

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

**Palais des Nations, Geneva
Saturday, 26 May 2018, scheduled at 09:00**

Chairman: Dr S. JESSAMINE (New Zealand)

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SIXTH MEETING

Saturday, 26 May 2018, at 09:15

Chairman: Dr S. JESSAMINE (New Zealand)

1. THIRD REPORT OF COMMITTEE B (document A71/58)

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

The report was adopted.

2. MATTERS FOR INFORMATION: Item 20 of the agenda (continued)

Progress reports: Item 20.3 of the agenda (document A71/41 Rev. 2) (continued)

Health systems

- K. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))**
- L. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))**
- M. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children (resolution WHA69.20 (2016))**
- N. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))**
- O. Availability, safety and quality of blood products (resolution WHA63.12 (2010))**
- P. Human organ and tissue transplantation (resolution WHA63.22 (2010))**
- Q. WHO strategy on research for health (resolution WHA63.21 (2010))**
- R. Workers' health: global plan of action (resolution WHA60.26 (2007))**

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health), referring to progress report R on workers' health, said that, in line with its normative role, WHO had hosted a global workshop attended by experts and focal points from regional offices to advise on priorities in the follow-up to the global plan of action on workers' health 2008–2017. A framework resulting from the workshop would soon be made available on the WHO website for countries to consult. WHO would work closely with ILO and other key stakeholders to identify priority actions on workers' health and the work environment, which would be included in the forthcoming draft global strategy on health, environment and climate change to be presented to the 144th session of the Executive Board and the Seventy-second World Health Assembly.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives), referring to progress report K on the health of refugees and migrants, said that, in the light of resolution WHA70.15 (2017), the Secretariat had established a strategic initiative on migrant health to review the current status of the health of migrants, refugees and internally displaced persons in several countries of origin, transit and final destination in all regions and to assess the capacity of health systems to deal with structural issues. All regions had submitted comprehensive analytical reports, and some countries had received support in the adoption of contingency plans based on innovative work piloted by the European

Region. In addition, an evidence-based framework had been prepared, which would feed into the development of a draft global plan of action on the health of refugees and migrants. WHO had strengthened its collaboration with the International Organization for Migration and UNHCR in the context of the global compact on refugees and the global compact on safe, orderly and regular migration, and was in the process of updating its memorandums of understanding with those organizations. Joint work with those organizations had enabled WHO to map good practices in 85 countries and launch a summer school and web-based knowledge hub accessible to all Member States. However, efforts to highlight the relevance of health in the global compact on safe, orderly and regular migration had proved challenging; he therefore urged Member States to provide the necessary support to fulfil the requirements of resolution WHA70.15. Opportunities for WHO to provide leadership in the area of migrants' health had been addressed in the Thirteenth General Programme of Work, 2019–2023. He thanked Member States for their support.

The DIRECTOR (Essential Medicines and Health Products), referring to progress report O on blood products, said that the Secretariat would continue to support the development of strong regulatory systems to enhance and increase access to safe and quality-assured blood products.

The DIRECTOR (Health Metrics and Measurement), referring to progress report Q on the WHO strategy on research for health, thanked participants for their comments and the delegations of Iraq, Sao Tome and Principe and Thailand for their feedback on the progress report on the WHO strategy on research for health and related research activities. Requests for a continued focus on developing research capacity with and for Member States had been taken on board. Since the adoption of resolution WHA63.21 (2010), WHO had been working to reinforce strong and accessible global public goods, such as the Global Observatory on Health Research and Development and ethics and guidelines review, in order to support and better tailor research and related capacity-building activities in countries. Research and innovation would be prioritized in the implementation of the Thirteenth General Programme of Work, 2019–2023, through which the overall focus of WHO's work would be shifted towards impact at the country level and to planning for related normative and capacity-building activities in line with country priorities. Those factors, together with its commitment to effect improved organizational coherence and coordination, would enable the Organization to ensure more specified consideration of the resources required to implement research activities at the country level.

The DIRECTOR (Health Systems Governance and Financing) referring to progress report N on sustainable health financing structures and universal coverage, thanked participants for their comments and expressed her appreciation to Member States for their interest and support, in particular the delegations of Japan, Thailand and the United Kingdom of Great Britain and Northern Ireland, regarding resolution WHA64.9 (2011). The International Health Partnership for UHC 2030 had been established to provide global coordination on health system issues, especially health financing. Working groups on matters such as support to countries with fragile or challenging operating environments had been established within the context of that partnership. WHO would continue to work with all partners through the Providing for Health initiative. In addition, the Secretariat was strengthening internal capacities at the regional and global levels to support Member States in the area of strategic purchasing, in particular regarding health technology assessments and impact assessments. The Secretariat was also increasing its support to Member States on issues related to the health economy, including labour markets and the health sector's growing contribution to economic growth and employment. In that connection, the Secretariat was increasing the provision of material in multiple languages; for example, e-learning materials on health financing and health in the economy had been translated into more than 10 languages.

Health emergencies programme

S. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

The representative of the UNITED STATES OF AMERICA said that preparedness was needed at the country and global levels, as well as variola virus research and further control of other orthopoxviruses, in particular monkeypox. Her Government continued to support the conclusions of the report of the Independent Advisory Group on Public Health Implications of Synthetic Biology Technology Related to Smallpox, in particular its reference to the risk of smallpox re-emergence given the potential for recreation of the variola virus, as demonstrated by the recent de novo synthesis of the infectious horsepox virus. Her Government also supported the continuation of research on diagnostics and medical countermeasures to variola virus, particularly in the light of the risk of re-emergence. She urged the Secretariat to promptly approve the research projects recommended by the WHO Advisory Committee on Variola Virus Research. The countermeasures and research goals agreed at the Fifty-fifth World Health Assembly had not yet been realized. Further, the development of effective smallpox antivirals must continue before the destruction of variola virus stocks could be considered. Lastly, the Advisory Committee's work should continue and the Secretariat should publish the reports of its inspections of the two authorized variola virus repositories as soon as possible.

The representative of the REPUBLIC OF KOREA commended the work undertaken by the Secretariat and the WHO Advisory Committee on Variola Virus Research. Given the increase in possible threats from the recreation of smallpox through synthetic biology, diagnosis and treatment capacities for smallpox outbreaks should be strengthened at the national and global levels. Maintaining response capacities for threats posed by other communicable diseases in order to ensure global preparedness against variola virus should also be considered. Her Government supported the Advisory Committee's recommendation that live variola virus should be used in research. Advances in synthetic biotechnology and the potential recreation or re-emergence of variola virus underscored the need for revised regulations on laboratory biosafety in variola virus research.

The representative of THAILAND highlighted the availability of new tools for treatment and prevention of smallpox and the extensive research conducted since its eradication. Live variola virus stocks should be destroyed as soon as possible since the global health risks posed by their retention outweighed the benefits; further research should determine the timeline for their destruction.

The DIRECTOR (Infectious Hazard Management), thanking participants for their comments, said that the Secretariat would continue to convene the WHO Advisory Committee on Variola Virus Research to oversee progress on research for public health measures and to regularly inspect the two authorized repositories of live variola virus stocks in order to ensure the highest standards of biosafety and biosecurity. The Secretariat would soon publish its inspection reports on the WHO website and would continue to support Member States to increase their preparedness and build capacities to detect and rapidly respond to re-emerging or emerging infectious threats. The forthcoming Advisory Committee report would provide more details for discussion at the Seventy-second World Health Assembly.

The Committee noted the reports.

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

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

The CHAIRMAN invited the Committee to consider the amendments proposed by the European Union and the Russian Federation to the revised draft resolution, which would read:

The Seventy-first World Health Assembly,

PP1. Having considered the report on eradication of poliomyelitis;¹

PP2. Recalling resolution WHA65.5 (2012) on poliomyelitis: intensification of the global eradication initiative and WHA68.3 (2015) on poliomyelitis, and in which the Health Assembly urged all Member States inter alia to implement appropriate containment of all polioviruses starting with the serotype 2;

PP3. Noting the eradication of wild poliovirus type 2 globally, declared by the Global Commission for the Certification of the eradication of poliomyelitis in September 2015;

PP4. Acknowledging the continued progress in eradicating poliovirus types 1 and 3;

PP5. Recognizing the successful globally synchronized switch in April 2016 from the use of trivalent to bivalent oral polio vaccine, active only against poliovirus types 1 and 3;

PP6. Noting the development of the Polio Eradication and Endgame Strategic Plan 2013–2018, including objective 3 – containment and certification, considered by the Sixty-sixth World Health Assembly;²

PP7. Commending the work of WHO and the Global Commission for the Certification of the eradication of poliomyelitis in promoting the containment of all polioviruses, starting with type 2, the first serotype being eradicated;

PP8. Noting with alarm delays in implementation and certification of poliovirus containment for type 2 polioviruses planned for 2016, as well as the accidental release of wild poliovirus type 2 from a vaccine-production facility in 2017;

PP9. Underscoring the urgent need to accelerate globally activities to implement and certify containment of polioviruses;

PP10. Underlining that successful containment of all polioviruses will ensure the long-term sustainability of the eradication of poliomyelitis,

OP1. URGES all Member States:³ [EU]

(1) to fully implement all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018;

(2) to intensify efforts to accelerate the progress of poliovirus containment certification as outlined in **national requirements as well as in [Russian Federation] bio-risk management international standards and requirements as well as in** the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII)⁴ ~~or its~~

¹ Document A71/26.

² Document WHA66/2013/REC/3, summary records of the ninth meeting of Committee A, section 1.

³ **And Regional Economic Integration Organisations, where applicable**

⁴ Available at http://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf (accessed 1 March 2018).

~~most recent adjustments as endorsed by the Containment Advisory Group;~~¹
[Russian Federation]

(3) to complete inventories for type 2 polioviruses, destroy unneeded type 2 materials and to begin inventories and destruction of unneeded type 1 and 3 materials in accordance with the latest available published WHO [EU] guidance;

(4) to ensure that any confirmed event associated with a breach in poliovirus containment is immediately reported to the National IHR Focal Point;

OP2. URGES all Member States retaining polioviruses:

(1) to reduce to ~~a an absolute~~ **[Russian Federation]** minimum the number of facilities designated for the retention of polioviruses, prioritizing facilities performing critical national or international functions;

(2) to appoint **as soon as possible and no later than the end of 2018 [Russian Federation]** a competent National Authority for Containment² ~~as soon as possible and no later than by the end of 2018 and to~~ **that will [Russian Federation]** process containment certification applications submitted by the facilities designated to store and/or handle poliovirus post-eradication ~~as soon as possible and no later than by the end of 2018, and to communicate its the contact details of the National Authority to WHO by 31 March 2019 [EU];~~

(3) to make available ~~for to~~ [EU] the National Authority for Containment all necessary resources, including technical, personnel and financial, required for the full and successful certification of implementation of appropriate poliovirus containment measures;

(4) to request facilities designated to retain poliovirus type 2 to **formally engage in the Containment Certification Scheme³ by submitting to their National Authorities for Containment their applications for participation that is the first step of the global certification process [Russian Federation]** as soon as possible and no later than ~~30 June 31 December [EU] 2019;~~²

(5) to initiate steps for the containment for type 1 and 3 materials so that, by the time of global certification of eradication, all facilities retaining poliovirus meet containment requirements;

(6) to prepare a national response ~~protect~~ **framework [Russian Federation]** for use in the event of a breach of poliovirus containment and risk of community exposure and to conduct a polio-outbreak simulation exercise that covers the risk of poliovirus release from a facility;

OP3. REQUESTS the Director-General:

(1) to provide technical support to Member States in their efforts to implement poliovirus containment safeguards and certify that facilities retaining poliovirus meet ~~bio-risk management international standards and~~ **[Russian Federation]** requirements

¹ Containment Advisory Group, see <http://polioeradication.org/tools-and-library/policy-reports/advisory-reports/containment-advisory-group/> (accessed 1 March 2018).

² As recommended at the Special Meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis on Poliovirus Containment (Geneva, 23–25 October 2017); the meeting report is available at <http://polioeradication.org/wp-content/uploads/2018/01/polio-global-certification-commission-report-2017-10-final-en.pdf> (accessed 1 March 2018).

³ Available at <http://polioeradication.org/polio-today/preparing-for-a-polio-free/world/containment/containment-resources/>.

outlined in the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) ~~or its most recent adjustments as endorsed by the Containment Advisory Group [Russian Federation];~~

- (2) to facilitate the harmonization of certification mechanisms for the long-term sustainability of the implementation of poliovirus containment in the post-eradication era;
- (3) to update all WHO's recommendations and guidance on poliovirus containment, as and when needed;
- (4) to report regularly to the Executive Board and the Health Assembly on progress and status of global poliovirus containment, **aligned with other polio reporting requirements [EU]**.

The representative of the UNITED STATES OF AMERICA requested the suspension of the meeting to allow for informal consultations among Member States and enable them to determine their position on the proposed amendments to the revised draft resolution.

The CHAIRMAN said that the meeting would be suspended to allow Member States to prepare their position on the proposed amendments to the revised draft resolution.

The meeting was suspended at 09:35 and resumed at 10:00.

The representative of the RUSSIAN FEDERATION said that, as a result of the informal consultations among Member States, paragraph 1(2) of the revised draft resolution would be amended to read as follows:

“to intensify efforts to accelerate the progress of poliovirus containment certification as outlined in the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII),^{2,3} as well as in any national requirements;

²Available at http://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf (accessed 1 March 2018).

³Containment Advisory Group, see <http://polioeradication.org/tools-and-library/policy-reports/advisory-reports/containment-advisory-group/> (accessed 1 March 2018).”

The representative of the UNITED STATES OF AMERICA supported the amendments proposed by the Russian Federation and requested the Secretariat to confirm that the reference to GAPIII in the proposed amendments to the revised draft resolution also referred to any subsequent adjustments made by the Containment Advisory Group. In addition, he proposed that the word “wild” should be added before the word “type” in paragraph 2(5), given that oral polio vaccine would still be in use at the time of certification.

The representative of BRAZIL supported the amendments proposed by the Russian Federation and the United States of America.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives), responding to the query raised by the representative of the United States of America, confirmed that the reference to GAPIII in the proposed amendments to the revised draft resolution also referred to any subsequent adjustments made by the Containment Advisory Group.

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

The draft resolution, as amended, was approved.¹

The DIRECTOR-GENERAL thanked the Committee for its active participation and Member States for their support, which had resulted in fruitful discussions and tangible outcomes. The Committee had demonstrated that, through collaboration, amicable solutions could always be reached. Indeed, continued collaborative work would enable the Thirteenth General Programme of Work, 2019–2023 to become a reality.

4. FOURTH REPORT OF COMMITTEE B (document A71/59)

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

The report was adopted.

5. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee B completed.

The meeting rose at 10:10.

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¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA71.16.