PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Friday, 24 May 2019, scheduled at 14:30

Chairman: Dr Y. SUZUKI (Japan)
later: Dr S.P.V. LUTUCUTA (Angola)
later: Dr Y. SUZUKI (Japan)
later: Dr S.P.V. LUTUCUTA (Angola)

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COMMITTEE A

NINTH MEETING

Friday, 24 May 2019, at 14:50

Chairman: Dr Y. SUZUKI (Japan)
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1. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 11.8 of the agenda (continued)

- Prevention and control of noncommunicable diseases (documents A72/19 and EB144/2019/REC/1, decision EB144(1)) (continued)

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) appreciated the comments and guidance from Member States and partners. She noted that progress and investment in noncommunicable disease prevention and control were still insufficient.

In response to questions by Member States, she clarified that the sale of alcohol in WHO cafeterias was under continuous review. Concerning the development of a mechanism to assess industry progress towards food composition targets, she said that the Secretariat would analyse countries’ experiences on the reformulation of packaged food data and proposed benchmarks, before discussing the issue with those in the food industry and requesting voluntary pledges in support of that work.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the success stories shared by Member States would inspire others to address noncommunicable diseases and mental health. He reiterated that the special initiatives on mental health, noncommunicable diseases cervical cancer and childhood cancer mentioned in the report would lead to synergy and foster multisectoral partnerships among the public and private sectors. The Secretariat was preparing to initiate the WHO Global Survey on Alcohol and Health and would be convening the 2019 WHO Forum on alcohol, drugs and addictive behaviours in June. The outcomes of that Forum would serve as inputs when the WHO global strategy to reduce the harmful use of alcohol was reviewed.

Technical assistance in the area of noncommunicable diseases for Member States would be scaled up under the Programme budget 2020–2021 and the Secretariat would accelerate its normative work to produce new world reports on noncommunicable disease risk factors and to finalize the “best buys” for mental health and air pollution to be considered by the governing bodies in 2020. Furthermore, the Secretariat would strengthen data collection to address gaps highlighted by Member States. As part of the Organization-wide transformation process, the Secretariat had established a horizontal mechanism to improve the strategic internal coordination of technical support to Member States combat noncommunicable diseases under the leadership of the Deputy Director-General. Underlining that noncommunicable diseases were the largest and least-funded area of activity at the country and global
levels, he said that the Secretariat would appreciate continued funding and support from Member States and partners in the future.

The DIRECTOR-GENERAL agreed with Member States regarding the epidemic nature of noncommunicable diseases and said that more commitment was needed to combat them. He expressed the hope that the WHO Independent High-level Commission on Noncommunicable Diseases would achieve the political commitments required following the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases. Air pollution had been added to the list of noncommunicable disease risk factors; which should all be addressed in accordance with country contexts. Then, successful national and regional activities could be scaled up into global movements.

With regard to the amendment to the draft decision proposed by the representative of Thailand, he proposed that the text of the decision should be left as it was, as there was no agreement between Member States on the amendment. He stated that the report to the Health Assembly in 2020 through the Executive Board would be elaborated in full consultation and engagement with Member States on the implementation of WHO’s global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward. That would ensure that the Secretariat would report to the Executive Board in 2020, and committed the Secretariat to conducting regular and full consultations with Member States.

The representative of THAILAND asked the Assistant Director-General for universal health coverage/healthier populations to clarify exactly when the policies regarding the sale of alcohol in the cafeteria and at conferences sponsored by WHO would be reviewed.

Concerning the amendment he had proposed, he reiterated that the harmful use of alcohol was a common concern, and that all Member States should be involved in finding common solutions. It was important to ensure that the draft decision, whether amended or not, was a positive step forward, and he asked the representatives of Romania, speaking on behalf of the Member States of European Union, and Uruguay to clarify their position on the amendment.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the review of the sale of alcohol in the cafeteria would be addressed in the coming months as part of the ongoing transformation process.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recognizing the importance of the matter under discussion, said that she supported the way forward proposed by the Director-General.

The representative of URUGUAY said that extensive consultations had been conducted regarding the draft decision, which had resulted in a very balanced text that called for action from the Secretariat. The amendment had aimed to facilitate that action. The Secretariat should increase its support for Member States’ activities to address the harmful use of alcohol. She supported the solution proposed by the Director-General, as it encompassed the need for consultations and collection of data and reflected the Director-General’s commitment to fully engage with Member States.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, sought clarification as to exactly how the consultations referred to in the way forward proposed by the Director-General would be conducted.
The DIRECTOR-GENERAL said that the consultations would comprise a combination of face-to-face and public web-based consultations, so as to reach a wide audience.

The CHAIRMAN invited the Committee to approve the draft decision, in the light of the clear statement by the Director-General.

The draft decision was approved.¹

- Ending tuberculosis (document A72/20)

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, said that the global tuberculosis epidemic required a more urgent response in light of the increasing burden of multidrug resistance in his Region. He took note of the Regional Office for Africa’s recommendations to Member States on: updating national strategic plans and policies and realigning targets to the commitments resulting from the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018; implementing new WHO guidelines for tuberculosis prevention, diagnosis and management; operationalizing a scorecard to track progress under the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the End TB Strategy; and developing and implementing country-level accountability frameworks.

Noting the various initiatives under way to end tuberculosis, he said that seven Member States in his Region would find it difficult to achieve the End TB Strategy targets by 2020 as a result of incomplete data on the disease burden, low health services coverage and lack of resources. Member States should therefore address resource gaps and increase domestic financing for core tuberculosis control services to ensure universal access to all tuberculosis services, with the support of the Secretariat.

Dr Lutucuta took the Chair.

The representative of MEXICO said that tuberculosis was a global problem that required a collective and comprehensive response. Incorporating the fight against tuberculosis into activities to implement the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work, 2019–2023, would facilitate the establishment of synergies to prevent, treat and control the disease.

The representative of SAUDI ARABIA said that initiatives should focus on data collection, protocols for diagnosis and treatment of tuberculosis, and training for health care professionals. He recommended strengthening cooperation between public and private sectors for the implementation of national strategies. Moreover, Member States should cooperate to combat the cross-border transmission of tuberculosis.

The representative of ARGENTINA said that it was a concern that progress towards ending tuberculosis had slowed, and she reiterated her Government’s commitment to implementing the Moscow Declaration to End Tuberculosis. While tuberculosis epidemics in different countries varied in nature, common socioeconomic barriers had been identified and must be addressed. Studies should therefore include the causes of mortality due to tuberculosis, in order to guide future actions. A comprehensive response was possible if Member States built on shared successes with the support of the Secretariat.

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as decision WHA72(11).
The representative of BAHRAIN supported WHO’s vision of a world without tuberculosis and highlighted some of the steps taken in her country in that regard. She reiterated her Government’s political commitment to international efforts.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with her statement.

As tuberculosis was a disease that was closely linked to poverty, communities and individuals affected by tuberculosis must be engaged, empowered and supported to become service deliverers and advocates and thus reduce the burden of the disease and stigmatization. Multisectoral actions to address the social and economic determinants of the disease were crucial to ending tuberculosis. Strong health systems were essential, including at the community level, and tuberculosis services should be more fully integrated into health systems to ensure all sufferers were diagnosed and treated, with particular regard to drug-resistant tuberculosis. Further research would be needed to adapt the short-course regimen to improve multidrug-resistant tuberculosis treatment outcomes. WHO should support the development and implementation of safer and more effective vaccines and medication, and facilitate the scaling-up of diagnostic facilities and efforts to prevent drug resistance. She called on the Secretariat to provide an update to the high-level meeting of the United Nations General Assembly on universal health coverage in 2019 regarding progress towards achieving the targets and commitments made at the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018, as work to end tuberculosis depended on the achievement of universal health coverage.

Noting the crucial financing role of the Global Fund to Fight AIDS, Tuberculosis and Malaria, she called on donors to pledge their support at the Global Fund’s Sixth Replenishment Conference, which would lead to a reduction in mortality and stronger health systems, especially in low-income countries. Particular attention should also be given to countries moving away from external donor support. She encouraged the Secretariat to support Member States to implement the multisectoral accountability framework to accelerate progress towards ending tuberculosis, pursuant to the Moscow Declaration. She supported the ongoing development of a global strategy for tuberculosis research and innovation, noting the importance of avoiding stigmatizing language when talking about research.

The representative of the UNITED STATES OF AMERICA said that multisectoral and multistakeholder action was required to meet treatment targets and mobilize resources for programmes and research. She welcomed the multisectoral accountability framework, but emphasized the need for a review mechanism that was capable of providing an external, objective and independent assessment of progress. Country-level accountability was important, but so was independent oversight. That would ensure the transparency and accountability of all global efforts particularly those involving numerous stakeholders and sectors. She emphasized the need for continued innovation and research. The diagnosis and treatment of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, the diagnosis of latent tuberculosis infection, and preventive treatment would be essential components of the fight against tuberculosis.

The representative of the DOMINICAN REPUBLIC said that the Political Declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018 had established ambitious targets to be attained by 2022. Achieving those targets would be a challenge, and in that regard, she urged the Secretariat to finalize the multisectoral accountability framework.

The representative of BURKINA FASO said that, despite the progress achieved in fighting tuberculosis, further multistakeholder action should be implemented at all levels. She therefore requested additional resources and support from technical and financial partners.
The representative of GUATEMALA said that his Government has made progress in ending tuberculosis in line with the End TB Strategy. Tuberculosis was a public health challenge that would need to be addressed by multiple stakeholders.

The representative of the PHILIPPINES said that his Government looked forward to the Secretariat’s continued support of national activities to address the burden of tuberculosis through the implementation of a national strategic plan, including scaled-up diagnostic services and the mandatory notification of cases.

The representative of PARAGUAY said that the recommendations of recent relevant high-level meetings of the United Nations General Assembly would guide Member States towards the achieving the proposed targets by 2030. Noting that the call for action went beyond measures taken within national health systems or tuberculosis programmes, he highlighted a range of steps taken in his country, which still faced challenges in ending tuberculosis.

The representative of ETHIOPIA said her Government was implementing the End TB Strategy and endorsed the multisectoral accountability framework. Multisectoral efforts should be strengthened to address public health challenges. She welcomed the Secretariat’s support to Member States in ending tuberculosis.

The representative of MOROCCO reiterated his Government’s commitment to working with the international community to end the tuberculosis epidemic by 2030, in line with the Political Declaration; that goal was achievable if medical interventions were combined with a social and legal approach. He outlined national measures introduced to that end.

The representative of LESOTHO highlighted the challenges her Government faced in overcoming the dual epidemic of HIV and tuberculosis, which was having a sustained impact on social and economic development in Lesotho. WHO and national targets, in particular relating to treatment coverage, had not yet been achieved, but her Government was committed to collaborating with WHO and other partners in accordance with the End TB Strategy and the Political Declaration.

The representative of ANGOLA said that further work was needed to overcome the high cost of treatment, particularly in the case of multidrug-resistant tuberculosis, notably through additional financing mechanisms for low- and middle-income countries and dialogue between public and private stakeholders to reduce the cost of medicines and diagnostic tools.

The representative of JAPAN welcomed the Political Declaration, but noted that action needed to be accelerated to succeed in ending the epidemic by 2030. He expressed concern that the budget allocation for fighting tuberculosis had been reduced in the Programme budget 2020–2021 as the high-level meeting should have enhanced, not limited, the Organization’s work. It was essential to strengthen health systems to achieve universal health coverage, especially in countries with a high tuberculosis burden, and his Government would work to promote the necessary political commitment to do so.

The representative of ALGERIA said efforts to end tuberculosis needed to continue as part of a holistic, multisectoral approach to tackling communicable diseases, with the provision of additional resources and research in response to multidrug-resistant tuberculosis. The development of contagious smear-positive tuberculosis in developing countries was a particular concern, while special strategies were needed to fight extrapulmonary tuberculosis and HIV coinfection. He called on the Secretariat to support Member States in operationalizing the commitments made at the high-level meeting.
The representative of ZAMBIA welcomed the impetus generated by the high-level meeting, which would help accelerate progress in the fight against tuberculosis, and expressed support for the Political Declaration. Although his Government had made significant advances, tuberculosis remained a leading cause of morbidity and mortality. He therefore called upon the Secretariat and relevant stakeholders to increase their support, notably in relation to drug-resistant tuberculosis, the treatment of children, and access to new, improved medication.

The representative of SOUTH AFRICA welcomed the efforts made to ensure that many Heads of State could attend the high-level meeting, especially from low- and middle-income countries. Her own Government had taken the opportunity to reaffirm its commitment to end the tuberculosis epidemic by 2030. However, tuberculosis and HIV remained a challenge in many countries. The high cost of newer diagnostic tools and medicines was of particular concern, as was the shortage of the bacille Calmette–Guérin vaccine. Every effort should therefore be made to urgently implement the outcomes of the high-level meeting, notably regarding research and development and the identification of people with undetected tuberculosis.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the commitments made at the high-level meeting, notably the new numerical targets and the proposals to monitor and report on progress. The Thirteenth General Programme of Work, 2019–2023, was also linked to the actions contained in the Political Declaration. The implementation of strategies to control and end tuberculosis would require support to strengthen national health systems and ensure access to safe, effective and affordable treatments. He called on the Secretariat to support Member States to implement the proposed multisectoral accountability framework.

The representative of SINGAPORE expressed support for global efforts to end tuberculosis. As the incidence of tuberculosis in Singapore was comparatively high for a high-income country, the national tuberculosis control programme was being strengthened.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, highlighted recent advances made in tackling tuberculosis with support from WHO and other development partners. Tuberculosis presented a particular challenge in the Pacific island countries due to their remote locations, the impact of climate change and emerging drug-resistant strains of the disease. However, progress had been made through the introduction of improved diagnostic tools, active screening programmes, strict prevention and control measures, and the targeting of high-risk populations. She therefore urged the Secretariat to continue its support to ensure that no one was left behind.

The representative of MALAYSIA expressed support for the WHO flagship initiative FIND.TREAT.ALL#ENDTB. Her Government was committed to providing sufficient and sustainable financing for the prevention, diagnosis and treatment of tuberculosis, and would collaborate with relevant stakeholders with a view to ending the tuberculosis epidemic by 2035.

The representative of CANADA welcomed the Political Declaration and said that a strong collective effort to strengthen prevention, diagnosis, treatment and care was critical to end the tuberculosis epidemic by 2030, including work to address socioeconomic factors. Particular attention should be paid to women and girls, who were affected differently by tuberculosis, and she said that her Government would work to place gender equality at the heart of global action. Recognizing the importance of an effective multisectoral accountability framework to ensure evidence-based action by Member States, she encouraged WHO to take a leading role in that regard, as well as in the development of an actionable global strategy for tuberculosis research and innovation. She commended the Secretariat for its work to support Member States to expand prevention and treatment services through universal health coverage.
The representative of SURINAME expressed support for the End TB Strategy, which her Government had used to formulate its national strategic plan. She welcomed the details provided regarding access to treatment for drug-resistant tuberculosis, and the proposal to support Member States to scale up access to high-quality diagnosis and treatment, which was especially important given the global decline in donor funding. It was crucial to ensure that countries with limited resources could access new diagnostic tools and treatment, particularly second-line drugs, as a failure to provide adequate treatment could spread the disease further.

The representative of MALDIVES, speaking on behalf of the Member States of the South East Asia Region, drew attention to the high burden of tuberculosis in the Region, where challenges included the number of unreported cases and increased cases of drug-resistant tuberculosis requiring costly treatment. Despite a certain amount of progress, it would be difficult for Member States to achieve the End TB Strategy targets. Although the high-level meeting had renewed momentum, a multisectoral effort was required to translate those commitments into reality, notably through rigorous monitoring measures, intensified case-finding efforts, research and capacity-building. Particular focus should be given to vulnerable groups and cross-border collaboration, while work should also be done to make existing medicines and diagnostic tools more affordable by using the flexibilities provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and increasing the domestic production of tuberculosis medication. Lastly, he expressed support for the multisectoral accountability framework.

The representative of the REPUBLIC OF KOREA commended the End TB Strategy and the high-level meeting, which had informed his Government’s national plan to reduce the incidence of tuberculosis. His Government would continue to work towards ending the tuberculosis epidemic alongside WHO, Unitaid and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The representative of THAILAND said that universal access to affordable health services was crucial to ending tuberculosis, and that vulnerable and marginalized groups, such as migrants, should be prioritized. The decline in progress, including the low treatment success rate and increase in multidrug-resistant and extensively drug-resistant tuberculosis, represented a barrier to achieving targets; efforts should therefore focus on diagnostic tools, drug susceptibility testing, screening and treatment adherence. The Secretariat needed to mobilize sufficient and sustainable funding for research, while Member States should also invest in research through capacity-building and multisectoral partnerships.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed support for the Political Declaration and the Moscow Declaration. Although the introduction of all-oral regimens for multidrug-resistant tuberculosis was a major achievement, WHO and its partners needed to commit to their implementation if new treatments and diagnostic tools were to be made available. To that end, a global and regional pooled procurement mechanism should be set up to support Member States facing emergencies and other complex national situations. She also urged the Secretariat to emphasize the issue of drug-resistant tuberculosis within its antimicrobial resistance programme.

The representative of GHANA said that his Government had revised its strategies to tackle tuberculosis with a view to attaining the targets agreed at the high-level meeting. Based on that renewed commitment, measures had been introduced to remove financial barriers to care, ensure access to quality diagnosis, build strong partnerships with the private sector and improve delivery of medication to remote areas, including by drone.

The representative of the RUSSIAN FEDERATION highlighted the importance of the Political Declaration and the commitments contained therein. His Government was supporting other Member
States with a high tuberculosis burden. He commended the Organization’s leading coordination role in efforts to combat tuberculosis, notably regarding the multisectoral accountability framework. He expressed support for the proposed development of a global strategy for tuberculosis research and innovation, he recalled the decision of the Secretariat of the BRICS (Brazil, Russia, India, China and South Africa) TB Research Network to support that work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND stressed her Government’s commitment to helping achieve the ambitious targets contained in the End TB Strategy and ensuring no one was left behind. She welcomed the focus on vulnerable populations and the social inclusion of people living with tuberculosis, and the next steps outlined to implement the Political Declaration. Accountability for delivering on the commitments made would be crucial to the success of its implementation, and should build on the existing global architecture and recognize country-led efforts. She expressed strong support for the emphasis on tackling multidrug-resistant tuberculosis, which presented a major challenge for global tuberculosis control.

The representative of INDIA highlighted the high burden of tuberculosis in her country and provided details regarding the national strategic plan for tuberculosis elimination, which had already seen great success. As a signatory to the Political Declaration, her Government aimed to end tuberculosis by 2025 through a multisectoral approach.

The representative of INDONESIA said that tuberculosis could not be eliminated by the health sector alone. Measures to address the challenges facing countries in the South-East Asia Region should include: reducing the price of existing medication and diagnostic tools through the flexibility provided in the TRIPS Agreement; completing the global strategy for tuberculosis research and innovation; and increasing political support and funding from partners.

The representative of PERU recognized the importance of a multisectoral approach to end tuberculosis and noted the multisectoral accountability framework. He said that the global fight against tuberculosis should: address the social determinants of health; provide social services to people living with tuberculosis; strengthen interventions to tackle drug-sensitive and drug-resistant tuberculosis; develop new diagnostic tools, medication and targeted treatment; mobilize sustainable financing; strengthen human resources; better equip health care facilities; and create scientific research networks.

The representative of BHUTAN commended WHO’s flagship initiative FIND.TREAT.ALL#ENDTB. She welcomed the support and guidance provided to Member States through that and other joint initiatives in scaling-up access to high-quality diagnosis and treatment. To contain the epidemic, cross-border collaboration should be strengthened. She urged Member States to intensify their actions to implement the Moscow Declaration and the outcomes of the South-East Asia Region End TB Summit, the Delhi Call to Action on tuberculosis by 2030.

The representative of GERMANY said that progress towards ending tuberculosis would require strong resilient health systems, better integration of services for tuberculosis and common coinfections and multisectoral efforts. The elimination of tuberculosis was threatened by increasing rates of multidrug resistant tuberculosis, a lack of diagnostics in primary health care services, stigmatization, and a lack of access to affordable treatment. More should be done to promote research and development of innovative diagnostic and treatment options. WHO should support Member States with a high tuberculosis burden in efforts to end stigmatization and increase domestic financing for health services. While the Organization played an important strategic role in supporting tuberculosis research and development, it must respect Member States’ sovereign right to prioritize areas of research and allocate funding. Furthermore, she urged countries to support the End TB Strategy and the work of the Global Antimicrobial Resistance Research and Development Hub.
The representative of HONDURAS noted the Organization’s commitment to end tuberculosis by 2030 in the context of the Sustainable Development Goals. She welcomed the multisectoral accountability framework and commitment to ensure effective synergy of actions in implementing commitments from previous meetings.

The representative of PANAMA thanked partners for their efforts to support Member States to end tuberculosis following the high-level meeting. The only way to achieve universal health coverage and address the social and economic determinants of tuberculosis was through a comprehensive multisectoral response. A global strategy was required to reduce the high cost of diagnostic tools and medication, which limited access to comprehensive, timely and effective care, especially in view of growing drug resistance.

The representative of BOTSWANA expressed his Government’s full commitment to achieving the 2022 targets resulting from the high-level meeting.

The representative of BRAZIL reaffirmed her Government’s commitment to end tuberculosis. Collaboration between WHO, Unitaid, and Stop TB Partnership should be reinforced to further develop a comprehensive and integrated response to tuberculosis. Her Government would continue to strengthen its collaboration with WHO in the context of the BRICS TB Research Network.

The representative of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA fully supported the Political Declaration. He requested that WHO and its partners advocate against the politicization of life-saving assistance.

The representative of SLOVAKIA acknowledged ongoing global and multisectoral partnerships and activities to address the social and economic determinants of tuberculosis. Ending tuberculosis was a priority for the Governments of the Czech Republic, Hungary Poland and Slovakia, with a focus on effective prevention, early diagnosis and the integration of coinfections, and she highlighted the work of the WHO Collaborating Centre in Slovakia. She reiterated the need to avoid stigmatizing language when developing the global strategy for tuberculosis research and innovation.

The representative of CHINA said that despite rigorous global tuberculosis control efforts, there were serious hurdles to eradicating the disease by 2035. The Secretariat should continue encouraging Member States to honour their commitments and increase investments to accelerate implementation of the End TB Strategy. He supported research and development of new vaccines, medicines and diagnostic tools and the promotion of technical innovation. His Government would continue to work with other Member States to achieve the Sustainable Development Goals and strategic targets on tuberculosis control.

The representative of BANGLADESH expressed his Government’s commitment to achieving the targets set at the high-level meeting and developing the multisectoral accountability framework. He welcomed the high-level missions to support capacity building in Member States referred to in the report, which the Secretariat should support. WHO should also ensure effective synergy of actions in follow-up to the high-level meeting.

The representative of SRI LANKA expressed appreciation for the Political Declaration and the multisectoral accountability framework and recognized the role played by development partners. He urged WHO to focus on the main issues in controlling tuberculosis, including to ensure a smooth supply of medicines.
The representative of AUSTRALIA acknowledged the important role of WHO and its partners in maintaining momentum towards implementing the Political Declaration and achieving its targets. He reaffirmed his Government’s commitment to end tuberculosis by 2030, through global and regional activities, and highlighted donations it had made to partners in the fight against tuberculosis. He welcomed the development of a global strategy for tuberculosis research and innovation, with particular regard to multidrug-resistant tuberculosis. He supported the multisectoral accountability framework, which should be adopted by all Member States.

The representative of GUYANA took note of the implementation of the End TB Strategy. She outlined the measures being implemented to that end in her country in the prevention, detection and treatment of tuberculosis.

The representative of SENEGAL recalled that the overarching commitment made during the high-level meeting was to ensure sustainable financing by expanding access to diagnosis and treatment within the multisectoral accountability framework. He was optimistic that aligning national efforts to end tuberculosis with the Political Declaration would lead to success.

The representative of COSTA RICA took note of the actions being taken by the Director-General that were outlined in paragraph 12 of the report. He informed the Committee that his Government would be hosting a regional meeting on tuberculosis in June 2019.

The representative of UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS), speaking on behalf of the Stop TB Partnership, asked Member States to consider: using the country targets developed by the Stop TB Partnership to ensure that the global targets resulting from the high-level meeting were achieved by 2022; integrating the commitments and targets under the Political Declaration into national mechanisms and plans; holding national high-level multistakeholder dialogues to adopt the Political Declaration’s outcomes and targets; and implementing multisectoral accountability measures at the national level.

The representative of INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN and on behalf of The World Medical Association, Inc. and the International Pharmaceutical Students’ Federation, stressed the importance of implementing the multisectoral accountability framework and called for an independent, high-level review of global progress towards ending tuberculosis. Member States and donors should fill the funding gap for new therapeutic options, prevention, surveillance and diagnostic tools; and Member States should develop stewardship mechanisms for the appropriate use of medications. Students and health care professionals should be trained on the diagnosis and management of multidrug-resistant and extensively drug-resistant tuberculosis, and ensure they have access to personal protective equipment.

The representative of the GLOBAL HEALTH COUNCIL, INC, speaking at the invitation of the CHAIRMAN, urged WHO and funding partners to help Governments roll out new treatment and prevention regimens, improved diagnostic tools, and child-focused strategies for undetected cases. Member States should invest in new medicines and technologies to treat multidrug-resistant tuberculosis, which should be quickly accessible to all. The multisectoral accountability framework should be fully implemented, alongside a global high-level review of progress. He urged Governments to replenish the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that all Member States should rapidly update national guidelines to ensure that all patients were receiving the optimum all-oral Bedaquiline-containing multidrug-resistant
tuberculosis treatment by March 2020. Member States should also support research and development policies and strategies that ensured that innovations were accessible and affordable, with transparent pricing structures.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, drew attention to the high cost of drug-resistant tuberculosis. The high cost of new medicines, namely Delamanid and Bedaquiline, compromised the ability of Member States to provide treatment to patients. To that end, she called upon Member States to make use of the flexibilities offered by the TRIPS Agreement, such as a compulsory licensing or government use, to ensure affordable access to tuberculosis medicine. She also expressed concern that the representative of the Stop TB Partnership at the current Health Assembly was also a representative of a pharmaceutical company that manufactured Bedaquiline.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, supported the national targets that had been developed by the Stop TB Partnership following the high-level meeting. She said that all countries had a role to play in filling the funding gap for tuberculosis research and development and ensuring products developed were affordable and available. Member States should implement a human rights-based approach to fighting tuberculosis, ending stigma, intensifying prevention efforts, and the neglect of tuberculosis among children and adolescents. Tuberculosis survivors should be supported and included in initiatives to develop person-centred care.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL drew attention to the brief on implementing the WHO Framework Convention on Tobacco Control to address co-morbidities and integrating tobacco control into tuberculosis and HIV responses, published in November 2018 in partnership with UNDP, which provided examples of the integration of tobacco control into efforts to control tuberculosis, which would facilitate attainment of targets 3.3 and 3.a of the Sustainable Development Goals on ending tuberculosis and the implementation of the Convention, respectively. However, despite clear linkages, references to the Convention were still not included in policy documents on tuberculosis. The Convention Secretariat would continue to promote the use of the Convention in the fight against tuberculosis, particularly at country level, and in collaboration with the rest of the WHO Secretariat, UN agencies and other partners.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that intensive work was being done at all three levels of WHO to support governments in updating and implementing their national strategic plans with ambitious targets or forming new multisectoral collaboration initiatives following the high-level meeting. Engagement with civil society, including the private sector, was a high priority. The Secretariat was therefore collaborating with WHO’s Civil Society Task Force on Tuberculosis and other non-State actors.

He agreed that there must be a robust review process under the multisectoral accountability framework, which would include independent experts. Recognizing the need to support countries in transitioning to domestic financing for tuberculosis control, the Secretariat was working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Drug Facility for tuberculosis and other partners to mobilize resources and ensure that the supply of quality treatments was not interrupted. The Secretariat was exploring a possible mechanism for the Director-General to provide a report on progress towards achieving targets to end tuberculosis during the high-level meeting of the United Nations General Assembly on universal health coverage in 2019, which had been requested. Moreover, it would continue to prepare the planned report to the United Nations General Assembly in 2020 report.

As recommended at the previous Health Assembly, the Secretariat was continuing to develop a global strategy for tuberculosis research and innovation; a draft global strategy would be discussed in
the regional committees in 2019 before being submitted to the Executive Board in 2020. An independent report on global tuberculosis research funding indicated that although funding had increased in 2017, it still fell far short of the annual target of US$ 2 billion. WHO would therefore collaborate with the BRICS TB Research Network and other networks and development partners, including those supported by Unitaid. To support the rapid adoption and use at scale of innovative medicines and diagnostic tools, a strict timeline was in place for the evidence-based review of global guidelines involving all stakeholders, including civil society. The Secretariat remained available to support countries going forward.

The Committee noted the report.

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda

Member State mechanism on substandard and falsified medical products: Item 12.2 of the agenda (document A72/22)

The CHAIRMAN drew the Committee’s attention to the reports of the sixth and seventh meetings of the Member State mechanism on substandard and falsified medical products contained in the annexes to document A72/22, highlighting the draft list of prioritized activities to implement the mechanism’s workplan for 2018–2019 contained in Appendix 1 to Annex 1 of that document.

The representative of BRAZIL drew attention to the relationship between high medicine prices and the production and sale of substandard and falsified medical products. Her country’s health regulatory agency was leading work on the development and promotion of training materials and guidelines for national regulatory authorities (Activity A) within the Member State mechanism on substandard and falsified medical products. The mechanism had had a positive effect and had produced concrete results.

The representative of ANGOLA said that the use of substandard and falsified medical products, and their harmful consequences, was a particularly serious problem in Africa. Access to pharmaceutical products was dependent on strong national drug policies that took into account the quality, safety and efficacy of medicines. The national policy in her country was being reviewed with technical support from the Southern African Development Community’s African Medicines Regulatory Harmonization Initiative. She endorsed the approach set forth in the report.

The representative of ALGERIA said that national and international authorities must be restructured and specific strategies developed to address the factors that allowed substandard and falsified medical products to circulate. Member States must work together through a proactive mechanism, and supply chains must be regulated by legislation that punished those responsible. It was crucial to improve the quality and safety of medicines by strengthening regulatory and systems and making use of the prequalification process. National capacity-building should also be supported through the application of WHO technical directives, standards and guidance on quality assurance, quality control and medical product safety. National regulatory authorities also required support in terms of systems strengthening and data collection. The Secretariat should support Member States in those activities.

The representative of MALAYSIA said that she agreed with the proposed strategies and workplan contained in the report. Her Government was willing to share its experience in establishing awareness-raising campaigns and in developing training plans for health authorities engaged in detecting
substandard and falsified medical products sold through the Internet, which would promote regulatory enforcement.

The representative of BELGIUM said that substandard and falsified medical products were a major, yet often underestimated, threat to health systems, public health and individual patients. The Secretariat had a mandate to provide guidance on pharmaceutical quality assurance and to support regulatory capacity-building at the national and regional levels. However, Member States and financial partners also had a vital role to play in contributing to capacity-building and fully assuring medical product quality by developing and implementing adequate procurement policies and practices.

The representative of INDONESIA expressed support for the Member State mechanism’s scope of activities and its focus on capacity-building and information sharing among countries. She also supported efforts to improve reporting methods and address the supply of substandard and falsified medical products through the Internet. She called on Member States to increase their participation in the mechanism.

The representative of MEXICO emphasized the importance of implementing the approaches proposed by the Member State mechanism to prevent the sale and consumption of substandard and falsified medical products. Systems should allow the detection of substandard and falsified medical products already in the supply chain, and ensure an effective and rapid response from authorities. Her Government was committed to the workplan and welcomed its alignment with the Thirteenth General Programme of Work, 2019-2023.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that maintaining sufficient control over the medicines supply chain was a particular challenge in his Region owing to the limited availability of field detection technologies. The Secretariat should continue to strengthen the global surveillance system and share information on incidents involving substandard and falsified medical products. The Secretariat should also support Member States in building their capacity to prevent, detect and respond to the use of such products, including through regulatory mechanisms. It would be useful to establish a better system for regional communication and information sharing between countries and the Member State mechanism.

The representative of SPAIN thanked Member States and the Secretariat for their support during her country’s presidency of the Member State mechanism, which continued to build on past achievements. She said that the Guidance for registers of manufacturers, importers, distributors and medical products authorized by Member States was a useful tool for detecting illegal and falsified products and verifying the legal status of various entities. She supported the ongoing and important work of the mechanism, such as to improve the global supply chain and tracing systems.

The representative of the UNITED STATES OF AMERICA welcomed the significant increase in international dialogue and in reporting to the WHO Global Surveillance and Monitoring System, which had led to increased funding to combat substandard and falsified medical products in several countries. He looked forward to providing feedback on the pilot implementation in a chosen country of a risk-based post-market surveillance programme. He strongly encouraged all Member States to request training materials from the Secretariat and actively engage in the Member State mechanism’s working groups.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, said that access to safe, effective medical products would contribute to achieving universal health coverage and the Healthy Islands vision for the Pacific. However, substandard and falsified medical products
continued to be a serious problem in Pacific island countries due to insufficient resources and weak regulatory systems. Ensuring access to quality medicines was particularly important in light of the increasing burden of noncommunicable diseases.

Regional initiatives included the roll-out of a regional information-sharing website for information on suppliers and manufacturers that did not comply with regulations to assist in procurement decisions, and the proposed creation of a sub-regional regulatory platform. The proposed platform would enable Pacific island countries to work together to coordinate information sharing and regulate medical products while strengthening their own regulatory systems.

The representative of the UNITED REPUBLIC OF TANZANIA noted the achievements of the Member State mechanism. She said that her Government was awaiting technical guidance from the Secretariat before it could roll out a smartphone application for the detection of substandard and falsified medical products. However, a custom smartphone-based solution was currently being used to report quality and safety-related concerns.

The representative of the RUSSIAN FEDERATION said that the Member State mechanism was an important platform for information exchange and helped to build a consensus approach to addressing substandard and falsified medical products. He called on Member States to regularly update the list of focal points to facilitate such exchange. He welcomed the translation of the Handbook on existing training resources and reference documentation for the prevention, detection and response to substandard and falsified medical products into the Organization’s official languages. In order to harmonize approaches to cross-border movement of legal medical products, he supported WHO’s efforts to develop mechanisms to ensure their traceability along the supply chain.

The representative of the REPUBLIC OF KOREA said that substandard and falsified medical products posed a global challenge that could only be addressed through close coordination and information-sharing. WHO and the Member State mechanism should therefore collaborate with other international entities such as Interpol and the World Customs Organization to improve the global response.

The representative of ZAMBIA said that the incidence of substandard and falsified medical products was as high as 10% in developing countries. He commended WHO’s ongoing efforts to strengthen regulatory systems, but stressed that even when regulatory authorities were present in a country, challenges remained in the form of unregulated sales through the Internet, porous borders and limited laboratory capacity. In a globalized world, no single country had the necessary resources and capacity to regulate the entire supply chain, and all stakeholders should therefore work together.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the workplan and prioritized activities of the Member State mechanism. Her Region was committed to furthering implementation of the efforts to prevent, detect and respond to the threat posed by substandard and falsified medical products, which would crucially require Governments to strengthen national regulatory authorities. However, the Region opposed any barriers to the international movement or availability of authorized, quality, efficacious and affordable generic medicines that might be created through the misinterpretation of what was meant by “substandard and falsified” products. She also underscored the importance of strengthening existing surveillance systems for false marketing.

Speaking in her national capacity, she informed the Committee that India would be chairing the Member State mechanism for the period 2019–2020. She said that the Member State mechanism did valuable work towards preventing substandard and falsified medical products from entering national and international markets. Her Government provided support to the South-East Asia Regulatory
Network so as to guarantee access to good-quality medical products in the Region. The Member State mechanism was especially important for improving patient safety.

The representative of PAKISTAN said that improving access to quality-assured, safe and efficacious medicines and vaccines was a strategic priority for his Government and described the steps being taken to do so, in line with WHO guidelines and the WHO Global Surveillance and Monitoring System.

The representative of COSTA RICA, referring to the actions set out in the draft list of prioritized activities for 2018–2019 contained in the appendix to annex 1 of document A72/22, said that in order to fulfil actions A.2 and A.3 on identifying existing expertise and training material and the training needs of regulatory authorities, it was important to specify how Member States could gain access to that assistance. The nomination of focal points referred to under action B.1 was particularly important in his Region to facilitate collaboration. Action E.2 called for countries to produce sample communication materials, but he asked the Secretariat to develop model materials that could be replicated in countries like Costa Rica, which lacked the resources to produce such materials.

The representative of GERMANY said that it was important to strengthen regulatory authorities and develop close international cooperation with the competent authorities worldwide. A holistic approach was needed to educate consumers about the severe consequences of using substandard or falsified medical products and improve patient safety.

The representative of THAILAND urged Member States to step up their efforts and devote sufficient resources to monitoring and managing online sales of unregistered and potentially substandard or falsified medical products. Member States must also share their data with the WHO Global Surveillance and Monitoring System so that it could produce reliable impact assessments. All countries must work together to ensure the integrity of the global supply chain and prevent, detect and respond to the threat posed by substandard and falsified medical products, including veterinary products, which contributed to antimicrobial resistance.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that while significant progress had been made under the WHO Global Surveillance and Monitoring System and since establishment of the African Medicines Agency, substandard and falsified medical products continued to pose a challenge to Member States in her Region, owing to a lack of regulatory oversight and legislation, inefficient criminal justice systems, porous borders and an increased use of technology. Moreover, uncoordinated humanitarian assistance in areas of civil unrest resulted in the use of substandard and falsified medical products. She urged WHO to strengthen regulatory systems and enforcement mechanisms to ensure access to a quality, safe and effective supply of medical products, with particular regard to registration of health products, and product regulation in emergency and crisis situations. Capacity-building was required to review field detection devices and track and trace technologies, and she requested the Secretariat to facilitate technology transfer in that regard.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to the fact that primary health care professionals were at the forefront of the fight against substandard and falsified medical products, but reported the fewest number of cases. Therefore, her organization was collaborating with WHO to produce training modules on substandard and falsified medical products. Robust regulatory oversight was crucial, and she urged Member States to implement regulatory frameworks, including the regulation of online sales, to effectively prevent substandard and falsified medical products from reaching patients.
The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, encouraged governments to enact legislation that would criminalize and penalize the falsification of medical products. Member States should involve nurses in developing national action plans to prevent, detect and respond to substandard and falsified medical products, and should assure patients’ access to affordable, quality medical products.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO continued to conflate substandard and falsified medical products, which led to scaremongering concerning product quality, and she called for data to be disaggregated. Furthermore, no progress had been made since 2014 to conclude the requested study on the link between access to quality, safe, efficacious and affordable medical products and the emergence of substandard and falsified medical products. Lastly, she said that medicines in transit should not be intercepted without a request from the regulatory authorities of the exporting or importing country, in order not to compromise access to safe generic medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said by acknowledging the difference between substandard and falsified medical products, a targeted but coordinated response could be deployed to tackle their use. Regulatory authorities must work together to ensure the security of the entire supply chain. Member States should strengthen national regulatory frameworks to minimize the entry of falsified medical products into the market. Additionally, effective, online mechanisms were required to monitor the sale, distribution and supply of substandard and falsified medical products.

The ASSISTANT DIRECTOR-GENERAL (Prequalification and Technology Assessment) thanked Member States for participating in the voluntary Member State mechanism, under the leadership of the representative of Spain, and welcomed the representative of India to the chair of that mechanism. She noted that significant progress made since substandard and falsified medical products had first been discussed by the Health Assembly. The Member State mechanism was a positive example of collaborative work between Member States, non-State actors and the Secretariat to deliver technical documents and tools towards the implementation of coherent and sustainable prevention, detection and response strategies. However, there was no room for complacency; technological developments highlighted the cross-border nature of the problem and six global alerts had been issued in the first five months of 2019. Achievement of the Sustainable Development Goals and the “triple billion” goals heavily depended on access to safe, quality and affordable medical products, which was undermined by the use of substandard and falsified medical products. She recognized that there were many causes for the use of such products, some of which would be addressed through the draft road map for access to medicines, vaccines and other health priorities, 2019–2023, which was to be discussed by the current Health Assembly. Tangible action was needed, and the Secretariat would continue to work with regional and country offices to provide any technical support requested by Member States.

The CHAIRMAN took it that the Committee wished to conclude its discussion of this item.

**It was so agreed.**
Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 12.1 of the agenda (documents A72/21, A72/21 Add.1 and EB144/2019/REC/1, decision EB144(6))

The CHAIRMAN drew the attention of the Committee to document A72/21 Add.1, which contained a revised version of the bracketed draft decision contained in decision EB144(6). That revised draft decision was the outcome of informal consultations, facilitated by the representatives of Australia and South Africa, that had taken place since the 144th session of the Executive Board.

The representative of AUSTRALIA, speaking in her capacity as one of the facilitators of the informal consultations, said that an ad referendum agreement had been reached on the revised draft decision during the period of informal consultations. However, one Member State had maintained its reservation on the annex to the revised draft decision, which contained proposed amendments to footnote 1 of annex 2 of the Pandemic Influenza Preparedness (PIP) Framework to address a loophole that had been previously identified by the PIP Advisory Group. Since the publication of document A72/21 Add.1, further consultations had led to an agreement being reached on revised proposed amendments to footnote 1 of annex 2 of the PIP Framework, which would read:

“Recipients are receivers of ‘PIP Biological Materials’ from the WHO global influenza surveillance and response system (GISRS), such as manufacturers of influenza vaccines, diagnostics, pharmaceuticals and other products relevant to pandemic preparedness and response, as well as biotechnology firms, research institutions and academic institutions. Recipients shall select from among the commitments identified in SMTA2 Article 4.1.1 (a) to (c) based on their nature and capacities; those that are not manufacturers shall only have to consider contributing to the measures set out in SMTA2 Article 4.1.1(c).

Any manufacturer that enters into any contracts or formal agreements with recipients or GISRS laboratories for the purpose of using PIP Biological Materials on the manufacturer’s behalf for commercialization, public use or regulatory approval of that manufacturer’s vaccines, diagnostics, or pharmaceuticals shall also enter into an SMTA2 and select from among the commitments identified in Article 4.1.1 (a) to (c) based on their nature and capacities.”

Speaking in her national capacity, she reiterated her Government’s commitment to the continued success of the PIP Framework and ongoing efforts to strengthen pandemic preparedness as a matter of critical importance for global public health.

The representative of PANAMA said that that her Government supported the proposed amendment and remained committed to the surveillance of respiratory illness, including influenza, in accordance with WHO guidelines.

The representative of SAUDI ARABIA described the action that his Government had taken to address pandemic influenza, particularly in relation to the hajj pilgrimage season. He called on Member States to ensure that all residents, particularly children and those with chronic illnesses, were vaccinated against influenza before travelling to his country.

Dr Suzuki resumed the Chair.

The representative of ZAMBIA said that his Government participated actively in global initiatives to address pandemic and seasonal influenza by contributing data and viruses for global influenza control efforts. It also supported various national initiatives to enhance pandemic preparedness. He supported the draft decision contained in decision EB144(6).
The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement.

She recognized the importance of the Global Influenza Surveillance and Response System and the PIP Framework in pandemic influenza preparedness by guaranteeing access to vaccines, medicines and diagnostics at a global level. However, the changing international legal environment had created potential challenges in the sharing of influenza viruses. She supported the revised draft decision, and the amendment to footnote 1 proposed by the representative of Australia.

Dr Lutucuta resumed the Chair.

The representative of the UNITED STATES OF AMERICA said that the rapid and systematic sharing of seasonal influenza viruses and novel influenza viruses with pandemic potential was critical for health security. Disruptions in virus sharing could jeopardize the timely and effective production of seasonal influenza vaccines and the maintenance of pandemic influenza capabilities. Supporting the draft decision, he urged the Director-General to collaborate with Member States, the Global Influenza Surveillance and Response System and other relevant partners to understand and address interruptions in the sharing of seasonal influenza viruses. He endorsed the request for the Director-General to produce a report on the treatment of influenza virus sharing in existing domestic access and benefit-sharing measures, including those implementing the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity. He further supported the proposed narrow amendment to footnote 1 of annex 2. However, that amendment should not be misunderstood as expanding the scope of the Framework’s Standard Material Transfer Agreements to include benefit-sharing based on the use of influenza genetic sequence data. He urged Member States to continue prioritizing influenza pandemic preparedness and align efforts with the WHO Global Influenza Strategy for 2019–2030.

The representative of INDONESIA stressed the importance of continued support to strengthen pandemic influenza preparedness through the Global Influenza Surveillance and Response System. He would support an amendment of the definition of biological materials under the PIP Framework to include genetic sequence data. The sharing of seasonal influenza viruses should be regulated in the interest of continuous tracking and fairness, transparency, equity, efficiency and effectiveness, which may require the development of a new regulatory system; but the seasonal viruses should not be included in the Framework. He endorsed the revised draft decision as amended by the representative of Australia.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, supported the high-level outcomes of the consultation on seasonal influenza and genetic sequence data. She commended the Secretariat’s commitment to the global health security, which was demonstrated by its constant support for pandemic influenza preparedness activities and regional and global capacity-building in preparedness and response, including the 2018 influenza pandemic simulation exercise held in the Congo. She strongly advocated for influenza virus sharing and access to vaccines and other benefits, in line with the PIP Framework. The findings of the external audit of partnership contributions funds were encouraging, and the successful implementation of five recommendations was a noteworthy achievement.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the issue of widening the PIP Framework to include the sharing of seasonal influenza viruses and genetic sequence data was sensitive and required further deliberation, as rash decisions could have negative repercussions on the functionality of the Framework and its value in strengthening global influenza preparedness and response. Noting that capacity-building activities had previously focused on laboratories and
surveillance, she called for equal attention to be given to all six work areas in the high-level Partnership Contribution Implementation Plan 2018–2023, to ensure a comprehensive response to a severe pandemic.

The representative of MALAYSIA noted that Malaysia had become a Party to the Nagoya Protocol in February 2019. Although the Nagoya Protocol could encourage pathogen sharing, uncertainty surrounding its scope and implementation may also slow or limit sharing. Unless addressed, that could have a negative impact on the comprehensiveness and speed of risk assessment, research and the timely development of vaccines, diagnostics and public health responses, especially during pandemics. He strongly supported the recognition of the PIP Framework as an international instrument, to avoid duplication of international and national laws.

The representative of the RUSSIAN FEDERATION agreed that: the scope of the PIP Framework should not negatively affect the work of the Global Influenza Surveillance and Response System; the PIP Framework should not be expanded to cover seasonal influenza viruses; discussions within the Nagoya Protocol on the criteria and process for recognizing specialized international access and benefit-sharing instruments were unlikely to be resolved quickly and required further study. She endorsed the amendment to footnote 1 of annex 2 of the PIP Framework and the recommendations contained in the report.

The representative of SRI LANKA said that pandemic influenza preparedness was a national health priority. He outlined the measures his Government had taken to strengthen national pandemic preparedness, including strengthening surveillance, international collaboration, and laboratory diagnostic capacity.

The representative of PAKISTAN stressed the significant problem that influenza posed to public health worldwide. Infections of animals and humans by influenza A(H5N1) in various countries had highlighted the increasing need to establish and implement countrywide surveillance and response systems for ensure the early detection of future outbreaks and a timely and coordinated response. His Government had made considerable progress in PIP preparedness and response measures, and would continue to share data and viruses with the Global Influenza Surveillance and Response System. It was vital to evaluate the burden and impact of infection in high-risk populations and develop informed national vaccine policies.

The representative of ALGERIA noted the progress made against the milestones and indicators established in the high-level Partnership Contribution Implementation Plan 2018–2023. Through its global leadership role, WHO should: support, through continuing training, the uploading of influenza data to the FluMart platform; bolster regional virus sequencing capacities; certify and establish mandates for regional reference laboratories; facilitate laboratory networks in case of a pandemic; and support countries to establish emergency operations centres to coordinate pandemic preparedness activities.

The representative of SWITZERLAND fully supported the implementation of the PIP Framework; it strengthened global health security and international solidarity during an influenza pandemic and demonstrated the growing importance of public-private sector partnerships in solving health issues. The informal consultations on the draft decision had highlighted the complexity of the PIP Framework, and any decision on its application should be carefully considered to ensure a transparent and legally clear scope of application. Regarding the exchange of pandemic influenza biological materials for indirect use, she said that her Government had reservations about the legal interpretation of footnote 1 to annex 2 of the PIP Framework, as presented in document A72/21 Add.1, but was certain that a compromise could be reached. She thanked the Secretariat and Member States for their constructive collaboration in that regard.
The representative of BRAZIL expressed her satisfaction with progress made to strengthen critical pandemic preparedness under the high-level Partnership Contribution Implementation Plan 2018–2023, and conclude additional Standard Material Transfer Agreements. While the level of collection of partnership contributions was satisfactory, she asked the Secretariat to share more information on actions to collect outstanding contributions in future reports. It was important to preserve the functioning of the PIP Framework and consider solutions for the inclusion of seasonal influenza and genetic sequence data. Genetic sequencing was increasingly important, and new technologies risked rendering the Framework outdated. Comprehensive and collaborative approaches, that took into account the mandates and strengths of stakeholders, would facilitate the sharing of seasonal influenza viruses and the implementation of the Nagoya Protocol. She supported the draft decision.

The representative of NORWAY said that the draft decision would close a loophole and thus maintain the relevance of the PIP Framework. Any decisions on seasonal influenza virus sharing must not jeopardize the Framework. She welcomed the collaboration with the Secretariat of the Convention on Biological Diversity, which enabled WHO to better to understand how national implementation of the Protocol affected the Framework. She urged Member States to implement the Nagoya Protocol with due consideration to public health objectives and the need for timely virus sharing. She supported the draft decision.

The representative of MEXICO said that WHO must prioritize the maintenance and improvement of the PIP Framework, to bolster minimum national pandemic capacities. With support from the Secretariat, Member States must continue to: update national regulatory measures; develop pandemic preparedness; ensure the availability of strategic reserves of antivirals and other inputs; and train dedicated laboratory and emergency staff. The Secretariat must improve communication with the Secretariat of the Convention on Biological Diversity to guide the governing bodies on the health implications of the Nagoya Protocol. She looked forward to future discussions on the possible expansion of the Framework and consultations on genetic sequence data.

The representative of THAILAND supported the revised draft decision, as amended by the representative of Australia. Closing the loophole regarding the use of genetic sequence data would help to sustain the financing of the PIP Framework. The inclusion of seasonal influenza viruses in the Framework may contribute to global health security, and should therefore be discussed at the next PIP Advisory Group meeting. He urged all Member States to support the Framework by sharing influenza viruses in a timely manner and strengthening planning for pandemic product deployment and influenza pandemic preparedness.

The representative of GERMANY highlighted the importance of timely sharing of viral material and sequence data for effective protection and crisis response; research using that material; Standard Material Transfer Agreements 2, which supported access and benefit sharing and should cover the fair and comprehensive exchange of biological materials.

The representative of EGYPT outlined measures being implemented by his Government to strengthen pandemic influenza preparedness, including strengthening of national surveillance mechanisms to include genetic sequence data, which would require financial and technical support. He noted the importance of including seasonal influenza in the PIP Framework and implementing the Nagoya Protocol.

The representative of INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that efforts to ensure that the Global Influenza Surveillance and Response System was effective and functional must be strengthened, given the burden of seasonal influenza. The proposed amendment to footnote 1 of annex 2 was essential.
for equitable data and information sharing; all Member States should accept the amendment and implement it as soon as possible. She urged Member States to ratify and implement the Nagoya Protocol, in the light of new technologies such as genetic sequencing.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged innovative technologies and approaches to accelerate universal influenza vaccine research and development. Progress had been slow, and combating the significant threat of pandemic influenza and shortening the timeline for a vaccine would require significant prioritization, collaboration and investment in new approaches by WHO and its partners.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that the draft decision went beyond the scope of the PIP Framework, as it extended to seasonal influenza viruses. In addition, the understanding of PIP biological material in the draft decision did not include genetic sequence data, despite the recommendation of the 2016 PIP Framework Review Group. That ultimately undermined equal access to pandemic preparedness and response, and he urged the Director-General to take immediate steps in response. Lastly, there was no explicit reference in the draft decision to data access and use agreements, despite being considered the ideal option for monitoring the receipt and use of genetic sequence data.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the sharing of seasonal influenza viruses was being interrupted by the implementation of the Nagoya Protocol in some countries as a result of conflicts between national and international legislation. The PIP Framework relied on the Global Influenza Surveillance and Response System to ensure the fair, transparent, equitable, efficient, and effective sharing of influenza viruses with pandemic potential, on an equal footing. Any delays in virus sharing would seriously impact the ability of the PIP Framework to achieve that objective.

The DIRECTOR (Infectious Hazard Management/WHO Health Emergencies Programme) said that the PIP Framework was a model for how WHO could leverage partnerships to improve public health. In its eight years of implementation, the Framework had achieved significant milestones for both virus and benefit sharing, enhancing global pandemic preparedness and response capacity. The sharing of influenza viruses with pandemic potential with the Global Influenza Surveillance and Response System had resumed and work was continuing to ensure that national rules and regulations were in place to facilitate sharing. She thanked partners for their tireless work to ensure optimal influenza vaccines. She noted that approximately US$ 180 million had been collected from partnership contributions to support national preparedness and response. Activities included expanding the Global Influenza Surveillance and Response System network, improving national regulatory and reporting capacities and preparedness planning, and support for the shipment of influenza virus samples. In 2018, sample sharing doubled in comparison with 2014. She was deeply grateful to all contributors for their support. When the next pandemic struck, WHO would have access to significantly more vaccines and antivirals than it had during the 2009 pandemic. The conclusion of additional Standard Material Transfer Agreements 2 ensured legally binding commitments to approximately 10% of future pandemic vaccine production in real time, as well as antivirals, syringes and rapid diagnostic tests.

The PIP Framework must remain agile and adaptable, and the draft decision would help to ensure that it continued to function fairly, equitably and sustainably in the future. She recognized the challenge of reaching a decision, and thanked the representatives of Australia and South Africa for facilitating the informal consultations, and commended the flexibility of Member States and other stakeholders. She expressed the hope that the draft decision would help the Framework to adapt to new developments,
while safeguarding its success. She recognized that the discussion on the PIP Framework was ongoing, and said that the Secretariat would continue to work with Member States and partners.

At the invitation of the CHAIRMAN, the SECRETARY recalled that the draft decision under consideration was as contained in document A72/21 Add.1 with the exception of the annex to that draft decision, which contained proposed amendments to footnote 1 of annex 2 of the PIP Framework, to which further amendments had been proposed the representative of Australia. He read out those proposed amendments.

The draft decision, as amended, was approved.¹

The meeting rose at 19:10.

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as decision WHA72(12).