations.

The representative of MEXICO said that vaccine stock outs were a main factor jeopardizing the progress and achievements of immunization programmes. He called on Member States to implement the recommendations, in particular the call to align immunization with other global health and development initiatives, including the Sustainable Development Goals, the Global Health Security Agenda, the International Health Regulations (2005), health system strengthening and universal health coverage.

The representative of NEW ZEALAND said that the proposals put forward, while adequate, were not significantly different from those made in earlier years and the process seemed to have run out of steam. He wondered why that had occurred. New thinking was needed on how to regain momentum on vaccination as a critical element of universal health coverage. Increased funding was only part of the answer. He encouraged WHO and the Strategic Advisory Group of Experts on immunization to engage in a broader debate to help meet the challenge.

The representative of PAKISTAN said that scaling up the use of existing vaccines and the introduction of new ones could help avert one million additional deaths globally each year. She detailed the vaccination efforts under way in Pakistan and thanked WHO and the GAVI Alliance for their continued technical and financial support.
The representative of THE UNITED STATES OF AMERICA expressed concern over ongoing challenges to reaching global vaccine action plan targets, including risks to disease surveillance and routine immunization programmes during the GAVI Alliance and polio transitions. The quality of data reported by Member States was also a concern. It was critical for the Secretariat, in collaboration with manufacturers, UNICEF and Member States, to support the development of a vaccine stockpile for epidemic-prone vaccine-preventable diseases, with protocols to guide prioritization and allocation during outbreaks. All countries, in particular those that were self-financing or transitioning out of GAVI Alliance support, must allocate their own resources to maintaining strong routine immunization programmes. He applauded the recent reestablishment of the Strategic Advisory Group of Experts on immunization working group focused on influenza, and looked forward to its recommendations. WHO should continue to foster an enabling environment for research on vaccines, medicines and diagnostics for outbreak response.

The representative of AZERBAIJAN said that full implementation of the global vaccine action plan, alongside the required epidemiological surveillance, was essential to achieve the plan’s goals. There was a need for strengthened immunization programmes and legal frameworks, new vaccines, diversified approaches to social mobilization and staff training. WHO must take the lead in coordinating the efforts of countries, donors, funds and international organizations. Every effort should be made to ensure that all children, irrespective of their country of origin, race or social status, were protected. The main priorities and markers of effectiveness should be steady increases in levels of immunization coverage and usage of new, effective vaccines at all levels.

The representative of IRAQ said that WHO should work with the GAVI Alliance to ensure the availability of vaccines, irrespective of a country’s income status. When introducing new vaccines, care should be taken to ensure that countries were not deprived of vaccines due to unaffordability and that the right of all children to immunization was taken into consideration. The global vaccine action plan should be incorporated into the thirteenth general programme of work, bearing in mind that vaccination was a means to achieving universal health coverage and guaranteeing a basic right of all children. Support in capacity-building should be provided to Member States to enable them to develop effective procurement policies and vaccine-management approaches.

The representative of GHANA said that Member States and the global community should work together to address the challenges of access to vaccines and develop strategies for hard-to-reach populations. Shortages of essential vaccines for outbreak response were a major concern; WHO and the global community should work to address the gap in supply and demand.

The representative of BAHRAIN said that, in health systems with limited access to life-saving vaccines, it was important to exploit the gains made from the polio eradication programme in order to strengthen routine prevention. Coordination between partners must also be improved to achieve the goals set out in the global vaccine action plan. She urged the Organization to focus its efforts and resources on prevention during transition phases.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed progress made since the adoption of the two resolutions on the global vaccine action plan at the Sixty-fifth and Seventieth World Health Assemblies. He outlined some of the advances made in his region, but lamented the fact that progress towards achieving immunization targets set for the 2016–2020 period remained slow. Tackling threats to full immunization coverage would require intensified efforts to promote immunization, and weaknesses in the system hindering equitable access to vaccines must be addressed.
The representative of the UNITED REPUBLIC OF TANZANIA, welcoming the recommendations of the Strategic Advisory Group of Experts on immunization, requested WHO and other partners to help countries to strengthen their surveillance systems to support polio transition. Her Government would aim to allocate resources to support immunization services as part of its transition out of GAVI Alliance support. She expressed concern about the global shortage of IPV and HPV vaccines, which was preventing equitable access to immunization in her country.

The representative of the RUSSIAN FEDERATION said that her Government shared the concerns over the slow rate of progress in meeting the goals of the global vaccine action plan. It also supported the recommendations of the Strategic Advisory Group of Experts on immunization, in particular the need to broaden dialogue to have strong and stable financing of national immunization programmes during polio transition, continue providing technical and financial support to countries with limited resources, and ensure all populations, including migrants, could access vaccines. All countries should prioritize public awareness-raising activities to increase support for vaccination.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the slow progress in vaccination coverage was primarily due to pricing issues. WHO should provide operational support to the national immunization technical advisory groups to enable them to hold regular meetings. Although fast-track vaccine prequalification was a welcome initiative, the mechanism should not be limited to emergency situations. Before further dose-sparing strategies could be developed, Member States should be made aware of the latest developments in the area. Information on solar cold-chain technologies should be disseminated among Member States via workshops.

The representative of BURUNDI said that, in order to maintain progress towards achieving targets, WHO should help Member States to ensure access to vaccines for all children through primary health services, strengthen all links in national supply chains to optimize access to health products and vaccines, and train sufficient first-line health care workers with a range of skills and ensure their equitable deployment.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, acknowledged the significant progress achieved towards ensuring equal access to vaccines for children and global immunization coverage. Strengthened efforts to improve vaccine coverage and address inequities would require: the identification of barriers to increased and more equitable immunization coverage, with a focus on strengthening routine immunization programmes; the prioritization of immunization and resource mobilization by governments; improvements in data quality to support evidence-based decision-making and better-targeted efforts; joint work between development and humanitarian partners to support complex and acute needs and find new ways to reach all populations; coordinated transition plans formulated among governments, donors and partners; and possible engagement with the private sector. Since immunization routinely reached more communities than other health interventions, national immunization programmes could provide the foundations for primary health care systems.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that health system strengthening was essential to provide appropriate supplies and human resources to ensure the safe, effective and continued administration of vaccines and basic health interventions, including immunization, even in crisis situations. Nurses were crucial to the success of vaccination programmes, given their ability to integrate immunization into other health services and reach vulnerable populations. She urged Member States to ensure that laws, regulations and policies were in place to support the optimal use of nurses in the delivery of immunization programmes, and to incorporate a plan into national immunization programmes to measure and address vaccine hesitancy.
The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed serious concern about the slow progress made towards achieving global vaccine action plan targets. Resolution WHA68.6 must be fully implemented and monitored, as it would play a major role in lowering vaccine prices and improving coverage. He urged the Secretariat and Member States to intensify efforts to support middle-income countries in securing lower-priced vaccines. He also urged pharmaceutical companies to participate in the Humanitarian Mechanism by making vaccines available at the lowest global price to people in crisis situations and to all stakeholders and organizations working to protect people in emergencies. He encouraged Member States to share data through the WHO vaccine product, price and procurement platform to increase price transparency and aid government procurement negotiations.

The DIRECTOR (Immunization, Vaccines and Biologicals) said that comments made by Member States mirrored several challenges noted in the report of the Strategic Advisory Group of Experts on immunization, including polio transition, transition out of GAVI Alliance support, population growth, migration and disease outbreaks. The Director-General had recently highlighted that immunization was a cornerstone of the thirteenth general programme of work and a litmus test for progress on universal health coverage. The Assistant Director-General for Family, Women, Children and Adolescents had said previously that WHO would invite all partners to participate in the development of a strategy in the context of the thirteenth general programme of work and the post-2020 agenda to explore both how to build universal health coverage on the foundations of immunization and how to incorporate immunization into universal health coverage. He noted the contributions of many countries to the development of new vaccines, which had significantly contributed to global health in the previous decade. Member State comments would be incorporated into the next report of the Strategic Advisory Group of Experts on immunization.

The Committee noted the report.

Real estate: update on the Geneva buildings renovation strategy: Item 20.2 of the agenda (document A71/40)

The representative of THAILAND requested clarification on the future status of the WHO building, since the Organization would cease ownership in 2065. She sought further information on the main risks of the project not described in the risk register, so that solutions could be discussed. She asked to see the Member State Advisory Committee’s report.

The representative of the UNITED REPUBLIC OF TANZANIA expressed appreciation that construction of the new annex building was proceeding according to plan. The system put in place to mitigate implementation challenges would ensure the works remained on track.

The representative of MEXICO said that a focal point should be appointed to coordinate the efforts of external experts and internal staff to aid efficient decision-making and transparency in monitoring deadlines, costs and risks, which in turn would ensure that the project remained on track. She commended the ongoing inclusion of the risk register on the agenda of project board meetings in order to facilitate assessment of mitigation measures and risk forecasting. Challenges arising from the modernization of the infrastructure, such as energy efficiency regulations and office space configuration, needed to be considered. The Secretariat should not request additional contributions for construction works, since resources should be directed towards underfunded programme areas to achieve the Organization’s goals.
The DIRECTOR (Operational Support and Services) said that WHO was currently negotiating with the Government of Switzerland, which had recently changed its practice on the provision of land to United Nations organizations. Although it was proposed to shorten WHO’s current lease (surface right) period to 50 years, it was the Organization’s understanding that the lease would be perpetually renewed until the Organization decided to move its operations from the current premises. There were no other risks to consider in that regard. The main risks posed by the construction works, namely adherence to deadlines and budgets, had been mitigated, and the project was consequently on track. The risk register was being updated on a weekly basis. The Secretariat was waiting for two regions to nominate two members to sit on the Member State Advisory Committee; the four regions currently represented had expressed a desire to proceed using the regional focal points in lieu of nominated Member State representatives if no nominations were forthcoming. Agreeing that assessed contributions should be directed towards programmes, he said that the Secretariat was working to ensure that minimal funds would be channelled into building works.

The Committee noted the report.

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued) [transferred from Committee A]

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 12.7 of the agenda (documents A71/24, A71/24 Add.1 and A71/42)

The representative of CHINA commended WHO on its efforts to advance the Pandemic Influenza Preparedness (PIP) Framework and supported the draft decision. His Government agreed with the transparent and fair sharing of influenza viruses and establishing equitable access to the resulting benefits under the Framework, and would continue to participate in the work of the Secretariat and other Member States towards pandemic influenza preparedness.

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, emphasized that pandemic influenza remained a global threat that required concerted and coordinated efforts by Member States and key stakeholders. She recognized the disparity among countries in their health systems and capacities to detect, prevent and respond to pandemics. Member States in the African Region were vulnerable to influenza, hence the importance of information sharing and access to vaccines and other benefits. She strongly supported regular engagement with the secretariat of the Convention on Biological Diversity and other international organizations involved in implementing access and benefit-sharing mechanisms, and WHO’s coordination of the PIP Framework network. She endorsed the recommendations contained in the Director-General’s report.

The representative of JAPAN supported the draft decision, but highlighted two concerns relating to possible approaches to including genetic sequence data and seasonal influenza viruses under the PIP Framework. Although efforts to share genetic information on the influenza virus had progressed smoothly, discussions on incorporating genetic information into the Framework should proceed with caution so as to prevent hindering access to genetic information or adversely affecting research and development. There was a significant difference between seasonal and pandemic influenza in terms of developing vaccine formulations and timing, as epidemics occurred every year and the products were made from various specimens. There was therefore a need for a discussion on how to maintain current production and supply in order to contain the influenza epidemic.
The representative of BAHRAIN, commending WHO on its achievements in combating pandemic influenza by strengthening laboratory and surveillance capacities, stressed the importance of continuing partnerships to ensure a strong global influenza surveillance network, particularly regarding laboratory and research costs. She supported the draft decision.

The representative of PAKISTAN, welcoming the Director-General’s report, said that her country fully endorsed continuing the allocation of 70% of partnership contributions to preparedness and 30% to response during the five-year period from 1 March 2018 to the end of 2022, although the allocation could be adjusted temporarily in the event of an emergency situation.

The representative of PANAMA said that continual monitoring of influenza was paramount to enable timely and appropriate recommendations to be drafted, which would in turn lead to more effective vaccines becoming available. The characterization and surveillance of and information sharing on influenza strains should be strengthened, in compliance with biosafety agreements and regulations. Expressing support for the draft decision, she said that her country would help efforts in countries in Latin America and the Caribbean to isolate, characterize and genetically sequence viral strains and their genetic sequencing when required, especially during epidemic or pandemic alerts.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, encouraged Member States and partners to implement the PIP Framework. She supported the PIP Advisory Group recommendation to extend the scope of the Framework budget to cover all activities that strengthened the capacities of Member States in preparedness, including supporting efforts to promote knowledge and technology transfer for vaccine development. Given that influenza virus sharing was declining, while individual genetic sequencing data sharing and technological advancements were on the rise, failure to regulate genetic sequencing data sharing under the PIP Framework would have implications for biosecurity, biosafety and intellectual property rights. Genetic sequencing data should be recognized as a form of biological material under the PIP Framework, in line with the recommendations of the Technical Working Group on sharing influenza genetic sequencing data, in order to facilitate tracking sequencing data, hold involved parties accountable and facilitate research while limiting the misuse of genetic sequencing data and its products.

The representative of PARAGUAY emphasized the importance of agreements concluded with vaccine and antiviral manufacturers and involvement with manufacturers specializing in diagnostic tools. WHO’s support in strengthening laboratory and surveillance capacity was also important, especially in terms of the sustainability of diagnostic capacity and the introduction of new tools based on bioinformatics for the national influenza centres. Moreover, in its guidance on selecting and sharing influenza viruses with pandemic potential, it was important to include virus sequencing as part of laboratory and surveillance capacity. Flexible financial mechanisms should be established to ensure access to vaccines in the event of a pandemic, especially for developing countries. Regional strategies for sharing should be strengthened, in particular by establishing flexible and safe mechanisms for the transfer of strains. She agreed with the inclusion of seasonal influenza viruses and genetic sequencing data under the PIP Framework, and that resources should be allocated primarily to preparedness and to a lesser extent to response.
The representative of BRAZIL noted the success of the PIP Framework and its important principles such as access to vaccines and benefit sharing, but acknowledged that some challenges remained, including its relationship with the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity (Nagoya Protocol) and the scope of the biological material under the Framework. The 2016 PIP Framework Review Group had therefore suggested that Member States should consider the inclusion of genetic sequencing data and seasonal influenza in the Framework, which had resulted in the recommendations made in document A71/24. His Government agreed with the recommendations and the draft decision, but proposed that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10), be submitted one year earlier than scheduled, at the Seventy-second session of the Health Assembly.

The representative of MALAYSIA welcomed the progress made in implementing decision WHA70(10) and was confident that WHO would continue to lead efforts to strengthen global pandemic influenza preparedness and response. She supported the report’s recommendations and the PIP Framework initiatives already under way or planned, especially the establishment of the high-level Partnership Contribution Implementation Plan (2018–2023).

The representative of the REPUBLIC OF KOREA said that her country had contributed to and benefited from the sharing of genetic sequencing data. She called on Member States in the WHO Global Influenza Surveillance and Response System to continue to work together. Her country fully supported the report’s recommendations and would continue to cooperate with WHO and other partners in implementing the Framework.

The representative of the SENEGAL noted the Director-General’s report and outlined her country’s influenza surveillance and response and virus-sharing activities, as well as measures taken to strengthen its information sharing and surveillance networks, including extending their scope to non-influenza respiratory diseases.

The representative of AUSTRALIA, expressing continued support for the PIP Framework and its objectives, said that early detection of viruses with pandemic potential and the rapid sharing of information and viruses were critical for preparedness and timely response. She encouraged the Secretariat to continue to engage with industry on the payment of partnership contributions to ensure timely and effective implementation of the Framework. She commended the Secretariat’s intersessional work undertaken to review the PIP Framework and implement decision WHA70(10). She supported the draft decision, as amended by Brazil.

The representative of BOTSWANA said that the PIP Framework was an innovative mechanism still in the early stages of implementation and therefore welcomed the convening of an information session for all stakeholders. He noted the importance of influenza surveillance to pandemic preparedness and response, and the critical gaps in that area at global and national levels. In that regard, his country had previously expressed support for the Executive Board’s suggestion to allocate a significant proportion of the partnership contributions for pandemic preparedness to building laboratory and surveillance capacity. He reiterated the Director-General’s call to continue supporting the strengthening of regulatory capacities and the carrying out of burden-of-disease studies. He supported the report’s recommendations.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the decision on the breakdown of partnership contribution funds between preparedness and response activities. It was important to have flexibility in how resources were allocated in the event of emergencies, and the pandemic influenza severity assessment tool was useful in that regard. He reiterated the importance of
ensuring that preparedness resources were allocated fairly; the resources allocated to some countries had been reduced even though more work was needed to strengthen their pandemic influenza preparedness. He highlighted the importance of experience-sharing under the PIP Framework as a way of ensuring that partnership contribution funds were used effectively.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the tool for tracking implementation of the recommendations of the 2016 PIP Framework Review Group and the progress made in finalizing the high-level Partnership Contribution Implementation Plan (2018–2023). She called on the Secretariat to continue providing funding to Tanzania and other countries under the PIP Framework so that they could maintain their laboratory and surveillance core capacities. She urged more companies to sign Standard Material Transfer Agreements and expressed support for the draft decision, as amended by Brazil.

The representative of the UNITED STATES OF AMERICA said that influenza preparedness and response should remain a top priority for WHO at the highest levels, as influenza was a major threat to health and economic and national security. He encouraged other Member States to reaffirm their commitment to the PIP Framework and to strengthening the Global Influenza Surveillance and Response System and its existing tools and protocols. He called on the Director-General to work with Member States to facilitate the rapid sharing of influenza viruses and to engage all stakeholders so that they understood the importance of rapid, systematic and timely virus sharing. He urged the Secretariat to continue implementing the recommendations of the 2016 PIP Framework Review Group and to be open and transparent about its analysis of the issues raised by the group. He supported the draft decision, as amended by Brazil.

The representative of MEXICO said that, given that an influenza pandemic could occur at any time, it was crucial to be prepared for an immediate response; maintaining and improving the PIP Framework must therefore be a priority for the Organization. The Framework served to support countries in developing their core preparedness capacities to contain new pandemics. Early detection, the sharing of viruses, the development of diagnostic techniques and timely access to vaccines were all vital to limit the impact of a pandemic. It was therefore important to provide support to Member States in capacity-building, training health care, laboratory and public health personnel, developing standards and regulations, obtaining funds to prepare for possible pandemics and continuing the strategic stockpiling of antiviral agents and other supplies. While partnership contributions were essential to the PIP Framework, dependence on one source of funding could pose a risk to implementation of the Framework. The Director-General should therefore continue his efforts to engage with partners and find other funding sources. Member States should work together through the regional offices to create a baseline for the response to influenza pandemics. He supported the draft decision.

The representative of AFGHANISTAN, welcoming the Director-General’s report, said that, as a country considered to be at high risk of avian influenza because of its location along migratory bird flyways, her Government recognized the importance of preventing avian and pandemic influenza and had already put a preparedness and response plan in place. Remaining challenges included ensuring that national influenza centres were fully functional, that coordination mechanisms were strengthened at all levels and that surveillance systems were extended to include severe and acute respiratory infections.
The representative of BURUNDI said that the Secretariat should encourage Member States to support the PIP Framework by strengthening their national preparedness capacities in all areas and to share pandemic influenza biological materials in real time with WHO collaborating centres so as to help in the sharing of benefits. Resources to build the capacities of national regulatory authorities in order to implement influenza vaccine programmes should also be made available.

The representative of THAILAND expressed support for the draft decision, as amended by the representative of Brazil. He welcomed the expansion of the PIP Framework to include seasonal influenza virus and genetic sequencing data, called for the PIP Framework to be recognized as an international specialized instrument under the Nagoya Protocol, and asked WHO to continue to help developing countries build their vaccine production capacities. He called on Member States and all other stakeholders to work together to protect the world from pandemic threats.

The representative of SAUDI ARABIA noted the report, recognizing the need to strengthen the global influenza surveillance network and improve vaccine production capacity, and commended the Standard Material Transfer Agreements concluded with industry. Early-warning and rapid-response systems were vital for preventing influenza outbreaks in overcrowded conditions during the hajj pilgrimage season, and difficulties in exchanging information on influenza virus genetic sequencing and insufficient vaccine production at the global level were ongoing challenges. He observed that the report made no mention of the need to adopt innovative solutions to produce a more effective and durable global influenza vaccine.

The representative of NIGER, noting the Director-General’s report, welcomed the progress made in implementing the PIP Framework and encouraged WHO to continue its much-appreciated efforts.

The representative of the RUSSIAN FEDERATION highlighted the need for Member States to formulate comprehensive pandemic preparedness plans and welcomed WHO’s capacity-building efforts regarding regulatory authorities and burden-of-disease studies and the intersectoral approach taken to those issues. The practice of entering into Standard Material Transfer Agreements with manufacturers of vaccines and diagnostic tools should be further developed. He requested clarification and more detailed proposals concerning some of the issues that had been raised at the Seventieth World Health Assembly, such as how to integrate genetic sequencing data and seasonal influenza virus into the PIP Framework. He supported the recommendations set out in the report.

The representative of IRAQ welcomed WHO’s technical and logistical support in building Member States’ pandemic influenza preparedness capacities, highlighting the progress made at national level.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that, through the PIP Framework, influenza vaccine and antiviral manufacturers played key funding and supply roles in ensuring pandemic influenza preparedness. She welcomed WHO efforts to strengthen partnerships, communications, accountability and financing, resource strategic priorities and foster a culture of change at WHO. Her organization remained committed to helping WHO achieve its public health objectives and to enhancing pandemic influenza preparedness.
The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN and stressing the need for available and affordable vaccines and the infrastructure to administer them, said that community pharmacists were increasingly involved in immunization and should be used to their full potential, as they played a key role in expanding vaccination coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, expressed support for the inclusion of all types of influenza virus in the PIP Framework and welcomed the decision to fast-track implementation of the Framework. The critical role played by pharmacists and pharmaceutical scientists at all levels of pandemic influenza preparedness should be strengthened in order to ensure optimal use of antiviral agents in public health and optimize response strategies. She emphasized the importance of training and enhancing the clinical role of pharmacists in guiding appropriate treatment.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that country-specific action plans and regional partnerships were crucial during an influenza pandemic. She encouraged Member States to involve their national medical associations and physicians in the development, implementation and monitoring of those plans and in local pandemic preparedness efforts.

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked all Member States, civil society and industry for working with the Secretariat to improve pandemic influenza preparedness. Considerable progress had been made in the past year towards implementing the recommendations of the 2016 PIP Framework Review Group, with approximately 50% of the recommendations already implemented and the remainder under way.

As requested by Member States, the Director-General had begun the process of analysing how seasonal influenza virus and genetic sequencing data would be included in the PIP Framework, holding a consultation with all stakeholders in November 2017 and an information session in April 2018. The Secretariat would continue to work closely with the PIP Advisory Group and the WHO Global Influenza Surveillance and Response System network to further develop the analysis.

Regarding access and benefit sharing, the Secretariat would continue to work closely with the secretariats of the Convention on Biological Diversity and other international organizations, particularly FAO and OIE, in order to promote international coordination and ensure that public health remained the central consideration in the implementation of the Nagoya Protocol.

He thanked the representative of Brazil for the proposal to advance the delivery of the final text of the analysis and noted the support for bringing forward the delivery of the report to the Seventy-second World Health Assembly.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL read out the proposed amendment to the draft decision contained in document A71/24. The following wording would be added to the end of the text, after “at paragraph 19”: “and requested that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10), be submitted to the Seventy-second World Health Assembly through the 144th session of the Executive Board”.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL read out the proposed amendment to the draft decision contained in document A71/24. The following wording would be added to the end of the text, after “at paragraph 19”: “and requested that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10), be submitted to the Seventy-second World Health Assembly through the 144th session of the Executive Board”.
The CHAIRMAN invited the Committee to approve, as amended, the draft decision.

The CHAIRMAN invited the Committee to approve, as amended, the draft decision.

The draft decision, as amended, was approved.¹

Eradication of poliomyelitis: Item 12.9 of the agenda (documents A71/26, A71/26 Add.1 and A71/26 Add.2)

The CHAIRMAN drew attention to the draft resolution on the eradication of poliomyelitis contained in document A71/26 Add.1.

The representative of the RUSSIAN FEDERATION suggested that a drafting group should be formed to consider the draft resolution.

It was so agreed.

The meeting rose at 12:45.

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¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA71(11).