

## Written silence procedure: template for proposals

(to be submitted to the Secretariat by 17 June 2020 at 18:00 CEST)

<i>Full text of the proposal</i>	Meningitis prevention and control (Please, see document attached)
<i>Date of submission</i>	17 June 2020
<i>Agenda item</i>	11.3
<i>Information on informal consultations</i>	<p>On 28<sup>th</sup> October 2019, during the presentation of the global roadmap on meningitis at WHO, Burkina Faso expressed its willingness to propose a resolution on meningitis at WHA 73. Nigeria also mentioned its intention to be cosponsor of this resolution. Saudi Arabia and Tonga also informed of their intention to cosponsor the resolution at an early stage.</p> <p>Draft 0 which was annexed to the draft decision was circulated on 27 January 2020. An informal meeting was held on 28 January 2020, in Room B at WHO to discuss the two drafts. Member States expressed support for a resolution about meningitis prevention and control and agreed to refine negotiations during the intersession. Version 1 annexed to the draft Decision was sent to Secretariat on 3<sup>rd</sup> February for consideration by the Executive Board.</p> <p>Following the adoption by the of Decision EB 146 (6):</p> <ul style="list-style-type: none"> <li>▪ version 2 of the draft resolution was discussed at the first informal meeting held on 10 March 2020 in Room A at WHO;</li> <li>▪ version 3 of the draft, taken from the exchanges of March 10, 2020, was circulated on March 27, 2020 to the Missions for comments and amendments on April 7, 2020;</li> <li>▪ version 4 was circulated on April 27, 2020 for comments on May 04, 2020;</li> <li>▪ version 5 was circulated on June 05, 2020 for comments on June 10, 2020;</li> <li>▪ version 6 was circulated on June 12, 2020;</li> <li>▪ on 12 June 2020 an informal meeting was held to discuss the 6<sup>th</sup> version;</li> <li>▪ version 7 was circulated on 12 June 2020 at the end of the second virtual informal meeting (on Zoom);</li> <li>▪ on 15 June 2020, the third informal meeting was held to find agreement on the final draft;</li> <li>▪ Version 8 (final and consensual) was circulated on 16 June 2020, after the third virtual informal meeting (on Zoom) held on 15 June 2020.</li> </ul> <p>Versions 4, 5 and 6 were based on comments received by email due to the suspension of informal meetings because of COVID 19.</p> <p>All versions except the 7<sup>th</sup> were in English and French to be more inclusive and facilitate discussions.</p>

<p><i>Rationale for its adoption without discussion at WHA</i></p>	<p>Meningitis is a persisting and major threat to human health worldwide, and particularly to the most vulnerable.</p> <p>The development of a draft road map to defeat meningitis by 2030 through multidisciplinary and comprehensive consultations since mid-2018 has created a strong momentum, making a unique moment to adopt a resolution on meningitis. This is the very first opportunity to consider a resolution on meningitis since WHO exists.</p> <p>In addition, adoption through silent procedure will allow regions and countries to reflect more quickly on the development of regional and national implementation frameworks and this will lead to greater ownership at regional and national levels.</p> <p>In the past five months, there has been a very active dialogue on the resolution, even if it has been somehow paused at a point because of Covid-19. Overall, the Member States actively involved in the negotiations of the resolution shared the objective of submitting through the silent procedure, and have intensified their efforts to come up with a consensual resolution. On June 15<sup>th</sup>, during the last intersessional meeting, a consensus was reached. After circulation of the final version to all Member States on 16 June 2020, no objection has been received.</p> <p>Along the negotiation process, 12 Member States from five WHO regions have already decided to co-sponsor the resolution.</p> <p>Because meningitis is a serious disease that causes numerous deaths and has many negative consequences that could be avoided, the sooner a resolution on the disease is adopted, the sooner it will be possible to combat the disease more effectively.</p>
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## MENINGITIS PREVENTION AND CONTROL

**Draft resolution proposed by Benin, Burkina Faso, Brazil, France, the Republic of Botswana, Gabon, the Federal Republic of Nigeria, the Republic of Madagascar, the Republic of Mozambique, the Republic of South Africa, the Kingdom of Saudi Arabia and Kingdom of Tonga**

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss; WHA70.14 (2017) on strengthening immunization; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023;

(PP2) Noting the reports by the Director-General on WHO's Thirteenth General Programme of Work and<sup>1</sup> on the global vaccine action plan<sup>2</sup> and the global roadmap on defeating meningitis by 2030;<sup>3</sup>

(PP3) Recalling that meningitis remains a threat in all countries of the world that presents a major challenge for health systems especially those which can be significantly disrupted in the case of epidemics, and recognizing in particular the burden of bacterial meningitis;<sup>3,4</sup>

(PP3bis) Further recalling that the burden of meningitis is greatest in developing countries in particular in the Sub-Saharan meningitis belt;

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and high mortality rate for which it can be responsible, meningitis has a heavy social and economic cost, especially because of the loss of productivity on the part of affected individuals and their families, and the very high costs of providing care and support to those with long term sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis requires a coordinated and multidisciplinary approach with equity and sustainability as core principles;

(PP5bis) Recognizing the need to strengthen routine immunization, one of the most successful and cost-effective interventions in public health and a fundamental element of primary health care;

(PP6) Acknowledging that efforts to prevent meningitis will also help reduce the burden of other illnesses, such as sepsis and pneumonia, due to meningitis-causing pathogens;

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<sup>1</sup> Document A71/4.

<sup>2</sup> Document A73/6.

<sup>3</sup> Defeating meningitis by 2030: a global roadmap (<https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf>, accessed 15 June 2020).

<sup>4</sup> Defeating meningitis by 2030: baseline situation analysis ([https://www.who.int/immunization/research/BSA\\_20feb2019.pdf](https://www.who.int/immunization/research/BSA_20feb2019.pdf), accessed 15 June 2020).

(PP7) Further acknowledging that meningitis control is a matter of emergency response, in the case of outbreaks, and that meningitis is also associated with economic and social development where the disease is endemic;

(PP8) Affirming that achieving the Sustainable Development Goals – particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – and Universal Health Coverage could reduce the prevalence and spread of meningitis;

(PP9) Reiterating the obligation for all States Parties to fully implement and comply with the International Health Regulations (2005) (IHR);

(PP10) Acknowledging that, as meningitis has epidemic potential, strong national surveillance and reporting systems are needed for its effective management and control.

(OP)1. APPROVES the global roadmap on defeating meningitis by 2030;<sup>1</sup>

(OP) 2. URGES Member States:<sup>2</sup>

(1) to identify, as appropriate to national context, meningitis as a political priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader health initiatives;

(2) to establish national targets and to develop and implement, in the context of national priorities, through an integrated meningitis control plan, multidisciplinary, selected, prevention and control measures and provision of services, including equitable access to safe, effective, quality and affordable vaccines, and treatments, prophylactic measures, targeted control interventions, diagnostics, appropriate health care, including rehabilitation care, and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;

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

(4) in partnership with other groups involved in care for disabled persons, to develop and strengthen services aiming to reduce the burden of sequelae for individuals who previously contracted meningitis and who now live with disabilities;

(5) to establish, in line with national contexts and priorities, integrated national multidisciplinary meningitis prevention and surveillance mechanisms, to coordinate the implementation of the meningitis control plan, including representation of the different

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<sup>1</sup> Defeating meningitis by 2030: a global roadmap  
(<https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf>, accessed 15 June 2020).

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

ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

(6) in order to reduce the public health, social and economic impact of meningitis, to strengthen their capacity for: preparedness, in compliance with the IHR (2005); early detection and treatment; laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

(7) to strengthen surveillance and early reporting of meningitis by national surveillance systems in line with the IHR (2005) and national priorities, and build capacity for data collection and analysis, including for sequelae;

(8) to strengthen community engagement, communication and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research and innovation to better prevent and control meningitis, through: improved vaccines and vaccination strategies; better early diagnostics, treatment and medicines, and identification and management of sequelae; and monitoring antimicrobial resistance;

(10) to consider the implementation of the points above in the light of the overall national context and the objective of health system strengthening and universal health coverage.

(OP) 3. REQUESTS the Director-General:

(1) to reinforce advocacy, strategic leadership and coordination with partners at all levels including, as appropriate, via the Defeating Meningitis by 2030 Technical Taskforce;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative “Defeating Meningitis by 2030: A Global Roadmap” and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources and in line with national contexts and priorities;

(4) to continue leading the management of the meningitis vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational) in consultation with Member States and in collaboration with partners and vaccine manufacturers while promoting expansion and diversification of vaccine producers and to promote equitable access, including providing support to gradually transition from polysaccharide to safe, quality, effective affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including but not limited to the

International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and Gavi, the Vaccine Alliance;

- (5) to monitor and support on request long-term meningitis prevention and control programmes at country and regional levels;
- (6) to develop and promote an outcome-oriented research and innovation, agenda for meningitis, in particular in developing countries, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation; and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;
- (7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;
- (8) to submit a report to the Executive Board at its 150<sup>th</sup> session on progress in implementing this resolution, and to the Seventy-sixth World Health Assembly, through the Executive Board at its 152<sup>th</sup> session, reviewing the global meningitis situation and assessing efforts made in meningitis prevention and control.

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