PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

WHO headquarters, Geneva
Wednesday, 5 February 2020, scheduled at 14:30

Chair: Dr H. NAKATANI (Japan)
Later: DR P. SILLANAUKEE (FINLAND)
Later: Dr H. NAKATANI (Japan)

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SIXTH MEETING

Wednesday, 5 February 2020, at 14:35

Chair: Dr H. NAKATANI (Japan)
later: Dr P. SILLANAUKEE (Finland)
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PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

1. FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: Item 7 of the agenda (continued)

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 7.2 of the agenda (documents EB146/7 and EB146/7 Add.1) (continued)

The CHAIR invited the Board to continue its discussion of Annexes 1, 2 and 4 to document EB146/7.

The representative of DENMARK\(^1\) expressed appreciation for the extended implementation period for the comprehensive mental health action plan 2013–2020 and the inclusion of mental health interventions on the list of “best buys”. As the global action plan for the prevention and control of noncommunicable diseases 2013–2020 entered a new decade, he called for the failure to thrive among young people to be made a priority issue. Many factors were known to have an impact on young people’s mental well-being, but WHO should take the lead in promoting research into the potential causes of the emerging trend.

The representative of MOROCCO\(^1\) said that her Government remained committed to implementing the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases and the global strategy to reduce the harmful use of alcohol. Member States should work with WHO to identify low-cost interventions for reducing the risk factors of noncommunicable diseases, including air pollution and the harmful use of alcohol.

The representative of BARBADOS\(^1\) said that noncommunicable disease prevention and control was a high priority for his Government, and he looked forward to engaging with WHO and other partners on the issue.

The representative of CANADA\(^1\) commended the renewed emphasis on a strong public health approach that addressed the known determinants of mental health. The results of the mental health cost-effectiveness analysis contained in Annex 1 should be organized such in a way that allowed policy-makers to more easily understand and interpret the findings. Noting that Annex 2 on air pollution contained a reference to an analysis of the effectiveness of existing policy interventions, rather than their

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
cost-effectiveness, she sought clarification as to the type of analysis that would be undertaken and the time frame for such work. She welcomed the progress described in Annex 4 on the screening and early detection of noncommunicable diseases. Guidance was a core public health function, and she noted that many Member States’ national-level bodies had developed useful guidelines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND1 said that her Government was committed to preventing and controlling noncommunicable diseases worldwide and achieving target 3.4 of the Sustainable Development Goals on reducing premature mortality from noncommunicable diseases, of which mental health was a central element. She welcomed the expansion of the menu of policy options to include interventions for preventing suicide and reducing access to suicide methods. In addition to the highly hazardous pesticides flagged in the report, her Government was also concerned about the use of inert gases as a suicide method, which should be considered when exploring further areas for preventive action.

The observer of PALESTINE said that residents of the occupied Palestinian territory, including East Jerusalem, suffered from a higher rate of mortality from noncommunicable diseases than other diseases. Mental health was also of concern in the context of the ongoing occupation. He thanked the Secretariat for its support, which he hoped would continue.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), responding to the discussion of Annex 1 on mental health and well-being, said that the menu of policy options and cost-effective interventions had been developed using the same methodology as the menu for the prevention and control of noncommunicable diseases. Both lists had been compiled in a transparent manner, based on data available on the WHO website. The technical guidance on the use of highly hazardous pesticides as a suicide method, entitled Preventing suicide: a resource for pesticide registrars and regulators, had been published in September 2019 and could be found on both the WHO and FAO websites; the Secretariat was able to provide further information to Member States as required. He underscored that the list was neither exhaustive nor prescriptive and would continue to be updated and expanded.

Regarding Annex 4 on early detection of noncommunicable diseases and risk factors, he was pleased to hear that Member States were focusing on such activities in primary health care settings. Many Member States had requested WHO support to integrate noncommunicable diseases and mental health into primary health care, and the Secretariat was scaling up many of its initiatives in response. He noted the request for a progress report on engagement with the private sector and private sector contributions to achieving Sustainable Development Goal target 3.4; that information would be included when updating the report for the Seventy-third World Health Assembly in May.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), responding to the discussion of Annex 2 on air pollution, said that integrating air pollution mitigation into governments’ overall public health care delivery strategies was fundamental. The Secretariat would analyse the effectiveness of existing interventions and prepare guidance on population-level policy through the selection of options and interventions that reduced the number of premature deaths from noncommunicable diseases attributable to air pollution. She noted the call for greater emphasis on data, monitoring and research.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The CHAIR opened discussion of Annex 3 of the report contained in document EB146/7 on the implementation of the global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward.

The representative of TAJIKISTAN said that, despite the development of national policies to reduce the harmful use of alcohol, consumption was still increasing. Thus, the possibility of adopting an international convention on alcohol control similar to the WHO Framework Convention on Tobacco Control should be investigated. It was important to bear in mind that in many countries, the private sector had a greater influence on alcohol consumption than did individuals or the government. More work should therefore be done to restrict alcohol sales, especially to minors, raise awareness and develop multisectoral approaches at the national level.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, called on the Secretariat to support the Member States in his Region to increase their capacity to combat the risks posed by the harmful use of alcohol and to put in place national strategic plans that were focused on primary health care and social factors and addressed young people in conflict situations. A regional network of experts may be useful in developing such strategic plans. Governments should share best practice in that regard.

The representative of JAPAN said that, when implementing the global strategy to reduce the harmful use of alcohol, the focus should be on factors such as inappropriate drinking habits and the situations that encouraged them. He called for the continued implementation of the global strategy to reduce the harmful use of alcohol, with active participation from the private sector in line with WHO reports and the political declaration of the United Nations high-level meeting on noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA expressed support for a number of the specific actions proposed in the report and for strengthened efforts to reduce the harmful use of alcohol in general. However, she did not agree with the call for a new international instrument or instruments. Instead, she urged delegations to reaffirm instead the global strategy and focus on its areas for action. Member States should concentrate on scaling up practical, evidence-based interventions with engagement from multiple sectors and stakeholders. The health impacts of alcohol extended beyond noncommunicable diseases, and approaches that were limited to the health sector would not be effective.

The representative of AUSTRALIA expressed concern at the incidence of diseases and injuries attributable to alcohol, which was a particular burden in her Region. She agreed that effective action to reduce the harmful use of alcohol would require a multisectoral approach. Implementation of the global strategy, which her Government would support, could be strengthened through: public health advocacy, partnership and dialogue; technical support and capacity-building; production and dissemination of knowledge; and resource mobilization. Australia had recently introduced a ten-year national alcohol strategy which reiterated its commitment to the global action plan. The domestic strategy provided a guide for focusing and coordinating population-wide and locally appropriate responses to alcohol-related harm by governments, communities and service providers. Australia remained committed to achieving the fundamental aims of the global strategy.

The representative of BRAZIL said that, while his Government was deeply committed to implementing the global strategy, greater engagement and more time for Member States to provide input would have been appreciated. He stressed the multidimensional nature of the issue, which was not limited to health but also had important economic and cultural aspects. Member States should therefore engage all relevant stakeholders in their discussions. All recommended actions for reducing the harmful use of alcohol should be evidence-based.
The representative of ARGENTINA suggested creating integrated networks composed of civil society actors and health care services and mechanisms. Such networks should take local context and culture into account. Policies should have measurable objectives and include a gender perspective; specific strategies should be implemented to reduce harmful alcohol use among women. Moreover, she highlighted the impact of the weakening social fabric in her Region on vulnerable population groups. A comprehensive, integrated, cross-cutting approach would be essential.

The representative of SWEDEN said that addressing the social, medical and economic burden of alcohol would require a Health in All Policies approach in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020, the global strategy to reduce the harmful use of alcohol and the 2030 Agenda for Sustainable Development. From an economic standpoint, investing public funds in alcohol control would lower the cost to society as a whole. Alcohol-related public health challenges had a cross-sectoral and cross-border dimension, and therefore required further international collaboration.

The representative of NEW ZEALAND said that the Thirteenth General Programme of Work provided a framework for considering which global public goods would be most useful when building a global response to the harmful use of alcohol, given the considerable differences between health systems. The issue of digital marketing was one that clearly must be tackled at the global level. The SAFER initiative was a helpful basis for action in that regard. Guidance from the Secretariat on the role of the private sector would also be useful, in line with the Framework of Engagement with Non-State Actors.

The representative of the RUSSIAN FEDERATION said that the harmful use of alcohol could only be reduced by fostering political will, ensuring international cooperation and strengthening national control measures. He supported the future work of the Secretariat and Member States in that regard.

The representative of CANADA agreed that the global strategy had not been effectively implemented over the previous 10 years. Implementation of the WHO “best buys” had also been lacking. Increased international collaboration and commitment were needed to address the harmful use of alcohol in a more meaningful way.

The representative of ECUADOR recalled that a regional meeting had taken place to discuss the challenges facing the implementation of the global strategy and possible measures that could be developed to make further progress. Her Government was drawing up a national strategy in that regard. She noted with interest the possibility of strengthening the international legal framework on tackling alcohol abuse. It was necessary to foster international cooperation.

The representative of the REPUBLIC OF KOREA said that a multidimensional and multisectoral approach was required to improve drinking culture and to update the relevant legal framework. WHO should share best practices and provide technical support. Discussions should take place at all levels to promote the development and implementation of alcohol control policies.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were well placed to contribute to the prevention, early detection, treatment and management of noncommunicable diseases, including mental health issues. That role required investment in order to speed up actions to screen and map the patterns, prevalence and incidence of risk factors and illnesses. She called for the intentional use of pharmacists to control noncommunicable diseases, particularly in light of population ageing.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, urged WHO to ensure that the discourse on noncommunicable diseases went beyond the five main disease groups currently identified, since multi-morbidities, shared disease clusters and social determinants were creating significant challenges for health systems. Health systems should deliver people-centred, integrated, multisectoral and comprehensive services aimed at the prevention, early detection and treatment of all noncommunicable diseases, which required sustained human and financial resources. WHO should ensure the meaningful involvement of relevant non-State actors in all consultations on noncommunicable diseases.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses delivered strategies to combat noncommunicable diseases, thereby reducing health expenditure and premature deaths. She expressed support for the menu of policy options and cost-effective interventions to promote mental health and well-being. However, the menu should be expanded to include a wider range of conditions and comorbidities and the social determinants of mental health. She supported the transfer of mental health services to community-based care. Nurses were experts in using mental health interventions to achieve broad therapeutic outcomes and promote resilience in individuals, families and communities.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, commended WHO’s leadership role in the global climate agenda, placing health at the heart of all discussions. Air pollution required a multisectoral response. Thus, she called on ministries of health to work with the Secretariat and other national ministries to implement existing policy responses on air pollution and bring national air pollution standards in line with WHO guidelines. Further research should also be taken to investigate links between heart health and air pollution.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that health systems without palliative care caused avoidable suffering for people with noncommunicable diseases. Palliative care was cost-effective and provided a model for people-centred care, and should be available in all settings.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and on behalf of the World Heart Foundation and World Cancer Research Fund International, called on the Secretariat to develop a global action plan on alcohol 2022–2032, for endorsement by the Health Assembly in 2022. An increase in financial resources for the Secretariat and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases would be required to provide the technical support requested by Member States.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the menu of population-based policy options should include workforce-focused learning programmes to promote mental health and well-being. Guidance on population-level policy options to reduce the impact of air pollution should promote public transport and energy democracy. The current climate crisis should be considered to be a public health emergency of international concern. He expressed support for the SAFER initiative, but said that dialogue should continue with alcohol production and trade corporations.
The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIR, said that the alcohol industry had not contributed responsibly to reducing alcohol harm. WHO should end its dialogue with the alcohol industry and pave the way for a global binding treaty on alcohol control. There was a need to assign more resources to alcohol control and ensure that alcohol policies were a priority. WHO should provide Member States with technical support and protect them against industry interference. A global action plan and the creation of a corresponding group of experts would allow the creation of a sustainable global and regional infrastructure, best practice exchange, country missions and high-level events.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that efforts to reduce the harmful use of alcohol still faced considerable challenges, but there were also many opportunities to address them. The Secretariat would take into account potential conflicts of interest when dealing with private sector entities engaged in alcohol production and trade, and would continue providing technical support under the guidance of Member States.

The Board took note of the reports contained in documents EB146/7 and EB146/7 Add.1.

The CHAIR took it that the Board wished to suspend the discussion on the agenda item in light of ongoing discussions to prepare a draft decision.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the twelfth meeting, section 3.)

2. GLOBAL VACCINE ACTION PLAN: Item 8 of the agenda (document EB146/8)

The CHAIR drew attention to a draft decision on meningitis prevention and control proposed by Benin, Botswana, Burkina Faso, Mozambique, Nigeria, Saudi Arabia and Tonga, which read:

The Executive Board, having considered the progress report on the global vaccine action plan,1 including the section on defeating meningitis by 2030;

And noting that the global fight against meningitis is a powerful lever to drive progress to achieve universal health coverage through the strengthening of immunization programmes and primary health care services and systems, and the improvement of infectious disease control, global health security and access to disability support, decided:

(PP1) to request the Director-General to finalize, in consultation with Member States and other relevant stakeholders, the development of a draft global strategy to defeat meningitis by 20302 to be submitted for consideration by the Seventy-third World Health Assembly;

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1 Document EB146/8.
to take note of ongoing discussions on the draft resolution, contained in the annex to this decision, and encourages Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

ANNEX

MENINGITIS PREVENTION AND CONTROL

DRAFT RESOLUTION

The Executive Board,

Having considered the report on the global vaccine action plan,¹

RECOMMENDS to the Seventy-third World Health Assembly, the adoption of the following resolution:

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, which urges Member States to ensure the highest possible vaccination coverage against several diseases, including meningitis; WHA70.14 (2017) on strengthening immunization to achieve the goals of the global vaccine action plan; and WHA71.1 (2018) on WHO’s Thirteenth General Programme of Work, 2019–2023; and in accordance with national priorities;

(PP2) Recognizing the reports by the Director-General on WHO’s Thirteenth General Programme of Work,² and the global vaccine action plan;³ and recognizing the draft strategy on defeating meningitis by 2030;³

(PP3) Recalling that meningitis is a threat in all countries of the world that presents a major challenge for health systems, which can be dramatically disrupted in case of epidemics, and for the economy and society;⁴

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and mortality for which it can be responsible, meningitis has a heavy social and economic cost, especially due to the loss of productivity it causes among affected individuals and their families, and the very high costs of providing care and support to those who are living with life-lasting sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis require a coordinated and multidisciplinary approach that includes: enhanced access to affordable vaccines, effective prophylactic measures and timely detection and response to epidemics; access to appropriate health care, early diagnosis and effective case management; strengthened surveillance and laboratory capacity for all main causes of bacterial meningitis and their sequelae; effective

¹ Document EB146/8.
² Document A71/4.
systems for timely identification and management of sequelae; access to appropriate support and care services for affected people and families; increased public and political awareness with regard to the impact of the disease and its potential to result in disability; improved health-seeking and access to control measures; and strengthened community involvement, including action on the social determinants of health;

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

(PP7) Further acknowledging that meningitis control is both a matter of emergency response in the case of outbreaks, and a matter of global development where the disease is endemic;

(PP8) Affirming that progress towards the 2030 Agenda for Sustainable Development – including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – would reduce the prevalence and spread of meningitis;

(PP9) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP10) Acknowledging that meningitis, as a disease of epidemic potential, has to be recognized in itself and reported, within national surveillance systems, as not doing so hampers effective control measures,

(OP)1. URGES Member States:¹

1 to foster the identification of meningitis as a State priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader control initiatives, or within national health, health security, development and Sustainable Development Goal implementation plans, where relevant, and national immunization, emergency and rehabilitation programmes;

2 to develop and implement a multidisciplinary package of selected effective prevention and control measures, including access to vaccines, prophylactic measures, targeted control interventions, appropriate health care and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;

3 to develop and strengthen services aiming to reduce the burden of sequelae for individuals who have experienced meningitis and are living with disability, in partnership with other groups involved in care for the disabled;

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

5 to establish national multidisciplinary meningitis prevention and surveillance mechanisms to coordinate the implementation of the control plan, ensuring representation of the different 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, to strengthen capacity for: preparedness, in compliance with the International Health Regulations (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 in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including in respect of information on critical determinants and sequelae;

¹ And, where applicable, regional economic integration organizations.
(8) to strengthen community engagement and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;
(9) to support, including through international cooperation, research in support of better prevention and control, including research for improved vaccines and vaccination strategies, and for better early diagnostics and treatment, and identification and management of sequelae; and for monitoring antimicrobial resistance;
(10) to refrain from implementing health measures that are more restrictive of international traffic, which would not improve, or would limit, access to medicines and other medical products used for treating meningitis in people of different ages, and that are more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);
(11) to establish national targets, when applicable, and make financial and political commitments to meningitis control with national implementation plans for the Sustainable Development Goals;
(12) to consider the implementation of the points above in the light of the overall context and the objective of health system strengthening, in particular in respect of primary health care services and access to health for all;

(OP)2. REQUESTS the Director-General:
(1) to strengthen surveillance and reporting of meningitis in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Defeating Meningitis by 2030 Technical Task Force and the WHO Strategy Support Group, secretariat and working groups, including by providing technical support and operational guidance to countries for meningitis prevention and control;
(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;
(4) to continue leading the management of the vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational), including providing support to gradually transition from polysaccharide to affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and the Gavi Alliance;
(5) to monitor and support long-term meningitis prevention and control programmes at country and regional levels;
(6) to develop and promote an outcome-oriented research and evaluation agenda for meningitis, 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 148th session, and to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, reviewing the global meningitis situation and evaluating efforts made in meningitis prevention and control.

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

<table>
<thead>
<tr>
<th>Decision: Meningitis prevention and control</th>
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<tbody>
<tr>
<td>A. Link to the approved Programme budget 2020–2021</td>
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<tr>
<td>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</td>
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<tr>
<td>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</td>
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<td>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</td>
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<td>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</td>
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<td>Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</td>
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<td>Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</td>
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<td>Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</td>
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<tr>
<td>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</td>
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<td>It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft global strategy to defeat meningitis by 2030). This will be developed for subsequent submission to the governing bodies.</td>
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<td>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</td>
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<td>Not applicable.</td>
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<td>4. Estimated time frame (in years or months) to implement the decision:</td>
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<td>Five months.</td>
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<td>B. Resource implications for the Secretariat for implementation of the decision</td>
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<td>1. Total resource requirements to implement the decision, in US$ millions:</td>
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<td>US$ 1.6 million, in order to submit a draft global strategy to defeat meningitis by 2030 for consideration by the Seventy-third World Health Assembly.</td>
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<td>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:</td>
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<td>US$ 1.6 million.</td>
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2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:
Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:
Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:
Not applicable.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions
   – Resources available to fund the decision in the current biennium:
     US$ 1.6 million.
   – Remaining financing gap in the current biennium:
     Not applicable.
   – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
     Not applicable.


Table. Breakdown of estimated resource requirements (in US$ millions)

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<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
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<td>Africa</td>
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<td>2020–2021 resources already</td>
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<td>planned</td>
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The CHAIR drew attention to a second draft decision on strengthening global immunization efforts to leave no one behind, proposed by Argentina, Australia, Canada, Colombia, Eswatini, Ethiopia, Kenya, Mozambique, United Kingdom of Great Britain and Northern Ireland, United States of America and the Member States of the European Union, which read:
The Executive Board (EB), having considered the progress report on the Global Vaccine Action Plan, (GVAP), 1

(PP1) Recognizing the contributions of the Global Vaccine Action Plan 2011–2020 (GVAP) towards efforts to achieve a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases;

(PP2) Noting with concern that many of the GVAP targets will not be met by the end of 2020 and underscoring the need and urgency to develop a new global vision and strategy for vaccines and immunization to accelerate progress and to ensure a smooth transition from GVAP, building on its success and lessons-learned, decided:

(OP1) to request the Director-General:
   (a) to finalize, in consultation with Member States and relevant stakeholders, a draft immunization vision and strategy (“Immunization Agenda 2030”) for consideration by the Seventy-third World Health Assembly, in order to maintain the momentum and sustain gains in vaccines and immunization;
   (b) to take note of ongoing discussions on the draft resolution, contained in the Annex to this decision; and

(OP2) to encourage Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

ANNEX

DRAFT RESOLUTION PROPOSED BY ESWATINI, ETHIOPIA AND UNITED STATES OF AMERICA

STRENGTHENING GLOBAL IMMUNIZATION EFFORTS TO LEAVE NO ONE BEHIND

The Seventy-third World Health Assembly,
Having considered the progress report on the Global Vaccine Action Plan (GVAP), 1

(PP1) Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the Global Vaccine Action Plan (GVAP) 2011-2020; resolution WHA67.23 (2015) on health intervention and technology assessment and WHA70.14 (2017) on strengthening immunization; and the global vision to “defeat meningitis by 2030” (2017);

(PP2) Recognizing the important contribution of vaccines and immunization to achieve the Sustainable Development Goals (SDGs) and that immunization directly or indirectly contributes to 14 of the 17 SDGs;

(PP3) Recalling the Political Declaration of the High-level Meeting on Universal Health Coverage “Universal health coverage: moving together to build a healthier world,” and its commitment to improve routine immunization and vaccination capacities as a fundamental contribution to universal health coverage;

1 Document EB146/8.
(PP4) Recalling the Global Vaccination Summit jointly organized by the European Commission and the WHO (2019), which identified 10 Actions Towards Vaccination for All, and set out priority areas for future collaboration;

(PP5) Appreciating the contribution of the GVAP to galvanize global immunization efforts allowing individuals to live free from vaccine-preventable diseases;

(PP6) Noting with concern that despite the progress made during the past decade, 8 of the 9 GVAP goals will not be achieved by 2020, which underscores the need and urgency to set a new global vision and strategy for vaccines and immunization for the next decade, to accelerate progress and to ensure a smooth transition from GVAP, reflecting lessons learned;

(PP7) Recognizing that the introduction of new vaccines has contributed to reducing morbidity and/or mortality from vaccine-preventable diseases, significant barriers to timely and equitable access to vaccines remain, with significant variations of vaccine coverage and equity both between countries and within countries, including at the subnational level, and the unacceptably slow pace of progress toward increasing equitable access to life-saving vaccines, ending cholera, and the elimination of measles, rubella, and maternal and neonatal tetanus;

(PP8) Recognizing also the increase in vaccine-preventable disease outbreaks occurring globally, which are stark reminders of backsliding in progress to reduce vaccine preventable disease burden and impact;

(PP9) Recognizing the role that misinformation and uncertainty play in reducing public trust and confidence in vaccines, despite their proven safety and effectiveness in promoting individual, family and community health;

(PP10) Noting with particular concern that, although Member States in all six WHO regions have measles elimination goals, and that four regions have rubella elimination goals, measles is undergoing an alarming resurgence with significant outbreaks in all six regions, making additional efforts urgently needed to reach measles and rubella elimination, through the primary strategy of strengthening routine immunization but also considering control measures based on the local/regional epidemiology;

(PP11) Recognizing the significant progress achieved towards polio eradication but also noting continuing concerns with the persistence of wild-type polio, the rising number of vaccine-derived polio outbreaks, and reiterating the need for strong cross-border cooperation and implementation of necessary requirements concerning vaccination for travellers in accordance with the International Health Regulations (2005), and the need to integrate core polio functions, human resources, and infrastructure into national immunization programmes and health systems as polio eradication goals are met;

(PP12) Recognizing that community engagement and integrated, people-centred essential immunization programmes, as a part of a strong health system, are the cornerstones of primary health care and core to achieving immunization goals and targets;

(PP13) Recognizing the need for increased investment in research and development (R&D) and innovation, including to improve timely and expanded access to vaccines of assured quality and diversification of manufacturing sources, including for vaccines such as against malaria that affect specific areas or communities of the world, and new forms of delivery and service approaches to enhance coverage, equity and efficiency of immunization programmes while meeting the global demand;

(PP14) Welcoming efforts to promote national and global forecasting, planning and procurement capacities, including through pooled procurement, and recognizing the importance of more accurate vaccine demand and supply forecasting, regular monitoring of vaccine stock levels, measures to assure and maintain supply security, and timely decisions on procurement to address recurrent vaccine shortages and stockouts in the short term,

1. WELCOMES the new global vision and strategy for vaccines and immunization “Immunization Agenda 2030” (IA2030), recognizing the critical role of vaccines and immunization as a part of PHC, to achieve UHC and SDGs, and notes that IA2030 provides the policy and technical framework for vaccines and immunization at the global, regional, and country level, and looks forward to the
operational elements of IA2030, including its Monitoring and Evaluation Framework, governance mechanism, and operational plans at the regional level;

2. CALLS FOR enhanced cooperation at the global, regional and country level to strengthen the capacities of countries to integrate their immunization programmes into PHC and to achieve and sustain the goals of the IA2030 including efforts to expand equitable access to quality, safe, effective and affordable vaccines and to increase community demand and acceptance for vaccines, and to combat misinformation and promote vaccine confidence;

3. URGES Member States:¹
   (1) to demonstrate stronger leadership and governance of national immunization programmes as a component of strong health systems and towards achieving universal health coverage;
   (2) to identify the root causes of low coverage and address inequities, and pockets of susceptible individuals by strengthening routine immunization programmes, vaccine preventable disease surveillance, data systems, and capacity to prepare for, swiftly detect, and respond to outbreaks, while building on the linkages between strong routine immunization programmes and outbreak preparedness and response capacities to decrease the risk of disease outbreaks and strengthen routine immunization recovery post-outbreak as a part of PHC;
   (3) to invest in national and international public awareness efforts to communicate accurate information on the safety, effectiveness, and public health benefits of vaccines, to work with media, including social media, individuals, parents, families and communities to combat misinformation regarding vaccines and vaccine preventable diseases, and by training health workers as part of a comprehensive communications strategy regarding community questions or concerns and engaging individuals, parents, families, communities to build and sustain trust in life-saving vaccines;
   (4) to improve community immunization rates thereby protecting vulnerable populations such as children and immunocompromised individuals at high risk for communicable diseases;
   (5) to sustain and redouble efforts to achieve or maintain national measles and rubella elimination targets with the aim of supporting regional elimination goals through strengthening routine immunization systems and a range of tailored supplementary immunization activities that will reach the unreached and that also help to strengthen the overall routine immunization system;
   (6) to strengthen comprehensive vaccine-preventable disease surveillance, including case-based surveillance and laboratory confirmation capacities, by prioritizing disease detection and notification systems, data analysis and reporting systems to strengthen immunization policies and programs;
   (7) to collect, monitor and use timely and accurate data on immunization coverage and outbreaks to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;
   (8) to mobilize adequate financing of immunization programmes, including allocation of adequate financial and human resources where appropriate and to sustain the immunization gains achieved, including through technical partners and funding agencies, such as the Global Polio Eradication Initiative, Gavi, the Vaccine Alliance, WHO and UNICEF, the World Bank, academia, nongovernmental partners, and in the Americas through the PAHO Revolving Fund, as appropriate;
   (9) to strengthen national processes and advisory bodies for independent, evidence-based, transparent advice and decision-making both during and outside times of national, regional or global outbreaks, including on vaccine safety and effectiveness, such as health interventions and technology assessments and/or National Immunization Technical Advisory Groups working in

¹ And, where applicable, regional economic integration organizations.
collaboration with national regulatory authorities;

(10) to expand, where appropriate, immunization services beyond infancy to include the whole life course guided by evidence on the burden of disease, the value of vaccines, vaccines’ impact on reducing morbidity and mortality throughout the life course, and system capacities, using the most appropriate and effective means of reaching all age groups and high-risk populations with immunization and integrated health services with special emphasis on “zero-dose” children in order to reduce the burden of disease as much as possible with available resources;

(11) to promote incentives and to create an enabling environment to increase investment in public and private R&D collaborations aimed at diversifying and strengthening the pipeline, improving and increasing vaccine production capacity, and developing new products, services and practices, including for emerging infectious diseases;

(12) to continue to strengthen international cooperation and vaccine supply including by enhancing and expanding sustainable national and regional manufacturing capacity for affordable vaccines and technologies;

4. INVITES global, regional, and national partners, and other relevant stakeholders:

(1) to continue to support Member States to achieve regional and global vaccination goals and in the development and implementation of national immunization plans, including through contributions to Gavi, the Vaccine Alliance, and other health and development partners;

(2) to increase efforts for multistakeholder and cross-sector coordination toward improved vaccine and immunization programme impact aiming to avoid duplication and gaps, while leveraging resources more effectively;

(3) to increase efforts and enhance multistakeholder collaboration to develop and apply tools to strengthen immunization including through coordinated, responsible, sustainable and innovative approaches to research and development, including but not limited to quality, safe, effective and affordable vaccines, and to accelerate innovation to address key programmatic challenges on immunization delivery and services to optimize impact, recognizing the important contribution of the Coalition for Epidemic Preparedness Innovations (CEPI) in this regard;

(4) to consider immunization priorities in funding and programmatic decisions, including innovative ways to mainstream immunization-relevant activities into existing international development financing;

(5) to ensure robust response plans are in place to tackle misinformation and build community trust as well as to support social media platforms and actors in addressing incorrect information about vaccination risks that may increase vaccination hesitancy;

5. REQUESTS the Director-General:

(1) to support countries to achieve the goals and strategic priorities outlined in the Immunization Agenda 2030, taking stock of lessons learned from GVAP;

(2) to advocate in national, regional and international fora for the need to implement the Immunization Agenda 2030 at regional and country levels, to achieve its goals to accelerate progress on and impact of the global immunization programme;

(3) to support Member States in their efforts to rebuild and sustain trust and confidence in vaccines and immunization services through national communication and education strategies, campaigns to combat misinformation about vaccines, training health workers on communication, providing high quality integrated services, enhancing education on vaccines and vaccine-preventable diseases to individuals, parents, families, communities, and community influencers to galvanize the public and build trust regarding the value of vaccines including vaccine safety;

(4) to promote and technically support improved surveillance and disease detection notification systems and fully implement accountability mechanisms to monitor global and regional vaccine action plans;
(5) to support Member States to sustain and redouble efforts to achieve national targets on measles and rubella elimination and to work to ensure that global and regional strategies on these diseases are updated to enable the most effective response at country level while strengthening routine immunization systems and educating individuals, parents, families and communities on disease detection, notification and reporting;

(6) to strengthen collaboration with all key health and development partners, including civil society organizations and the private sector to enhance how their work complements national essential immunization and emergency preparedness, detection and response efforts;

(7) to support Member States, where appropriate, in strengthening and promoting innovation through the research and development of vaccines against new and re-emerging pathogens, facilitating linkages with other key R&D stakeholders, as well as continuing to provide technical assistance including for outbreak response, and to address key programmatic challenges, and to continue to promote and facilitate the development of new vaccines delivery and service formats that will make vaccines safer and more accessible;

(8) to continue working with R&D stakeholders to support, especially in developing countries, supply chain innovations and vaccine-administration technologies, to increase the efficiency of vaccine delivery, as appropriate;

(9) to continue to strengthen the WHO prequalification programme and to provide technical assistance to developing countries, working closely with national regulatory authorities, in capacity building for R&D, expanding capacity to produce quality-assured vaccines, and other upstream to downstream vaccine and diagnostic development and manufacturing strategies that foster competition for a healthy, secure vaccine market;

(10) to cooperate with international organizations, in accordance with their respective mandates, health and development partners, vaccine manufacturers and national governments to overcome barriers to timely and equitable access to affordable vaccines of assured quality for all, and to implement effective preventive measures for the protection of health workers including in public health emergencies and in the context of humanitarian crises;

(11) to report to the Seventy-fourth World Health Assembly, through the Executive Board, on implementation of the IA2030, including the development of regional operational plans, an IA2030 governance mechanism and the M&E framework;

(12) to continue to monitor progress annually and to report, through the Executive Board, as a substantive agenda item to the Seventy-fifth World Health Assembly on the achievements made towards the global goals of the Immunization Agenda 2030.

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

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<th>Decision:</th>
<th>Strengthening global immunization efforts to leave no one behind</th>
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<td>A.</td>
<td>Link to the approved Programme budget 2020–2021</td>
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<td>1.</td>
<td>Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</td>
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<td><strong>Output 1.1.1.</strong> Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</td>
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<td><strong>Output 1.1.2.</strong> Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</td>
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<td><strong>Output 1.3.2.</strong> Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</td>
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<td><strong>Output 4.2.1.</strong> Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</td>
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2. **Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:**
   It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft immunization vision and strategy (“Immunization Agenda 2030”)). This will be developed for subsequent submission to the governing bodies.

3. **Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:**
   Not applicable.

4. **Estimated time frame (in years or months) to implement the decision:**
   Five months.

### B. Resource implications for the Secretariat for implementation of the decision

1. **Total resource requirements to implement the decision, in US$ millions:**
   US$ 1.4 million, in order to finalize a draft immunization vision and strategy (“Immunization Agenda 2030”) for consideration by the Seventy-third World Health Assembly.

2.a. **Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:**
   US $ 1.4 million.

2.b. **Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:**
   Not applicable.

3. **Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:**
   The total resource requirements to implement the new vision and strategy will have to be developed once the governance and operational aspects are developed for subsequent submission to the governing bodies.

4. **Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:**
   As above (B.3).

5. **Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions**

   - **Resources available to fund the decision in the current biennium:**
     US $ 1.4 million.

   - **Remaining financing gap in the current biennium:**
     Not applicable.

   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
     Not applicable.

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Table. Breakdown of estimated resource requirements (in US$ millions)

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The representative of BENIN, speaking on behalf of the Member States of the African Region, said that progress towards achieving the goals set out in the global vaccine action plan had stagnated and many goals would not be met. Recalling the roadmap for implementing the Addis Declaration on Immunization, he said that the Regional Committee for Africa had identified several factors for its poor implementation, including competing priorities, lack of human and financial resources, low community participation and insecurity. He noted with satisfaction the proposals of the Strategic Advisory Group of Experts on immunization regarding a post-2020 immunization strategy, which should address how to deliver vaccinations in situations of conflict, instability and insecurity; the unavailability of certain antigens and the growing cost of new vaccines; growing misinformation about the effectiveness of vaccines; and a lack of national funding. He expressed concern regarding outbreaks of circulating vaccine-derived poliovirus type 2 in some countries in his Region. The Director-General should develop a comprehensive strategic plan to defeat meningitis by 2030. He supported the two draft decisions.

The representative of AUSTRALIA acknowledged the lessons learned from the global vaccine action plan and supported the recommendations of the Strategic Advisory Group of Experts on immunization concerning a post-2020 immunization strategy, which must place countries at the centre and should be adaptable in specific contexts. The Secretariat should be cautious when setting a target date for measles and rubella eradication. Member States should reaffirm their commitment to a post-2020 immunization agenda that recognized the need for the improved delivery of primary health care and universal health coverage and engagement with key partners, such as Gavi, the Vaccine Alliance.

The representative of CHINA said that the implementation of the global vaccine action plan had faced challenges and provided opportunities, and if the goals outlined in the action plan were to be achieved, all targets should be regularly reviewed in light of arising challenges. The Secretariat must examine the local vaccine manufacturing capacity and social development levels of Member States that were likely to fall short of the objectives, and then the international community should provide support as appropriate. The deadline for measles and rubella elimination may have to be postponed.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that, despite some progress in the implementation of the global vaccine action plan, there had been some gaps, with particular regard to the immunization of newborn children.
As his was the only Region in which poliomyelitis had not been eradicated, Governments in his Region requested additional support from the Secretariat in that regard over the following decade. Governments and other partners had to work with WHO if the global eradication of preventable diseases such as measles and rubella was to be achieved. Ensuring the rights of children in low- and middle-income countries was the responsibility of all, including international partners, and the latest advances in vaccines should be made available to those that needed them.

In his national capacity, he said that any post-2020 strategy must take into consideration the needs of vulnerable populations and the ability to deliver immunizations in areas of conflict or political unrest, and should be based on the lessons learned from the global vaccine action plan. Despite its achievements, the plan had been insufficient to address the complex challenges of vaccine hesitancy, income levels and displacement. WHO should develop a global vision for defeating meningitis by 2030. He reiterated the need for vaccine access at fair prices and recalled the efforts of international partners in that regard.

The representative of SINGAPORE said that vaccine hesitancy could hinder the use of effective vaccines and derail immunization strategies. Strategies were required to combat mistrust, misinformation on social media, and cultural myths or political fears. Member States should involve parents, community leaders and religious groups in the development of any vaccine.

The representative of the UNITED REPUBLIC OF TANZANIA expressed concern regarding the challenges still facing the implementation of the global vaccine action plan, particularly in light of the planned reduction of funding for some programmes by Gavi, the Vaccine Alliance. Targets for the eradication of measles and rubella should be established across all regions, and relevant support should be provided to Member States towards their attainment. Any post-2020 immunization strategy should provide mechanisms to improve vaccine access, thereby combating global vaccine shortages.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. She expressed concern that immunization progress had plateaued in recent years. In light of the global resurgence of measles, she urged the Secretariat and regional offices to improve surveillance of vaccine-preventable diseases and data on immunization coverage, and to reduce vaccine hesitancy.

She welcomed the work of the Secretariat to develop the immunization agenda 2030, which would lead to a country-focused and country-led post-2020 immunization strategy incorporating the work of diverse stakeholders, and she encouraged WHO and regional offices to ensure that the global and regional strategies were in place prior to the end date of the global vaccine action plan at the end of 2020. Immunization must be fully integrated into primary health care systems and other settings across the life course.

It was important to ensure support for vaccine research and innovation. Moreover, she urged the vaccine industry to ensure sustained access to affordable vaccines for all. All relevant stakeholders should collaborate with WHO as the lead technical body for immunization, seeking to coordinate efforts, reduce duplication and identify gaps. She encouraged Member States to support the upcoming replenishment conference for Gavi, the Vaccine Alliance, to ensure that resources were available to expand immunization access to systemically under-vaccinated populations. She encouraged Member States to implement the “ten actions towards vaccination for all”1 from the Global Vaccination Summit cohosted by WHO and the European Commission in 2019.

The representative of ISRAEL said that, given the high rate of international travel, vaccines were a key component of measles eradication. Member States should ensure the collection of national and subnational data on vaccine coverage and the surveillance of vaccine-preventable diseases. His Government would be willing to share details of the technologies it used to map vaccine-preventable diseases in real time. Alongside universal immunization for children, the immunization of measles for foreign travellers and migrants should be a cornerstone of the Secretariat’s global strategy to eradicate measles. He called for international cooperation to implement education programmes across all types of media in order to combat vaccine hesitancy.

The representative of GUYANA recognized the contribution of PAHO’s Revolving Fund to improve vaccine coverage in her Region. The post-2020 immunization strategy must guarantee universal access to vaccines, respond to anti-vaccine campaigns and ensure that immunization remained a high political priority. Particular focus should be given to the vaccine needs of migrants or people in post-disaster situations.

The representative of INDONESIA said that the challenges facing immunization programmes were related to vaccine hesitancy based on sociocultural norms, a lack of stakeholder support and public communication strategies and geographical obstacles. He called on the Secretariat and other partners to provide guidelines to address those and other challenges, with a particular focus on ensuring access to affordable vaccines.

The representative of JAPAN said that the immunization agenda 2030 should be launched without delay to further accelerate the progress resulting from the global vaccine action plan. That agenda should have greater emphasis on cooperation with relevant partners, in particular, Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations. He therefore supported the draft decision on strengthening global immunization efforts. The Secretariat should support Member States in speeding up the control of vaccine-preventable diseases, in particular the measles epidemic in the Western Pacific Region.

The representative of ROMANIA emphasized the fundamental role of WHO in mobilizing and coordinating global immunization efforts, which included creating new partnerships. The cross-border nature of vaccine-preventable diseases could only be tackled through better coordinated actions and approaches. Vaccines and immunization services should be more accessible, in particular to the most vulnerable population groups. Furthermore, action must be taken to address vaccine hesitancy and misinformation. A legislative framework was also required to ensure the implementation of immunization programmes for core vaccines. Finally, the inclusion of meningitis in national immunization programmes would require a coordinated and multidisciplinary approach, prioritizing access to affordable vaccines and partnerships with manufacturers.

The representative of CHILE said that national immunization programmes should be strengthened, with particular regard to keeping immunization records to ensure immunization coverage could be accurately assessed. His Government would be willing to share its experience in that regard. The goal to defeat meningitis by 2030 was very ambitious, and it would require multidisciplinary efforts that combined immunization, strengthened epidemiological surveillance, improved laboratory diagnostic capacity and a resilient health care system. More focus should be given to the early detection and treatment of meningitis.

The representative of ARGENTINA shared the concerns expressed by others regarding the slow progress towards timely and equitable access to vaccines and the eradication of certain vaccine-preventable diseases. The lessons learned from the global vaccine action plan should serve as a basis for a post-2020 strategy, which should address the challenges of globalization, migration and conflict.
vaccine supply and misinformation. She emphasized the need for new strategies to eradicate measles and rubella, and she supported the development of a global goal to defeat meningitis by 2030, which should be a priority.

The representative of TUNISIA said that recent measles outbreaks highlighted the need for definitive efforts to eliminate measles and rubella. Steps should also be taken to improve access to affordable vaccines at the global level. Member States should collaborate with WHO to manufacture prequalified vaccines, which would improve affordable access to those vaccines.

The representative of the UNITED STATES OF AMERICA said that, although efforts to introduce new vaccines had been successful, the lack of progress in certain initiatives and the fact that efforts to increase global immunization coverage had plateaued were concerning. The global increase in the number of outbreaks of vaccine-preventable diseases highlighted the need to redouble efforts to target unvaccinated and under-vaccinated populations and to build on the linkages between strong immunization programmes and outbreak preparedness and response capacities. Her Government would continue to work with partners to strengthen immunization programmes, support access to high-quality vaccines and promote the use of vaccines to prevent and eliminate vaccine-preventable diseases. The protection of populations from such diseases would be contingent on the reinforcement and maintenance of public trust in vaccines.

The representative of BRAZIL said that serious challenges to the implementation of the global vaccine action plan, including vaccine hesitancy, shortages and misinformation, should be countered through interventions aiming at improving immunization coverage, such as the development of new vaccines, the promotion of local vaccine production and the diversification of vaccine producers. He noted the Secretariat’s efforts to develop the immunization agenda 2030 in line with the Sustainable Development Goals and reiterated the need for bold and clear targets to eradicate certain diseases.

The representative of BANGLADESH, expressing concern that the Global vaccine action plan goals for 2020 were unlikely to be met, said that the post-2020 immunization strategy should provide sufficient guidance to Member States to ensure that its goals could be achieved as soon as possible. He described the situation in his country, paying particular attention to his Government’s efforts to integrate immunization into primary health care and to roll out WHO-supported vaccination campaigns among forcibly displaced Myanmar nationals in his country. In light of the novel coronavirus outbreak, the time had come to develop a universal coronavirus vaccine.

The representative of TURKEY called for the urgent scaling up of efforts to implement the global vaccine action plan, which had achieved limited success in some parts of the world. She asked the Secretariat to prepare a detailed report analysing the root causes of those limitations in order to guide the development of the post-2020 immunization strategy, which should contain ambitious but achievable targets. The elimination and eradication of diseases was WHO’s most concrete achievement; the Organization should now add measles, rubella and meningitis eradication to the global health agenda.

The representative of THAILAND, while acknowledging the important role played by vaccines, expressed serious concern at the focus on the eradication of certain diseases that were currently at manageable levels of incidence. Eradication initiatives required the long-term allocation of resources with diminishing returns and at the expense of other pressing health problems. As several global targets in the global vaccine action plan would not be achieved by the end of the current mandate, the addition of yet more targets could undermine confidence in WHO. He requested further time to discuss the draft

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
decision on meningitis. Finally, he suggested that the post-2020 immunization strategy should examine the social dimension of immunization in addition to the medical dimension.

The representative of NIGERIA supported the proposals of the Strategic Advisory Group of Experts on immunization concerning the development of a post-2020 immunization strategy and the pursuit of measles, rubella and meningitis elimination, and noted the challenges that had been identified.

The representative of INDIA described steps taken by his Government to protect the population against vaccine-preventable diseases. The post-2020 immunization strategy should envisage measures to ensure the accessibility and affordability of vaccines.

Dr Sillanaukee took the Chair.

The representative of NORWAY said that it would be important to learn from and build on the lessons learned from the implementation of the global vaccine action plan, such as the need to ensure the sufficient capacity of local immunization systems. She supported the proposed vision and strategic framework for the post-2020 immunization efforts on the basis of universal health coverage and primary health care for all. However, she proposed postponing the decision to set a time-bound measles and rubella eradication goal until access to equitable primary health care, including strong immunization systems, was more widespread. The defeat of meningitis should not be considered in isolation but rather in the context of universal health coverage.

The representative of the RUSSIAN FEDERATION supported the measures outlined by the Strategic Advisory Group of Experts on immunization regarding the post-2020 immunization strategy. The eradication of measles and rubella was timely and would be achievable in the coming decade and he supported the principles upon which regional and national eradication programmes would be based. Meningitis control efforts should be stepped up, and he supported the strategies proposed in the draft global road map to defeat meningitis by 2030, in particular the focus on expanding access to vaccines.

The representative of MEXICO said that national and international media outlets should counteract misinformation on the safety and efficacy of vaccines. Experiences and lessons learned should be shared at the regional and subregional levels, including through working groups. Turning to poliomyelitis, measles and rubella eradication, which were achievable, she called on governments to set national coverage targets and launch surveillance programmes, through which developed Member States in each region or subregion could support others with laboratory capacity and training. Meningococcus vaccines should be identified and a mechanism should be developed to support regions affected by the disease. Regional working groups should contribute to the efforts to defeat meningitis by 2030.

Dr Nakatani resumed the Chair.

The representative of NICARAGUA expressed his Government’s continued commitment to high immunization coverage levels and efforts to eliminate measles, rubella and congenital rubella syndrome, highlighting measures to improve surveillance and immunization in his country. He urged WHO to work towards measles and rubella eradication to achieve a safer world with greater equity in health coverage.

The representative of MONACO expressed concern at recent outbreaks of vaccine-preventable diseases such as measles and poliomyelitis. She noted the draft decision on strengthening global

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
immunization efforts and confirmed that her Government would participate in the planned intersessional work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that immunization remained a key component of cross-border efforts to prevent new and resurgent infectious diseases. To that end, her Government was working to regain its measles-free certification status and would host a replenishment conference in support of Gavi, the Vaccine Alliance, in June 2020, to ensure that Gavi would be able to expand equitable immunization coverage. She supported the draft decisions on strengthening global immunization efforts and meningitis.

The representative of SLOVAKIA¹ described recent amendments to legislation on mandatory childhood immunizations in her country. She called for strengthened international cooperation to combat vaccine-preventable diseases, in particular to coordinate immunization schemes, share information and provide a rapid response to threats.

The representative of the REPUBLIC OF KOREA¹ supported the proposals for the post-2020 immunization strategy. He urged WHO and relevant stakeholders to redouble their efforts to achieve immunization goals in the light of emerging and resurgent vaccine-preventable diseases. Given the increase in international travel, governments could not defeat diseases alone, and close cooperation among all countries would be needed to achieve strong immunization systems.

The representative of FRANCE¹ said that the governments of Brazil, Cabo Verde, Luxembourg, Madagascar, Monaco, Portugal, Switzerland and Tunisia aligned themselves with his statement. He welcomed the two draft decisions, expressing particular support for the draft decision on meningitis. He was grateful that the Government of Burkina Faso had systematically provided English and French versions of their texts during informal discussions, in line with the United Nations principle of multilingualism and ensuring that discussions were inclusive. The recent decline of multilingualism in the multilateral system had often been ascribed to budgetary constraints; however, multilingualism should not be seen as a cost but as a guarantee of effectiveness, transparency and access to information.

The representative of ECUADOR¹ welcomed the proposal to develop a post-2020 immunization strategy, which should: strengthen national immunization programmes and responses to emerging and global challenges; promote capacity-building at the country level; increase flexibility within governance structures by improving cooperation among stakeholders; and incorporate data into decision-making and strategy development. The implementation of measles and rubella elimination and prevention initiatives would contribute to global health security and equitable health coverage. It would be essential to ensure the sustainability of meningitis vaccines, taking into account the epidemiological profile and serotype identified in each country. Governments should assess the affordability and availability of such vaccines when deciding whether to include them on national immunization schedules.

The representative of CANADA¹ said that all stakeholders shared the responsibility for the eradication, elimination and control of vaccine-preventable diseases. She supported the call to work with partners, including social media organizations, to combat misinformation and promote the safety, effectiveness and public health benefits of vaccines. Since there was no one-size-fits-all solution, the root causes of low vaccination coverage needed to be identified and inequities addressed, especially

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
gender-related barriers to vaccination. A well-trained health workforce was viewed as a trusted source of information and therefore had a direct impact on public confidence.

The representative of COLOMBIA expressed concern that progress in implementing the global vaccine action plan had been uneven and global targets had not been met. The post-2020 immunization strategy should have an effective impact on national immunization programmes and measures. It would be vital to have sufficient health care workers to deliver immunization programmes in the context of humanitarian emergencies, migration and conflicts, and the shortages, high costs and growing scepticism of vaccines. She welcomed the Secretariat’s recommendations on the feasibility of eradicating measles and rubella and reaffirmed her Government’s commitment to maintaining its measles, rubella and congenital rubella syndrome elimination certification status, which had been granted in 2019. Her Government was committed to eliminating meningitis by 2030.

The representative of NEW ZEALAND said that in light of recent measles outbreaks, her Government was expanding access to the relevant vaccines. Disease outbreaks were a stark reminder that strong immunization programmes and effective disease surveillance were needed to sustain high levels of coverage and eliminate and eradicate diseases. She welcomed the ambitious new global vision and strategy for immunization.

The observer of PALESTINE commended the ongoing work to ensure that quality vaccines were affordable for all. Despite the conflict, the occupied Palestinian territory had one of the best vaccinated populations in the Eastern Mediterranean Region. However, in 2019, affordable vaccines being imported from India had been subject to a blockade. Negotiations would be reopened in April 2020 to ensure the continued entry of such vaccines into the occupied Palestinian territory, and he expressed the hope that true cooperation would bring an end to interruptions in vaccine supply.

The observer of GAVI, THE VACCINE ALLIANCE, welcomed the development of the post-2020 immunization strategy, which should have a special emphasis on unvaccinated children. She called upon Member States to endorse that strategy, ensuring that its implementation was data-driven and differentiated at the national and subnational levels, and addressed gender-related barriers to immunization.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES called on the Board to endorse the immunization agenda 2030 and prioritize the universal access to immunization. The post-2020 strategy should be data-driven and provide subnational, context-driven approaches that took into account socioeconomic and cultural factors and gender-related barriers to immunization services. She supported targeted efforts to reach children living in fragile contexts, children affected by humanitarian emergencies, and unvaccinated populations. Extending immunization was a most cost-effective contribution to universal health coverage and improved global health security.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, noted that, despite some progress, access to vaccines was still far from optimal. She urged WHO to promote and expand the role of pharmacists in vaccine administration, which would ultimately lead to a reduction in health costs for patients and authorities alike. She called on Member States to update their legal and regulatory requirements and develop appropriate remuneration systems.

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on Member States to do more to protect health workers and ensure health access for all, with particular regard to immunization activities. She expressed disappointment that immunization coverage had plateaued, leaving the most vulnerable children vulnerable to vaccine-preventable diseases. The post-2020 immunization strategy should have an increased focus on country leadership, domestic resource mobilization, and the procurement of affordable vaccines. She urged Member States to support the replenishment conference for Gavi, the Vaccine Alliance, in June 2020.

The representative of PATH, speaking at the invitation of the CHAIR, called for a focus on immunization as a key component of primary health care across the life course and an increase in domestic funding levels for immunization as part of efforts to achieve universal health coverage. WHO should assist Member States to consider immunization in their strategic planning. Continued investment in vaccine research and development was crucial, but donors should also invest in the development of delivery technologies and novel approaches to service delivery in order to implement the post-2020 immunization strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, noted that 20 million children went unvaccinated every year, poliomyelitis had not been eradicated, and the resurgence of measles threatened to undo decades of progress. Any post-2020 immunization strategy must prioritize unvaccinated and under-vaccinated populations and ensure access to essential vaccines in conflict settings, among displaced persons and during disease outbreaks. Improved immunization programmes would also help to counter antimicrobial resistance. Member States must invest in research and development for new vaccines and associated development and manufacturing technologies. Global targets should be set for the coverage of certain core vaccines, and national and regional disease surveillance data should inform recommendations on the inclusion of other vaccines in immunization programmes. WHO should improve efforts to address vaccine hesitancy by developing better communication tools.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the importance of water and sanitation, alongside immunization services, as critical tools to prevent and control disease. The lack of sanitation and the poor management of waste from immunization activities could have a negative impact on the health of communities and health care workers. She called on WHO and its partners to develop dedicated guidance, tools and strategies to facilitate multisectoral collaboration for immunization, taking into account water, sanitation and hygiene needs.

The DIRECTOR (Immunization, Vaccines and Biologicals), responding to comments from Member States, recognized that elements of the global vaccine action plan would not be completed. Despite WHO’s immunization programme having the greatest equity of all of the Organization’s global public health programmes, serious inequities persisted, leaving millions of children un- or under-immunized – a matter for concern. She noted that the lessons learned from the global vaccine action plan had been fully documented in document EB146/8.
She thanked Member States for highlighting the new challenges facing immunization programmes: vaccine hesitancy and misinformation; urbanization, migration, and the increase in vulnerable populations; climate change, vaccine shortages and poor access and the threat to immunization workers. She welcomed the fact that Governments recognized the importance of the Essential Programme on Immunization to achieve and sustain poliomyelitis eradication, and recognized the concerns expressed regarding the establishments of targets for the inclusion of other vaccines in immunization programmes.

The Secretariat would continue to incorporate all contributions into the ongoing development of a vision and strategy for the next decade, which would be available prior to the Seventy-third World Health Assembly. The vision and strategy would be country-led and provide for tailored approaches to immunization, and they would focus on immunization in primary health care, vaccine coverage and equitable access to vaccines, and the need for novel partnerships to supplement existing critical partnerships. The strategy would seek to ensure that decision-making and programme development were data-driven, and in that regard she agreed with the importance attached to the surveillance of vaccine-preventable diseases. She agreed with the importance of innovation of vaccines, devices and delivery strategies.

Finally, she noted that the development of a strategy for the defeat of meningitis was ongoing.

The Board noted the report contained in document EB146/8.

The CHAIR invited the Board to consider the draft decision on meningitis prevention and control.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that meningitis was an important global public health matter. Efforts should focus on enhancing access to vaccines that could prevent bacterial meningitis and promoting research on the problems that were currently without solutions. However, she wished to raise a principle of governance. As the issues relating to meningitis went well beyond those related to immunization, she said that she would have preferred the Board to have discussed meningitis under a separate agenda item, recognizing the existing procedures for determining which items should be included on the Board’s agenda.

The representative of BURKINA FASO said that he agreed with the representative of Germany that the issues related to meningitis went beyond vaccination. Once vaccines were available, even at an acceptable price, there was still substantive work that needed to be done before they could be accepted, and the entire population covered. Meningitis was of particular concern in his Region, but he expressed the belief that it could still be eliminated by 2030. The governance concerns expressed by the representative of Germany should be addressed, but he encouraged the Board to remain focused on the adoption of the draft decision, which was of great importance.

The representative of SUDAN fully supported the draft decision. He said that efforts to develop a meningitis vaccine would require governments in his Region to increase domestic financing and improve their governance of the Expanded Programme on Immunization. WHO, with the support of partners such as Gavi, the Vaccine Alliance, were responsible for promoting the development of vaccines, but governments had to be ready to fund their roll-out. Meningitis should be a part of the Expanded Programme on Immunization in every country, and immunization against meningitis and other vaccine-preventable diseases should be fully integrated into health care systems at the primary health care and community levels.

The representative of TONGA supported the draft decision and the global fight against meningitis.
The CHAIR took it that the Board was able to support the draft decision. He suggested that the concerns expressed by the representative of Germany should be taken into account by the Secretariat, allowing for the discussion of governance and the wider aspects of meningitis control and elimination at a later date.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, agreed with the Chair’s proposal.

The decision was adopted.¹

The CHAIR invited the Board to consider the draft decision on strengthening global immunization efforts to leave no one behind.

The decision was adopted.²

The meeting rose at 17:30.

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¹ Decision EB146(6).
² Decision EB146(7).