PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Thursday, 23 May 2019, scheduled at 09:00

Chairman: Dr S.P.V. LUTUCUTA (Angola)
Later: Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)

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1. SECOND REPORT OF COMMITTEE A (document A72/70)

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

The report was adopted.¹

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

   Polio: Item 11.3 of the agenda

   • Eradication (document A72/9)

   The representative of BAHRAIN agreed with the need to step up efforts to stop poliovirus circulation nationally and globally, close gaps in surveillance and immunization, and coordinate measures within and between countries, through broader and better outbreak response and stronger collaboration between polio eradication programmes and other health-related and humanitarian assistance programmes. It was vital to ensure affordable and sustainable access to the inactivated poliovirus vaccine before and after certification of the eradication of poliomyelitis, and fulfil the objectives of 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.

   The representative of MONACO expressed concern and disappointment that the progress made towards the eradication of poliomyelitis in recent years had been compromised by the detection of new cases in 2018. Those cases were a result of a refusal to vaccinate and increased insecurity. She paid tribute to the work of community health workers in their efforts to vaccinate children. It was vital that those workers were able to continue to fulfill their mandate in decent conditions. While she supported the Global Polio Eradication Initiative Polio Endgame Strategy 2019–2023, she believed that innovative approaches were also needed to reach unvaccinated children and ensure that populations accepted vaccination. She welcomed the fact that Gavi, the Vaccine Alliance, had joined the Polio Oversight Board.

   The representative of AZERBAIJAN said that, in order to successfully eradicate polio, the international community needed to redouble its efforts.

¹ See page […].
The representative of CANADA welcomed the Polio Endgame Strategy 2019–2023. Vaccination in fragile, volatile and conflict-affected areas was essential to achieve polio eradication. She commended those working in such challenging conditions. The Secretariat should intensify efforts to engage local communities in order to better understand the drivers of disruption in insecure areas, and renew its efforts to ensure that all children were vaccinated, including integrating innovative strategies into vaccination programmes to reach newborns. The Global Polio Eradication Initiative should continue and should increase its collaboration with Gavi with a view to improving vaccine coverage and equity and ensuring a predictable supply of inactivated poliovirus vaccines. Her Government appreciated the Initiative’s commitment to gender mainstreaming and hoped that it would continue.

The representative of the RUSSIAN FEDERATION said that the eradication of wild poliovirus under the Polio Endgame Strategy 2019–2023 would eliminate the need to use live poliovirus vaccines, and she noted that there had been an increase in circulating vaccine-derived poliovirus type 2 following the switch to bivalent oral polio vaccine, which must be addressed. It was essential that all countries had access to an adequate supply of inactivated poliovirus vaccine in order to reach all unvaccinated children. The Secretariat should support Member States in developing containment capacity and fully implement resolution WHA71.16 on containment of polioviruses. She asked the Secretariat to consider whether all the documents submitted to the Global Commission for the Certification of Poliomyelitis Eradication could be made available in the Organization’s six official languages.

The representative of SPAIN expressed support for the Polio Endgame Strategy 2019–2023. Vaccination and universal health coverage were key to eradicating poliomyelitis. She urged the Secretariat and Member States to continue their work towards the complete eradication of the poliovirus.

The representative of THAILAND said that the emergence of vaccine-derived poliovirus in several countries had highlighted the importance of maintaining high levels of immunization coverage and effective surveillance systems. All development partners must urgently explore new approaches and identify long-term solutions to ensure an affordable and sustainable supply of the inactivated poliovirus vaccine. The Secretariat should ensure the availability of adequate and affordable supplies of a vaccine before recommending its inclusion in national immunization programmes.

The representative of AUSTRALIA commended the Global Polio Eradication Initiative for its draft gender strategy. She recognized the challenges facing frontline vaccination workers. She commended WHO’s efforts to respond to recent detections of circulating vaccine-derived poliovirus in Papua New Guinea and Indonesia. She urged the Global Polio Eradication Initiative to make every effort to ensure that the new Polio Endgame Strategy 2019–2023 led to the elimination of all forms of poliovirus, referring also to interventions in hard-to-reach populations and sectors beyond health. Close collaboration with partners such as Gavi, and significant investment in inactivated poliovirus vaccines were needed to ensure polio eradication and prevent its re-emergence. She encouraged the adoption of innovative approaches to combat global shortages of the inactivated poliovirus vaccine.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern about the recent increase in the number of cases of vaccine-derived poliovirus and the effect that misinformation was having on the uptake of vaccines. She was confident that the Global Polio Eradication Initiative, in collaboration with other stakeholders, would achieve polio eradication. She urged Member States to maintain their commitment to polio eradication as it reached its final stages, with the support of the Director-General.

The representative of ANGOLA said that the possibility of outbreaks of vaccine-derived poliovirus in areas with low vaccination coverage was concerning. Member States should improve acute
flaccid paralysis surveillance and implement good-quality vaccination campaigns using monovalent oral polio vaccine of the circulating serotype. Vaccination campaigns should be implemented on the basis of technical risk assessments and recommendations made by the Secretariat.

The representative of the UNITED STATES OF AMERICA, expressing support for the Polio Endgame Strategy 2019–2023, said that Member States must close all immunity gaps in order to prevent vaccine-derived poliovirus outbreaks. She urged all Member States to intensify efforts to implement and certify containment and encouraged the Secretariat to issue guidance in that regard. She expressed deep concern about recent developments in the few countries where polio was still endemic. Violence against health workers must be stopped. She urged all Member States to pursue the global certification of the eradication of wild poliovirus and the cessation of vaccine-derived poliovirus.

The representative of SAUDI ARABIA described the steps being taken in her country to eradicate poliomyelitis. She reiterated that wild poliovirus and circulating vaccine-derived poliovirus were major international health challenges.

The representative of GHANA said that collaboration between public health programmes was essential to ensure the sustainability of polio eradication. Outbreaks of poliovirus threatened eradication efforts in all Member States. However, there was no reason why polio should persist and his Government remained committed to global polio eradication by 2023.

The representative of MALAYSIA expressed support for the Polio Endgame Strategy 2019–2023, particularly regarding poliovirus containment. Member States should strive to overcome challenges relating to full vaccination coverage, so as to reduce the risk of circulating vaccine-derived poliovirus outbreaks.

The representative of LESOTHO said that her Government aligned itself with the second objective of the African Regional Strategic Plan for Immunization 2014–2020, which was to complete interruption of poliovirus transmission and ensure virus containment. Although there had never been an outbreak of wild or circulating vaccine-derived poliovirus in her country, measures were in place to prevent its transmission.

The representative of MEXICO said that the continued circulation of wild poliovirus was concerning, despite having been declared an international public health emergency in 2014. She expressed support for the Polio Endgame Strategy 2019–2023, which would guide Member States towards eradication, which should remain a priority. Financial resources must be mobilized to eliminate and prevent the reappearance of poliovirus. Nevertheless, she considered the budget earmarked for polio eradication in the Proposed programme budget 2020–2021 to be excessive in comparison to the resources allocated to other priorities, such as noncommunicable diseases. The financing of the Strategy should be entirely transparent and take into consideration the priorities established in the Thirteenth General Programme of Work, 2019–2023.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, urged Member States in which poliovirus was still present to implement action plans in order to achieve polio eradication. As a result of strong and sustained efforts, his Region had been free of poliovirus since 2011. National outbreak response plans and routine immunization programmes that included inactivated poliovirus vaccine were in place in all countries of the Region, and progress was being made towards poliovirus containment. The Government of Indonesia had responded aggressively to a recent detection of circulating vaccine-derived poliovirus. Turning to polio transition, he said that good progress was being made. Governments needed to mobilize domestic resources for long-term
sustainability, as well as ensure optimal funding for polio transition in high-priority countries. He therefore welcomed the engagement of new partners, such as Gavi.

The representative of JAPAN said that it was regrettable that polio eradication had not been achieved as planned, primarily because areas in which wild poliovirus was present were often inaccessible. It was therefore very challenging to implement surveillance, preparedness and response measures. A holistic approach was needed, rather than a narrow focus on poliomyelitis, and she therefore welcomed the Polio Endgame Strategy 2019–2023. Barriers to eradication, including vaccine refusal, could only be overcome through health system strengthening, nutrition and education, in line with the needs of local populations. She requested WHO to use the polio programme budget in an efficient manner by enhancing collaboration among departments.

The representative of HONDURAS said that governments and WHO regional offices must show continued commitment to the eradication of poliomyelitis in order to preserve the achievements to date and overcome future challenges. She requested WHO to continue to prioritize technical and financial cooperation in order to secure a lasting polio-free world.

The representative of BELGIUM expressed support for the Polio Endgame Strategy 2019–2023 and said that his Government was willing to engage in international collaboration on that issue. The implementation of the WHO global action plan to minimize poliovirus facility-associated risk remained a priority for his Government, as there were several vaccine manufacturing facilities in his country.

The representative of VIET NAM expressed appreciation for the efforts made by WHO, UNICEF and other international partners to implement the Polio Eradication and Endgame Strategic Plan 2013–2018. Her Government had reflected those commitments in the development of a national plan, which included immunization, outbreak response, and budget planning.

The representative of KENYA said that polio eradication strategies should provide guidance on new ways to eradicate poliovirus, especially given the recent outbreaks of circulating vaccine-derived polioviruses. His Government had taken several steps to expand vaccine coverage and surveillance and had destroyed all stores of wild poliovirus in the country.

The representative of the ISLAMIC REPUBLIC OF IRAN said that governments should be offered clear guidelines on post-certification strategies and that clarifications of the complex activities involved, such as environmental surveillance and mop-up immunization campaigns, should be given during technical sessions. The high number of illegal migrants without vaccination documentation was a serious issue, and would require further support from WHO. She requested the Secretariat to clarify whether the Organization had approved the use of fractional-dose inactivated poliovirus vaccine or had recommended its use only in emergency situations or during shortages.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the inclusion of poliomyelitis in the Proposed programme budget 2020–2021 as a programmatic indicator. Poliovirus vaccines must be available for timely delivery in case of an outbreak. She encouraged governments to continue to prioritize their polio programmes as they embarked on their polio transition plans, in order to sustain gains made.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that basic services must be improved in order to contain the spread of wild polioviruses. Progress in combating poliovirus had slowed in Afghanistan and Pakistan, where the disease was still present. However, he noted the successful emergency measures taken to stop the recent
outbreak in the Syrian Arab Republic. Welcoming the Polio Endgame Strategy 2019–2023, he underscored the commitment of the Member States in his Region to polio eradication.

The representative of BRAZIL lauded the contribution of Gavi to efforts to enhance the use of inactivated poliovirus vaccine. She emphasized the importance of strengthening vaccination activities and integrating poliomyelitis-related actions into health systems. Essential polio-related functions, supported by WHO and the Global Polio Eradication Initiative, must not be put at risk of discontinuation if international funding was interrupted.

The representative of NIGER said that, as a financial beneficiary of the Global Polio Eradication Initiative, his Government had been conducting activities to eradicate poliomyelitis, improve vaccination coverage and strengthen surveillance. However, the potential for cross-border transmission remained a challenge, which could be mitigated through the implementation of the International Health Regulations (2005).

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that maintaining polio-free status was a priority for all the Governments in his Region. Despite experiencing shortages of inactivated poliovirus vaccine, its timely introduction had helped to maintain the population’s immunity to poliovirus type 2.

The representative of CHINA recommended that WHO continue to strengthen international cooperation, seek support from Gavi and similar organizations, and work together with Member States to advance the implementation of the Polio Endgame Strategy 2019–2023. He also recommended increasing immunization rates in areas of poor coverage, initially using bivalent oral polio vaccine and then developing an implementation plan to replace it with inactivated poliovirus vaccine. Financial and technical support would be required in that regard.

The representative of GABON, speaking on behalf of the Member States of the African Region, thanked the Regional Office for Africa for its efforts to eradicate poliomyelitis. However, she said that some areas were still difficult to access, surveillance and vaccination activities were not comprehensive and there was still a risk of cross-border transmission. Cases of circulating vaccine-derived poliovirus type 2 had been detected and, in some countries, had constituted a national public health emergency. She noted that national outbreak response plans had yet to be standardized. Highlighting the introduction of inactivated poliovirus vaccine into the routine vaccination schemes of all Member States in her Region, she said that unreliable availability of that vaccine globally was still a challenge. She expressed concern over the lack of financing for polio eradication activities and the absence of earmarked funds to maintain certification and implement polio transition plans. Also of concern were the security issues in certain countries in the Region, which hindered surveillance and planned vaccination. Furthermore, global efforts towards eradication should support, and not hinder, regional activities. She underscored the need to fund and implement the Polio Endgame Strategy 2019–2023, even post-certification. The polio eradication programme should be retained in order to avoid the loss of trained human resources and to ensure the regular availability of inactivated poliovirus vaccines globally and thus build the resilience of the national health systems in her Region.

The representative of GERMANY emphasized the need to acquire the estimated US$ 3.27 billion needed to achieve complete polio eradication by 2023 and urged all Member States to contribute financially and politically to achieving that goal. The Global Polio Eradication Initiative should establish a comprehensive budget for eradication that reflected the costs of supporting the use of inactivated poliovirus vaccine after 2020. Collective efforts were needed to ensure adequate support for countries in polio transition, particularly where capacities were currently financed by the Global Polio Eradication Initiative. He urged Member States to fill gaps in national legislation and to conduct advocacy on
poliovirus containment. Strengthening national health systems, including the integration of poliomyelitis surveillance, was essential to sustaining polio-free status. To that end, strong and continued collaboration between national governments, health programmes and global initiatives was key.

The representative of BHUTAN called on all partners and Member States to strengthen collaboration in order to ensure the sustainability of polio eradication. He encouraged Member States to design strategic mechanisms to optimize resources and efforts towards achieving polio-free status. He drew attention to the need to implement resolution WHA71.16 on containment of polioviruses.

The representative of the UNITED ARAB EMIRATES outlined efforts her Government had made to support the eradication of poliovirus, including donating significant funds to the Global Polio Eradication Initiative and other government-led programmes for vaccination campaigns in Afghanistan, Ethiopia, Kenya, Pakistan, Somalia and Sudan.

The representative of NORWAY welcomed the Polio Endgame Strategy 2019–2023 and emphasized the strengthened collaboration between Gavi and the Global Polio Eradication Initiative on delivering inactivated poliovirus vaccine. The ongoing transmission of wild poliovirus in Afghanistan and the rise in the number of cases in Pakistan were deeply concerning, as were the increasing outbreaks of vaccine-derived poliovirus. Those issues highlighted the importance of integrating poliovirus vaccines into routine immunization.

The representative of INDIA drew attention to the shortage and sudden significant increase in the price of inactivated poliovirus vaccine following its mandatory introduction, which placed a financial burden on low- and middle-income countries. The introduction of any new interventions under the Polio Endgame Strategy 2019–2023 must be accompanied by proper guidance on supply management in order to guarantee vaccine security. He called for market shaping in order to help control global vaccine prices.

The representative of INDONESIA outlined containment activities underway in her country linked to the certification process for a poliovirus-essential facility. Given the risk of importing wild poliovirus and circulating vaccine-derived poliovirus, current immunization coverage must be expanded alongside robust mitigation strategies, which required support from WHO. Following the detection of vaccine-derived poliovirus type in Indonesia in early 2019, the appropriate outbreak response had been undertaken. There was a need to develop an innovative poliovirus vaccine that would avoid the emergence of circulating vaccine-derived poliovirus.

The representative of MOROCCO supported the Polio Endgame Strategy 2019–2023. An in-depth study should be done to explain the increasing transmission of circulating vaccine-derived poliovirus type 2. He asked the Secretariat to ensure a continuous supply of inactivated poliovirus vaccine and to coordinate and encourage anti-poliomyelitis activities between the Eastern Mediterranean and African Regions in order to limit cross-border transmission of poliovirus.

The representative of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA said that all Member States should maintain high surveillance and strong response capacity while the threat from circulating polioviruses still existed. The infrastructure and capacity to maintain polio functions should be further strengthened through the Polio Endgame Strategy 2019–2023, which must be sufficiently funded.

The representative of SENEGAL supported the Polio Endgame Strategy 2019–2023, the implementation of which should take into account the reduction in financing for eradication activities;
the emergence of vaccine-derived poliovirus; the unreliable availability of inactivated poliovirus vaccine; and the need for strengthened surveillance, including environmental surveillance.

The representative of the REPUBLIC OF KOREA, in light of the increased risk of poliovirus importation from endemic countries, encouraged Member States to comply with WHO recommendations on polio eradication. Governments should also review national eradication and transition strategies, which should include indicators to monitor their implementation. The Polio Endgame Strategy 2019–2023 would require adequate human and financial resources, and the development of post-certification strategies.

The representative of MICRONESIA expressed concern over the recent reported cases of poliomyelitis and extended thanks to its development partners, including the United States of America Centers for Disease Control and Prevention, and the Governments of Japan and Australia, for their support. He urged the Director-General and Member States to provide additional resources to eradicate the myth that vaccination against poliovirus and other vaccine-preventable diseases, was counterproductive.

The representative of PAKISTAN said that, as well as universal vaccination programmes, the sensitivity of national environmental and acute flaccid paralysis surveillance systems had been increased. Environmental sampling and the 19 poliomyelitis cases reported in 2019 had showed that poliovirus transmission continued in Karachi, Quetta block and Khyber-Peshawar. Response strategies included strengthening routine immunization, addressing the high prevalence of malnutrition and providing safe water and sanitation. A revised communication strategy was being used to address concerns over vaccine safety and efficacy fuelled by anti-vaccine propaganda. The Governments of Pakistan and Afghanistan continued to share experiences and strategies to manage the common epidemiological block. In response to the recent increase in the number of poliomyelitis cases, his Government had decided to undertake an urgent comprehensive programme review in consultation with WHO and the Global Polio Eradication Initiative. Thanking partners and donors for their support, he pledged his Government’s commitment to polio eradication.

The representative of PANAMA outlined measures being taken in her country to maintain its polio-free status by improving vaccine coverage and strengthening surveillance, with particular reference to the risk of vaccine-derived poliovirus type 2 and the importation of wild poliovirus.

The representative of MOZAMBIQUE said that WHO was continuing to support her Government to expand and strengthen community surveillance with the help of local stakeholders, which had allowed the identification and successful management of several cases of circulating vaccine-derived poliovirus type 2 in Zambézia province. She called for the continued mobilization of flexible financial resources to fund extensive poliovirus immunization activities, including epidemiological surveillance.

The representative of IRAQ stressed the importance of ensuring the availability of low-cost inactivated poliovirus vaccines in efforts to achieve polio eradication by 2023. National challenges to maintaining eradication in her country included the number of refugees from endemic areas and internally displaced people, low routine immunization coverage among children under five in hard-to-reach areas, and military operations. WHO and UNICEF had supported the Ministry of Health in implementing national strategies and awareness campaigns and improving routine immunization coverage and acute flaccid paralysis surveillance.

The representative of COTE D’IVOIRE outlined the steps that had been taken in his country to eradicate polio. He said that his Government remained committed to maintaining its polio-free status,
namely by carrying out activities relating to poliovirus containment and destruction; surveillance of poliovirus and acute flaccid paralysis; and the development of a plan to respond to imported cases. Resources currently steered towards poliovirus eradication would be used in future to prevent other vaccine-preventable diseases such as measles.

The representative of ZAMBIA welcomed the Polio Endgame Strategy 2019–2023, which would likely prove successful in the final push towards eradication. Despite successes, it was not the time for complacency, and Member States should fill gaps in immunization coverage and guard against cross-border transmission. She requested the Secretariat and stakeholders to support efforts across the African Region to overcome the challenges facing polio eradication and ensure that gains were maintained. She urged caution in ramping-down the allocation to poliovirus-related activities, which should be based on factors beyond a country’s adherence to procedures and should contemplate the timing of inactivated poliovirus vaccine introduction and internal and external threats to eradication efforts.

The representative of NAMIBIA welcomed the fact that the Polio Endgame Strategy 2019–2023 would encourage tailoring collaboration to specific national contexts and needs. He expressed concern regarding surveillance gaps, particularly in hard to reach places, and the risk of transmission from other countries with endemic wild poliovirus. The global shortage of inactivated poliovirus vaccine should be addressed.

The representative of EGYPT said that instability in his Region had disrupted immunization activities. Concerns regarding the re-emergence of poliovirus as a result of transmission from refugees had led to the Government expanding its poliovirus surveillance programme. Despite the success of the Polio Eradication and Endgame Strategic Plan 2013–2018, poliovirus remained a global health concern; the Polio Endgame Strategy 2019–2023 should therefore be fully financed and implemented at all levels.

The representative of CUBA said that, as her country had been certified polio-free, the national post-certification strategy was being implemented, which included acute flaccid paralysis surveillance; strengthened response capacities; and research into immunization strategies for the post-eradication phase. Strengthened technical cooperation and sharing of positive experiences would facilitate progress towards eradication.

The representative of JAMAICA said that, as a result of increasing global travel and inequitable immunization coverage at the national level, the reintroduction of poliovirus into the Region of the Americas remained a risk. She therefore called on the Secretariat to continue to provide technical support for outbreak response capacity-building activities, including simulation exercises; build environmental surveillance capacities among small island States; and provide training in microplanning to promote sustainable immunization coverage.

The representative of NIGERIA welcomed the Polio Endgame Strategy 2019–2023. His country had not detected any cases of wild poliovirus for 33 months and was working to strengthen surveillance and immunization to achieve certification by the end of 2019. However, 42 cases of acute flaccid paralysis resulting from circulating vaccine-derived poliovirus type 2 had been reported in the first 16 weeks of 2019. His Government had implemented three outbreak response initiatives across 18 states and was intensifying routine immunization activities with the use of inactivated poliovirus vaccine in selected districts, including efforts to reach children in less-accessible locations in the states of Borno and Yobe. Additionally, the administration of fractional doses of inactivated poliovirus vaccine among children was being scaled up.
The representative of MADAGASCAR said that weak immunization coverage in some countries had led to the resurgence of circulating vaccine-derived poliovirus. Madagascar had been declared polio-free in 2018 following considerable efforts in the areas of immunization, acute flaccid paralysis surveillance, and the identification of infectious and potentially infectious poliovirus materials.

The representative of BARBADOS said that the Polio Eradication and Endgame Strategic Plan 2013–2018 had created the foundation for sustainable polio eradication, and said that his Government would continue to implement the Polio Endgame Plan 2019–2023. Vaccine-preventable diseases resulted in significant costs to individuals, the health care system and society. He expressed concern regarding the global shortage of inactivated polio vaccine. A strong syndromic surveillance system would facilitate the prompt identification and treatment of acute flaccid paralysis.

The representative of the CENTRAL AFRICAN REPUBLIC supported the Polio Endgame Strategy 2019–2023. He expressed his gratitude to all partners that had provided support to the fight against vaccine-preventable diseases in conflict-affected areas since the benefits of immunization programmes in such settings stretched beyond disease prevention and promoted social cohesion and reconciliation. However, the return of individuals originating from wild poliovirus-endemic areas was a concern. Surveillance activities had been stepped up thanks to WHO, in particular at border zones, and two detections of poliovirus type 2 were being investigated.

The representative of TOGO said that his Government was committed to international and regional activities on polio eradication, and he described efforts being made in his country. Funding should continue to be channelled towards polio eradication activities, in particular those described in the Polio Endgame Strategy 2019–2023, and the manufacture of inactivated poliovirus vaccine should be scaled up to meet demand.

The observer of GAVI, THE VACCINE ALLIANCE commended the universal introduction of the inactivated polio vaccine. Gavi had joined the Polio Oversight Board of the Global Polio Eradication Initiative and was working to support the Polio Endgame Strategy 2019–2023 with a particular focus on strengthening routine immunization. Vaccine-derived poliovirus outbreaks, which occurred in high-risk locations owing to chronically low and inequitable immunization coverage and weak primary health care, were a concern. Gavi would allocate core funding in 2019 and 2020 to support the delivery of inactivated polio vaccine, and had agreed in principle to fund the whole-cell pertussis hexavalent vaccine currently in development. However, that would be contingent on the availability of funding for the period 2021–2025 and future poliovirus strategies. He stressed the importance of accelerating the implementation of nationally-owned polio transition plans to ensure domestic funding for essential routine immunization functions. Governments should leverage polio-funded assets to strengthen primary health care and complement country core capacities under the International Health Regulations (2005).

The DIRECTOR (Polio Eradication) thanked Member States for honouring the lives of frontline workers who had died in service. He welcomed the support for the Polio Endgame Strategy 2019–2023, the implementation of which would determine the success or unforgivable failure of the polio eradication project. Twenty-six cases of wild poliovirus had been reported in Afghanistan and Pakistan in 2019; however, no cases had been reported in Nigeria for 1000 days and wild poliovirus type 3 had not been detected since November 2012. Outbreaks of vaccine-derived polioviruses would continue until oral poliovirus vaccines were no longer in use, which would only be possible after the eradication of wild poliovirus. Strong routine immunization systems were needed worldwide to stop infection and to maintain gains after eradication. All Member States were now routinely using inactivated polio vaccine, but supply remained fragile and prices remained high. However, new products would soon be available, which should stabilize access and make vaccines more affordable. Several Member States in the Regions
of the Americas and the South East Asia Region had already incorporated fractional-dose inactivated poliovirus vaccine into their schedules. The Polio Endgame Strategy 2019–2023 included key elements such as emergency response, containment and the full use of all tools available. However, it would only succeed if fully financed and implemented. He therefore thanked the Government of the United Arab Emirates for their coordination of the pledging event at the Reaching the Last Mile Forum. He commended the Government of Pakistan for its commitment to implementing the Strategy.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that progress in the elimination of wild poliovirus in Afghanistan and Pakistan had slowed since 2017 and circulation had since persisted, particularly in cross-border corridors. Barriers to eradication included the complex security situation, sustained bans on immunization in large areas of Afghanistan, pockets of suboptimal immunization coverage, high levels of population movement, and community misconceptions of immunization. He called for an immediate end to attacks on community health workers, commending the dedication of those workers. The Governments of Afghanistan and Pakistan, the Regional Office for the Eastern Mediterranean and relevant partners were rising to the task ahead and had not been discouraged by the setbacks encountered. Both Governments had shown their commitment to polio eradication and were adapting their emergency national action plans and revitalizing eradication efforts. The optimal use of skilled, experienced human resources and the implementation of lessons learned would be crucial to interrupting transmission and improving immunization services. Moreover, robust polio transition was required as part of the Thirteenth General Programme of Work, 2019–2023.

The DIRECTOR-GENERAL said that significant progress had been made. Two of the three strains of wild poliovirus had been eradicated and the African Region was on track to achieve polio-free certification in 2019. Wild poliovirus was now only endemic in a small number of districts in two countries, Afghanistan and Pakistan. He had been encouraged by the level of commitment to polio eradication demonstrated by the Governments and local health workers during his recent visit to those two countries in his capacity as Chair of the Polio Oversight Board of the Global Polio Eradication Initiative. However, WHO’s operations were being threatened by insecure conditions on the ground, misinformation and the politicization of the issue, and innovative eradication strategies would be required to overcome those challenges. In addition to the Polio Endgame Strategy 2019–2023, he supported the programme implemented by the Pakistani Government, since government ownership of such activities would be crucial to eradication. He looked forward to the outcome of the pledging event, and welcomed the commitment of the Government of the United Arab Emirates in that regard. He was confident that current efforts would lead to the eradication of poliovirus.

The Committee noted the report.

- **Transition** (document A72/10)

The representative of NORWAY, welcoming WHO’s continued commitment to polio transition, said that the implementation of the strategic action plan on polio transition and related national transition plans must not be delayed by the prolonged struggle to eradicate poliomyelitis. Moreover, Member States should focus on transition to ensure that investment in polio programmes was not lost. She expressed concern regarding the progress on key indicators for most of the countries within the strategic action plan’s monitoring and evaluation framework.

The representative of MONACO thanked the Secretariat for updating the report and welcomed the establishment of a high-level Polio Transition Steering Committee. Her Government regretfully considered that a year had been lost in terms of implementing the strategic action plan on polio transition, and requested WHO to intensify country-level work and continue the discussions that had been initiated.
at the high-level meeting of key polio transition stakeholders, held in Montreux in 2018. She said that a detailed and updated report should be provided at the 146th session of the Executive Board.

The representative of MEXICO recalled that, at the 2018 high-level meeting of key polio transition stakeholders, emphasis had been placed on the need to ensure that country contexts were taken into account during polio transition. She welcomed the efforts of the Secretariat and the Global Polio Eradication Initiative to ensure transparent and accountable funding for polio eradication activities, while guarding against the duplication of resources. She expressed concern regarding the excessive allocation for the polio programme in the Proposed programme budget 2020–2021, compared with the resources allocated to other areas.

The representative of CANADA said that more detailed findings from the country visits conducted to review national transition plans, would help to ensure full coordination of the next steps with other programmatic teams across WHO. More progress towards an effective global governance framework for post-eradication would have been appreciated. While the 2018 high-level meeting of key polio transition stakeholders had been an important first step to identifying key priorities for transition, a more comprehensive approach should be adopted for future work. The report should have better reflected the integration of polio transition into other WHO areas of work. In the spirit of accountability and transparency, the Secretariat should provide regular updates on the implementation of the strategic action plan.

The representative of TOGO outlined the key achievements and challenges in his country relating to polio transition. He called on the Global Polio Eradication Initiative to continue financing activities to combat poliomyelitis in the African Region.

The representative of INDIA said that downsizing polio programmes, including the National Polio Surveillance Project, would undermine efforts to maintain eradication and wider immunization initiatives. It was important to continue to adequately fund polio eradication and transition activities, particularly in polio-endemic countries, in order to sustain gains made so far.

The representative of INDONESIA said that the support of WHO and partners would be vital to ensure a smooth polio transition, and emphasized the need for commitment at the national, subnational and community levels. Given the risk of wild poliovirus importation, she supported the Polio Endgame Strategy 2019–2023, and reiterated the need to ensure that polio eradication efforts received uninterrupted support.

The representative of GERMANY emphasized that polio transition programmes should be country-focused and Government-driven, and she urged the Secretariat to support Member States in that regard. The unknown timeline for global polio eradication meant that the implementation of polio transition programmes was a challenge. Collective efforts were needed to ensure adequate support for transitioning countries and to fund capacities that were currently being financed by the Global Polio Eradication Initiative. National health systems should be strengthened if countries’ polio-free status was to be maintained, and that would require collaboration between national health programmes, communities and global initiatives.

The representative of ALGERIA said that it was important to remain vigilant and strengthen capacities to detect and eradicate the health threat posed by circulating vaccine-derived poliovirus. The Organization should provide technical support to Member States to implement polio transition plans at the national level, particularly given the scarcity of resources. Efforts to eradicate poliomyelitis and polio-essential capacities should be maintained.
The representative of the UNITED STATES OF AMERICA emphasized that the global primary focus must be on polio eradication, as only then could the polio transition process be implemented. She encouraged all Member States and partners to ensure that accountability, financing and governance structures were in place to achieve and keep the world polio-free. She encouraged the Secretariat to work with all stakeholders to determine the responsibilities and financing of polio-essential functions following the certification of the eradication of wild poliovirus.

The representative of GHANA noted that the strategic action plan on polio transition was a living document and recognized the challenges facing its implementation, namely related to financing and human resources. Polio transition efforts would provide a critical opportunity to support the strengthening of other programmatic areas. Efforts should be intensified to achieve global polio eradication and sustain the gains made, through sound transition planning.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the report did not provide sufficient information on the actions required for successful polio transition or on the governance of the Global Polio Eradication Initiative Post-Certification Strategy. Polio transition could be a major global health security risk, which would undermine the implementation of the Thirteenth General Programme of Work. It was important that Member States understood the specific global health consequences and impact of a poorly-handled transition in each country, as well as the indemnity risks and staffing implications. She requested detailed feedback on the results of the country visits and how that information was being used to prioritize which countries needed support to encourage domestic resourcing and find alternative sources of funding. Transition should be led at the country and regional levels, and collaboration among the three levels of Organization and with governments was essential to ensure national and regional ownership of the process.

The representative of CHINA said that, in order to achieve global eradication by 2023, the Polio Transition Steering Committee should identify priority areas for the step-by-step implementation of polio transition plans for different categories of countries. The strategic action plan’s results-based monitoring and evaluation framework should be further developed, and it should be implemented in order to report progress to the future Health Assemblies.

The representative of SENEGAL said that coordination and supervision could be adversely affected if alternative funds for polio transition were not identified by the time that Global Polio Eradication Initiative funding was withdrawn. To that end, he called for support from governments and partners to sustain those two activities, which would ensure that transition plans were being implemented and regularly updated, and that the recommendations of the Africa Regional Certification Commission for Polio Eradication were being put into practice.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, noted that: the funding provided to non-endemic countries from the Global Polio Eradication Initiative was being withdrawn; the risk of vaccine-derived poliovirus would only be eliminated when oral polio vaccines were no longer being used; essential polio activities should be integrated into national health programmes to ensure that they were sustainable; and WHO’s strategic action plan on polio transition and national polio transition plans should include responses to any potential poliomyelitis cases. Lessons learned from polio eradication should not be lost. There was a need to reduce dependence on polio eradication resources, which were being ramped down, and to mobilize domestic and international resources to finance the development and implementation of national polio transition plans. WHO should continue to collaborate with its partners and with national governments to ensure that routine immunization programmes were sustainable, effective and resilient. Existing polio-funded assets and experience could be leveraged in that regard.
The representative of JAPAN said that the human resources developed through the Global Polio Eradication Initiative should be retained not only for poliomyelitis-related activities but should also be appropriately allocated to other communicable disease and health systems strengthening programmes. In light of the reduction of the budget for the polio programme, it was important to assess which functions to maintain as the polio transition process progressed. Functions such as surveillance and immunization would be incorporated into WHO’s base budget.

The representative of BURKINA FASO welcomed the implementation of the Polio Endgame Strategy 2019–2023. He called on the Secretariat to ensure adequate funding for the development of his Government’s national polio transition plan.

The representative of NIGERIA outlined the steps taken by his Government to begin polio transition, which had culminated in the submission of a polio business case in February 2019 to cover the period to 2023. He thanked partners for their support.

The representative of NIGER said that a reduction in financing for polio eradication activities would inevitably disrupt her Government’s national immunization programme. Funding for health and vaccine availability would be hardest hit in a context where earmarking state budget allocations for health was already challenging. Her Government supported the integration of immunization programmes into initiatives to strengthen health systems.

The representative of AUSTRALIA emphasized the importance of polio transition given the risks that the upcoming reduction in polio resources would entail. She encouraged all Member States to remain proactive in their efforts to implement the strategic action plan on polio transition, in light of the extension of eradication efforts under the Polio Endgame Strategy 2019–2023. While acknowledging WHO’s work to avoid duplication of the WHO and Global Polio Eradication Initiative polio transition budgets, and efforts to provide clarity and transparency in that regard, she expressed concern about the real funding increase required to absorb polio-funded assets into the WHO base budget.

The representative of THAILAND thanked partners for allocating resources to polio transition priority countries, which enabled them to prepare their national health systems for transition and mobilize sustainable domestic resources. While welcoming the strategic action plan on polio transition, he said that there was a need for clear timelines and measurable outcomes to ensure its effective implementation. Moreover, budgets should be closely monitored to prevent duplication and overlap between WHO’s base budget and the Global Polio Eradication Initiative. The strategic action plan should be fully aligned with WHO’s post-2020 vaccine and immunization strategy and Gavi 5.0 – the strategy developed by the Vaccine Alliance for the period 2021–2025.

The representative of ETHIOPIA outlined the way in which her Government had prepared its polio transition plan. She expressed concern about the uncertain timeframe for achieving global certification of a polio-free world and declining resources at a time when the occurrence of polio events in Africa and globally was still a threat. She urged the Secretariat to support polio transition, including through the monitoring and development of mitigation measures to ensure that gains were maintained.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Global Polio Eradication Initiative, which should focus on reaching underserved communities and children who had not been previously vaccinated, should engage with civil society organizations as partners in immunization, ensuring that roles and responsibilities were defined in national plans. Governments must be supported in their polio transition planning. She called
on WHO to work with all stakeholders, including Gavi, to address domestic polio financing concerns in the context of the wider immunization system.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed WHO’s partnerships with relevant stakeholders, and noted that Gavi had joined the Polio Oversight Board. She commended WHO’s commitment to supporting countries in polio transition, including strengthening routine immunization and surveillance. Additional efforts were required to raise awareness of resource gaps and attain the commitment of relevant actors in immunization activities and the implementation of the International Health Regulations (2005) to address them. She noted WHO’s recognition of the need to maintain the workforce required to support Member States’ polio eradication activities.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Polio Endgame Strategy 2019–2023, and emphasized that eradication must be achieved before the transition of polio assets could be effectively implemented. The main barrier to eradication was not feasibility, but determination; it was important to empower frontline health workers and ensure adequate investment.

The DEPUTY DIRECTOR-GENERAL said that she had been requested by the Director-General to oversee WHO’s polio transition efforts personally, with the engagements of all relevant stakeholders. Efforts were aligned across the three levels of the Organization. An implementation plan based on the strategic action plan on polio transition was being drawn up; it would set country-specific objectives and be monitored by a steering committee, and a progress report would be submitted to the 146th session of the Executive Board. Ultimately, the polio transition process aimed to sustain the existing infrastructure and capacity so as to enable broader disease surveillance, strengthen routine immunization and enhance the detection of and response to emergency outbreaks.

WHO’s efforts necessarily addressed both eradication and transition, for example through its joint country support visits, as one could not be considered without the other. Transition was a country-focused process. So far, eight joint country visits had taken place and these would continue, in support of country-specific national transition action plans that were being developed in partnership with Member States. There was a need both to retain health workers to sustain eradication, and to refocus them to promote other health services. For the first time, financial resources for the transition of polio-funded essential public health functions had been included in WHO’s base programme budget. Their distribution would be agreed during the operational planning phase, with priority given to fragile and vulnerable countries, where continued support would be necessary in the mid–long term. WHO would continue to assist in the mobilization of domestic resources and resources from its partners.

To avoid the duplication of efforts, eradication and transition had been included in the same output in the Proposed programme budget 2020–2021, and staff working in those fields would work in close cooperation. The excellent example set by several Member States would benefit other States and regions, and each country’s specific circumstances would be taken into account when developing national plans.

The Committee noted the report.

Access to medicines and vaccines: Item 11.7 of the agenda (document A72/17)

The CHAIRMAN drew attention to the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products, which read:
The Seventy-Second World Health Assembly,

PP1 Having considered the Report by the Director-General on Access to medicines and vaccines (document A72/17) and its annex “Draft Road Map for access to medicines, vaccines, and other health products” and the Report by the Director-General on Medicines vaccines and health products, Cancer medicines (document EB144/18), pursuant to resolution WHA70.12;

PP2 Recognizing that improving access to health-related products and other technologies is a multi-dimensional challenge that requires action at, and adequate knowledge of, their entire value chain and life cycle, from research and development to quality assurance, regulatory capacity, supply chain management and use;

PP3 Recognizing the critical role played by health products and services innovation in bringing new treatments and value to patients and health care systems around the world;

PP4 Concerned about the high prices for some medicines, vaccines, cell and gene therapies, diagnostic tests and other health-related products and services, and the inequitable access within and among Member States as well as the financial hardships associated with high prices which can impede progress toward Universal Health Coverage;

PP5 Recognizing that publicly available data on prices and costs are scarce and that the availability of price and cost information is important for facilitating Member States’ efforts towards the introduction of and affordable access to new medicines, vaccines, cell and gene therapies, diagnostic tests and other health-related products and services;

PP6 Seeking to enhance the publicly available information on the actual prices applied in different sectors, in different countries, recognizing differences in health systems and differential pricing systems;

PP7 Commending the productive discussions at the last Fair Pricing Forum in South Africa regarding the promotion of greater transparency around prices of medicines, vaccines, cell and gene therapies, diagnostic tests and other health technologies, especially through sharing of information in order to stimulate the development of healthy and competitive global markets;

PP8 Noting the importance of both public and private sector funding for research and development of medicines, vaccines, cell and gene therapies, diagnostic tests, and other health technologies, and seeking to improve the level of information about them, in accordance with national legislations, concerning the allocation of investments and the costs for research and development, including costs incurred for conducting the clinical trials involving human subjects in order to obtain marketing approval, reimbursement or coverage for products or services;

PP9 Seeking to progressively enhance the publicly available information on the costs throughout the value chain of medicines, vaccines, cell and gene therapies and diagnostic tests and other health products and services and the patent landscape of medical technologies, while welcoming recent initiatives to achieve this goal;

PP10 Noting the latest Declaration of Helsinki, which promotes making publicly available the results of clinical trials, including negative and inconclusive as well as positive results, and noting that public access to complete and comprehensive data on clinical trials is important for promoting the advancement in science and successful treatment of patients, provided the need for protection of personal patient information;

PP11 Agreeing that policies that influence the pricing of health products and services or the appropriate rewards for successful research outcomes should consider and can be better evaluated when there is reliable, transparent and sufficiently detailed data on the costs of R&D inputs (including information on the role of public funding and subsidies), and the medical benefits and added therapeutic value of products;

PP12 Seeking to have better evidence of the units sold and reaching patients in different markets in order to evaluate the efficacy of health systems and the impact of the variety of barriers to access health related products and services,
OP1 URGES Member States, within the context of their own legal system and practice, to:

1.1. Undertake measures to publicly share information on prices and reimbursement cost of medicines, vaccines, cell and gene-based therapies and other health technologies;

1.2. Require the dissemination of results and costs from human subject clinical trials regardless of outcome or whether the results will support an application for marketing approval, while also taking appropriate steps to promote patient confidentiality;

1.3. Require the following information be made public for medicines, vaccines cell and gene-based therapies and other relevant technologies:
   (a) annual Reports on sales revenues, prices and units sold;
   (b) annual Reports on marketing costs incurred for each registered product or procedure;
   (c) the costs directly associated with each clinical trial used to support the marketing authorization of a product or procedure, separately; and
   (d) all grants, tax credits or any other public sector subsidies and incentives relating to the initial regulatory approval and annually on the subsequent development of a product or service.

1.4. Improve the transparency of the patent landscape of medical technologies, including but not limited to biologic drugs, vaccines and cell and gene therapies and diagnostic tests;

1.5. Report to the WHA 73 on the use of generic and/or biosimilar products and health services, and the policies and information that governments have used to enable early market entry, substitution and uptake of such products and services, including in particular those recommended by WHO in its guidelines;

1.6. Collaborate on the production of and open dissemination of research and know-how regarding the developing, manufacturing and supply of medicines, vaccines, cell and gene therapies and diagnostic tests, and help build national capacities of especially the LMIC countries and for diseases that primarily affect them, supported by WHO;

OP2 REQUESTS the WHO Director-General to:

2.1. Support Member States by providing tools and, upon their request, guidance, in collecting and analysing information on prices, costs and clinical trials outcome data for relevant policy development and implementation towards Universal Health Coverage (UHC);

2.2. Support Member States, especially the LMIC countries, in partnership with relevant stakeholders, to promote access to research and the know-how to manufacture and otherwise provide generic medicines, medicines, vaccines, cell and gene therapies, diagnostic tests and other products and services;

2.3. Collect and analyse clinical trial data with regard to medicines and the procurement prices of medicines and vaccines from national and international agencies;

2.4. Propose a model/concept for the possible creation of a web-based tool for national governments to share information, where appropriate, on medicines prices, revenues, units sold, patent landscapes, R&D costs, the public sector investments and subsidies for R&D, marketing costs, and other related information, on a voluntary basis;

2.5. Create a forum for relevant experts and stakeholders, consistent with FENSA, to develop, suitable options for alternative incentive frameworks to patent or regulatory monopolies for new medicines and vaccines that could better serve the need of Member States to attain Universal Health Coverage and the need to adequately reward innovation, utilizing information from expanded transparency of markets health-related innovations;

2.6. Create a biennial forum on the transparency of markets for medicines, vaccines and diagnostics, to evaluate progress toward the progressive expansion of transparency;
2.7. Continue its efforts to periodically convene a Fair Pricing Forum with all relevant stakeholders to discuss affordability and transparency of prices and costs relating to health-related products and services;

2.8. Formalize the biennial Fair Pricing Forum which creates a critical opportunity to discuss transparency of markets for medicines, vaccines, cell and gene therapies and diagnostics, and to evaluate progress toward the progressive expansion of transparency;

2.9. Provide a report to the 146th session of the Executive Board on the measures that are needed for the WHO Global Observatory on Health R&D to enhance the reporting on pre-clinical investments in R&D by both the public and the private sectors;

2.10. Submit a report to the EB146 and EB147 on progress in implementing this resolution.

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

<table>
<thead>
<tr>
<th>Resolution: Access to medicines and vaccines</th>
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<tbody>
<tr>
<td><strong>A. Link to the approved Programme budget 2018–2019</strong></td>
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<tr>
<td>1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</td>
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<tr>
<td>4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</td>
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<tr>
<td>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</td>
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<tr>
<td>Not applicable.</td>
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<td>3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</td>
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<tr>
<td>Not applicable.</td>
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<td>4. Estimated implementation time frame (in years or months) to achieve the resolution:</td>
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<td>4.5 years, aligned with the Thirteenth General Programme of Work, 2019–2023.</td>
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<th>B. Resource implications for the Secretariat for implementation of the resolution</th>
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<tr>
<td>1. Total resource requirements to implement the resolution, in US$ millions:</td>
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<tr>
<td>US$ 3 million.</td>
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<tr>
<td>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:</td>
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<td>US$ 0.5 million.</td>
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<td>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:</td>
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<td>Not applicable.</td>
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<tr>
<td>3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US$ millions:</td>
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<td>US$ 1.5 million.</td>
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<td>4. Estimated resource requirements in future programme budgets, in US$ millions:</td>
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<td>US$ 1 million.</td>
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5. **Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions**
   - **Resources available to fund the resolution in the current biennium:**
     US$ 0.25 million.
   - **Remaining financing gap in the current biennium:**
     US$ 0.25 million.
   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
     Not applicable.

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<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
<th>Total</th>
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<td></td>
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<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
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<td>2018–2019 resources already planned</td>
<td>Staff</td>
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<td></td>
<td>Activities</td>
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<td>Total</td>
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<td>2018–2019 additional resources</td>
<td>Staff</td>
<td>–</td>
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<td></td>
<td>Activities</td>
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<td>2020–2021 resources to be planned</td>
<td>Staff</td>
<td>–</td>
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<td>Activities</td>
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<td>Future bienniums resources to be planned</td>
<td>Staff</td>
<td>–</td>
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<td></td>
<td>Activities</td>
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The representative of ITALY requested that a drafting group be established to discuss the draft resolution.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the eleventh meeting, section 3).**

**Health, environment and climate change:** Item 11.6 of the agenda (documents A72/15 and A72/16)

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that his Region was particularly vulnerable to the health impacts of modifiable environmental factors. Effective preventive and preparedness measures were achieving excellent results, and Member States had begun to adapt to the impact of climate change on health. The draft WHO global strategy on health, environment and climate change must balance adaptation against mitigation, prioritize the environmental determinants of health and primary prevention, and pay greater attention to the mainstreaming of health sector inputs in national climate change processes. He welcomed the additional focus on small island developing States and least developed countries, as well as the draft plan of action on climate change and health in small island developing States.
The health sector should lead the coordination of environmental protection, applying a Health in All Policies approach. Resilient health systems were a crucial part of effective responses to environmental challenges in emergency and crisis situations. WHO's work on international climate funding mechanisms was welcome, and he requested that the Director-General accelerate their accreditation process and urged the Director-General and other partners to support the mobilization and deployment of resources at the country level. The Governments of his Region supported the adoption of the draft global strategy and draft plan of action.

The representative of BAHRAIN said that the Secretariat should provide adequate support to Member States to develop the necessary strategies, plans and partnerships on climate change and health, and produce a progress report on their implementation. WHO should also continue to support capacity-building and the exchange of experience and best practices, and encourage studies on the matter.

The representative of ARGENTINA supported the draft global strategy, particularly its view of health as the result of both environmental and social determinants. The knowledge gaps indicated in the report continued to hinder the implementation of health protection strategies, and evidence relating to certain health risks was incomplete or, in many cases, absent, particularly in relation to climate change. Programmes must reach the community level, and primary health care must be strengthened, with a focus on prevention and community work. She supported the draft decisions.

The representative of BARBADOS outlined his Government’s concerns in the areas of new and re-emerging infectious diseases, access to potable water and the need to strengthen the national health care infrastructure. He welcomed the Secretariat’s continued investment in the health, environment and climate change agenda and supported the WHO Special Initiative for Climate Change and Health in Small Island Developing States.

The representative of the BAHAMAS said that a comprehensive and transformational approach to the management of upstream determinants of disease was required to mitigate their negative consequences for health. Small island States were disproportionately affected by climate change.

The representative of MALAYSIA said that WHO’s strong leadership on health issues relating to climate change and the environment would provide useful guidance to Member States, and it should provide assistance in implementing the draft global strategy. She endorsed the request to submit a progress report on its implementation to the World Health Assembly.

The representative of SAUDI ARABIA said that failure to manage environmental risks and prevent environment-related diseases would increase the burden on health services. It was essential to examine the links between health, the environment and climate change to successfully implement the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work, 2019–2023. He supported efforts to drive the Health in All Policies approach and integrate multisectoral strategies. WHO and its partners should also expand the Urban Health Initiative and the BreatheLife campaign to include other regions and undertake related studies. He supported the draft decision contained in document A72/15.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, called on WHO to promote transformative approaches to mitigating environmental effects on health and assist in the implementation of sustainable financial resource mobilization mechanisms in order to achieve the objectives set out in the draft strategy and draft plan of action. He welcomed the conclusions of the third Interministerial Conference on Health and Environment, which had seen the adoption of a
regional strategic action plan to increase efforts related to health and the environment. Intersectoral cooperation, which was required at the country level, had been strengthened through the International Network for Climate and Health for Africa and several Governments had reviewed their national plans for the adaptation to climate change. Technical and institutional difficulties continued to arise in African countries, which were related to poor awareness of the impact of climate change on health, the lack of adequate strategies and technical and scientific capacity, and insufficient funding. There was therefore a need to establish early alert and response systems for climate-sensitive diseases, as well as innovative national and international funding mechanisms. He urged the Secretariat and all stakeholders to assist in capacity-building in African countries and in building health system resilience in small island developing States. His Region supported the draft strategy and draft plan of action.

The representative of PERU welcomed WHO’s leadership in designing strategies to address climate change and health and supported the draft decisions. She urged Member States to support the Climate Action Summit, to be hosted by the United Nations Secretary-General in September 2019, in particular by engaging with commitments relating to clean air.

The representative of the RUSSIAN FEDERATION supported the priority areas of activity outlined in the draft global strategy and the draft plan of action. Given that countries may be affected not only by climate change, but also by the impacts of the measures taken in response to it, he reiterated that all activities under the draft global strategy that were aimed at mitigating the negative impact of climate change on health must only be based on objective scientific evidence.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement and welcomed the draft global strategy and the draft plan of action. The draft global strategy must be fully embedded in the 2030 Agenda for Sustainable Development, which required cross-agenda, intersectoral action. WHO must therefore take a more integrated, One United Nations approach at the global, regional and national levels. The draft global strategy must also make explicit reference to actions that complemented the work of other United Nations organizations. New approaches must consider the consequences of their actions in their entirety, which may also include positive steps towards wider health improvement.

A recent evaluation of the European Union’s climate change adaptation strategy had emphasized the importance of cross-sectoral cooperation and awareness-raising and capacity-building for health systems. She requested a report on progress and follow-up since the first WHO Global Conference on Air Pollution and Health and commended the Secretariat on its work on environmental noise guidelines for the European Union and on the WHO Chemicals Road Map. Member States must set aside adequate resources for chemical safety, which would promote a healthier environment. WHO should place health high on the agenda of the forthcoming Climate Action Summit.

The representative of ANGOLA said that Member States must participate in decision-making on the risks and challenges related to environmental health. She requested the Secretariat’s assistance in implementing the draft global strategy, which her Government supported, with particular regard to the mobilization of resources.

The representative of AUSTRALIA expressed support for the draft global strategy and the draft plan of action, particularly the focus on vulnerable populations in the Indo-Pacific region. She informed the Committee that her Government was planning to invest over 1 billion Australian dollars to support climate change response in developing countries. She noted the disproportionate impact of climate change on women and children, and she recommended that the implementation of the draft plan of action
should address the gendered impact of climate change on health and support efforts to ensure women’s participation in governance and decision-making.

Dr Assai Ardakani took the Chair.

The representative of VIET NAM said that WHO should facilitate access to the Green Climate Fund to assist her Government in implementing its national action plan for responding to climate change in the health sector. She hoped that successful implementation of national action plans would contribute to the implementation of the draft global strategy and called on the Secretariat to provide technical and financial support in that regard.

The representative of ZAMBIA said that climate change risked negatively affecting the attainment of the Sustainable Development Goals, reversing health gains and exacerbating migration. His Government requested support in implementing climate resilience programmes.

The meeting rose at 13:00.