

**PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING**

**WHO headquarters, Geneva  
Thursday, 2 February 2023, scheduled at 14:30**

**Chair: Dr Z. MUSTAFA (Malaysia)**

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## **EIGHTH MEETING**

**Thursday, 2 February 2023, at 14:35**

**Chair:** Dr Z. MUSTAFA (Malaysia)

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

#### **1. POLIOMYELITIS:** Item 13 of the agenda (continued)

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

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

The representative of CHINA said that global eradication efforts should focus on identifying and reaching zero-dose communities. It was important to keep the poliomyelitis vaccination rate high while also promoting coronavirus disease (COVID-19) vaccination. The Secretariat should continue fostering collaboration among Member States to reduce the global transmission of wild poliovirus, enhance technical support to affected and high-risk countries and help key regions take more rapid and effective measures towards eradication.

The representative of CANADA said that the novel oral poliovirus vaccine type 2 was promising and urged Member States and the global health community to stay focused on poliomyelitis eradication, including by properly funding the Global Polio Eradication Initiative. There should be closer collaboration with humanitarian actors, especially in hard-to-reach areas, and greater integration of poliomyelitis eradication efforts into a broader suite of health services to maximize limited resources and increase uptake in vaccine-weary contexts.

Her Government supported the transition process of integrating poliomyelitis functions into Member State public health programmes and WHO integrated public health teams. However, careful management of the process was needed to prevent backsliding. Global discussions on pandemic preparedness and response presented further opportunities to leverage poliomyelitis assets, including emergency operations centres. Countries that had transitioned must maintain strong surveillance. Although the increased focus on countries in which the virus was endemic and consequential geographies was welcome, it was a concern that other vulnerable countries without the means to mount effective campaigns were at greater risk of outbreaks. She asked how the Global Polio Eradication Initiative would manage that risk.

Poliomyelitis eradication would not be possible without a fully gender-responsive approach across all programme and operational areas and she looked forward to learning from the Global Polio Eradication Initiative about opportunities to make a difference on gender equality.

The representative of PERU said that a flexible approach was needed to ensure that zero-dose children had access to the oral poliovirus vaccine, with doses being administered at least four weeks apart. Strategies should be implemented to take vaccination into hard-to-reach areas, including through house-to-house visits by mobile teams and vaccination centres operating at strategic times in accessible places, such as churches and educational institutions. The media should also issue clear messages tailored to local realities and supported by local, district and regional governments.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, outlined some of the steps taken by the Governments of the Region to eradicate poliomyelitis. It was important to raise more funds for eradication activities, enhance surveillance of vaccine-derived polioviruses, improve availability of the inactivated poliovirus vaccine and include it in routine immunization, and integrate environmental surveillance into global surveillance efforts. By addressing those challenges, governments would be better prepared for the post-certification phase. It was also a way to maintain political commitment for poliomyelitis eradication, ensure high-quality vaccine campaigns coordinated across different countries, improve routine immunization coverage, and strengthen surveillance of vaccine-preventable diseases.

The Board should adopt the reports contained in documents EB152/18 and EB152/19.

The representative of INDIA said that transmission of wild poliovirus type 1 and vaccine-derived poliovirus type 2 remained a threat. A comprehensive funding plan, including information about costs of vaccines, surveillance and operations, engagement with key stakeholders and identification of new funding sources were required to mobilize resources for the Polio Eradication Strategy 2022–2026.

All remaining zero-dose children must have access to the oral poliovirus vaccine. Efforts should be made to strengthen routine immunization in high-risk areas, raise vaccine awareness and establish mobile vaccination teams to cover hard-to reach areas. The new polio transition vision should be based on strong and sustainable routine immunization systems. It must strengthen surveillance, including for vaccine-derived poliovirus, promote investment in health systems and human resources and enhance engagement with governments, communities and other stakeholders.

The representative of FRANCE, welcoming the financial commitments towards poliomyelitis eradication made by many governments at the Seventy-fifth World Health Assembly, said that funding at the national level should also be increased as part of the full portfolio planning process, promoted by Gavi, the Vaccine Alliance, with the aim of including poliomyelitis vaccination in national routine immunization strategies. Investments in poliomyelitis eradication and health systems strengthening were complementary.

In order to ensure that all remaining zero-dose children had access to the oral poliovirus vaccine, those children must be identified, including with the involvement of communities and civil society. Parents should be made aware of the importance of vaccination. Efforts should be made to strengthen vaccination campaigns with the support of national and local authorities, monitor implementation and improve surveillance in the areas concerned.

With regard to transition planning, improving vaccination rates among children should be a priority given the decline in vaccination coverage triggered by the COVID-19 pandemic. Surveillance in large urban areas with a focus on at-risk populations should also be improved. Actions on containing poliovirus should be enhanced, by continuing to reduce the number of facilities using poliovirus strains while developing lower risk alternatives.

The representative of the RUSSIAN FEDERATION said that the reports focused on countries located in only three WHO regions, namely the African, South-East Asian and Eastern Mediterranean Regions. However, the emergence of vaccine-derived poliovirus in a number of countries in the Region of the Americas and the European Region had shown that the virus could be imported over great distances and revealed gaps in surveillance. Measures for countries and regions where the virus was not endemic should be included among the key priorities in the renewed polio transition vision. Other key priorities should include: immunization and ensuring a supply of vaccines, notably inactivated poliovirus vaccine for inclusion in routine immunization in all countries; high-quality surveillance; monitoring of poliovirus circulation; support for laboratory networks; containment; scientific research; and regional and country transition plans. Noting that regional action plans should take into account the specificities of the given region, she said that the plan for the European Region should focus on risk

groups, surveillance and containment given the high number of laboratories in the region storing the virus.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND fully supported the efforts of the Global Polio Eradication Initiative and WHO's work on the transition. The recent re-emergence of poliomyelitis in areas previously free of the virus, including his country, was a stark reminder that, as long as the virus existed anywhere, the whole world was at risk. All Member States should maintain sensitive surveillance, high immunization coverage and compliance with containment activities in accordance with resolution WHA71.16 (2018), and he outlined steps being taken by his Government to that end.

His Government commended the work of frontline teams, which had led to a single transmission chain in Pakistan and Afghanistan. It was vital to make the most of the upcoming low season to interrupt all remaining chains of poliovirus transmission in 2023. WHO should set out clearly how it would ensure lessons learned on effective eradication would be implemented. He urged the Secretariat and Member States, particularly those home to the seven consequential geographies, to ensure the ongoing national prioritization of poliomyelitis vaccination campaigns to reach remaining zero-dose children. The Secretariat should explain how it was maximizing collaboration with Gavi on reaching zero-dose children.

He welcomed the continued commitment to integrating poliomyelitis eradication and transition efforts and underscored the need to focus not only on integration with other immunization programmes but also with broader primary health care approaches.

The representative of the REPUBLIC OF KOREA said that Member States should ensure appropriate resources for sustained, integrated disease surveillance as part of their efforts to build resilient national health systems for polio transition and noted that long-term financial sustainability was a key aim of transition. WHO should develop snapshots for each country, focusing on key milestones and challenges in the transition process. With regard to the focus areas of regional action plans, the effective integration of essential functions was essential to deliver immunization services to underserved communities. WHO should establish a technical task force to support priority countries and ensure alignment among all partners. The effective implementation of the Global Polio Eradication Initiative would help countries better respond to future public health emergencies.

The representative of the SYRIAN ARAB REPUBLIC said that it was important to ensure sufficient supplies of oral poliovirus vaccines and conduct vaccination campaigns, in particular in affected and high-risk areas. Funding was needed to strengthen surveillance in all countries so that the virus could be detected, especially in sewage. A focus should be placed on helping the most vulnerable people. House-to-house visits should be increased in high-risk countries to raise awareness and transparency was essential to counter misinformation. There was a need to step up vaccine production to meet growing needs, and to respond effectively to the emergence of new cases. Lessons should be learned from countries that had successfully eradicated poliomyelitis.

The representative of the UNITED STATES OF AMERICA said that the Global Polio Eradication Initiative should reconsider its policy of not providing direct support to integrate activities in the remaining known poliovirus reservoirs. It should provide needed surge support, identify neutral emissaries to increase access, co-design approaches in inaccessible areas and close surveillance gaps to prevent the circulation of wild poliovirus and importation, which was a concern. There should be a renewed focus on ending outbreaks, especially in Africa, through action to improve the quality, scope and speed of vaccination campaigns, and respond to an outbreak as soon as it was detected with the vaccine most readily available. The inclusion of poliovirus vaccination in other outreach activities and campaigns should be part of national action plans. A combination of enhanced campaign speed and field effectiveness would stop outbreaks more quickly and reduce the likelihood of new ones. Poliomyelitis

remained a public health emergency of international concern under the International Health Regulations (2005) and all Member States should remain diligent about continued poliovirus surveillance and vaccination. It was critical to focus on reducing zero-dose children and strengthening poliomyelitis and other vaccine-preventable disease surveillance. Governments were encouraged to ensure that national programmes were sufficiently resourced to support the human and operational costs of ongoing immunization, surveillance and laboratory needs.

In closing, her Government encouraged the advancement of poliovirus containment efforts in alignment with the Global Polio Eradication Strategy 2022–2026 and the new Strategy for Global Poliovirus Containment.

The representative of TIMOR LESTE noted with satisfaction that the South-East Asia Region had retained its poliovirus-free certification status. However, it was important to scale up surveillance, sustain vaccination coverage, and increase the poliomyelitis outbreak response since poliomyelitis remained a public health emergency of international concern. Noting that the COVID-19 pandemic had had a negative impact on routine immunization and surveillance activities, he outlined some of the actions being taken by his Government to ensure that Timor Leste remained free of poliomyelitis and thanked WHO for its technical and financial support in that regard.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, acknowledged the crucial role of the Regional Subcommittee for Polio Eradication and Outbreaks and the vaccination efforts of health care workers. Although wild poliovirus had been largely contained within Afghanistan and Pakistan, the risk of transmission remained and Member States should sustain their poliomyelitis-essential functions.

He called on all stakeholders to seize the moment to eradicate poliomyelitis, urging leaders in Afghanistan and Pakistan, in particular, to keep up the momentum. It was important to ensure rapid detection and response to outbreaks while also prioritizing routine immunization, particularly among zero-dose children in countries with protracted outbreaks, such as Somalia and Yemen. There was a need to address challenges related to the global supply of the novel oral polio vaccine type 2 and integrate poliomyelitis-essential functions into national public health programmes. He recognized the progress made in the polio transition and the Secretariat's support for surveillance, immunization and emergency response within the context of health systems strengthening and health security. The Member States of the Eastern Mediterranean Region remained committed to a successful transition and would prioritize financial resources to secure poliomyelitis-essential functions, improve immunization coverage and strengthen emergency response capacity.

The representative of MALAYSIA welcomed the updated outbreak response guidelines and detailed global surveillance action plan for 2022–2024, which was also useful for medium-to-low risk countries like his own. The detection of vaccine-derived poliovirus type 2 in various countries had shown that poliovirus could circulate anywhere. It was vital for all Member States to optimize poliovirus vaccination coverage in all areas and the recent increase in the number of zero-dose children in high-risk areas must be addressed without further delay. Community mobilization, collaboration with civil society and strong communication strategies tailored to local needs could facilitate vaccination uptake, acceptance and access. The Global Polio Eradication Initiative should work closely with priority countries to identify gaps in surveillance and laboratory capacity so that financial support could be mobilized with a view to improving the timeliness and sensitivity of poliovirus detection.

In order to achieve the objectives of the Strategic Action Plan on Polio Transition 2018–2023, close collaboration with the polio transition priority countries was required, ensuring that their concerns and needs were addressed. Regional action plans for polio transition and integration beyond 2023 should focus on ensuring that poliomyelitis eradication gains were sustainable. Integration with other health programmes would facilitate capacity-building and drive progress towards universal health coverage.

Core capacities in the areas of surveillance, laboratories and emergency response framework should also be given priority in polio transition and integration.

The representative of PARAGUAY said that in order to ensure sufficient funding for full implementation of the Polio Eradication Strategy 2022–2026, the financial needs and opportunities within different countries should be analysed and national resources could be supplemented by international cooperation and financing. There was also a need to establish effective and transparent accountability procedures and harmonize national priorities with global vaccination and immunization strategies.

To ensure that all remaining zero-dose children in affected and high-risk areas had access to the oral polio vaccine, the focus should be on strengthening immunization systems and improving outbreak preparedness, detection and response capacities; planning and resourcing immunization campaigns in close coordination with scientific associations and civil society; staffing vaccination teams; and organizing communication campaigns focusing on at-risk populations to address disinformation and vaccine hesitancy.

Key priorities of the renewed polio transition vision should include the development of action plans specific to each population or risk group, the strengthening of national and subnational emergency response capacities, and the provision of better guidance from regional offices to countries in identifying available financial resources. Focus areas of the regional action plans for polio transition beyond 2023 were strengthening routine immunization and surveillance of vaccine-preventable diseases and improving monitoring and laboratory capacities.

The representative of BOTSWANA said that his Government continued to support global efforts to eradicate poliomyelitis and he outlined a number of actions it had taken to that end, such as the establishment of environmental surveillance in six priority areas and the implementation of an immunization strategy aiming to reach all people eligible for vaccination.

The representative of the REPUBLIC OF MOLDOVA supported the reports. The war in Ukraine had created favorable conditions for outbreaks and the situation was inevitably affecting countries receiving Ukrainian refugees, whose vaccination status was unknown. Vaccination programmes, including for poliomyelitis, must be a priority for WHO in Ukraine. The reports should contain information regarding measures to address poliomyelitis among refugees as well as for poliomyelitis-free areas that were potentially at risk.

The overall poliomyelitis vaccination rate had decreased during the pandemic which presented a risk to all, and the routine immunization agenda must be respected.

The representative of COLOMBIA, welcoming the reports, said that progress depended on how quickly the international community could eradicate poliomyelitis in countries in which the virus was endemic, contain it in at-risk countries and stop the transmission of vaccine-derived poliovirus in countries where the wild polioviruses had already been eradicated. Poliomyelitis eradication would demonstrate the global and regional will to collaborate to move forward on high-impact common causes while working towards acceptance of the social determinants of health, overcoming inequality, and promoting universal health coverage, and he highlighted the need for more precise targets in that regard. His Government remained committed to eradication and was striving to increase vaccination coverage to pre-pandemic levels.

The representative of SLOVAKIA, endorsing the comments made by the representatives of the Republic of Moldova and Senegal, called for a greater focus of efforts on humanitarian settings, especially conflict zones, where health systems were fragile and the risk of new poliomyelitis cases was higher. Global success in poliomyelitis eradication would not be possible without targeted approaches in those settings, such as the establishment of electronic registers containing the health and personal data

of displaced persons. There was also a need for enhanced policy development as well as better communication with vaccine-hesitant populations.

The representative of YEMEN said that his Government, which had recorded cases of poliomyelitis in 2019, was continuing to take measures towards poliomyelitis eradication wherever possible but faced major difficulties due to the unstable security and economic situation in the country.

The representative of the MALDIVES said that strategies and sustainable infrastructure were required to sustain the achievements of the Member States of the South-East Asia Region on poliomyelitis eradication. The poliomyelitis immunization response should be strengthened to reach zero-dose children, and the transition from the oral poliovirus vaccine to the inactivated poliovirus vaccine would help to reduce occurrences of vaccine-derived poliovirus. Targeted efforts were required to mobilize greater financial support for disease surveillance. Regional action plans for polio transition and integration beyond 2023 should focus on ensuring that poliomyelitis eradication gains were sustainable. Integration of poliomyelitis assets with other health programmes would facilitate capacity-building and drive progress towards universal health coverage.

The representative of ETHIOPIA reiterated her Government's commitment to poliomyelitis eradication and transition, emphasizing that efforts must be sustainable. It was important to strengthen surveillance and enhance measures in emergency and humanitarian settings.

The representative of MOZAMBIQUE<sup>1</sup> said that, despite the vaccination efforts of the subregional multi-country emergency outbreak response in her country, significant immunity gaps that could be contributing to ongoing transmission persisted. The mobilization of funding at the global and national levels for poliomyelitis eradication must be improved, and the private sector and other partners should be included in efforts. To reach every child, Member States must strengthen primary health care, encourage community involvement and take a whole-of-government and whole-of-society approach. Funding for national poliomyelitis plans should be prioritized and efforts made to boost routine immunization, build health facilities and improve community surveillance. With regard to post-poliomyelitis certification, integrated actions were needed to strengthen primary health care and community involvement.

The representative of MONACO<sup>1</sup> said that much remained to be done to sustain the progress made towards poliomyelitis eradication, and WHO and other organizations should continue collaborating with the Global Polio Eradication Initiative. Every effort must be made to strengthen vaccination strategies for zero-dose children, including by working with local nongovernmental organizations to ensure maximum coverage. Awareness-raising campaigns should be based on a participatory and bottom-up approach in order to foster trust in and acceptance of vaccination programmes. Commending the people working on the ground, most of whom were women, she expressed concern about the situation in Afghanistan where decades of progress in the fight against poliomyelitis were in danger of being lost. Poliomyelitis must remain a priority for global health programmes. Her Government would continue supporting WHO's eradication, transition and post-certification efforts.

The representative of PAKISTAN<sup>1</sup> said that although unprecedented floods had slowed the nationwide immunization campaign, his Government was continuing its work to detect, contain and eliminate all polioviruses as well as to reduce the risk of cross-border circulation between Pakistan and Afghanistan, and he outlined some of the actions being taken in that regard. His Government was

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

grateful for the support it received from partners and was hopeful that all objectives would be met on time and in line with the Polio Eradication Strategy 2022–2026.

The representative of TUNISIA<sup>1</sup> congratulated WHO on its work on poliomyelitis eradication and welcomed the two reports under consideration. His Government was committed to achieving the goals of the Polio Eradication Strategy 2022–2026. His Government sought to ensure high vaccination coverage and surveillance to maintain the country's poliomyelitis-free status.

The representative of AUSTRALIA<sup>1</sup> commended the sustained efforts of the Global Polio Eradication Initiative and its partners and highlighted the need to ensure that national health and immunization systems were strong following the COVID-19 pandemic. Poliomyelitis eradication was a global public good, and renewed support for the Global Polio Eradication Initiative, including in the form of financial contributions, was needed to maintain the gains made thus far and help close the significant funding gap. Her Government was pleased to have contributed to the Polio Eradication Strategy 2022–2026.

Recurring outbreaks of vaccine-derived poliomyelitis remained a concern and Member States must work with key partners to strengthen their routine immunization systems. Doing so would yield benefits in the fight against all vaccine-preventable diseases and mitigate poliomyelitis-related risks.

She commended the commitment of the Global Polio Eradication Initiative to continue operations in Afghanistan and noted with concern the restrictions being placed on women working for nongovernmental organizations. It was vital that women could participate in house-to-house campaigns in order to sustain high-coverage levels and reach zero-dose children. The safety of all frontline poliomyelitis workers should remain a priority.

The representative of ZAMBIA<sup>1</sup> said that the re-emergence of wild poliovirus type 1 and vaccine-derived poliovirus type 2 in the African Region and beyond was of great concern and had shown that there was no room for complacency.

More engagement with strategic funding partners was needed to mobilize the resources required to implement the Polio Eradication Strategy 2022–2026. Consideration should be given to new approaches in responding to multiple outbreaks of vaccine-preventable diseases. Since the target population was usually the same, it would be helpful to move away from parallel programmes towards integration of services. Member States should be supported in using technology to map hard-to-reach areas where most zero-dose children were to be found.

The representative of EL SALVADO<sup>1</sup> recognized the need for consensus on the key priorities for the renewed polio transition vision and on the focus areas of the action plans for polio transition. At the regional level, efforts should be made to ensure the surveillance of acute flaccid paralysis in children under 15 years of age, the detection of suspected cases, and the provision of technical support in updating mitigation and risk analysis plans. The shipment of specimens linked to suspected cases of poliomyelitis should be coordinated.

The representative of GERMANY<sup>1</sup> said that the outbreaks of wild poliovirus and the detection of vaccine-derived poliovirus in 2022 had shown that no one was safe until everyone was safe. In order to achieve global eradication, the Polio Eradication Strategy 2022–2026 must be fully financed and all remaining zero-dose children, especially in high-risk areas, had to be reached. The Global Polio Eradication Initiative must intensify cross-programmatic integration and work in close cooperation with other health programmes.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



She welcomed the WHO management response to the mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition 2018–2023 and its accompanying road map. Poliomyelitis infrastructure had been a major asset in many countries in the fight against other diseases, such as Ebola virus, measles and COVID-19. The development of a resource mobilization strategy to generate predictable and flexible funding to sustain poliomyelitis assets was a key priority. Her Government appreciated WHO's advocacy activities in that area and was pleased that the integration of essential functions into the base segment of the WHO programme budget would continue for the period 2024–2025.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Polio Eradication Initiative must focus on those countries in which poliomyelitis remained endemic and on consequential geographies. Best practices and tailored approaches should be applied to reach children with poliovirus vaccine and other vital health interventions, and he highlighted the important role of the Gender Equality Strategy 2019–2023 of the Global Polio Eradication Initiative.

The detection of poliovirus in previously poliomyelitis-free countries demonstrated that the existence of the virus anywhere was a threat everywhere. All countries must maintain high levels of population immunity, identify and address pockets of low coverage, and ensure robust surveillance to prevent outbreaks. Further financial investment was needed by all sectors to overcome challenges and sustain gains.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR and drawing attention to the alarming rise in new cases, said that political leaders must renew their commitment to poliomyelitis eradication and offer greater financial support. There was an urgent need for early detection and outbreak response, microplanning and improvement plans, prompt mobilization of human resources, faster distribution of funds, better cross-border collaboration, increased access to underserved populations and comprehensive, integrated action plans for vaccine hesitancy. Formal consultations should be held with the participation of Member States and Global Polio Eradication Initiative partners to develop an action plan to address programme challenges. A strategy for mobilizing Member State, regional and partner support should also be developed.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed WHO's efforts on poliomyelitis eradication. However, the 2022 outbreaks in countries where the virus was not endemic had shown the failure of the vertical strategy. Action should be taken to prioritize improved access to safe water and sanitation, integrate local public health poliomyelitis interventions within comprehensive primary health care, ensure decent work for health workers involved in poliomyelitis programmes, include rehabilitation in those programmes, and encourage the speedy and just resolution of conflicts impeding access to health care. Governments should address intellectual property barriers and move towards self-sufficiency in poliovirus vaccine production to ensure the long-term sustainability of vaccination programmes.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN, speaking on behalf of all six regions of WHO, said that 2022 had been a year of challenges, steady gains and hard-won access for the poliomyelitis programme. After more than a year without a case, the confirmation in April of a case of paralytic poliomyelitis in Pakistan was disappointing. The spread of poliomyelitis into Djibouti, Egypt and Sudan and outbreaks in Yemen and Somalia had shown how easily the virus could be transmitted between countries. However, those challenges had only strengthened the resolve to reach every child, leading to some successes, such as the vaccination of 200 000 zero-dose children in Somalia.

Poliomyelitis must be eradicated in the year 2023. A poliomyelitis-free world was in reach but would not come easily. The international community must work together to recover lost ground on childhood immunization, including against poliomyelitis.

Noting that the Regional Subcommittee for Polio Eradication and Outbreaks provided a crucial platform for Member States and stakeholders to identify gaps and join forces to address them promptly, he said that progress on the polio transition had been made in the six non-endemic priority countries in the Eastern Mediterranean Region, including by implementing integrated public health teams. A regional action plan had been developed to ensure coordination and support in maintaining essential public health functions. The Polio Transition Steering Committee was closely monitoring progress.

The detection of imported wild poliovirus in Malawi and Mozambique in 2022 was a reminder that all countries remained at risk until the world was poliomyelitis-free. Outbreaks of circulating vaccine-derived polioviruses had also been recorded in Africa, reflecting the deteriorating immunization coverage among vulnerable populations. The region had been able to act quickly by expediting technical and financial support to outbreak countries. Throughout the year 2022, Member States had taken robust steps to enhance surveillance and improve both timeliness and quality of response.

There was a strong commitment to maintaining poliomyelitis-essential functions across all regions, which was critical to achieving a poliomyelitis-free world. Member States everywhere must maintain adequate routine immunization coverage and ensure high-quality surveillance for polioviruses through acute flaccid paralysis and environmental surveillance. They must also continue to survey, identify and destroy any unneeded poliovirus infectious and potentially infectious materials as part of their national containment activities.

He was confident that, with collective resolve and strong coordination, it would be possible to stop wild poliovirus transmission in the Eastern Mediterranean Region and prevent any future emergence of wild and vaccine-derived polioviruses in all regions.

The DEPUTY DIRECTOR-GENERAL, thanking Member States for their support regarding polio transition, said that the Secretariat had taken note of all the issues raised. WHO had moved from theory to practice on polio transition in 2022. The year 2023 would be time to consolidate progress and develop a new vision for the future. Having achieved a successful transition in over 50 countries, WHO had demonstrated that it was possible to integrate poliomyelitis tools, assets and functions into national systems to protect gains and support broader public health. She reassured Member States that the polio transition would be integrated with work at the primary health care level.

The recommendations of the mid-term evaluation of the Strategic Action Plan 2018–2023 would inform the next stage of the transition. A clear and detailed workplan had been developed as part of the management response.

An important lesson learned was that one size did not fit all. The transition must be nuanced, flexible and context-specific. Regional action plans would therefore be country-led, context-appropriate and aligned with the local epidemiology and would form the basis of the global vision, which would align transition efforts with the evolving global health agenda, including efforts for pandemic preparedness, integrated disease surveillance and health systems recovery and resilience. Development of the new vision and the regional action plans would be inclusive and transparent. Member States, development partners, health experts, civil society and other stakeholders would have multiple opportunities to provide input, including at a number of global and regional forums to be convened by the Secretariat before the Seventy-sixth World Health Assembly and through regular interaction in other forums.

The DIRECTOR (Poliomyelitis Eradication), having thanked frontline workers for their tireless efforts to achieve poliomyelitis eradication, said that the key lesson learned from countries in which the poliovirus was endemic was the need to listen and respond to the virus. He highlighted the importance of political will, engaging with communities, integrating actions where feasible and reaching the children who were persistently missed. Following those steps had led to a sharp reduction in the number of provinces in Afghanistan and districts in Pakistan that were categorized as endemic.

The focus within the consequential geographies was on the hardest-to-reach areas where the highest concentration of zero-dose children could be found. In the year 2022, those areas had included

northern Yemen, the eastern part of the Democratic Republic of the Congo, north-western Nigeria and south-central Somalia, where inaccessibility, insecurity and protracted emergencies, such as conflicts and natural disasters, were widespread. Sustainable progress could not be achieved unless children in those areas were protected through vaccination. Those efforts, however, did not come at the expense of other measures, such as the standard outbreak responses.

As a result of concerted efforts across five countries in south-east Africa, no cases of wild poliovirus type 1 had been recorded in Malawi and Mozambique since August 2022. A solid basis for further progress had been created.

The poliomyelitis eradication programme was not an extinction programme and the poliovirus would continue to be handled by laboratories, vaccine manufacturers and research institutions. Containment was, however, a certification requirement and did not represent a theoretical risk. The detection of wild poliovirus type 3 in sewage in the Netherlands in the fourth quarter of 2022 had highlighted the importance of the effective implementation of safeguards.

With regard to engagement with Gavi, he said that at its Board meeting in December 2022, Gavi had agreed an inactivated poliovirus vaccine co-financing waiver, which was essential for vaccine delivery across many countries in Africa, the Eastern Mediterranean Region and beyond. The full portfolio planning process had been implemented in Pakistan to strengthen delivery mechanisms in areas where essential immunization was the weakest.

The year 2023 was critical for the poliomyelitis eradication programme. It was very important to sustain efforts and mobilize political will so that poliomyelitis remained a priority.

The DIRECTOR-GENERAL said that the world was in a better place with regard to wild poliovirus, particularly in Afghanistan and Pakistan. However, the last mile was the hardest and there was no room for complacency. It was time to double down on efforts.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/18 and EB152/19.

### **The Board noted the reports.**

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

### **2. SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS:** Item 7 of the agenda (documents EB152/7 and EB152/7Add.1)

The CHAIR drew attention to the draft decision contained in document EB152/7. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB152/7 Add.1.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, 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 the statement.

He fully supported the activities of the WHO Member State mechanism on substandard and falsified medical products and acknowledged the added value of cooperation among WHO regions in counteracting the distribution of such products. WHO had an important role to play in helping Member States address the threat to public health. Resources, strategic and longer-term planning, capacity

building, cooperation and reporting were required. The aim was to increase access to existing documentation, such as guidance and training materials, and improve the interoperability of different reporting systems at the regional and global levels while taking into consideration the lessons learned from the COVID-19 pandemic.

WHO must have a leadership role in coordinating the efforts of all national competent authorities since stronger regional collaboration would allow for optimal use of resources for capacity-building. Member States should, in collaboration with the Secretariat, take steps to share existing web based tools and platforms with a view to integrating them into one single platform. Emerging trends in falsification should be targeted.

The outcome of an independent evaluation of the mechanism should be reported to the governing bodies in line with current reporting requirements.

The representative of BRAZIL supported initiatives that promoted access to affordable, safe and quality medical products, including through actions to prevent, detect and respond to substandard and falsified medical products. Such efforts should not, however, hamper the critical work being done to enable access through the production of generic medicines.

Her Government welcomed the decision to conduct an independent evaluation of the Member State mechanism as well as the initiative of the Steering Committee to develop a structured strategic plan that could assist in tracking progress and prioritizing efforts.

The representative of PARAGUAY drew attention to the list of prioritized activities for 2022–2023 set out in Annex 2 to the report. Regarding Activity A, her Government was particularly interested in participating in the working group chaired by Brazil to develop a risk matrix to determine which products to include in post-market surveillance. With regard to Activity E, the Member State mechanism should evaluate the implementation of the actions to share experience and monitor the work undertaken in each country so as to make uniform progress within a given time frame. Regarding Activity G, she welcomed the progress made towards identifying and developing appropriate strategies to understand and address distribution and supply and looked forward to the development of the strategic road map. It was important to establish a reporting mechanism and registry so that action could be taken when irregularities occurred. Her Government supported the draft decision.

The representative of the SYRIAN ARAB REPUBLIC speaking on behalf of the Member States of the Eastern Mediterranean Region, said that substandard and falsified medical products posed a significant danger to public health in his region. Adequate control over the supply chain was needed and, given difficulties in detecting falsified and substandard products, field detection technologies should be made available at the grassroots level. Surveillance measures must be applied strictly and substandard and falsified medical products must be denounced whenever identified, including in the context of post-marketing surveillance.

Member States must establish their own frameworks to tackle the issue of substandard and falsified medical products. WHO should continue to facilitate the exchange of experiences at all levels and provide technical training on prevention, detection and response. It should also provide technical support to help Member States identify gaps in national legislation and regulatory structures and strengthen national regulatory authorities. A better system should be put in place for regional communication and dissemination of information between the Member State mechanism and Member States with the involvement of competent technical groups at all levels. Appropriate interfaces between technical teams and Member States were also required.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, recognized the importance of global access to safe, effective, quality and affordable medical products, including in developing countries. The legislative and regulatory mechanisms instituted in many

countries in the field of pharmaceuticals and health products were welcome but further funding was needed to address the issue of substandard and falsified medical products.

He welcomed the risk-based post-market surveillance project and the electronic tool developed to facilitate its implementation. Countries of the African Region that had conducted successful awareness-raising campaigns should share their materials with other Member States. As the issue of substandard and falsified medical products varied from country to country and depended on the capacities of the national regulatory authority, WHO was encouraged to facilitate the sharing of information and establish connections between the Global Focal Point Network and other mechanisms and platforms. Member States should also have a better understanding of track and trace technologies and put in place national traceability systems.

He endorsed the recommendations set out in the report.

The representative of the MALDIVES supported an independent evaluation of the Member State mechanism in accordance with the terms of reference to be developed by the Steering Committee.

The sharing of information on substandard and falsified products between countries and with WHO was crucial to protect public health. Appropriate mechanisms must be established so that national regulatory authorities in all regions could alert one another of substandard or falsified products in real time.

The Secretariat should assist Member States in strengthening local regulatory mechanisms and in building capacities by developing accessible, user friendly and interoperable guidelines and training materials. Member States also required support to ensure the integrity of raw materials and health care products throughout the supply chain.

The representative of the RUSSIAN FEDERATION commended the activities of the Member State mechanism and supported the proposal for an independent evaluation. WHO had repeatedly underscored the importance of ensuring global access to safe, effective and quality medical products and of coordination and cooperation among Member States in that regard. It was, however, disappointing that some elements of the mechanism's work had been politicized, leading to the disruption of activities of importance for health promotion. A technical seminar on the detection of substandard and falsified medical products had been cancelled at short notice, with representatives of one country speaking out against the Russian Federation's participation. Such action was a violation of the fundamental principles of WHO and could be damaging for future work. All necessary measures should be taken to preserve WHO's independence.

The representative of CHINA said that access to safe and high-quality medical products was the cornerstone of universal health coverage. It was essential to ensure the continuity of the Member State mechanism, which provided a shared platform for coordination, cooperation and engagement on substandard and falsified medical products, which undermined health systems. The mechanism's successes should be summarized, demonstrating its value to both participating and incoming Member States. The proposed evaluation would help WHO to formulate strategies and carry out long-term planning, and his Government supported the draft decision.

The representative of TIMOR LESTE recalled that the transparent sharing of information on substandard paediatric medicines through the WHO Global Surveillance and Monitoring System and the WHO alert had been very useful, resulting in their immediate detection, recall and disposal in Timor-Leste.

Her Government supported the list of prioritized activities for 2022–2023 and looked forward to receiving strategic direction on ensuring access to safe, effective, quality and affordable medical products. Action was required to strengthen the capacity of regulatory authorities on prevention, detection and response and to maintain the Global Focal Point Network for the safe, secure and efficient exchange of information between Member States and the Secretariat. The continued technical support

and guidance from the Secretariat on issues related to substandard and falsified medicines was appreciated.

The representative of MALAYSIA commended the work of the WHO Global Surveillance and Monitoring System, particularly the alerts and incident reporting procedures. All medicinal products in Malaysia were subject to post-market surveillance and the national regulatory authority would be subject to assessment using the WHO Global Benchmarking Tool. His Government supported the workplan of the Member States mechanism and list of prioritized activities, particularly those concerning the distribution or supply of medicinal products via the internet, and he noted some of the steps taken by his Government in that regard. Mechanisms were required to monitor the distribution of substandard and falsified medical products in informal markets. Member States should be guided in the implementation of the risk-based surveillance programme to minimize the spread of substandard and falsified medical products.

The representative of the REPUBLIC OF KOREA supported the draft decision. The Member State mechanism had served as a useful platform for Member States over the previous decade and its independent evaluation would provide an opportunity to review past actions and prepare for future ones. For the purposes of the evaluation, consideration should be given to WHO's existing instruments, such as the Global Benchmarking Tool's indicators for market control and surveillance that were already being applied in certain Member States.

The representative of MADAGASCAR said that access to safe, effective and high-quality medical products was a key aspect of universal health coverage. Substandard and falsified medical products had considerable health and socioeconomic impacts and the sharing of experience and good practices among African countries and other regions was essential.

The Secretariat should support Member States' efforts involving all relevant sectors. High-level meetings between institutions should be held to ensure greater harmonization and synergy in efforts to combat such products. There should be increased investment in reporting and traceability systems, and sanctions against traffickers should also be tightened. The independence of the agencies coordinating the efforts was a concern given that traffickers could seek to influence decision-making. Innovative and context-specific were required to build capacity in Member States through training and awareness-raising campaigns.

The representative of COLOMBIA welcomed the report and described some of the steps being taken by his Government to combat substandard and falsified medical products. While international regulatory convergence and harmonization would be useful to coordinate the efforts of countries to tackle the problem, the varying regulatory capacities of different countries and regions should be taken into account. Member States experiencing difficulties did not necessarily have low standards, they might simply be in the early stages of implementing the necessary systems.

There was also a need for capacity-building through the sharing of knowledge and successful experiences. Member States could then implement measures based on the success of others in line with their own national context.

The representative of the UNITED STATES OF AMERICA appreciated WHO's work to address and raise awareness of substandard and falsified medical products, such as actions on cough syrups for children in response to the recent incidents of contamination. Independent and rigorous regulatory systems that provided oversight, quality control and enforcement were essential to protect consumers.

Her Government strongly supported the draft decision and looked forward to an independent evaluation of the Member State mechanism, which would be critical to chart the mechanism's future direction and to the development of a strategic plan for consideration in the year 2023.

The progress made under prioritized activity H concerning the distribution of substandard and falsified medical products through informal markets and the strong Member State engagement on the topic were welcome. WHO's engagement with other bodies working on the supply chain for medical products was appreciated and other ways of enhancing such coordination should be considered. All Member States should engage with the Secretariat on the prioritized activities and access WHO guidance and tools.

The representative of BOTSWANA welcomed the progress made in addressing substandard and falsified medical products and described a number of steps being taken by his Government in that regard. He noted the report and supported the draft decision. The incidents of contaminated cough syrup for children were of concern and WHO's ongoing support to ensure the quality, safety and efficacy of all medical products was appreciated.

The representative of SLOVAKIA strongly supported the work of WHO on substandard and falsified medical products, particularly the discussion regarding the regulation of paediatric medicines. Stronger collaboration was needed to secure patient safety and access to certified essential medicines, including palliative care medications, was essential to treat all diseases, including childhood cancer.

The representative of THAILAND<sup>1</sup> said that strong collaboration was needed among all stakeholders to ensure the effective prevention and detection of and response to substandard and falsified medical products. The capacities of national focal points should be strengthened to ensure that reliable evidence continued to be provided to the WHO Global Surveillance and Monitoring System. The work to manage substandard and falsified medical products should not create barriers to accessing quality generic products. Her Government supported the draft decision and expected the outcomes of the independent evaluation to support effective context-based activities in every country.

The representative of INDONESIA<sup>1</sup> supported the list of prioritized activities. The high numbers of substandard and falsified medical products showed the need for better cooperation and stronger detection capacities. WHO should support Member States in ensuring the integrity of raw materials and health care products throughout the supply chain as well as in developing measures and strategies to boost capacities to monitor raw materials and ensure the quality of finished products. Her Government encouraged the Member State mechanism to prioritize activities on the issue and prevent future incidents.

The representative of AUSTRALIA<sup>1</sup> expressed concern about reported incidents of contaminated cough syrup for children and supported WHO's urgent call for countries, manufacturers and suppliers to do more to prevent, detect and respond quickly to contaminated medicines. Noting the importance of surveillance, he welcomed the support provided by WHO to help governments increase surveillance to detect and remove from circulation any substandard medicines identified in WHO medical alerts. The Member State mechanism must address the situation directly in accordance with its mandate at the next Steering Committee meeting in March 2023 or sooner.

His Government welcomed the proposal for the Steering Committee to develop a strategic plan for consideration by the mechanism and would support a full independent evaluation of the mechanism.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were at the forefront of the fight against falsified medicines. The Federation had, in close collaboration with WHO and universities, piloted a course on the topic for undergraduate pharmacy students, which had proved useful for professional practice and

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

had been a great example of successful collaboration and action at the global level. Similar such projects could drive forward the Member State mechanism and empower pharmacists to intervene and minimize harm from falsified medicines.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that an evaluation of the mechanism should include recommendations to address the lack of equitable access to medicines, high pricing, supply and demand issues, and regulatory failures that enabled the circulation of quality-compromised medicines. Universal health care, a robust health system, a capable medicines regulator and affordable pricing would help to eliminate substandard and falsified medical products.

Barriers, such as intellectual property rights, must be addressed. The requirement to meet manufacturing standards should not become an obstacle to access. To avoid conflict of interest, the financing of medicine regulators should be secured by governments rather than the pharmaceutical industry.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that weak regulatory systems were the root cause of substandard and falsified medical products. Key manufacturing countries, particularly low- and middle-income countries, should actively participate in the WHO regulatory systems strengthening programme to establish their maturity level for both medicines and vaccines under the WHO Global Benchmarking Tool, and work towards becoming WHO-listed authorities. Importing countries should rely on WHO prequalification. For medical products outside the scope of prequalification, countries with national regulatory authorities at maturity level 1 or 2 should consider relying on authorities transitioning towards becoming listed authorities.

The link between the Member State mechanism, the WHO Global Surveillance and Monitoring System, regulatory systems strengthening, the WHO Global Benchmarking Tool and prequalification was unclear. Those initiatives should be integrated to ensure a significant decrease in the circulation of substandard and falsified medical products.

The representative of the INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that although timely access to quality medicines was an essential aspect of cost-effective cancer treatment and a key determinant of survival, children with cancer encountered barriers in accessing to the quality medicines they needed. Her organization stood ready to cooperate in addressing that issue.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that recent tragedies had underscored the urgent need for all Member States to appropriately fund and resource their regulators to enable them to detect, prevent and respond to dangerous products. Quality assurance had traditionally focused on end-product testing but there should be greater regulatory focus on quality controls for raw materials. Expanding quality testing to the upstream supply chain would help regulators detect adulterated products and allow for a rapid response in times of crisis.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, welcomed the report and the recent call to action urging countries to protect children from contaminated medicines. Safe and high-quality medical products and medicines were a cornerstone for achieving target 3.8 of the Sustainable Development Goals on universal health coverage. Member States as well as relevant stakeholders should collaborate and ensure access to safe, effective, quality and affordable medicines for everyone everywhere.



The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Member State mechanism was the correct platform for agile cooperation between parties. Greater efforts should be aimed at increasing the technical capacity of national authorities to detect and disrupt the flow of substandard and falsified products, raise awareness among the public about the unregulated sale of health goods and facilitate the work of health professionals by securing the supply of quality-assured medicines to health facilities.

The representative of INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Federation of Pharmaceutical Manufacturers and Associations and the International Alliance of Patients' Organizations, supported the list of prioritized activities for the period 2022–2023, particularly activity A on strengthening the capacity of national and regional regulatory authorities for the prevention and detection of, and response to, substandard and falsified medical products.

A strong, unified and coordinated regulatory system would greatly contribute to combating substandard and falsified medical products on the African continent, from which a large percentage of fake medicines originated. The African Medicines Agency offered an unprecedented opportunity for improved regulatory reliance and should be operationalized in conjunction with awareness raising, political engagement and health systems strengthening initiatives.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Access to Medicines and Health Products) recalled that WHO had released a statement on the issue of contaminated cough syrup in January 2023 and encouraged Member States to enhance transparency and cooperation in dealing with contaminated products.

Although substandard and falsified medical products could be found in every country, they were more common in low-income countries where they were estimated to account for one out of 10 products. Investment in national regulatory authorities was therefore extremely important. She called on Member States to invest in self-assessment under the WHO Global Benchmarking Tool, which would help to detect gaps and needs and enable the Secretariat to provide focused support to strengthen national regulatory authorities. All efforts must be made in collaboration with Member States. She confirmed that 12 low- and middle-income countries had reached functional maturity level 3 of the global benchmarking tool in the past five years. Various other national regulatory authorities were also undertaking the self-assessment. The Secretariat stood ready to provide training and education to national focal points to facilitate greater transparency, sharing of information and collaboration, and to enhance early prevention, detection and response.

She took note of the support for the evaluation, which would help in the development of a future strategy for the Member State mechanism.

**The Board noted the report.**

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/7.

**The decision was adopted.<sup>1</sup>**

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<sup>1</sup> Decision EB152(9).

**3. STRENGTHENING REHABILITATION IN HEALTH SYSTEMS:** Item 8 of the agenda (document EB152/8)

The CHAIR invited the Board to consider the report contained in document EB152/8, in particular the guiding questions set out in paragraph 24. She drew attention to the draft decision on strengthening rehabilitation in health systems proposed by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda and Slovakia, which read.

The Executive Board, having considered the report on strengthening rehabilitation in health systems,<sup>1</sup>

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19). Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and comorbidities;

(PP2) Expressing deep concern that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

(PP3) Recognizing that rehabilitation requires more attention by policymakers and domestic and international actors when setting health priorities and allocating resources, including with regards to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

(PP4) Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;

(PP5) Emphasizing that rehabilitation services are key to the achievement of Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages), as well as an essential part of achieving target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

(PP6) Reaffirming that rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health including sexual and reproductive health, the right to work, the right to education, among others; and that States' obligations and commitments in this regard are consistent with the United Nations Convention on the Rights of Persons with Disabilities;

(PP7) Noting the Declaration of Astana (2018), which emphasizes that rehabilitation is an essential element of universal health coverage and an essential health service for primary health care;

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<sup>1</sup> Document EB152/8.

(PP8) Recalling resolution WHA54.21 (2001) and the International Classification of Functioning, Disability and Health which provides a standard language and conceptual basis for the definition and measurement of health, functioning and disability;

(PP9) Recalling the role of rehabilitation for effective implementation of resolution WHA66.10 (2013), in which the Health Assembly endorsed the global action plan for the prevention and control of noncommunicable disease 2013–2020; resolution WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020; resolution WHA71.8 (2018) on improving access to assistive technology; decision WHA73(33) (2020) on road map for neglected tropical diseases 2021–2030; resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies; and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities;

(PP10) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion;

(PP11) Noting that persons in marginalized or vulnerable situations often lack access to affordable, quality and appropriate rehabilitation services and to assistive technology, accessible products, services and environment, which impacts their health, well-being, educational achievement, economic independence and social participation;

(PP12) Concerned about the affordability of accessing rehabilitation services as well as related health products, and of assistive technology, and inequitable access to such products within and among Member States, as well as the financial hardships associated with high prices which impede progress towards achieving universal health coverage;

(PP13) Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed treatment, promotive, preventive, rehabilitative and palliative essential health services, while recognizing that for most people rehabilitation services and access to rehabilitation related assistive technology are often an out-of-pocket expense and ensuring that users' access to these services is not restricted by financial hardship or other barriers;

(PP14) Noting with concern that, in most countries, the current level of rehabilitation related workforce is insufficient in number and quality to serve the needs of the population, and that the shortage of rehabilitation professionals is higher in low and middle income countries and in rural, remote and hard to reach areas;

(PP15) Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

(PP16) Noting that rehabilitation is a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment; and as such, rehabilitation is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society;

(PP17) Noting as well that the benefits of improving access to affordable assistive technology, accessible products, services and infrastructures and rehabilitation include improved health outcomes following a range of interventions, as well as facilitated participation in education, employment and other social activities, and significantly reduced healthcare costs and burden of care providers, and that tele-rehabilitation can contribute to the process of rehabilitation;

(PP18) Further noting that rehabilitation requires a human centred, goal oriented and holistic approach, guiding coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services and community development and to work in collaboration with civil society organizations, representative organizations and other relevant stakeholders;

(PP19) Recognizing that the provision of timely care for the acutely ill and injured will prevent millions of deaths and long term disabilities and contribute to universal health coverage;

(PP20) Concerned that lack of access to rehabilitation may expose persons with rehabilitation needs to higher risks of marginalization in society, poverty, vulnerability, complications and comorbidities; and impact on function, participation and inclusion in society;

(PP21) Noting with concern that the fragmentation of rehabilitation governance in many countries and the lack of integration of rehabilitation into health systems and services and along the continuum of care result in inefficiencies and failure to respond to individual and populations' needs;

(PP22) Noting with concern the lack of awareness among health care providers of the relevance of rehabilitation across the life-course and for a wide range of health conditions, leads to preventable complications, comorbidities and long-term loss of functioning;

(PP23) Appreciating the efforts made by Member States, the WHO Secretariat and international partners in recent years to strengthen rehabilitation in health systems, but mindful of the need for further action;

(PP24) Deeply concerned that, without concerted action, including through international cooperation, for strengthening rehabilitation in health systems, rehabilitation needs will continue to go unmet with long-term consequences for persons and their families, societies and economies;

(PP25) Noting WHO's initiative "Rehabilitation 2030: A Call for Action", which acknowledges the profound unmet need of rehabilitation, emphasizes the need for equitable access to quality rehabilitation and identifies priority actions to strengthen rehabilitation in health systems,

(OP)1. URGES Member States:<sup>1</sup>

(OP)1.1 to raise awareness and build national commitment for rehabilitation including for assistive technology and strengthen planning for rehabilitation including its integration within national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery;

(OP)1.2 to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary;

(OP)1.3 to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop the community based rehabilitation strategy, which will allow to reach underserved rural, remote and hard to reach areas, whilst implementing person-centered strategy

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<sup>1</sup> And, where applicable, regional economic integration organizations.

and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs;

(OP)1.4 to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation including after rehabilitation, and promoting inclusive barrier-free environment;

(OP)1.5 to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; recognizing and responding to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care;

(OP)1.6 to enhance health information systems to collect information relevant to rehabilitation, including system level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health (ICF); ensuring data disaggregation by sex, age, disability and any other context relevant factor for a robust monitoring of rehabilitation outcomes and coverage, ensuring compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage;

(OP)1.7 to promote high quality rehabilitation research, including health policy and systems research;

(OP)1.8 to ensure timely integration of rehabilitation in emergency preparedness and response, including emergency medical teams;

(OP)1.9 to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and innovation for efficient delivery and equitable access with a view to maximizing impact and cost-effectiveness;

(OP)2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies and academia:

(OP)2.1 to support Member States,<sup>1</sup> as appropriate, in their national efforts to implement the actions in the Rehabilitation 2030: A Call for Action, and to strengthen advocacy for rehabilitation, as well as support and contribute to the WHO hosted World Rehabilitation Alliance, a multi-stakeholder initiative to advocate for health system strengthening for rehabilitation;

(OP)2.2 to harness and invest in research and innovation in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, and support Member States, as appropriate, in collecting health policy and system research to ensure future evidence-based rehabilitation policy and practice;

(OP)3 REQUESTS the Director-General:

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<sup>1</sup> And, where applicable, regional economic integration organizations.

(OP)3.1 to develop with input from Member States and in collaboration with relevant international organizations and other stakeholders, and to publish, before the end of 2026, a WHO baseline report with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;

(OP)3.2 to develop, feasible global health system rehabilitation targets and indicators of effective coverage of rehabilitation services for 2030, focusing on tracer health conditions, for consideration by the Seventy-ninth World Health Assembly, through the 158th session of the Executive Board;

(OP)3.3 to develop and continuously support the implementation of technical guidance and resources to provide support to Member States in their national efforts to implement the actions of the Rehabilitation 2030: A Call for Action, building on their national situation in access to physical, mental, social and vocational rehabilitation;

(OP)3.4 to ensure that there are appropriate resources at the WHO's institutional capacity, at headquarters, regional and local levels, to support Member States in strengthening and increasing the variety of available rehabilitation services and access to available, affordable and usable assistive technology, and to facilitate international collaboration in this regard;

(OP)3.5 to support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response as part of their investment in strengthening their own emergency medical teams, including by addressing the long-term rehabilitation needs of those affected by emergencies, including COVID-19;

(OP)3.6 to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

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

<b>Decision:</b>	Strengthening rehabilitation in health systems
<b>A. Link to the approved revised Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.</p> <p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.</p> <p>2.1.2. Capacities for emergency preparedness strengthened in all countries.</p>
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b>	Not applicable.

<p><b>4. Estimated time frame (in years or months) to implement the decision:</b> Eight years: from 2023 to 2030.</p>
<p><b>B. Resource implications for the Secretariat for implementation of the decision</b></p>
<p><b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b> US\$ 78.98 million.</p>
<p><b>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b> US\$ 2.68 million.</p> <p><b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b> Not applicable.</p>
<p><b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 21.96 million.</p>
<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 54.34 million.</p>
<p><b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 2.68 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> <b>2022–2023</b> resources already planned	Staff	0.26	0.12	0.05	0.24	0.05	0.11	0.53	1.36
	Activities	0.14	0.04	0.02	0.06	0.00	0.06	1.00	1.32
	Total	0.40	0.16	0.07	0.30	0.05	0.17	1.53	2.68
<b>B.2.b.</b> <b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> <b>2024–2025</b> resources to be planned	Staff	0.53	0.49	0.45	0.50	0.42	0.46	1.11	3.96
	Activities	3.68	2.72	0.80	4.16	1.76	2.88	2.00	18.00
	Total	4.21	3.21	1.25	4.66	2.18	3.34	3.11	21.96
<b>B.4. Future bienniums</b> resources to be planned	Staff	1.39	1.26	1.17	1.31	1.08	1.19	4.34	11.74
	Activities	9.20	6.80	2.00	10.40	2.00	7.20	5.00	42.60
	Total	10.59	8.06	3.17	11.71	3.08	8.39	9.34	54.34

The representative of JAPAN said that rehabilitation should be available to any person with an acute or chronic health condition, disability or injury, whether temporary or permanent. It must be strengthened in all countries in order to achieve universal health coverage and should also be provided in times of crisis, such as conflicts and disasters.

The free-of-charge online interactive training package developed by the Secretariat appeared promising and should be further promoted. WHO should also work with Member States to provide guidance on the dissemination of other tools being developed by private companies.

The representative of PERU said that, in order to strengthen rehabilitation in health systems, it was important to demonstrate that rehabilitation interventions were cost-effective not only for acute events but also for chronic health conditions. Rehabilitation must be an essential element of universal health coverage and primary health care. It must be considered in planning and budgeting processes and integrated into essential services. Developing a priority assistive products list would improve access to assistive technology. Rehabilitation should be prioritized within strategic health plans, and the Secretariat should provide technical support to Member States on development and implementation. There was also a need to work with interested organizations and partners to strengthening primary health care.

The representative of PARAGUAY said that needs and challenges regarding rehabilitation services, which were often undervalued, varied among Member States. However, the demand for such services was growing given the ageing population and the increased prevalence of communicable and noncommunicable diseases. Universal health coverage would not be possible without including rehabilitation services at all levels of the health system and as part of emergency preparedness and response. A strategic plan was needed to improve the accessibility, affordability and quality of rehabilitation. Service provision should be strengthened and appropriately financed. The Secretariat, including the regional offices, could provide support in that regard and help to harmonize national and global agendas.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the **candidate countries North Macedonia, Montenegro, Serbia, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with the statement.**



Noting with satisfaction that rehabilitation was becoming a priority in health services, he supported full and timely access to comprehensive rehabilitation services for all, including for persons with a temporary or permanent disability or physical or psychological impairment. Rehabilitation should not be confined to assistive technologies but should instead address physical and mental factors and be integrated into a continuum of person- centred services, including in emergency situations. He underscored the importance of including psychological and medical support for sexual recovery in rehabilitation services.

In a spirit of compromise, the Governments of the Member States of the European Union would join the consensus on the draft decision. They remained committed to sexual and reproductive health and rights, which were essential to achieving the highest attainable standard of physical and mental health.

The Secretariat and Member States must continue to consider rehabilitation as a combination of many different intersectoral activities that helped people strengthen or regain their functional capacity, including in the sphere of mental health.

The representative of the MALDIVES said that the COVID-19 pandemic had highlighted the importance of integrating rehabilitation services into all layers of health care, especially at the primary care level, to ensure universal health coverage. Multisectoral efforts were needed to do so. Governance around rehabilitation services remained fragmented in many countries and health workforce challenges, including staff shortages, impacted the integration of rehabilitation services in health service delivery.

WHO was encouraged to apply a bottom-up approach to develop feasible global health system rehabilitation targets and indicators for 2030 and support Member States in developing strategies to incorporate rehabilitation interventions into the broader planning context. Her Government supported the draft decision.

The representative of FRANCE said that aftercare and rehabilitation services were vital to achieve universal health coverage and should be available both as part of primary health care and in emergency situations. Those services must be delivered by trained professionals and offered in a way that reduced regional inequalities and social disparities to access. WHO must strengthen the rehabilitation services available within health systems through general actions, such as the development of guidelines, handbooks and training, and targeted actions, including the implementation of strategic plans to strengthen services in specific national health systems. Such work had become particularly important since the COVID-19 pandemic given the decline in visits to aftercare and rehabilitation facilities and the need to address the long-term effects of COVID-19 infection.

The representative of MALAYSIA took note of the commitment made by Member States to work towards the 10 areas for action and strengthen rehabilitation planning and implementation. Her Government strongly supported the creation of a multidisciplinary rehabilitation workforce and the development of comprehensive rehabilitation service delivery models through the stroke rehabilitation continuum of care programme. The multidisciplinary team concept would facilitate the transition from the acute stroke phase to reintegration into the community.

Member States should utilize their expertise to support WHO in strengthening rehabilitation. She agreed that the current rehabilitation workforce was inadequate to serve the needs of the population at large. Enhancing community based rehabilitation programmes required special attention from multisectoral stakeholders, continuous consultation, research to inform decisions and adequate employment of essential health practitioners alongside skilled and targeted action. Evidence-based policy-making was crucial. Population data was important to maintain community violence reduction programmes.

Rehabilitation could be strengthened in primary health care and as part of emergency preparedness. Training for essential medical rehabilitation relief team members should include rehabilitation for conditions commonly seen during disasters, identification of needs and safety

precautions. Tele-rehabilitation must be made available in community-based centres and in family-based care. The central disaster management body for each region should include rehabilitation professionals in its coordination team.

**The meeting rose at 17:35.**

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