

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

**WHO headquarters, Geneva
Thursday, 2 February 2023, scheduled at 10:00**

Chair: Dr K. V. PETRIČ (Slovenia)

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SEVENTH MEETING

Thursday, 2 February 2023, at 10:05

Chair: Dr K. V. PETRIČ (Slovenia)

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

1. DRAFT GLOBAL STRATEGY ON INFECTION PREVENTION AND CONTROL: Item 9 of the agenda (documents EB152/9 and EB152/9 Add. 1)

The CHAIR invited the Board to consider the report contained in document EB152/9 and to provide guidance on the elements set out in paragraph 18. She also invited the Board to consider the draft decision on the draft global strategy on infection prevention and control contained in document EB152/9, the financial and administrative implications of which were contained in document EB152/9 Add.1.

The representative of DENMARK said that political commitment was necessary to ensure the investment and multisectoral action needed for infection prevention and control programmes. The draft global strategy on infection prevention and control was a valuable step in that regard. Infection prevention and control programmes should be strengthened in hospital and primary care settings, and the importance of infection prevention and control in preventing infection transmission and tackling antimicrobial resistance should be recognized, including through health education, vaccination and measures to prevent transmission between humans and animals. Although all countries faced challenges in tackling antimicrobial resistance, low-resource settings were the most vulnerable to its effects, and global collaboration was required in response.

The global action plan on antimicrobial resistance underscored the importance of better hygiene and infection prevention measures, including vaccines. The global fight against antimicrobial resistance should not depend on the outcome of the negotiations on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord). The pandemic accord would, however, lay the groundwork for strong infection prevention and control programmes with a view to creating more robust health systems to advance towards universal health coverage and to ensure a solid architecture for health emergencies.

The representative of the RUSSIAN FEDERATION said that funding for national infection prevention and control programmes must be ensured, and the draft global strategy should be aligned with the Sustainable Development Goals and other global strategies and plans. Specialists should receive training on infection prevention and control. Vital components of the draft global strategy included the establishment of multilevel national surveillance systems and surveillance of antimicrobial resistance, for which scientific research and the most up-to-date diagnostic methods would be necessary. The understanding of antimicrobial resistance should be expanded to include resistance to disinfectants as well as drugs, and the glossary for the draft global strategy should be amended accordingly.

The section of the draft global strategy on research and development should include fundamental research on preventing infections resulting from health care and on antimicrobial resistance. Comparative studies should focus on microorganisms isolated from patients and hospital environments, food and food production facilities, and animals and animal feed. It was regrettable that the draft global

strategy referred to sexual minorities. The draft decision on the draft global strategy could not be adopted unless that reference was removed.

The representative of FRANCE said that a greater emphasis on a One Health approach, building on the work of the quadripartite One Health partnership, would help countries to mobilize investment and foster multisectoral action. The concept of infection prevention and control should be expanded to include community-level infections in addition to infections associated with health care settings. To ensure rapid and continuous progress in the implementation of the draft global strategy, the impact of related strategies and action plans should be monitored and measured through indicators and targets. Data on health care-associated infections and on infection prevention and control should be made available through surveillance networks. A behavioural science approach could contribute to the development of infection prevention and control measures that responded to needs. In that regard, he highlighted the role played by the Behavioural and Cultural Insights Unit of the Regional Office for Europe at the regional level.

The representative of MALAYSIA welcomed the strategies set out in the draft global strategy. Experts in infection prevention and control were crucial to prevent health care-associated infections, combat antimicrobial resistance and promote patient safety. In view of the current lack of training for infection prevention and control professionals, in particular doctors, recognized training programmes and a standardized curriculum for postgraduates should be developed. The capacity-building support provided to Member States to make such training available was appreciated. Infection prevention and control should be included as one of the priorities in the programme budget in order to accelerate the implementation of infection prevention and control programmes at the country level. She expressed support for the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND drew attention to the recommendation of the Interagency Coordination Group on Antimicrobial Resistance that Member States should accelerate the development and implementation of One Health national action plans to strengthen vaccination, infection prevention and control, integrated surveillance, water, sanitation and hygiene, and waste management. Important interlinkages existed between infection prevention and control and the discussions on a pandemic accord. Barriers to investment in infection prevention and control at the global level included fiscal constraints, as well as political awareness and commitment. He therefore appreciated the political advocacy of the Global Leaders Group on Antimicrobial Resistance to prioritize work on infection prevention and control, including on water, sanitation and hygiene in health care facilities, biosecurity and vaccinations. Hand hygiene was a critical cost-effective intervention that was often overlooked. WHO's practical tools and guidance to support governments in prioritizing, budgeting and planning for water, sanitation and hygiene, and waste management in health care facilities were therefore welcome.

The representative of the REPUBLIC OF KOREA highlighted the importance of identifying priorities for infection prevention and control at the national level. A surveillance system for health care-associated infections should be established as part of national strategies. In addition, a strategy should be developed to ensure a safe environment in health care facilities and reduce the risk of hospital-acquired infections. It was important to: enhance national management of medical facilities and environments; strengthen capacity for infection control in facilities vulnerable to infection; improve monitoring of and support for infection control; and redesign response systems for health care-associated infections.

The representative of MALDIVES said that infection prevention and control was an essential part of efforts to strengthen health systems and achieve universal health coverage by the year 2030. Patient safety, infection prevention and control, and quality of care should be incorporated into a single global

strategy and the Secretariat should provide technical support for the implementation of national infection prevention and control strategies in line with the draft global strategy. Highlighting the challenges faced by small island nations and low- and middle-income countries in implementing multiple strategies and activities on addressing antimicrobial resistance and on ensuring patient safety, infection prevention and control, and overall quality of care, she reiterated the importance of adopting and endorsing strategies that Member States could implement efficiently. A single platform should be created for cross-cutting strategies in order to support the coordination of research and development among Member States. She expressed support for the draft decision.

The representative of INDIA, welcoming the draft global strategy, said that particular attention should be paid to infections acquired in community settings and to health care-associated infections. Technical support should be provided to enable Member States to strengthen country-level interventions and reinforce the role of vaccination. The draft global strategy should emphasize the importance of infection prevention and control in health care facilities. Increased investment for sustainable implementation of the draft global strategy was essential to achieve country-specific targets. The Secretariat should consider providing guidance and support on ensuring investment at the international and national levels, especially in resource-constrained settings. In addition, resources should be mapped at the global level to identify and connect the areas and countries requiring immediate support.

Data collection for surveillance of health care-associated infections was crucial to improve global decision- and policy-making. An open-source digital platform should be developed and made available to all Member States to monitor health care-associated infections. The draft global strategy should be adapted for implementation at the national level. Lastly, Member State engagement was important in the development of a global action plan on infection prevention and control.

The representative of PERU welcomed the consultative process for the development of the draft global strategy and the fact that it was informed by scientific evidence and experiences from the field. Efforts should be made to promote strengthened coordination and interlinkages between infection prevention and control programmes and related national plans through a One Health approach. He expressed support for the draft decision.

The representative of CHINA said that infection prevention and control contributed to improving other important health outcomes related to the Sustainable Development Goals, thereby reducing costs and providing safer health care services. The situation of countries, in particular developing countries, should be taken into account in the process of formulating national action plans to ensure that they were practical and feasible. Multisectoral responsibilities should be clarified, particularly with regard to the mobilization of sectors outside the health sector and efforts to increase investment. Legislation and industry standards were key to promoting the continued development of infection prevention and control in health care facilities. His Government had set clear requirements for infection prevention and control in health care institutions and was willing to share its experience with partners. He supported the draft decision.

The representative of the UNITED STATES OF AMERICA expressed support for the draft global strategy and draft decision. She encouraged the Secretariat and Member States to adopt and implement the draft global strategy in order to effectively transition coronavirus disease (COVID-19) response investments in infection prevention and control into long-term sustainable capacity gains to ensure a stronger recovery from the pandemic. High-quality and safe care was critical to universal health coverage, health security and pandemic prevention, preparedness and response. It also contributed to effective primary care and efforts to address antimicrobial resistance.

Work on infection prevention and control should be integrated as a cross-cutting health systems improvement at the global, regional, national, subnational and health care facility levels, especially in view of the increasing number of funding streams, disease-specific programmes and regional

cooperation mechanisms. National ownership of infection prevention and control should be strengthened and integration of related health programmes scaled up. She expressed support for a dedicated global strategy that integrated infection prevention and control principles, water, sanitation and hygiene activities, and global action plans addressing antimicrobial resistance with concerted efforts to improve the overall quality and safety of health care.

The representative of JAPAN expressed support for the draft global strategy. The COVID-19 pandemic, among others, had demonstrated the importance not only of preventing infections before they occurred but also of putting in place nosocomial infection control measures to ensure the continuity of medical care. Highlighting the importance of collaboration at the national and regional levels, he outlined some of the initiatives implemented by his Government and by the Regional Office for the Western Pacific in the area of infection prevention and control. His Government stood ready to collaborate with stakeholders in the promotion of infection prevention and control globally by building evidence through research and practice.

The representative of PARAGUAY said that the COVID-19 pandemic had demonstrated the need to improve national and international coordination for infection prevention and control. The draft global strategy provided a good basis to strengthen action for countries with limited financial resources and a lack of trained human resources. He described the steps taken by his Government to prevent, monitor and control infections, in particular in hospital settings. Increased support and strengthened international and regional cooperation, aligned with national initiatives, was needed in order to establish effective mechanisms to reinforce health system preparedness and response, in particular for outbreak control, and to improve surveillance capacity. His Government supported the draft decision and looked forward to working on the development of an implementation and global action plan on infection prevention and control.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that major epidemics over the past decade and the COVID-19 pandemic had demonstrated the insufficient progress made in infection prevention and control and the lack of global preparedness. The growing burden of mortality and morbidity resulting from health care-associated infections and antimicrobial resistance further highlighted the importance of the issue. Acknowledging WHO's efforts to tackle those challenges, she noted that the draft global strategy would enable a more effective, harmonized response.

She welcomed the extensive consultative process for the development of the draft global strategy. Its vision and three key objectives of "prevent, act, coordinate" would help to ensure a unified approach to the issue. The effective involvement of the private sector and public awareness-raising measures were crucial in preventing and controlling infections. Progress made in infection prevention and control during the COVID-19 pandemic should be sustained and investment increased. Research and capacity-building were also high-impact strategies. Implementation of the draft global strategy would prioritize infection prevention and control, thereby facilitating the mobilization of financial resources at the national level and donor support, particularly in low-resource settings, which would ensure sustainability. She expressed support for the draft decision.

The representative of BOTSWANA outlined measures taken by his Government in the area of infection prevention and control, including to train health care workers, raise awareness and strengthen collaboration with stakeholders. He expressed support for the draft global strategy.

The representative of OMAN said that the COVID-19 pandemic had highlighted the importance of infection prevention and control for the safety of health care professionals and future emergency preparedness and response. She expressed support for the draft global strategy, which would pave the way for decisive and visible political commitment and strengthen infection prevention and control

efforts at the national, regional and global levels. The draft global strategy provided Member States with strategic directions to achieve measurable improvements, substantially reduce the risk of hospital-acquired infections, including those that exhibited antimicrobial resistance, and limit infectious disease outbreaks by the year 2030. Realistic and measurable outcomes for follow-up and monitoring should be established, including training for all health care workers in basic infection prevention practices.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global strategy, which had been shaped through global and regional consultations, creating strong momentum for its development as a comprehensive health care promotion system. Infection prevention and control was at the core of many health priorities such as quality of care, patient safety, health emergency prevention, water, sanitation and hygiene, and maternal and newborn health.

The Member States of the Eastern Mediterranean Region had made progress in infection prevention and control, including through capacity-building, training, and updating guidelines, and were committed to building on those achievements. The Muscat Manifesto on Antimicrobial Resistance highlighted the importance of infection prevention and control through a One Health approach. The COVID-19 pandemic had revealed that no country had a sufficiently strong infection prevention and control programme and that low- and middle-income countries were particularly vulnerable. However, the pandemic had also presented an opportunity to scale up those programmes across the Region and progress was being made. He stressed the importance of implementing infection prevention and control programmes, especially when many countries in the Region were experiencing conflicts and had competing priorities. Lastly, the draft global strategy contained language that had not been adopted by consensus, such as “sexual orientation”, which should be replaced with non-controversial language prior to its consideration by the Seventy-sixth World Health Assembly.

The representative of SLOVAKIA fully supported the adoption and implementation of the draft global strategy. It was imperative to understand how technologies and scientific progress affected biological and health risks. Although it was essential to strengthen health systems and ensure comprehensive infection prevention and control at the national and regional levels, the threats posed by synthetic biology and deliberate misuse of biology should also be considered more seriously. The Secretariat should organize further consultations during the intersessional period and establish a working group consisting of participants from relevant Member States, regional offices and biosecurity experts to identify the biosecurity and synthetic biology threats posed to countries and regions, the outcomes of which should be incorporated into the update of the draft global strategy. To ensure equity, it was important to discuss how all countries, in particular low- and middle-income countries, could address those challenges.

The representative of BRAZIL said that previous outbreaks and the COVID-19 pandemic had revealed gaps in infection prevention and control programmes around the world. An action plan and monitoring framework based on a solid architecture for health emergencies was needed, especially given the increasing endemic burden of health care-associated infections. He outlined the steps taken by his Government in the area of infection prevention and control, including efforts to expand research and development capabilities at the regional and local levels. Discussions on antimicrobial resistance must be based on science and should integrate a multisectoral response. The promotion of equitable access to quality and affordable antimicrobial agents was the first step to ensuring prudent use and boosting innovation and local production of new antimicrobial agents.

The representative of AFGHANISTAN said that health care-associated infections disproportionately affected low- and middle-income countries, including as a result of inconsistent surveillance, lack of infrastructure, trained personnel and infection prevention and control programmes, and poverty-related factors. The draft global strategy should include approaches tailored to the needs of

those countries and which balanced cost and effectiveness in controlling health care-associated infections. It should also include ways of improving the quality and extent of reported data on infection prevention and control and strengthening surveillance in low-resource settings, where the burden of hospital-acquired infections was unknown owing to a lack of reported data.

Populations in fragile, conflict-affected and vulnerable settings that had received external support for infection prevention and control programmes during the COVID-19 pandemic were struggling to sustain those programmes with adequate financing and human resources. Support for infection prevention and control programmes in low- and middle-income countries should be practical, measurable, simple, cost-effective and tailored to local needs and circumstances, and studies should be conducted to evaluate possible programme and policy implementation. Continued education, awareness and political engagement were essential to bolster infection prevention and control programmes, halt the transmission of hospital-acquired infections and adapt to new challenges and risks in that area.

The representative of TIMOR-LESTE said that the devastating impact of the COVID-19 pandemic had revealed the gaps in infection prevention and control programmes. The increasing burden of infection and antimicrobial resistance was leading to challenges in health service delivery. She described the measures implemented by her Government to strengthen infection prevention and control practices and looked forward to the draft global strategy's strategic directions that would enable Member States to achieve measurable improvements and to substantially reduce the ongoing risk of health care-associated infections and limit infectious disease outbreaks by the year 2030. Preventing infections would contribute to improving critical health outcomes addressed in the Sustainable Development Goals and could help to reduce health costs and provide safer health care. She expressed support for the adoption of the draft global strategy.

The representative of THAILAND¹ said that inefficient management of infection prevention and control was a major contributor to antimicrobial resistance and health care-associated infections. Face coverings had been one of the public health measures that had prevented transmission of COVID-19. With support from the Secretariat, his Government had assessed national capacity for infection prevention and control and had taken steps to ensure the application of infection prevention and control measures in health care facilities. He expressed support for the draft decision and draft global strategy and looked forward to the development of a global action plan for infection prevention and control with clear, measurable targets and a framework for tracking progress, which would accelerate implementation towards expected outcomes at the country level.

The representative of SWITZERLAND¹ emphasized the importance of infection prevention and control in ensuring patient safety, preventing unnecessary suffering and reducing costs. She encouraged Member States to attend the Fifth Global Ministerial Summit on Patient Safety, to be held in Montreux, Switzerland, from 23 to 24 February 2023, at which the issue of infection prevention and control would be one of the main topics of discussion.

The representative of NAMIBIA¹ welcomed the draft global strategy, which would increase global attention on a key, but neglected, area of the global health architecture. Private sector engagement, risk communication and community engagement in accordance with country contexts were particularly important to infection prevention and control. With regard to the harmonization of infection prevention and control standards at the health facility level, there was often a disconnect between private and public facilities. The Secretariat should therefore work closely with all stakeholders in the public and private sectors to align the implementation of the draft global strategy at the subnational level. It should also work on a monitoring and evaluation framework in close consultation with Member States.

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

He encouraged the Secretariat to empower regional and country offices to provide technical support to countries to implement the draft global strategy by developing country-specific operational plans. He expressed support for the draft decision.

The representative of URUGUAY¹ welcomed the draft global strategy, which would help to fill the gaps in national infection prevention and control programmes and tackle the growing endemic burden of health care-associated infections and antimicrobial resistance. She outlined the measures implemented by her Government in the area of infection prevention and control. Noting the importance of national-level surveillance, she hoped that guidelines and other components of surveillance would be shared at the regional level to enable the comparison of indicators and advance towards implementation of the draft global strategy and the achievement of its objectives.

The representative of GERMANY,¹ expressing support for the draft global strategy, said that well-functioning infection prevention and control programmes were an important prerequisite for preventing health care-associated and other infections and antimicrobial resistance. To drive multisectoral action and strengthen infection prevention and control, the exchange of best practices should be fostered and research should be carried out on behavioural change. The forthcoming detailed implementation and global action plan should emphasize the linkages between the draft global strategy and patient safety programmes. In accordance with the Global Patient Safety Action Plan 2021–2030, patients should be involved in generating evidence using patient safety tools and in developing appropriate measures. The outcomes of the discussions to be held at the Fifth Global Ministerial Summit on Patient Safety should feed into the development and implementation of the draft global strategy.

The representative of AUSTRALIA¹ welcomed the draft global strategy, which was a useful tool for Member States to strengthen and integrate infection prevention and control programmes across health services to support resilient health systems. Infection prevention and control measures were essential to protect health care workers, ensure patient safety and prevent outbreaks. He welcomed the attention paid to water, sanitation and hygiene throughout the draft global strategy and within the strategic objectives. The Secretariat should scale up the support provided to low-income countries for developing infection prevention and control programmes. Greater emphasis should be placed on the importance of building an evidence base for effective infection prevention and control modules, especially for low-resource health care settings. The draft global strategy should also include explicit references to social inclusion, especially for people with a disability. The references to coordinating infection prevention and control with other health priorities and programmes, such as the One Health approach and antimicrobial resistance, were welcome, and coordination across those workstreams should continue to be strengthened. He expressed support for the draft decision.

The representative of SWEDEN¹ expressed appreciation for the development process for the draft global strategy, including the thorough multilevel consultations with Member States. Infection prevention and control was crucial to tackling antimicrobial resistance and ensuring the quality and safety of health care. He welcomed the draft global strategy's objective of facilitating deeper integration and alignment of infection prevention and control principles with water, sanitation and hygiene interventions and with global strategies and action plans to address antimicrobial resistance. The *WHO global report on infection prevention and control* contained a comprehensive analysis on which to base infection prevention and control measures, in addition to information on groups that were vulnerable to infection and antimicrobial resistance and other risks such as biological threats. In that regard, it provided a solid basis for developing and implementing an effective and successful draft global strategy.

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

He welcomed the draft global strategy's emphasis on implementation and behavioural change while highlighting the importance of monitoring and evaluation.

The representative of BANGLADESH,¹ welcoming the draft global strategy, said that recent disease outbreaks and the COVID-19 pandemic had demonstrated the vulnerability of the global community to infection. Solidarity and inclusivity were needed to strengthen cooperation among Member States. The Secretariat should promote discussions between Member States, organizations of the United Nations system and other entities on the issue of technology transfer to developing countries to enable rapid infection detection, assessment and response. In consultation with developing countries, the Secretariat should also develop pathways for ensuring equitable access to infection prevention and control tools such as diagnostics, therapeutics and vaccines. Mutual support, assistance and cooperation on research and development and on strengthening the core capacities of health systems should be promoted among Member States.

The representative of SINGAPORE¹ said that infection prevention and control was the cornerstone of outbreak preparedness and response. His Government had established a national committee in the light of the lessons learned from dealing with outbreaks that was tasked with overseeing the development and implementation of national guidelines, standards and indicators. The draft global strategy could encourage the formation of similar national committees among Member States. The Secretariat should consider working with global or regional infection prevention and control organizations and experts from interested Member States to provide education and training for relevant professionals, in line with WHO's technical guidance. In addition, the draft global strategy should highlight how infection prevention and control was critical in strengthening not only health systems but also the wider economy. Policy-makers beyond the field of public health should be encouraged to invest in and incorporate infection prevention and control programmes into national strategies.

The representative of ARGENTINA,¹ expressing support for the draft global strategy, said that the COVID-19 pandemic had demonstrated how quickly disease outbreaks could spread at the community level. The gaps in infection prevention and control programmes that existed in all countries were concerning. Her Government had implemented a range of initiatives to tackle the increasing burden of infection in line with a One Health approach and through multidisciplinary and multisectoral action.

The representative of EL SALVADOR¹ welcomed the draft global strategy and its promotion of a One Health approach. It was essential to update guidelines on prevention and control of health care-associated infections for people of all ages. Regional offices should provide technical support with regard to surveillance, monitoring and tools that facilitated automatic real-time reporting. The participation of academics, expert working groups and local committees should also be encouraged to strengthen the scientific evidence base, particularly with regard to the rational use of antibiotics. To achieve the objectives set out in the draft global strategy, it was necessary to strengthen engagement with all actors involved in processes that fostered antimicrobial resistance.

The representative of the UNITED REPUBLIC OF TANZANIA¹ expressed support for the three key objectives of the draft global strategy to prevent, act and coordinate. Enhanced multistakeholder engagement, including with non-State actors, was key to leveraging resources. The Secretariat should develop digital accountability tools to track implementation at the global, regional, national and subnational levels.

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

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR and also on behalf of the International Baby Food Action Network, said that the Secretariat should encourage Member States to improve public health infrastructure by promoting excellence and equity in infection prevention and control through its normative guidelines. More reliable data methodologies were needed on infection prevention and control. The use of surveys that did not include responses from the most populous countries could generate inaccurate and incomplete data. The draft global strategy should provide further information on: implementation in primary and secondary health care facilities; how minimum requirements and regulatory standards would be upheld in the private sector; and community engagement in planning and implementation. It should also address the interlinkages between human and animal health, and interventions to improve access to quality water and sanitation infrastructure.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the urgent need to finance and scale up access to water, sanitation and hygiene in health care facilities as an essential part of infection prevention and control. Financing should be ring-fenced to ensure that water, sanitation and hygiene was a primary prevention tool in national plans for pandemic preparedness, antimicrobial resistance, quality of care and patient safety. The collection and use of data on water, sanitation and hygiene should be prioritized in order to strengthen the performance of health systems, particularly with regard to women's health. A robust accountability framework should be put in place to drive meaningful change in prioritization and investment.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the draft global strategy. Antimicrobial resistance was a threat to cancer care and undermined the significant progress made in cancer treatment. Good infection prevention and control practices were therefore essential to improve cancer care outcomes. Member States should engage the oncology health workforce in the coordination of infection prevention and control at the national and health facility levels. In addition, the cancer community should be included in advocacy and communications work with relevant stakeholders to raise awareness of antimicrobial resistance and the importance of implementing good infection prevention and control practices.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft global strategy and was pleased to note that continued education for health care workers was one of its strategic directions. Knowledge sharing and awareness of challenges faced by health and care workers were crucial to effective infection prevention and control. Member States should support the draft decision and leverage the expertise and resources of her Federation in developing and implementing national infection prevention and control policies.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, drew attention to the vital role played by nurses in: integrating infection prevention and control measures into patient pathways and health service delivery across the continuum of care; driving forward the planning and implementation of the draft global strategy at the national and regional levels; implementing core components of infection prevention and control; and ensuring occupational health and safety in health care facilities. Member States should invest in and protect the nursing workforce by ensuring safe staffing levels as well as by providing sufficient personal protection equipment and regular training on infection prevention and control.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course), thanking participants for their feedback and guidance, said that their comments addressed critical components included in the draft global strategy, including links with other strategies. The draft global strategy was aimed at all levels of the health system, both public and private, and for target audiences at the global, national, subnational and health care facility levels.

Regarding the links between antimicrobial resistance and epidemic and pandemic resilience, the fifth strategic objective of the draft global strategy recommended establishing or improving systems for regular data collection, including high-quality laboratory data, feedback on indicators relating to infection prevention and control and water, sanitation and hygiene, and health care-associated infection surveillance. It also indicated that national infection prevention and control programmes should establish functioning and quality-controlled systems for surveillance on health care-associated infections and antimicrobial resistance according to standardized surveillance systems, such as the Global Antimicrobial Resistance and Use Surveillance System.

The Secretariat was developing guidance for rapid detection of health care-associated epidemic- and pandemic-prone diseases, as well as new adapted definitions of health care-associated infections for low-resource settings, which it was planning to issue by the end of the year 2023. The WHO global IPC portal had been launched in the year 2021 as a secure and confidential platform for data collection on infection prevention and control, which would be expanded according to country needs and in line with the forthcoming monitoring framework.

Knowledge and career pathways for infection prevention and control professionals was a key strategic objective of the draft global strategy, which also referred to the importance of providing infection prevention and control education across the health education system, including through in-service training and specific training for infection prevention and control professionals. The Infection Prevention and Control Hub team at WHO headquarters had established an international working group to provide guidance and solutions for training and education on infection prevention and control. Lastly, the comments regarding the language and terminology used in the draft global strategy had been taken on board.

The Board noted the report.

The CHAIR invited the Board to consider the amended draft decision on the draft global strategy contained in document EB152/9, which would read:

The Executive Board, having considered the report by the Director-General,

Decided that informal consultations with Member States on the draft WHO global strategy on infection prevention and control will continue to be facilitated by the Secretariat prior to the Seventy-sixth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-sixth World Health Assembly for adoption:

The Seventy-sixth World Health Assembly, having considered the report on the draft global strategy on infection prevention and control,

Decided to adopt the WHO global strategy on infection prevention and control.

The representative of the RUSSIAN FEDERATION said that the draft decision should be amended to clarify that terminology used in the draft global strategy that had not been agreed by consensus would be changed prior to its consideration by the Seventy-sixth World Health Assembly. On previous occasions, votes had been taken at the Health Assembly on documents containing language that had not been universally accepted; a repetition of that scenario should be avoided.

The CHAIR said that the draft decision had been amended to reflect the required extended intersessional consultations with Member States on the draft global strategy to be facilitated by the Secretariat.

The representative of the RUSSIAN FEDERATION said that it should be made clear that discussions would continue until agreed language was used in the text.

The decision, as amended, was adopted.¹

2. GLOBAL ROAD MAP ON DEFEATING MENINGITIS BY 2030: Item 10 of the agenda (documents EB152/10 and EB152/10 Add. 1)

The CHAIR invited the Board to consider the report contained in document EB152/10 and to provide comments and guidance on the Secretariat's approach, as set out in paragraph 16. She also invited the Board to consider the draft decision on the global road map on defeating meningitis by 2030 contained in document EB152/10, the financial and administrative implications of which were contained in document EB152/10 Add.1.

The representative of PARAGUAY said that the report drew attention to the need to strengthen work at the country level and provided a framework to monitor action in priority areas. To defeat meningitis and with maximum impact, sufficient resources were required at the national, regional and global levels, in particular so that access to vaccines could be guaranteed. Global immunization efforts should be redoubled and campaigns launched to build confidence in vaccines and counter misinformation. The forthcoming WHO operational manual to guide countries in developing their national strategic plans to defeat meningitis by the year 2030 would be crucial. She supported the draft decision.

The representative of FRANCE expressed support for the Secretariat's approach to tackling the issue, particularly with regard to encouraging collaboration between regions. He also supported the use of the levers of the operational framework for primary health care in combating meningitis, which would help to strengthen the integration of meningitis prevention and management into primary health care.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that strategic plans should take into account meningitis prevention, treatment, detection and monitoring, as well as management of meningitis and its sequelae, use of the emergency meningitis vaccine stockpile, and integration of meningitis into universal health coverage and primary health care. Monitoring should focus on: case-by-case surveillance; early detection of epidemics and appropriate response; mapping of at-risk districts; capacity-building for providers, including on the systematic use of lumbar punctures; and the use of rapid diagnostic tests. Laboratory work should be focused on molecular diagnosis of meningitis and capacity-building of laboratory staff, while vaccination efforts should focus on including meningococcal conjugate vaccines in expanded routine immunization programmes and on improving vaccination coverage.

The representative of BRAZIL highlighted the crucial role of routine immunization activities in primary health care. She also emphasized the importance of: diversifying vaccine producers; fostering innovation in developing countries; increasing vaccination coverage of existing vaccines; improving prevention strategies; and mobilizing resources. The integration of meningitis prevention, diagnosis, treatment and care into primary health care should be strengthened by reinforcing service coverage, enhancing access to medicines and vaccines, and improving surveillance and critical research. The main goals of the global road map were aligned with efforts to achieve universal health coverage and expand

¹ Decision EB152(7).

equitable access to primary health care. Expressing support for efforts to ensure affordable access to countermeasures, she reiterated that extensive immunization was a global public good.

The representative of the RUSSIAN FEDERATION said that the WHO Technical Taskforce on defeating meningitis by 2030 should promptly finalize the investment case setting out the financial resources required to implement the global road map in order to help countries to assess the effectiveness and appropriateness of national measures to control and defeat meningitis. She expressed support for the Secretariat's planned development of guidelines for the diagnosis, treatment and management of meningitis. Epidemiological surveillance, monitoring of antimicrobial patterns, risk and communication strategies, and maintaining primary health care and immunization services were components that should be included in national strategic plans. Her Government stood ready to participate in that work. She also supported the development of monitoring and evaluation mechanisms to assess the implementation of the global road map and hoped that the monitoring and evaluation plan would be published soon. She expressed support for the draft decision.

The representative of GHANA said that despite the progress made through vaccination and improved surveillance, meningitis remained a major public health problem in the African meningitis belt. He welcomed the establishment of a strategy support group to facilitate the implementation of the global road map, with an emphasis on strengthening integration of meningitis prevention and management into primary health care. The Secretariat should support Member States in mobilizing resources for the effective implementation of national strategic plans on defeating meningitis and in improving the quality of laboratory testing, case management and care to reduce death and disability. He supported the draft decision.

The representative of MALAYSIA said that prevention, primarily through vaccination, was the most effective way of reducing the burden and impact of meningitis. The visionary goals of the global road map would reduce the global and economic burden of vaccine-preventable diseases and benefit countries and the global community. Diagnostic tests could improve the diagnosis and treatment of meningitis, and appropriate training and guidelines were important to guide best practices for clinical management of meningitis treatment and care to reduce sequelae and deaths. Implementation of the global road map would require political will, participation, policies and perseverance. The establishment of a strategy support group was crucial to strengthen coordination and engagement and to raise the profile of meningitis on the global public health agenda, and should include representatives from multisectoral organizations to mobilize the necessary technical, human and financial resources. Her Government was willing to provide support to WHO and its partners towards achieving the goals of the global road map. She supported the draft decision.

The representative of INDIA requested clarification on the way in which the strategic goals of the global road map would be put into effect at the country level given the varying epidemiology of meningitis around the world. The participation of Member States in developing comprehensive guidelines for the diagnosis, treatment and management of meningitis should be encouraged in order to ensure people-centred health services and quality health care service delivery. Close collaboration with Member States was needed to ensure a sufficient meningitis vaccine stockpile and to strengthen infrastructure. A robust monitoring and evaluation mechanism to share progress on each of the global road map's pillars and strategic goals at the country level would help policy-makers and public health experts to make informed decisions and design targeted interventions.

The global road map should be prioritized and integrated into country plans to ensure enhanced advocacy and engagement. Raising awareness of meningitis and its impact and ensuring equal access to meningitis prevention, treatment and support was important. Successful implementation of the global road map would depend on regional and country engagement and political commitment. Those efforts would require aligned and effective support from WHO and partners, including the private sector and

civil society, to bring together all globally available resources. She expressed support for the draft decision.

The representative of JAPAN welcomed efforts to strengthen the integration of meningitis prevention and control into primary health care. Given that many cases of meningitis were preventable, the implementation of concrete plans to promote immunization in primary health care was essential. Although defining rapid diagnostic test product profiles was important, laboratory capacity should also be strengthened to facilitate early diagnosis. He had no objection to the draft decision.

The representative of CHINA was pleased to note the progress made on some of the key activities of the global road map, particularly the development of evidence-based policies and strategies. He looked forward to the monitoring and evaluation plan that was expected to be made available in mid-2023. His Government would continue to maintain its vaccination rate, conduct surveillance, raise awareness and actively engage in international cooperation. The Secretariat should continue to support countries in need to reduce morbidity and mortality from meningitis. He supported the draft decision.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Sudan, a country within the Region that was affected by meningitis, had taken action to defeat bacterial meningitis, including by introducing meningococcal A conjugate and pneumococcal vaccines in routine immunization, in addition to launching preventive campaigns. Other countries in the Region continued to face challenges in responding to outbreaks, particularly in the early phases of investigation and diagnosis. Reliable confirmation of diagnosis remained a challenge when cases were reported in areas that were remote or affected by complex emergencies. Meticulous laboratory work was necessary to rule out bacterial causes. He was pleased to note the progress made in relation to the global road map, particularly regarding the work conducted by the WHO Technical Taskforce and the strategy support group. The Member States of the Region looked forward to working with the Secretariat on the high-level regional analysis and to finalizing the regional implementation framework, as well as to the monitoring and evaluation plan that would be made available later in the year.

The representative of MALDIVES looked forward to the forthcoming monitoring and evaluation plan and expressed appreciation for efforts to develop a regional implementation framework to defeat meningitis by the year 2030, including by boosting diagnostic capabilities, integrating rehabilitation into all layers of health care and prevention, and increasing advocacy. The high-level landscape analysis would enable a better evaluation of the implementation of the pillars of the global road map. Adequate financial and technical resources should be mobilized for implementation of the plan. Efforts to strengthen the integration of meningitis prevention and management into primary health care required improved laboratory capacities and surveillance. Region-to-region and country-to-country collaboration was needed to integrate testing and surveillance capacities. She expressed support for the draft decision.

The representative of the REPUBLIC OF MOLDOVA expressed support for the implementation of the global road map and efforts to raise the profile of meningitis on the global health agenda. She requested the support of the working group on meningococcal vaccines and vaccination of the Strategic Advisory Group of Experts on immunization in introducing compulsory meningitis vaccination in the national immunization programme. The Secretariat should provide support at the country level to strengthen diagnostic and treatment capacities in primary health care, specialized hospitals and laboratories.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course) said that the highly innovative global road map addressed meningitis not only as a treatable and preventable infectious disease but also highlighted the need to support and care for people living with

the sequelae of meningitis; that new aspect would be a powerful lever to improve access to disability support. The actions set out in the global road map would not only improve meningitis prevention and control but also strengthen the integration of those efforts into primary health care.

Sufficient resources were required at the global, regional and national levels to defeat meningitis in the shortest period and with maximum impact. An investment case setting out the financial resources required to implement the global road map was being finalized and would be launched in mid-2023 as part of a pledging event. Many cases of meningitis could be prevented through vaccination. As such, and in line with the Immunization Agenda 2030, a robust framework and action mechanism was important to strengthen meningitis prevention through vaccines and immunization programmes. Lastly, he drew attention to the synergies between the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the global road map in relation to diagnosis and treatment.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/10.

The decision was adopted.¹

3. STANDARDIZATION OF MEDICAL DEVICES NOMENCLATURE: Item 11 of the agenda (document EB152/11)

The CHAIR invited the Board to consider the report contained in document EB152/11 and to provide its views on the proposed way forward and on any adjustments that it might consider necessary, as set out in paragraph 20.

The representative of DENMARK, speaking on behalf of the Member States of the European Union, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, and the European Free Trade Association country Norway, aligned themselves with his statement. He welcomed the updates to the Global atlas of medical devices, the global model regulatory framework and the WHO Priority Medical Devices Information System, as well as the selection of a provider to map medical devices nomenclature data for integration into WHO platforms and the establishment of the Strategic and Technical Advisory Group on medical devices.

The continuation of mapping between relevant nomenclature systems and the planned conclusion of memorandums of understanding with the holders of the European Medical Device Nomenclature, the Global Medical Device Nomenclature, the Universal Medical Device Nomenclature System and the United Nations Standard Products and Services Code were also welcome. The Secretariat should develop and make available a timeline for the related deliverables and allocate sufficient resources to the entities that had been assigned that challenging work in order to ensure timely and smooth implementation and to guarantee sustainability. He recalled that the European Medical Device Nomenclature was a clear, transparent and free nomenclature available to all countries and which met the criteria to be considered a global public good.

The representative of CHINA expressed appreciation for the efforts of the Secretariat in promoting the standardization of medical devices nomenclature and its work on international classification, coding and nomenclature of medical devices. The in-depth investigations, scientific

¹ Decision EB152(8).

analysis and effective coordination had laid a solid foundation for the standardization of information on the selection, regulation, assessment and management of medical devices. His Government stood ready to share its terminology, descriptions and other relevant information on WHO platforms in order to contribute to the scientific regulation of medical devices and was willing to participate in the relevant technical work of the Secretariat. Referring to section 4.3.1.4 of the global model regulatory framework, he requested clarification on the recommended nomenclature system to be used and whether there would be a corresponding selection process for subsequent eligible nomenclature systems.

The representative of CANADA, speaking also on behalf of Australia, Brazil, Japan, the United Kingdom of Great Britain and Northern Ireland and the United States of America, expressed appreciation for the Secretariat's efforts to support Member States in accessing relevant and up-to-date medical devices nomenclature. However, he did not support the incorporation of existing nomenclatures into the WHO Priority Medical Devices Information System, due to concerns about data integrity and cost-effectiveness related to this approach, and that reliable, trusted and comprehensive nomenclature information was already publicly available free of charge on existing platforms, such as the Global Medical Device Nomenclature.

In addition, copying and/or mapping data from one source to another jeopardized data integrity, required significant ongoing WHO resources and could lead to confusion for medical device manufacturers if they were required to use or label a device with the WHO version of the nomenclature. The Secretariat should therefore link the WHO Priority Medical Devices Information System to existing free, publicly available databases, and encourage and support Member States to use such databases to access up-to-date information. WHO's feasibility study had revealed that comprehensive and reliable mapping of the European Medical Device Nomenclature and the Global Medical Device Nomenclature would be difficult because the systems had a fundamentally different architecture and number of terms, resulting in additional resources, a lack of specificity and an increasing number of inaccuracies impacting ongoing sustainability. Member States should be made aware of the technical complexities and limitations of such data and mapping. The feedback of Member States should be taken on board, and he looked forward to further meaningful consultations on the matter.

The representative of MALAYSIA supported WHO's efforts to create a standardized international classification, coding and nomenclature for medical devices. The WHO Priority Medical Devices Information System was an excellent platform for compiling and integrating existing nomenclature systems for medical devices. With regard to the new grouping tool, she requested the Secretariat to consider the grouping criteria of medical devices developed and implemented in Malaysia.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that medical devices were essential to ensure accurate diagnosis and appropriate clinical care and preventive activities, as well as to ensure the well-being of populations and protect them from health emergencies. He noted the progress made in integrating information on medical devices into other WHO platforms. The Secretariat must continue to ensure the robustness of that information system and the availability of adequate information to improve the standardization of medical devices nomenclature.

The regional summary of country profiles to be updated in the WHO Global Observatory on Health Research and Development would provide useful information on medical devices standardization at a glance. The development of standards, norms and a glossary of definitions for health technologies, in particular for medical devices, should be prioritized. Enhanced regional collaboration would be necessary for the use of an official nomenclature to track medical devices within the Region. In addition, an enabling environment should be created to ensure sufficient interest among Member States. Efforts to enhance Member State engagement should continue, including through regional workshops, briefing sessions and training, in particular on the use of the standardized nomenclature.

The representative of the SYRIAN ARAB REPUBLIC emphasized the importance of a standardized classification and nomenclature, which should be based on a number of groupings and definitions such as function, location within the hospital and risk, with the possibility of adding new ones in future given the rapid development of medical devices and technologies. Following its approval, the standardized classification should be made available in all official languages of the United Nations to ensure its ease of use among regions, especially for Arabic-speaking countries, and the necessary technical support should be provided. Access to the standardized nomenclature and classification should be free of charge to help Member States to achieve the Sustainable Development Goals and to share comments, conduct research and obtain data that would help in developing the health sector. A standardized nomenclature and classification of medical devices were essential for diagnosing diseases, providing treatment and saving lives. The rights of countries to obtain those devices should be protected if sanctions were imposed upon them; preventing the supply of medical devices and technologies and the provision of post-sale maintenance services and replacement parts contributed to the spread of epidemics and an increased rate of morbidity and mortality.

The representative of the REPUBLIC OF MOLDOVA said that, in contrast to the regulation of medicines, the regulation of medical devices remained underdeveloped and with an undefined legal status. Countries were increasingly able to provide medical equipment but the lack of specialists and robust regulation were a major impediment. Lack of regulation also led to the cancellation of large-scale public procurement, which was an inefficient use of resources and gave the appearance of conflicts of interest and a risk of corruption. The Secretariat should provide logistical, financial and technical support to help countries in strengthening their national legal frameworks, using the technical specifications for the equipment and training local specialists. Medical devices were crucial to modernize health systems and ensure high-quality medical services, especially diagnostic services.

The representative of INDIA said that a standardized nomenclature and classification of medical devices would support patient safety, allow for comparisons between medical devices and provide information on their availability and accessibility. It was also essential for defining and naming innovative technologies, classifying devices for regulatory approval and streamlining procurement. A standardized classification could be linked to other WHO international classification systems and support the provision of standardized information for policy-makers and managers. The lack of a nomenclature system had hampered the development of an evidence- and web-based health technologies database, as requested in resolution WHA60.29 (2007) on health technologies. She welcomed the proposal to organize further consultations with Member States and related stakeholders.

The representative of COLOMBIA said that some of the information in the updated Global atlas of medical devices might be out of date due to regulatory changes that had taken place after the consultation period. His Government would seek to keep the relevant national information up to date. The international mapping of different medical devices nomenclature was useful and the update of the WHO Priority Medical Devices Information System was welcome; however, in view of the System's limitations, his Government would continue to use the Global Medical Device Nomenclature.

The representative of the REPUBLIC OF KOREA said that a more advanced and sophisticated medical devices management system should be developed to keep up with the continued expansion of the medical devices market and the development of innovative devices, including software. Standardization of medical devices was therefore crucial, and would serve as a reliable reference for countries that did not have established regulatory systems. WHO's work on the matter provided an opportunity to share views and compare perspectives. Further active consultations with relevant stakeholders were needed and information on progress should continue to be shared with Member States.

The representative of MALDIVES welcomed WHO's efforts to standardize medical devices nomenclature and the progress made in updating the WHO Priority Medical Devices Information System, and expressed support for the proposed way forward. The existence of multiple nomenclatures made it difficult to communicate important information between individuals and organizations, complicated procurement, supply, regulation and tracking, and impacted patient safety and care. For resource-limited countries such as Maldives that relied heavily on imports of medical devices, it also hindered efforts towards achieving universal health coverage targets by the year 2030. As such, similar and cross-cutting strategies should be integrated on a single platform to strengthen implementation and monitoring. The Secretariat should continue to support Member States in adopting the global model regulatory framework for conducting and implementing health technology assessments.

The representative of the RUSSIAN FEDERATION said that although the initial aim had been to create a WHO nomenclature, that goal had gradually transformed into a decision to grant international status to an existing nomenclature. That goal had in turn not been met owing to the introduction in various countries of alternative nomenclature classifications and the impossibility of removing them from the existing regulatory system. At the WHO information session for Member States held on 1 December 2022, it had been observed that WHO's primary task was to ensure the interconnection on the WHO Priority Medical Devices Information System platform of the Global Medical Device Nomenclature and the European Medical Device Nomenclature, as well as the platform's integration with other WHO digital platforms such as the International Classification of Diseases and Related Health Problems. Some Member States were doubtful that a comparison of the two nomenclatures would be effective in view of their differing structure and level of detail. In addition, a unified nomenclature system was necessary in order to monitor changes in real time. The creation of a single medical devices nomenclature was therefore not appropriate at present.

The representative of THAILAND¹ commended the Secretariat and partners for their efforts and contribution to the mapping of medical devices nomenclature, including the establishment of cross-references between the different nomenclature systems. She emphasized the importance of data accuracy in the WHO Priority Medical Devices Information System, which should be regularly updated. The Secretariat should provide technical support to Member States to maximize the benefit of the System at the country level, in addition to ensuring adequate resources to accelerate those efforts and make progress towards the achievement of universal health coverage.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to support the Secretariat's proposed way forward. A standardized nomenclature system was a global public good. The current lack of such a system created unregulated competition and products of variable quality that negatively impacted public procurement. She called on WHO to maintain control over the process of international standardization, prioritization and regulation of medical devices while ensuring transparency and guarding against conflicts of interest.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to: ensure that medical devices nomenclature was globally accessible, transparent and harmonized; work together with pharmacists – who were uniquely positioned to support those efforts – on the related guidelines, tools and strategic implementation; build capacity through knowledge of medical devices and nomenclature by incorporating standardized nomenclature in pharmaceutical curricula and

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

professional development programmes; and use trained pharmacists in disseminating knowledge of medical devices nomenclature.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Access to Medicines and Health Products) thanked Member States for their interest and input on the matter. The COVID-19 pandemic had shown that medical devices were indispensable. The lack of a harmonized nomenclature had led to challenges in procurement, follow-up, surveillance and purchasing, particularly for low- and middle-income countries. As the update of the *Global atlas of medical devices 2022* had shown, of the 180 Member States that had provided information, 45% did not have an official nomenclature system, 18% had developed their own that were cumbersome and incompatible with other global systems, 9% officially used the Universal Medical Device Nomenclature System, 8% officially used the Global Medical Device Nomenclature and 15% officially used the European Medical Device Nomenclature.

A unified naming system enables better tracking, easier procurement, better harmonization of information and availability at health care facilities. During the COVID-19 pandemic, such a system would have been of significant benefit in the supply chain, whether in relation to procurement, tracking or purchasing. The Secretariat appreciated Member States' encouragement to remain vigilant regarding the transparency process and in its work on the harmonization of nomenclature. The intention is not to replace any existing nomenclature system used by Member States. A harmonized system would, however, be of benefit to Member States that do not have their own nomenclature systems. The Secretariat would continue to provide information and updates, organize Member State consultations and work with Member States and partners on that very important topic.

The Board noted the report.

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

4. POLIOMYELITIS: Item 13 of the agenda

Poliomyelitis eradication: Item 13.1 of the agenda (document EB152/18)

Polio transition planning and polio post-certification: Item 13.2 of the agenda (document EB152/19)

The CHAIR invited the Board to consider the reports contained in documents EB152/18 and EB152/19, in particular the guiding questions set out in paragraphs 31 and 34, respectively.

The representative of BRAZIL expressed concern at the recent emergence of new cases of poliomyelitis around the world and the risk of the disease returning in countries that had eliminated it, as warned by the scientific community. In that context, an international group of scientists and health professionals had released the 2022 Scientific Declaration on Polio to underscore the urgent need to implement the Polio Eradication Strategy 2022–2026. Poliomyelitis eradication was both feasible and urgently needed. Vaccination was key to achieving that goal, in addition to global efforts and effective implementation of both the Polio Eradication Strategy 2022–2026 and the Strategic Action Plan on Polio Transition (2018–2023). Member States should reinforce their commitment to poliomyelitis eradication and give attention to neglected diseases.

The representative of AFGHANISTAN said that significant progress had been made in his country in eradicating poliomyelitis with support from Global Polio Eradication Initiative partners,

including WHO and the Regional Office for the Eastern Mediterranean, but much remained to be done. Wild poliovirus transmission in Afghanistan was currently at its lowest ever level, representing an important opportunity to end poliomyelitis. The recent resumption of nationwide polio vaccination campaigns had been a critical step forward. However, significant barriers remained; house-to-house vaccination was still a challenge in some areas, leaving children at risk. The safety and security of workers involved in Afghanistan's poliomyelitis eradication programme also remained a chronic issue, with continued targeted attacks. Cross-border coordination with Pakistan was crucial given the single epidemiological block formed by the two countries, but the current political climate made that coordination challenging.

The sharp rise in the number of wild poliovirus cases in Pakistan together with the detection of cases in Malawi and Mozambique underscored the need for urgent action to interrupt transmission of poliovirus in Afghanistan and Pakistan. Context-specific actions and technical guidance were needed to achieve the aim of being polio-free and for the success of polio programmes. In the longer term, critical steps must be taken to sustain his country's polio programme by integrating it into the national routine immunization programme and by establishing an in-country polio laboratory.

The meeting rose at 12:50.

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