

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

**WHO headquarters, Geneva
Monday, 25 January 2021, scheduled at 10:00**

Chair: Dr H. VARDHAN (India)

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THIRTEENTH MEETING

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Chair: Dr H. VARDHAN (India)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

1. BUDGET AND FINANCE MATTERS: Item 17 of the agenda (continued)

Proposed programme budget 2022–2023: Item 17.1 of the agenda (continued)

- **Sustainable financing** (document EB148/26 Add.2) (continued from the eleventh meeting, section 1)

The VICE-CHAIR, speaking at the request of the CHAIR, informed the Board that informal and constructive consultations had taken place to reach a consensus on the draft decision. He drew attention to the revised draft decision, which read:

The Executive Board, having considered the report¹ by the Director-General decided:

- (1) to establish a time-bound and results-oriented Working Group on Sustainable Financing, open to all Member States, in order to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution:
 - (a) to develop a high-level, systemic approach to identify the essential functions of WHO that should be funded in a sustainable manner;
 - (b) to assess the level of costing of the essential functions identified in (a);
 - (c) to identify and recommend the appropriate sources for their funding and options to improve sustainable financing and alignment in support of the essential functions, including possibilities for cost saving and efficiencies; and
 - (d) undertake any additional work, as appropriate, to enable sustainable financing;
- (2) that the Working Group shall take into account relevant work of WHO and other relevant bodies and organizations on sustainable financing;
- (3) that following Regional consultations to be finalized by 15 February 2021, the Working Group shall have six Officers (a Chair and five Vice-Chairs) one from each WHO Region;
- (4) that the Chair and the Vice-Chairs shall facilitate the work of the Working Group in close dialogue with its Membership;
- (5) that the Working Group shall convene its first meeting by March 2021;
- (6) that meetings of the Working Group shall be held either in person, virtually or hybrid depending on the epidemiological situation;
- (7) that the Working Group shall submit an interim report on its work to the Seventy-fourth World Health Assembly through the 34th session of the PBAC as well as to the Regional Committees in 2021 and shall submit its final report with its recommendations and other findings to the Executive Board at its 150th session, through the 35th PBAC for its consideration;
- (8) to request the Director-General to:

¹ Document EB148/26.

- (a) support the Working Group convening, as frequently as necessary, prior to the 150th session of the Executive Board;
- (b) provide complete, relevant and timely information to the Working Group for its discussions; and
- (c) allocate the necessary resources to it.

The CHAIR took it that the Board wished to adopt the draft decision, recalling that the financial and administrative implications of that draft decision were contained in document EB148/26 Add.2.

The decision was adopted.¹

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

2. POLIOMYELITIS: Item 15 of the agenda

Poliomyelitis eradication: Item 15.1 of the agenda (document EB148/22)

Polio transition planning and polio post-certification: Item 15.2 of the agenda (document EB148/23)

The CHAIR invited the Board to consider the reports contained in documents EB148/22 and EB148/23.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that his Region had been certified free of wild poliovirus on 25 August 2020, despite the disruption caused by the coronavirus disease (COVID-19) pandemic, and he thanked the Secretariat for the support it had provided in that regard. It was urgent to find innovative ways to continue eradication efforts, with a focus on coordination and the involvement of all stakeholders.

Stronger financing mechanisms were needed to address the precarious financial situation of the Global Polio Eradication Initiative. Since his Region would no longer be allocated funds through the Initiative as of the end of December 2021, long-term funding solutions would be needed for the Region to continue its poliomyelitis (polio) eradication and transition work. He therefore called on WHO to make polio transition funding for his Region a priority in the draft proposed programme budget 2022–2023 and subsequent programme budgets. Moreover, funding from domestic sources and development partners should be mobilized to sustain polio eradication and support other public health programmes that currently benefited from the polio programme. He call on Member States and other stakeholders to support the finalization of the Global Polio Eradication Initiative's new strategy for polio eradication and to ensure sufficient resources were available to prevent further outbreaks. Integrating the polio programme functions into national programmes would also require long-term funding to ensure a successful polio transition. Lastly, polio transition plans should be updated and implemented to build on the progress already made.

The representative of AUSTRIA said that the polio programme had been highly effective in mitigating and containing COVID-19 outbreaks in numerous countries and would be critical in the future roll-out of COVID-19 immunization programmes. It was essential to resume immunization programmes

¹ Decision EB148(12).

that had been interrupted as a result of the COVID-19 pandemic in order to avoid a severe regression in immunity. Noting that novel oral polio vaccine type 2 would be vital in preventing outbreaks of circulating vaccine-derived poliovirus type 2, he called for urgent funding to implement the Global Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021 and to address the gap of US\$ 400 million in financing needed for polio outbreak response work during the period 2020–2021.

The representative of the UNITED STATES OF AMERICA, commending the Global Polio Eradication Initiative for making polio programme resources available to support the COVID-19 response, said that her Government remained concerned about the outbreaks of circulating vaccine-derived poliovirus type 2 in three WHO regions, in particular the African Region, and about the increase in wild poliovirus transmission in Afghanistan and Pakistan. While novel oral polio vaccine type 2 should be introduced as a matter of urgency, monovalent oral polio vaccine type 2 must also continue to be used in order to prevent further outbreaks of circulating vaccine-derived poliovirus type 2. Member States should prepare for the roll-out of the new vaccine, particularly by ensuring safety monitoring and surveillance, especially since such steps would also be useful for the roll-out of COVID-19 vaccines. Furthermore, the Global Polio Eradication Initiative needed to address risks more holistically in its new strategy for polio eradication. Urging Member States to continue to support polio eradication and polio transition planning, she called on the Global Polio Eradication Initiative to implement the recommendations of the governance review, including by giving Member States, civil society, humanitarian organizations and donors a greater role in the decision-making process.

The representative of BANGLADESH commended the efforts made by all to push polio to the brink of eradication. It was crucial to mobilize adequate funding and resources to support immunization systems following the disruption caused by the COVID-19 pandemic, and to continue to work to eradicate all polioviruses, close the immunity gap and thus contribute to achieving universal health coverage. Funding remained an obstacle to the implementation of her Government's polio transition plan. To ensure a successful polio transition, appropriate immunization and surveillance should continue to be implemented, including through environmental surveillance, and emergency preparedness and response plans should include provisions for responding to poliovirus outbreaks of any origin. In addition, effective collaboration between governments, partners and donors would be key to mobilize resources and strengthen capacities. Lastly, the Secretariat should consider supporting vaccine manufacturers in developing countries in producing bivalent oral polio vaccine and inactivated poliovirus vaccine.

The representative of AUSTRALIA commended the Global Polio Eradication Initiative for using polio programme resources to support the global COVID-19 response, recognized the efforts to resume immunization in countries where poliovirus remained endemic, and acknowledged the role that the Global Polio Eradication Initiative would play in the delivery of COVID-19-related health interventions, including immunization. The roll-out of COVID-19 vaccines provided an opportunity for the Global Polio Eradication Initiative and its partners to accelerate the integration of polio programme functions into other health programmes and make progress on multiple health outcomes at the global, regional and national levels. She therefore supported the focus in the interim programme of work for integrated actions on strengthening immunization programmes and on the interface between immunization and other primary health care services and surveillance systems. Her Government looked forward to receiving further information on the establishment of integrated public health teams in WHO country offices in polio transition priority countries, since strengthening those countries' immunization capacities was essential. In view of the constraints on the Global Polio Eradication Initiative's future resources, such integration activities should inform the reprioritization of resources.

The representative of GERMANY expressed concern about the surge in cases of wild poliovirus in Afghanistan and Pakistan, the increasing outbreaks of vaccine-derived poliovirus in several countries, and falling immunization rates as a result of the disruption caused by the COVID-19 pandemic. The Global Polio Eradication Initiative should support national governments in putting polio back on the health emergency agenda, while systematically integrating polio programmes into primary health care services in order to strengthen national health systems more broadly. That required strong political support and leadership, and sustainable health financing, and there needed to be a harmonized approach across stakeholders and programmes. Discussions on the revision of the Global Polio Eradication Initiative's strategy and the interim programme of work for integrated actions should focus on integrating polio programme resources into other health programmes, establishing well prepared transition plans and, above all, ensuring ownership by governments and civil society.

Underscoring the importance of integrated action in achieving polio eradication, he looked forward to the implementation of the recommendations set out in the latest report of the Independent Monitoring Board of the Global Polio Eradication Initiative and requested further information on the revision of the Initiative's strategy and on the implementation of the recommendations of the governance review. The Global Polio Eradication Initiative should seek new sources of financing and increase efficiency to address its budget situation.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed deep concern about the persistent risks associated with the international spread of wild and vaccine-derived polioviruses. Regrettably, the severe pandemic-related disruption to polio eradication work, routine immunization and health services had led to a growing public health emergency associated with circulating vaccine-derived poliovirus type 2 outbreaks in her Region. The newly established Regional Subcommittee on Polio Eradication and Outbreaks was supporting the Governments of Afghanistan and Pakistan in their efforts to interrupt wild poliovirus transmission and was working to respond to and prevent vaccine-derived poliovirus outbreaks in her Region through immunization and surveillance work. Welcoming the inclusion of novel oral polio vaccine type 2 on the list of medical products approved for use in emergency situations, she requested the Secretariat to support Member States in expediting national approval processes to enable the importation and use of the vaccine. Recognizing the growing threat of polio outbreaks during the pandemic and the importance of polio programme resources in the COVID-19 response, she reaffirmed her Region's commitment to: strengthening immunization systems; eradicating polio while continuing to respond to the COVID-19 pandemic; and integrating essential polio programme functions into national health systems and public health programmes.

The representative of KENYA said that, in the light of the risk of circulating vaccine-derived poliovirus type 2 being imported from neighbouring countries, his Government was preparing to roll out novel oral polio vaccine type 2 in the event of an outbreak. However, the disruption caused by the COVID-19 pandemic threatened some of the achievements of the immunization programme in his country. He urged all stakeholders to mobilize resources to support the continued efforts towards polio eradication. It was critical to ensure access to all children in hard-to-reach areas in order to enhance vaccine coverage. He supported the integration of Global Polio Eradication Initiative activities into national health systems to ensure a successful polio transition.

The representative of CHINA said that the COVID-19 pandemic was posing huge challenges to the significant progress achieved in polio eradication and transition. She expressed the hope that the Secretariat would provide practical and feasible guidance to developing countries, especially those with a high risk of imported cases; strengthen cross-country and cross-regional cooperation to reduce global wild poliovirus transmission; increase financial and technical support to countries with, or at risk of, poliovirus transmission; and take effective steps to accelerate global eradication in key regions.

The representative of the RUSSIAN FEDERATION expressed concern that poliomyelitis outbreaks were expanding, particularly in the context of the COVID-19 pandemic. It was important to integrate and expand the use of new oral vaccine type 2 in emergency situations, in order to reduce the risk of circulating vaccine-derived poliovirus. The COVID-19 pandemic had caused serious disruption to immunization activities and other public health measures, demonstrating the need for coordinated and comprehensive approaches to polio eradication. The strategy of integrating polio programme activities into other health programmes had shown its effectiveness during the pandemic, allowing for the rational use of staff and resources.

Containment remained one of the key aspects of the Global Polio Eradication Initiative's work, and it was necessary to continue to strengthen Member States' technical capacities and to prepare national reviews in that area. The Secretariat should provide alternative, genetically stabilized attenuated poliovirus strains to interested institutions and laboratories in countries planning to stop using wild poliovirus and clearly define the scope of use of those strains, such as for vaccine production or scientific research. Lastly, WHO should provide technical and material support, including necessary reagents, to laboratory networks in countries where poliovirus was not endemic, since the absence or weakening of such support could have a negative effect on polio surveillance in those countries.

The representative of INDONESIA, thanking the Secretariat for its support during the outbreak of circulating vaccine-derived poliovirus type 1 in her country, said that robust routine immunization and surveillance of vaccine-preventable diseases were critical to sustain polio eradication. Her Government was committed to making urgently needed polio vaccines available, supported the extension of the Polio Endgame Strategy 2019–2023, and agreed that all activities to sustain polio eradication should be integrated into the Immunization Agenda 2030. Strong collaboration with other health system components and continued support from partners were also important.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that eradicating polio remained an important priority for her Government, strongly linked to its focus on global health security. In the light of the Global Polio Eradication Initiative's critical resource gap, all Member States must prioritize polio in national budgets and mobilize additional resources; the Initiative also needed to increase its focus on efficiency.

The report on eradication should have included more information on the Initiative's efforts to adopt a stronger risk management approach, in keeping with the discussions of the Polio Oversight Board and the recommendations of the July 2020 governance review. She requested the Secretariat to: provide further information on the Global Polio Eradication Initiative's strategy revision; share a full draft of the revised strategy with the Initiative's donors for comment; and clarify what would be presented to the Seventy-fourth session of the World Health Assembly and whether that would be for approval or for information only.

The Director-General should address the recommendations of the most recent report of the Independent Monitoring Board of the Global Polio Eradication Initiative, especially in the context of the COVID-19 pandemic. Furthermore, while countries had made progress towards polio transition planning, the process of finalizing national polio transition plans should be accelerated, particularly in view of current funding constraints. The Director-General should also work with the Independent Monitoring Board of the Global Polio Eradication Initiative to implement the recommendations that would be contained in its upcoming report, which her Government looked forward to receiving.

The representative of INDIA outlined the measures taken by his Government to maintain its polio-free status. Given the high number of reported cases of wild poliovirus type 1 and circulating vaccine-derived poliovirus type 2, the Global Polio Eradication Initiative should continue to provide funding for polio eradication efforts in all countries, including for his Government's National Polio Surveillance Project, in order to sustain the gains made in polio eradication and immunization programmes.

The representative of CHILE said that it was cause for optimism that many countries had been able to resume the immunization campaigns that had been interrupted as a result of the COVID-19 pandemic. His Government supported the Global Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021, as well as its strategy to interrupt remaining wild poliovirus transmission.

The representative of the REPUBLIC OF KOREA said that cross-programmatic integration and close cooperation with national authorities demonstrated during the COVID-19 response were an important part of efforts to sustain polio eradication and implement polio transition activities. Furthermore, the introduction of novel oral polio vaccine type 2 would contribute considerably to polio eradication efforts. Highlighting national action to maintain her country's polio-free status, she recognized the need for closer collaboration among Member States and polio programme stakeholders. Her Government would continue to support the Secretariat and other Member States to ensure a stable polio eradication and transition process and an effective COVID-19 response.

The representative of the PHILIPPINES,¹ highlighting the action taken in response to an outbreak of vaccine-derived poliovirus in her country in 2019, said that the COVID-19 pandemic had significantly disrupted immunization activities, especially in areas with documented community transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). To mitigate the pandemic's impact on immunization, her Government had conducted an integrated nationwide supplementary immunization campaign. Her Government thanked WHO and UNICEF for the unwavering support for her Government's polio response efforts in the midst of the pandemic.

The representative of CANADA,¹ congratulating the African Region on its certification as free from wild poliovirus and expressing concern about the rise in cases of wild and vaccine-derived polioviruses, commended the Global Polio Eradication Initiative for resuming the vaccination campaigns that had been halted as a result of the pandemic. High quality, timely immunization campaigns were essential for stopping current polio outbreaks. Partners of the Global Polio Eradication Initiative should follow the recommendations of the nineteenth report of the Independent Monitoring Board of the Global Polio Eradication Initiatives in order to accelerate progress and develop integrated service delivery models. The Initiative must be transparent about its commitments and about how it would implement the interim programme of work for integrated actions.

The integration of the essential polio programme functions into the base segment of WHO's programme budget would be essential for preventing, preparing for and responding to future epidemic outbreaks, and would ensure a full transition of polio eradication responsibilities and programmes. Member States, particularly those experiencing outbreaks, should urgently provide domestic funding to contribute to outbreak response efforts.

The representative of MONACO¹ said that the recent inclusion of novel oral polio vaccine type 2 on the list of medical products approved for use in emergency situations would allow countries to tackle the resurgence of wild poliovirus and the rising number of cases of vaccine-derived poliovirus. Stressing the need to resume child immunization campaigns, she noted that the COVID-19 pandemic had exacerbated the already inadequate funding situation of the polio programme. The revised Global Polio Eradication Initiative strategy to be submitted to the Seventy-fourth session of the World Health Assembly should address those challenges. It was important to speed up the integration of polio programme functions into national health systems while sustaining polio eradication efforts, in order to

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

optimize the use of available financial resources and allow new sources of financing to be sought. She reaffirmed her Government's financial commitment to polio eradication and transition in the year 2021.

The representative of ZAMBIA,¹ commending the efforts of the African Region to attain certification as free from wild poliovirus, said that the continued outbreaks of circulating vaccine-derived poliovirus type 2 were unacceptable and served as a reminder of the persistent inequalities in the world. The fact that the vaccine was both the cause of that virus and the best defence against it made it difficult to win people's trust and address increasing vaccine hesitancy. He asked for further information on the implementation of the Global Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021, and on the availability of novel oral polio vaccine type 2. Lessons had been learned from the switch from trivalent to bivalent oral polio vaccine, and he hoped that adequate alternatives would be put in place going forward, particularly in low- and middle-income countries.

The representative of NORWAY¹ said that the COVID-19 pandemic had demonstrated how polio programme resources could be integrated into public health, surveillance and outbreak control activities. That experience should be incorporated into polio transition planning and implementation; the establishment of integrated public health teams in WHO country offices in outbreak countries was an important step forward in that regard. Polio transitioning was also strongly linked to the integration-related goal of the Polio Endgame Strategy 2019–2023, and polio transition planning and operationalization must happen alongside eradication efforts. The polio programme should continue to adjust its funding to ensure that polio transition activities were integrated into public health and emergency plans.

The representative of BRAZIL,¹ commending the African Region's certification as free of wild poliovirus, said that his Government shared concerns about the impact of COVID-19 on the efforts to eradicate vaccine-preventable diseases, including polio. The Secretariat, Member States and international partners should do their best to protect and resume immunization programmes to sustain the health gains already achieved. He welcomed plans for the mainstreaming and integration of polio programme functions into national health structures and programmes, and the information provided regarding the mobilization of the polio network in the COVID-19 response.

The representative of PAKISTAN¹ said that polio eradication remained a top priority for his Government and strong coordination mechanisms were in place to fully support the polio programme's access to households. His Government was working to tackle both polio and COVID-19 simultaneously, using its polio programme's strengths and capacities in surveillance, risk assessment and communication to support its ongoing COVID-19 response. In addition, seven successful polio immunization campaigns had been conducted since July 2020, using different types of polio vaccine to address the dual outbreak of wild and vaccine-derived polioviruses. Building on the gains already achieved in controlling virus transmission, and with generous support from the Global Polio Eradication Initiative, donors and partners, he hoped that vaccine-derived poliovirus transmission would be interrupted by the end of the current low-transmission season and wild poliovirus by the following low-transmission season. His Government would capitalize on ongoing efforts to enhance cross-programmatic integration and collaboration in order to further expand partnerships and strengthen essential immunization activities and integrated public health service delivery.

The representative of JAPAN¹ welcomed the linkages that had been established with the special primary health care programme with a view to supporting stronger primary health care in priority

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

countries. Expressing concern about the spread of wild poliovirus type 1 in Afghanistan and Pakistan into previously polio-free areas and the inadequate response to outbreaks of circulating vaccine-derived poliovirus type 2, she said that immunization activities should be further strengthened.

As health systems, including surveillance, had been affected by the COVID-19 pandemic, the number of reported cases might not reflect the actual situation. In addition, further consideration must be given to operational aspects of vaccine delivery, in particular in the context of the COVID-19 pandemic. In that regard, her Government expected the Secretariat to enhance its collaboration with immunization-related partners, including Gavi, the Vaccine Alliance, to strengthen its strategy, monitoring, financing and advocacy.

The representative of AFGHANISTAN,¹ appreciative of the support from WHO and partners to eradicate polio, said that his Government's programme had been hampered in the preceding year by a lack of access to children for supplementary poliovirus immunization; the inadequate quality of the polio programme, mainly in hard-to-access areas; and parental refusal and low routine immunization coverage in provinces where polio was endemic. The majority of the confirmed cases of wild poliovirus type 1 reported in 2020 had been in southern Taliban-controlled areas with full or partial immunization bans. The situation had been exacerbated by the COVID-19 pandemic, the spread of wild poliovirus into the south and east of the country, and the spread from Pakistan of circulating vaccine-derived poliovirus type 2 into the country's eastern region.

Despite the challenges, polio immunization of all age groups had resumed at around 30 sites, including at locations along the borders with the Islamic Republic of Iran and Pakistan; international airports and cities in high-risk areas; oral polio vaccine, inactivated poliovirus vaccine and measles vaccine were being administered at UNHCR and IOM centres. In addition, his Government had developed a new strategic plan to enhance service integration and address immunization gaps in the provinces where polio was endemic. He requested support from the Secretariat and donors in addressing immunization gaps in inaccessible areas of the country and in improving programme quality and accountability.

The observer of GAVI, THE VACCINE ALLIANCE said that restoring and maintaining comprehensive and equitable routine immunization coverage for zero-dose and missed communities must be prioritized and incorporated into the Global Polio Eradication Initiative's new strategy. Member States should redouble efforts to develop comprehensive, context-appropriate, integrated service delivery strategies for essential immunization activities and primary health care. They should also accelerate the integration of essential polio programme functions into national systems, leveraging existing experience and expertise to strengthen routine immunization coverage and vaccine delivery.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, commended the Global Polio Eradication Initiative for continuing to make progress on polio eradication while using polio programme resources to support countries in their COVID-19 response. Leaders should fully support the recent joint call to action on the polio and measles outbreak response, and the continuation of essential health services, including immunization, during the COVID-19 pandemic, in particular in countries currently experiencing outbreaks of polio, measles and other vaccine-preventable diseases. Given the increasing strain placed on health systems by the COVID-19 pandemic, cross-programmatic integration and synergies among immunization programmes were vital.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, noted the progress made in eradicating wild poliovirus but expressed concern about the outbreaks of vaccine-derived poliovirus. Affected countries should optimize immunization activities while at the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

same time addressing the COVID-19 response, and should take advantage of novel oral polio vaccine type 2. Polio programme infrastructure had made, and would likely continue to make, a valuable contribution to the pandemic response; it was important to leverage polio eradication expertise and intensify collaboration in order to ensure equitable access to essential health services. She looked forward to the revised version of the Global Polio Eradication Initiative's strategy, noting that continued investment in polio eradication was essential. She urged Member States to prioritize polio and immunization in their national budgets and thanked the Governments of Canada, Germany, the United Kingdom of Great Britain and Northern Ireland and the United States of America for their expedited or increased funding.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that, in view of the disruption caused by the COVID-19 pandemic, the polio transition timeline should be extended and used to revive primary health care systems. Countries should invest in strong, adequately staffed health systems, integrated immunization activities and public health surveillance rather than relying on repurposing during crises. Integrated public health teams must cover the entire range of health functions, including noncommunicable diseases; be resourced at community, subnational and national levels; and include communities in decision-making. The technology transfer and intellectual property barriers impeding scaled-up local production of new inactivated poliovirus vaccine should be addressed, as should the social, political and environmental conditions that enabled poliovirus to spread.

The DIRECTOR (Polio Eradication) said that the certification of the African Region as free from wild poliovirus was a major milestone on the road towards global polio eradication and provided fresh momentum to overcome the two major programmatic challenges of poliovirus transmission in Afghanistan and Pakistan and continuing outbreaks of circulating vaccine-derived poliovirus. In Afghanistan and Pakistan, 140 cases of wild poliovirus had been recorded in the year 2020, including 38 cases in the final six months of that year. Vaccination campaigns had continued apace since November 2020, and the programme in Pakistan had recovered well from the setbacks in 2019 and 2020. The establishment of the Subcommittee on Polio Eradication and Outbreaks for the Eastern Mediterranean Region was an important step towards addressing the many remaining barriers to polio eradication in that Region.

Accelerated action was needed in response to the outbreaks of circulating vaccine-derived poliovirus recorded in three WHO regions in the year 2020. The Secretariat would continue to work very closely with the Strategic Advisory Group of Experts on immunization to meet all the quality assurance requirements for the safe roll-out of novel oral polio vaccine type 2, which was as effective as monovalent oral polio vaccine type 2 but more genetically stable. More than 15 countries were expected to be ready to start administering the vaccine in the year 2021 if needed, and WHO currently had a stockpile of almost 29 million doses, with additional stocks of monovalent oral polio vaccine type 2. A rapid and robust immunization campaign that would reach all vulnerable children, along with strong surveillance and routine immunization, was essential to prevent future outbreaks.

In the year 2021, the Global Polio Eradication Initiative would revise all aspects of its strategy, management and governance arrangements to identify any obstacles to polio eradication or opportunities for its acceleration. Thanking Member States and other stakeholders for their continued participation and input, he said that the strategy would be finalized by the end of the first quarter of the year 2021 for submission to the Seventy-fourth session of the World Health Assembly.

The role played by the polio programme in the COVID-19 response had highlighted the urgent need for more coordinated and integrated approaches. WHO's polio, immunization and emergencies programmes were collaborating closely to ensure the successful resumption of all immunization activities and to prepare for and respond to health emergencies. Accelerated cross-programmatic integration would help to ensure a successful polio transition, and polio programme staff and resources would continue to support COVID-19 vaccine introduction and delivery in the year 2021.

With regard to the Global Polio Eradication Initiative's financial position, although savings had been made in the year 2020, resumed immunization campaigns and outbreak response efforts had increased the financial resources needed. He thanked donors for responding to the emergency call for action for polio and measles outbreaks and urged, in particular, those Member States affected by polio to contribute domestic resources for polio eradication. In a critical year for the Global Polio Eradication Initiative, it was important not to lose sight of the shared goal of a polio-free world and to maintain momentum to that end.

The DEPUTY DIRECTOR-GENERAL said that polio transition remained a major priority for WHO and that progress had been made in each of the three priority regions in the year 2020. The COVID-19 pandemic had further underscored the importance of the twin goals of successful polio eradication and transition planning for the broader health agenda and had presented three key opportunities for polio transition. First, the pandemic had accelerated cross-programmatic integration, including through the establishment of integrated public health teams in priority countries, with progress being regularly monitored through a joint corporate workplan. Secondly, the valuable contribution that the polio network had made to the COVID-19 response, especially at the community level, meant there was a strong case for the network's continuation. Lastly, the pandemic had underlined the importance of strong and resilient health systems, and the polio network was a core component of the essential health workforce in many affected countries. The future vision for polio programme resources was based on a broad and holistic approach, with a country-level focus on strengthening immunization, emergency preparedness, health system resilience and primary health care, and achieving the objectives of the Strategic Action Plan on Polio Transition (2018–2023).

Responding to questions from Member States, she explained that the integrated public health teams, which brought together expertise in polio, health emergencies and immunization in priority countries, would initially work on the COVID-19 response, including COVID-19 vaccine roll-out, and subsequently on post-COVID-19 recovery and resilience, including immunization and primary health care. She confirmed that the three priorities of the Strategic Action Plan on Polio Transition (2018–2023) and the seven key strategic objectives of the Immunization Agenda 2030 were fully interlinked and were intended to bolster health systems in order to address multiple diseases.

With respect to polio transition financing, the Secretariat was fully aware of the challenges to implementing polio transition plans and the need for long-term financing to sustain polio resources. The draft proposed programme budget 2022–2023 reflected the commitment to sustainable financing and the issue would remain a priority in subsequent budgets. The Secretariat was working closely with the Global Polio Eradication Initiative and other development partners on comprehensive resource mobilization efforts for future financing, although domestic funding in priority countries remained the most feasible long-term solution. The Secretariat was supporting Member States with the finalization of the transition plans, and further information would be provided in that regard prior to and during the Seventy-fourth session of the World Health Assembly.

The REGIONAL DIRECTOR FOR AFRICA applauded the hard-won achievement of the Region's certification as free from wild poliovirus as a momentous global health milestone. The response to outbreaks of circulating vaccine-derived poliovirus type 2 in 20 African countries, which had been paused as a result of the COVID-19 pandemic, had resumed in July 2020. More than 40 million children had been reached and transmission appeared to be slowing. With strong outbreak response efforts and novel oral polio vaccine type 2, she hoped that all forms of poliovirus would be eradicated in the African Region.

Regarding the polio transition, it was essential to sustain the tremendous achievements of the polio programme when transferring resources. The programme's significant contributions to other health programmes highlighted the interrelation of the "triple billion" goals and the importance of integrated approaches, particularly within the context of the COVID-19 response. In her Region, polio teams had contributed to all three pillars of the Thirteenth General Programme of Work, 2019–2023,

serving as an entry point to increase access to immunization, deworming and diarrhoea treatment; as the main frontline workers responding to outbreaks of cholera, yellow fever and meningitis; and as a means of delivering micronutrient supplements and health messages to underserved communities. The polio programme's innovative approach, such as its use of geographic information systems, was also contributing to many other programmes.

The restructuring of the Regional Office as part of the regional and global transformation programmes, along with the implementation of functional reviews of country offices, would help to sustain the polio programme's contributions alongside post-certification activities such as surveillance. Furthermore, the Regional Office would learn lessons in accountability from the rigorous performance assessment of the polio programme and its staff. In the light of the contributions made by the polio programme, she was convinced that it was worth investing in the polio transition, as it would deliver on outcomes related to universal health coverage, health security and health promotion, including in relation to COVID-19 vaccine delivery. Member States in the Region and partners should continue investing and collaborating to support the polio transition in order to achieve strong outcomes across the "triple billion" goals.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that polio eradication efforts in his Region had been severely impacted by the COVID-19 pandemic and wild poliovirus continued to circulate unchecked in Afghanistan and Pakistan, with new outbreaks of circulating vaccine-derived polioviruses representing an expanding health emergency. In addition, unimpeded polio outbreaks in parts of Afghanistan where vaccination campaigns had been banned constituted another growing health emergency, and work was under way with all regional partners and stakeholders to regain access. The detection of vaccine-derived viruses in countries including Egypt and the Islamic Republic of Iran highlighted the risk of the international spread of polioviruses, especially in countries with frequent population movements to and from affected countries.

Polio eradication efforts had been successfully adapted to focus on the COVID-19 response, with valuable lessons learned over the previous year. Polio immunization campaigns had resumed and were being run alongside COVID-19 vaccination campaigns. Almost 66 million children in the Region had received at least one dose of polio vaccine through supplementary immunization activities, which was a truly admirable achievement in the midst of a pandemic.

In the year ahead, polio teams would require support in shifting their focus back to polio eradication while also contributing to the next phase of the COVID-19 response. The Regional Steering Committee on Polio Transition was adapting the Region's polio transition strategies and coordination with Member States to build more integrated public health programmes. Member States should support that integration and mobilize resources to complete the polio transition, with a view to eradicating polio and strengthening essential public health functions.

Polio remained a public health emergency of international concern and the polio programme must be properly resourced, including through domestic funding, to ensure that it remained robust and could be integrated into broader public health services across the Region. Full regional solidarity and mobilization was needed to that end. He called on Member States to contribute to the newly established Regional Subcommittee for Polio Eradication and Outbreaks to finally rid the Eastern Mediterranean Region and the world of polio.

The DIRECTOR-GENERAL, welcoming the new Director for Polio Eradication and thanking the outgoing Director for his dedication and achievements, expressed appreciation to Member States and non-State actors for their contributions. Polio eradication and transition were equally important targets, and polio eradication would only be sustainable with strong health systems. Over the preceding year, polio programme workers had supported Member States in their response to COVID-19 in the most extraordinary circumstances. Their diverse contributions to the pandemic response unequivocally proved their value for broader public health; the polio transition must progress alongside those efforts in order to sustain polio programme resources over the long term.

Member States should implement their polio transition plans in line with the Strategic Action Plan on Polio Transition (2018–2023) and allocate domestic resources to ensure health system preparedness for future health emergencies. Partners and donors should likewise continue to support WHO in order to sustain core functions where polio programme infrastructure could make the most impact. Those functions were central to reaching the goals of the Thirteenth General Programme of Work, 2019–2023. He looked forward to updating Member States on progress at the Seventy-fourth session of the World Health Assembly.

The CHAIR took it that the Board wished to note the reports contained in documents EB148/22 and EB148/23.

The Board noted the reports.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

3. ANTIMICROBIAL RESISTANCE: Item 9 of the agenda (document EB148/11)

The CHAIR invited the Board to consider the report contained in document EB148/11.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND called for sustained action and investment from WHO, along with strong, equitable collaboration between WHO, FAO and OIE, to preserve antimicrobial agents as critical resources. She welcomed the establishment of the One Health Global Leaders Group on Antimicrobial Resistance and the progress made in rolling out the Global Antimicrobial Resistance Surveillance System; efforts to establish and fund other global governance mechanisms should be expedited. Stronger surveillance was critical to understanding and addressing the increasing global impact of antimicrobial resistance. She encouraged Member States to join the Global Antimicrobial Resistance Surveillance System, adopt the WHO “access, watch or reserve” (AWaRe) classification system and invest in the Antimicrobial Resistance Multi-Partner Trust Fund in order to speed up implementation of One Health national action plans. The impacts of uncontrollable antimicrobial resistance could be similar to or worse than those of COVID-19. She therefore called for continued monitoring and evaluation of WHO’s work on the issue, with adjustments made according to the greatest need.

The representative of the REPUBLIC OF KOREA stressed the need for multisectoral collaboration to prevent the emergence and spread of antimicrobial resistance. She supported the recommendations to promote research on strengthening control of antimicrobial resistance through a One Health approach and the evaluation work of the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. Her Government was hosting or working with various international projects and initiatives, including the Ad hoc Task Force, the Joint Programming Initiative on Antimicrobial Resistance, high-level consultations on surveillance and the Codex Alimentarius Commission. Her Government would continue to work with other Member States to promote awareness of the importance of managing antimicrobial resistance and to facilitate international cooperation.

The representative of TONGA, speaking on behalf of the Pacific island States, commended WHO’s work in spearheading the global response to antimicrobial resistance. Tonga was one of the few countries in the Pacific to have launched a national action plan on antimicrobial resistance and faced the same challenges as other developing countries, where limited funding and human resources were

slowing implementation of the plan. She described the impacts of the COVID-19 pandemic on work to combat antimicrobial resistance in Tonga and other Pacific island States and stressed that meeting such challenges would take time. Development partners should support Member States in accelerating implementation of national action plans on antimicrobial resistance, and the Secretariat should provide tailored support to Member States as they strengthened their national health systems.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, 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 and Armenia aligned themselves with his statement. The COVID-19 pandemic had negatively impacted many countries' implementation of their national action plans on antimicrobial resistance but had also increased awareness on topics such as infection prevention, vaccines, the role of the environment in public health and the One Health approach.

He welcomed the establishment of the Antimicrobial Resistance Multi-Partner Trust Fund, the Global Leaders Group and the Tripartite Joint Secretariat. The active involvement of health ministries would be crucial to ensuring that public health objectives were properly considered and reflected in the work of the Codex Alimentarius Commission. It was concerning that the report on antimicrobial resistance did not mention the ongoing work by the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance to develop new guidelines on integrated monitoring and surveillance, in addition to its revision of the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. Those two documents were complementary, and the guidelines would be important for combining human, veterinary, environmental and agricultural data. The Ad hoc Task Force must complete its work promptly and successfully, in strict compliance with the One Health approach and with a level of ambition equal to the threat. WHO's close collaboration with FAO and OIE was welcome, but collaboration with UNEP must be strengthened for a true One Health approach.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that 15 of the Region's 22 Member States had endorsed national action plans on antimicrobial resistance, and 21 were part of the Global Antimicrobial Resistance Surveillance System, with 18 countries reporting data in spite of the challenges posed by the COVID-19 pandemic. Member States in the Region understood the importance of such data for the global community. Adapted support in implementing the agenda for antimicrobial resistance was needed in countries facing political instability and other crises. Member States in her Region were committed to implementing the relevant Health Assembly resolutions and called for continued collaboration and support from the Secretariat, international organizations and other partners to accelerate implementation of national action plans through coordinated, multisectoral governance and a One Health approach.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the progress achieved in implementing the global action plan on antimicrobial resistance and in developing national action plans and conducting self-assessment surveys. He noted with concern that the COVID-19 pandemic had aggravated the threat of antimicrobial resistance and had negatively impacted the achievement of the Sustainable Development Goals and implementation of the Thirteenth General Programme of Work, 2019–2023. It was therefore important to integrate antimicrobial resistance activities into the COVID-19 response. In addition to providing technical support, the Regional Office for Africa had carried out various initiatives, such as holding the first World Antibiotic Awareness Week. He stressed the need for Member States to finalize development and implementation of their national action plans using a One Health approach. It was equally important to mobilize financial resources to ensure that interventions were sustainable and to provide reliable and representative data on the revision process for the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. The Secretariat should further support Member States in developing their response plans by strengthening the technical capacity of WHO country offices.

The representative of CHINA said that it would be especially important to avoid incorrect or lax use of medicines when treating COVID-19 patients in order to control antimicrobial resistance during the pandemic. The Secretariat should provide guidance to low- and middle-income countries, in particular, on how to prioritize antimicrobial resistance in the context of the COVID-19 pandemic, as well as practical guidelines for integrating antimicrobial resistance control into primary health care models as part of the COVID-19 response. The Secretariat should also provide detailed updates on the revision of the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, in addition to actively promoting transparent discussions. The Secretariat should continue to provide guidance on the proper use of antimicrobial agents, and Member States must actively implement their national action plans, strengthen regulations and share information.

The representative of the RUSSIAN FEDERATION outlined the actions taken by her Government to address antimicrobial resistance at the national and international levels. The threat of antimicrobial resistance had increased during the COVID-19 pandemic and urgent action was needed, in particular by strengthening prevention efforts through a multisectoral approach. It was also important to: increase technical and financial resources, focusing on investment in research and development and access to diagnostic tools; promote the proper use of antimicrobial agents; and strengthen surveillance systems and primary health care in response to public health threats. The action to be taken by the Executive Board set forth in the report should include mention of the Global Leaders Group.

The representative of AUSTRALIA urged Member States to continue prioritizing actions to overcome antimicrobial resistance to the greatest extent possible despite the COVID-19 pandemic. She commended the Secretariat for its ongoing work on antimicrobial resistance and for its support in implementing national action plans. There must be close consultation with Member States on the global framework for development and stewardship to combat antimicrobial resistance to ensure that all Member States felt a sense of ownership of that framework.

The representative of GERMANY praised the many initiatives aimed at implementing a One Health approach at the global level, including the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. It was important for the Task Force to conclude its work on both the guidelines on integrated monitoring and surveillance and the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance in a timely manner, while at the same time ensuring that the documents were of a high quality. The establishment of the Global Leaders Group was welcome and should keep antimicrobial resistance high on the political agenda. He thanked WHO for its work on priority pathogens and its overviews of preclinical and clinical pipelines for antimicrobial agents. International initiatives such as the Global Antibiotic Research and Development Partnership deserved increased support, and WHO's collaboration with that initiative was welcome.

The meeting rose at 13:00.

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