

First report of Committee A

(Draft)

Committee A held its fourth meeting on 21 May 2008 under the chairmanship of Dr Francesco Cicogna (Italy).

It was decided to recommend to the Sixty-first World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

11. Technical and health matters

11.2 Poliomyelitis: mechanism for management of potential risks to eradication

One resolution

11.4 Implementation of the International Health Regulations (2005)

One resolution

Agenda item 11.2

Poliomyelitis: mechanism for management of potential risks to eradication

The Sixty-first World Health Assembly,

Having considered the report on poliomyelitis: mechanism for management of potential risks to eradication;¹

Recalling resolution WHA60.14, which urged Member States in which wild poliovirus is still present, especially the four countries in which poliomyelitis is endemic, to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

Recognizing the need to make rapidly available the necessary financial resources to eradicate poliomyelitis;

Recognizing the need to minimize the long-term risks of inadvertent reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Recognizing the need for international coordination of the strategies to minimize and manage the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission globally;

Noting that planning for such international consensus must begin now in order to be ready for implementation without delay after transmission of wild poliovirus is interrupted globally,

1. URGES all remaining poliomyelitis-affected Member States to engage all levels of political and civil society in order to ensure that every child is consistently reached and vaccinated during every supplementary immunization activity against poliomyelitis, so that all remaining transmission of wild poliovirus is interrupted rapidly;
2. URGES Nigeria to reduce the risk of international spread of poliovirus by quickly stopping the outbreak in northern Nigeria through intensified eradication activities that ensure all children are vaccinated with oral poliomyelitis vaccine;
3. URGES Afghanistan, India and Pakistan to implement the large-scale mop-up activities now needed to interrupt their final chains of poliovirus transmission, given the very low levels of type 1 poliovirus now present in these countries;
4. URGES all Member States:
 - (1) to achieve and maintain routine immunization coverage against poliomyelitis at a level greater than 80% of the childhood population and set country-specific target dates;

¹ Document A61/5.

- (2) to strengthen active surveillance of acute flaccid paralysis in order to detect and identify promptly any circulating poliovirus and prepare for certification of poliomyelitis eradication;
- (3) to complete the activities outlined in phase I of the WHO global action plan for laboratory containment of wild polioviruses¹ and prepare to implement appropriate long-term safeguards and biocontainment conditions for remaining wild polioviruses within 6 to 12 months after detection of the last case of poliomyelitis caused by a circulating wild virus;
- (4) to make available rapidly the necessary financial resources to eradicate poliomyelitis and minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

5. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining countries affected by poliomyelitis in their efforts to interrupt the final chains of transmission of wild poliovirus;
- (2) to assist in mobilizing the financial resources necessary for full implementation of the intensified eradication effort and for ensuring that the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis are minimized;
- (3) to undertake the necessary research to characterize fully the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, to develop appropriate strategies and products for managing these risks, including safer processes for production of inactivated poliovirus vaccine and affordable strategies for its use, and to set, if and when appropriate, a date for the eventual cessation of use of oral poliomyelitis vaccine use in routine immunization programmes;
- (4) to develop a new strategy for renewed fight to eradicate poliomyelitis from the remaining affected countries drawing on experience from regions where poliomyelitis is eradicated and on operations research in order to determine the most efficient and cost-effective interventions;
- (5) to report to the Health Assembly when she determines that transmission of wild poliovirus type 1 is likely to have been interrupted globally, and to submit with that report a proposal or proposals for review by the Executive Board for a mechanism to mitigate the risk of the reintroduction of poliovirus that does not involve amending the International Health Regulations (2005) or developing another binding instrument.

¹ Second edition, document WHO/V&B/03.11.

Agenda item 11.4

Implementation of the International Health Regulations (2005)

The Sixty-first World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);

Recalling resolution WHA58.3 on revision of the International Health Regulations, which decided that the Sixty-first World Health Assembly would consider the schedule for the submission of further reports by States Parties and the Director-General on the implementation of the International Health Regulations (2005) and the first review of their functioning, pursuant to paragraphs 1 and 2 of Article 54 of the Regulations;

Underscoring the importance of establishing a schedule to review and evaluate the functioning of Annex 2, pursuant to paragraph 3 of Article 54 of the International Health Regulations (2005);

Mindful of the request to the Director-General in resolution WHA59.2 on application of the International Health Regulations (2005) to report to the Sixtieth World Health Assembly and annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005);

Recognizing the need to rationalize reporting on all aspects of implementation of the International Health Regulations (2005) in order to facilitate the work of the Health Assembly,

1. REAFFIRMS its commitment to implement fully the International Health Regulations (2005) in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3 of the Regulations;
2. DECIDES:
 - (1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly;
 - (2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;
 - (3) in accordance with paragraph 3 of Article 54 of the International Health Regulations (2005), that the first review and evaluation of the functioning of Annex 2 shall be submitted to the Sixty-second World Health Assembly for its consideration;

3. URGES Member States:

- (1) to ensure that the contact details of the centre that has been designated as the National IHR Focal Point are complete and up to date and to encourage relevant staff within the centre to access and use the Event Information Site on the WHO web site;
- (2) to take steps to ensure that the national core capacity requirements specified in Annex 1 to the Regulations are developed, strengthened and maintained, in accordance with Articles 5 and 13 of the International Health Regulations (2005);
- (3) to designate an expert, if they have not already done so, for the IHR Roster of Experts, in accordance with Article 47 of the International Health Regulations (2005);
- (4) to continue to support each other and collaborate with WHO in the implementation of the International Health Regulations (2005), in accordance with resolution WHA58.3 and relevant provisions of those Regulations;

4. REQUESTS the Director-General:

- (1) to submit every year a single report, including information provided by States Parties and about the Secretariat's activities, to the Health Assembly for its consideration, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);
- (2) to provide support to Member States with the most vulnerable health systems in strengthening core capacity requirements for surveillance and response at airports, ports and ground crossings, paying special attention to the sub-Saharan Africa laboratory network;
- (3) to encourage efforts to ensure effective communication between National IHR focal points concomitant with the communications with WHO IHR contact points and encourage the sharing of information on the state of actual outbreaks in order to facilitate alert and appropriate response activities for the prevention and control of infectious diseases across borders.

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