World Health Organization

EXECUTIVE BOARD | **EB154/PSR/10**
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PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

WHO headquarters, Geneva
Thursday, 25 January 2024, scheduled at 18:00

Chair: Dr H.M. AL KUWARI (Qatar)

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TENTH MEETING

Thursday, 25 January 2024, at 18:15

Chair: Dr H.M. AL KUWARI (Qatar)

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

1. GLOBAL HEALTH AND PEACE INITIATIVE: Item 16 of the agenda (document EB154/17)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on the Global Health and Peace Initiative, proposed by Switzerland. The draft decision read:

The Executive Board, having considered the report by the Director-General,[1]

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

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Emphasizing the role of WHO within its mandate as the directing and coordinating authority on international health work;

(PP3) Recalling the Constitution of the World Health Organization recognizing that the health of all peoples is fundamental to the attainment of peace and security and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

(PP4) Recalling also resolution WHA34.38 (1981) entitled "The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all";

(PP5) Recalling further resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, in which the Health Assembly recognized that WHO is in a unique position to support health ministries and partners, as the lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and called on Member States to strengthen national risk management, health emergency preparedness and contingency planning processes and disaster management units in the health ministry, as outlined in resolution WHA64.10 (2011);

(PP6) Reaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory, and that the affected State has the primary role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory;

(PP7) Recalling United Nations General Assembly resolution 46/182 (19 December 1991) on strengthening of the coordination of humanitarian emergency assistance of the United Nations and all subsequent General Assembly resolutions on the

[1] Document EB154/17.

subject, including resolution 78/119 (8 December 2023), and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

(PP8) Recalling also that international humanitarian law, as applicable, must be fully applied in all circumstances, without any adverse distinction based on the nature or origin of the armed conflict or on the causes espoused by or attributed to the parties to the conflict, recalling that domestic implementation of international obligations plays a central role in fulfilling the obligation to respect international humanitarian law, and recognizing the primary role of States in this regard;

(PP9) Recalling further decision WHA68(10) (2015) in which the Health Assembly reiterated that WHO's emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and shall be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

(PP10) Also recalling decision WHA75(24) (2022) which requested the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward and to then develop a roadmap;

(PP11) Further recalling decision WHA76(12) (2023) in which the Health Assembly took note of the roadmap for the Global Health and Peace Initiative and requested the Director General to report on progress made on strengthening the roadmap, as a living document through consultations with Member States, Observers and other stakeholders, as decided by Member States;

(PP12) Considering the continued work on strengthening the roadmap as requested in decision WHA76(12),

(OP) REQUESTS the Director-General:

(1) to continue the following actions, within and as part of the consultative process of strengthening the roadmap:

(a) evidence gathering through research summary and its analysis;

(b) communication and awareness about the Global Health and Peace Initiative and its added value and the Health and Peace approach to programming;

(c) capacity-building through technical support and [the potential development of an internal WHO training handbook ;]

(d) dialogue and partner with key actors to explore where expertise can be pooled and identify areas of cooperation.

(2) to report back on progress to the Executive Board at its 158th session in 2026 and for the consideration of further action by Member States;

(3) to report to the Eighty-second World Health Assembly in 2029, through the Executive Board, on the status of the roadmap in view of a possible, consensual strengthened roadmap.

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

Decision:	Global Health and Peace Initiative
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 15.19 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 2.31 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 6.31 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 6.57 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.04 million. – **Remaining financing gap in the current biennium:** US$ 2.27 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 1.00 million from various interested donors.

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.2.a. 2024–2025 resources already planned	Staff	0.18	0.08	0.02	0.05	0.08	0.01	0.27	0.69
	Activities	0.35	0.25	0.10	0.15	0.25	0.08	0.44	1.62
	Total	0.53	0.33	0.12	0.20	0.33	0.09	0.71	2.31
B.2.b. 2024–2025 additional resources	Staff	–	—	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.53	0.21	0.04	0.10	0.38	0.02	0.54	1.82
	Activities	1.20	0.75	0.20	0.30	1.00	0.16	0.88	4.49
	Total	1.73	0.96	0.24	0.40	1.38	0.18	1.42	6.31
B.4. Future bienniums resources to be planned	Staff	0.55	0.22	0.04	0.10	0.40	0.02	0.56	1.89
	Activities	1.25	0.78	0.21	0.31	1.04	0.17	0.92	4.68
	Total	1.80	1.00	0.25	0.41	1.44	0.19	1.48	6.57

The representative of SWITZERLAND said that, following informal consultations, she proposed amending the bracketed text in operative paragraph 1(c) of the draft resolution contained in the draft resolution to read: “the potential development of an internal WHO training handbook for programming purposes within WHO’s mandate”. The inextricable link between health and peace demanded that WHO should continue its vital work on the Global Health and Peace Initiative. Decision WHA76(12) (2023) on the Initiative gave no clear direction, however, on the way forward beyond the Seventy-seventh World Health Assembly. Accordingly, her Government and that of Oman had committed to producing a draft decision providing such guidance, including a timetable and specific follow-up actions, and would continue to engage in constructive dialogue with all delegations on the Initiative.

The representative of FRANCE said that growing climate-driven food insecurity would harm health and worsen migration, thus weakening social cohesion and ultimately jeopardizing world peace. It was therefore essential to improve training for frontline health workers and anticipate the evolution, and subsequent regional impact, of global phenomena. That would enable health workers to act in situations of fragility, conflict and vulnerability and respond more effectively to the ethical difficulties they encountered. Given the need to strengthen partnerships, her Government welcomed the proposals made to operationalize the health and peace approach and work as closely as possible with communities, ensuring the systematic consideration of health in policy and programme implementation.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the respect for State sovereignty in the draft decision. He emphasized that emergency responses and reconstruction efforts should be equitable and sustainable. The Secretariat should continue to improve communication and awareness about the Global Health and Peace Initiative and strengthen the Roadmap for the Global Health and Peace Initiative through constructive consultation to build consensus.

As a specialized United Nations agency, WHO had important comparative advantages in international health work. Ongoing wars and health emergencies in his Region, in particular in the Gaza Strip, highlighted the importance of promoting respect for international humanitarian law in order to protect patients, health workers and health infrastructure. Health and peace were essential pillars for achieving universal health coverage and the Sustainable Development Goals. He underscored the complex and intersectoral nature of health and peace, recognizing the vital role of the health sector in the current difficult times. Attention must be paid to the health concerns and conditions in communities

living under protracted illegal occupation and facing violence and mass displacement, such as in the occupied Palestinian territory. The Secretariat should continue cooperating with Member States to enhance awareness of the Initiative and its implementation.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, said that the Global Health and Peace Initiative would bolster the role of the health sector and WHO in peacebuilding and would contribute to achieving the triple billion targets and the Sustainable Development Goals by strengthening the links between health, social cohesion and peace. Appreciative of the Roadmap consultations, he welcomed the Secretariat's responses and proposals regarding practical approaches to health and peace programming, and the case studies underlining the importance of implementation monitoring and the community-level involvement of young people.

He noted the country-level illustrations of frontline health and peace programming, developed to document best practices and evidence on the contribution of the health and peace approach, especially in challenging contexts. He highlighted the joint project with IOM that sought to reduce violence in Cameroon through conflict- and peace-sensitive, inclusive health and social interventions, and thereby contribute to wider peacebuilding efforts. He expressed appreciation for the capacity-building provided to support health and peace programming. He urged the Director-General to continue to consult and engage with Member States to strengthen the Initiative and called for increased funding to create and scale up other health and peace projects.

The representative of AUSTRALIA said that her Government appreciated the Secretariat's work to strengthen the Roadmap, and to address the health needs of populations in post-conflict recovery, especially the most vulnerable. She welcomed the country-level illustrations, the work with the *Lancet* Commission on peaceful societies through health equity and gender equality, and the ongoing consultations with relevant United Nations partners as part of research on practical approaches to linking health and peace. In view of increasing sexual and gender-based violence during humanitarian crises and the findings of the Commission's report, gender inequalities must be tackled when addressing the health needs of populations in post-conflict recovery. The Secretariat should therefore consider options to further integrate gender equity into the Roadmap. She endorsed the adoption of the draft decision, as amended by the representative of Switzerland, and the proposed reporting timeline.

The representative of CHINA welcomed the draft decision. He said that consultations to strengthen the Roadmap should remain Member-State-led and consensus-based and should respect national sovereignty. Related actions should be context-appropriate, focus on strengthening the provision of emergency health and humanitarian assistance, and enhance solidarity, mutual trust and cooperation. In addition, the Secretariat should further clarify the specific objectives, work content and outcome evaluation indicators of the actions included in the Roadmap; demonstrate how health and peace could be mutually reinforcing; explain the added value for well-being; and review the mandates of other United Nations agencies and global health-related organizations to avoid duplicated efforts and wasted WHO resources. Furthermore, the Roadmap should not politicize health or broaden WHO's mandate beyond improving human health and well-being. His Government stood ready to deepen cooperation with other countries on peace and health through its new Global Security Initiative.

The representative of the UNITED STATES OF AMERICA said that the Secretariat's close collaboration and consultation with all stakeholders had strengthened the Roadmap as a living document and had deepened understanding of how the Global Health and Peace Initiative supported WHO's ability to deliver on its mandate. The Initiative, the Roadmap and the actions outlined in the draft decision would ensure that WHO had the appropriate Member State resources and support to mount principled and effective health emergency responses and advance longer-term sustainable health objectives in the fragile, conflict-affected and vulnerable settings in which it was increasingly called upon to work. She supported the draft decision.

The representative of TOGO, describing his Government's efforts to promote health and peace at home and abroad, said that the mainstreaming of health and peace across all three levels of WHO and the support provided to Member States to address the issue at the national level was welcome. The Lomé Peace and Security Forum, recently launched by his Government to promote dialogue between the different parties to conflicts in the Sahel region and elsewhere in Africa, could provide fertile ground for promoting health and peace. He supported the draft decision.

The representative of TIMOR-LESTE said that, given the context in his country, his Government was well aware of the interdependency of health and peace. Highlighting his Government's efforts in that area, including the sharing of nation-building experiences with other members of the G7+, he recommended that the Secretariat should continue to mainstream the health and peace approach into WHO guidelines and operations at the regional and country levels to improve context-specific, country-led action, and requested it to mobilize resources for country offices, including through the United Nations Peacebuilding Fund. The Secretariat's technical support and continued engagement with the broader United Nations system to achieve the objectives of the Global Health and Peace Initiative was appreciated.

The representative of BRAZIL said that his Government fully supported WHO's work in conflict-affected and vulnerable areas, in accordance with its mandate. Health workers should not be directly involved in conflict resolution; however, health was fundamental for attaining peace and security. He supported the draft decision and the actions proposed therein, which would help to clarify the scope and practical implementation of the Global Health and Peace Initiative. Country leadership and ownership of the Initiative were crucial to ensure that the design and implementation of health programmes – which should have health outcomes as their main objective – did not exacerbate conflicts or overlap with initiatives under the peace and security agenda. Health was a core part of the 2030 Agenda for Sustainable Development and global solidarity and must not be politicized.

The representative of SLOVAKIA, supporting the draft decision and the proposed amendment thereto, welcomed the Roadmap and the development of technical guidelines based on high-quality evidence.

The representative of MALDIVES expressed his appreciation that key principles and concepts to facilitate and sustain health and peace initiatives and programmes had been addressed during the consultations and included in the Roadmap. Prioritizing health and enabling health service delivery that was ethical, based on human rights and free from political influence was integral to building trust and protecting health facilities and workers, especially in conflict situations. The Roadmap would pave the way for conflict-sensitive, peace-responsive health programmes. It was important to mainstream interventions that were focused on young people, awareness-raising and capacity-building. Providing technical capacity-building support and empowering health workers to operate effectively in conflict-affected settings was crucial to mitigate risks and build resilience against the impact of armed conflict and all forms of violence. He expressed support for the draft decision.

The representative of AFGHANISTAN welcomed the draft decision and efforts in the area of health and peace. However, he said that the escalating number of conflicts and deteriorating geopolitical situation had been created by politicians. In that context, the health community was the only entity that could still inspire trust, and must therefore shoulder its responsibility to recognize its full potential and become true advocates for peace. To that end, health workers and institutions should go beyond fulfilling their normative mandates to be seen as leaders at the local, national and international levels. He encouraged Member States to equip them with knowledge and skills in diplomacy, politics, negotiation, leadership and cultural competence and thus demonstrate real commitment to the Global Health and Peace Initiative.

The representative of the SUDAN,[1] noting the growing interest in WHO's role during and after conflicts, said that WHO and the international community must strive to prevent the collapse of health facilities and systems in wartime, increase the effectiveness and accessibility of humanitarian aid and advocate strongly for adherence to international humanitarian law. The Global Health and Peace Initiative supported WHO's objectives, the achievement of the Sustainable Development Goals, and the right to health care during conflicts. The Roadmap would strengthen the Initiative and better enable the Organization to carry out its mandate in fragile circumstances. His Government supported the draft decision and recommended further consultations on the Roadmap to ensure that State sovereignty and established practices were respected.

The representative of THAILAND[1] said that her Government fully endorsed the triple billion targets as a crucial contributor to peace and health, which were fundamental to achieving equity through universal health coverage. Expressing support for the six workstreams in the Roadmap, she encouraged the Secretariat to provide the necessary policy and education resources to implement the Global Health and Peace Initiative effectively in the countries where it was most needed, thereby positively transforming health equity.

The representative of BANGLADESH,[1] underlining peace as the cornerstone of health for all, said that political solutions were vital to achieve peace and thus provide equitable health care access. The global community should work to uncouple health and politics and reduce the health inequities that had emerged during the COVID-19 pandemic. WHO must have complete freedom to carry out its mandate. It was also important to acknowledge that some governments needed external support to provide health services. His Government supported the statement made by the representative of Brazil.

The representative of the REPUBLIC OF KOREA[1] said that his Government encouraged the full implementation of the Global Health and Peace Initiative and the institutionalization of WHO's contribution in that area. Expressing concern at the destruction of health infrastructure in countries experiencing conflict, and the ensuing impact on physical and mental health, he encouraged the swift restoration of peace. He looked forward to the views of all Member States being fully reflected in the update to the Seventy-seventh World Health Assembly in May 2024.

The representative of OMAN,[1] appreciative of the consultations to find consensus on the Roadmap and the draft decision, said that that his Government remained committed to mainstreaming the health and peace approach in the work of WHO to ensure equitable, participatory and sustainable health programmes. The ongoing attacks on health care in fragile, conflict-affected and vulnerable settings in clear violation of international law not only endangered health providers, but also deprived vulnerable populations of urgently needed care. His Region continued to contend with internal and external population displacement, weakened health systems and worsening health as the result of acute and prolonged conflicts, which would severely hamper the achievement of the health-related Sustainable Development Goals unless context-appropriate responses were adopted. The Secretariat should continue to enhance awareness of the need to implement the Global Health and Peace Initiative, build capacity through technical support and explore cooperation with key stakeholders.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the devastating conditions of war, coupled with a lack of access to basic health care, led to the spread of disease and provided the perfect breeding ground for

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

a new pandemic. Attacks against the health sector must stop in order to preserve the right to access health care, and to prevent another global health crisis.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that international humanitarian law emphasized the importance of the safety and protection of health care facilities and personnel in fragile, conflict-affected and vulnerable settings, which were fundamental for impartial health care provision. Attacks on health should never be normalized.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, said that, achieving the peace responsiveness called for in the Roadmap required respect for, and the promotion of, human dignity in living and in dying; skilled, empathetic and compassionate health care; and support for colleagues facing attacks or discrimination.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, condemned the continuous attacks on health care. She welcomed the coordination of peacebuilding processes with humanitarian health strategies through the Global Health and Peace Initiative and the inclusion of young people in the consultative process. Health workers should be given adequate training on international humanitarian law, while maintaining neutrality, to help to limit the destructive consequences of war through community health care provision and promotion. Agreeing ceasefires for current conflicts, upholding international humanitarian law and ensuring access to health care and humanitarian aid were fundamental to the long-term implementation of the Initiative.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) expressed appreciation for the strong support from Member States for peace-responsive health programming. He said that the mandate of the Global Health and Peace Initiative was based on the indispensability of health for peace. Fulfilling that mandate in a complicated world must avoid securitizing health, putting health workers in the position of negotiating peace and exposing health to further attacks or isolation in situations of conflict. The forthcoming background paper on practical approaches would be useful in demonstrating how the Initiative would be implemented in communities. The Secretariat would continue to work with Member States to define, design, monitor, evaluate and oversee those activities, always prioritizing health outcomes. It would also avoid politicization, recognizing that health care and protection must be sensitive to the situation on the ground and able to contribute to building sustained peace and preventing conflict.

The Executive Board had an important responsibility to speak out against the growing trend of attacks on health care as an object of war. Building trust and understanding regarding the importance and impartiality of health care would help to protect the health system and promote peace. Recognizing the sensitivities concerning health and peace, the Secretariat would continue to work diligently under Member States' guidance to ensure the Initiative's success.

The DIRECTOR (WHO Health Emergencies Programme), REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director for the Eastern Mediterranean, said that WHO had responded to more than 20 emergencies across his Region in the year 2023. The need had been driven primarily by conflicts, which were political emergencies, coupled with natural disasters, climate change, and an increase in infectious disease outbreaks. In that complex environment, WHO had adopted a comprehensive emergency management approach with consistent good results. Moreover, it had regularly met international standards and had received three positive external reviews of its work in the year 2023.

The humanitarian situation and the health system in the Gaza Strip continued to deteriorate, while the world's largest displacement crisis was being experienced in the Sudan, complicated by a rapidly spreading cholera outbreak. He called for all sides to implement immediate and sustained ceasefires, as only political solutions would resolve those crises. The Global Health and Peace Initiative had never been more relevant, and Member States should fully support the Roadmap.

The Board noted the report.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendment to the draft resolution contained in the draft decision on the Global Health and Peace Initiative. Operative paragraph 1(c) would be amended to read: "capacity-building through technical support and the development of an internal WHO training handbook for programming purposes within WHO's mandate;".

The decision, as amended, was adopted.[1]

2. POLIOMYELITIS: Item 17 of the agenda

- **Poliomyelitis eradication** (document EB154/18)
- **Polio transition planning and polio post-certification (document EB154/19)**

The CHAIR invited the Executive Board to consider the reports contained in documents EB154/18 and EB154/19, in particular the guiding questions set out therein, in paragraphs 22 and 24, respectively.

The representative of AFGHANISTAN said that, despite tremendous successes, the poliomyelitis eradication programme in his country faced urgent and delicate challenges. The inability to conduct house-to-house campaigns jeopardized the effectiveness of efforts on the ground, particularly among zero-dose children. National ownership of the poliomyelitis eradication programme and investment in human capital, technical expertise and institutional capacity at the national level would not only ensure the sustainable success of the eradication phase but would also play a significant role in post-certification transition planning. The incorporation of poliomyelitis eradication activities into the routine immunization programme would enable a more sustainable and comprehensive approach to safeguarding the health of communities. Technological solutions should be adopted to enable more efficient data collection, monitoring and response strategies.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, although wild poliovirus type 1 remained confined to Afghanistan and Pakistan, sustained efforts were required to prevent the virus from establishing a foothold where cases had been detected in historical poliovirus reservoirs. His Region had responded actively to poliovirus outbreaks in Djibouti, Egypt and the Sudan; however, continuing outbreaks in Somalia and Yemen risked further regional spread. In Yemen, the Regional Office and the WHO Country Office should do their utmost to convince the parties in the areas outside the control of the legitimate Government to allow the unhindered delivery of routine and poliovirus vaccinations. His Region commended the progress made by the Governments of Afghanistan, Pakistan and Yemen and called on them to work to

[1] Decision EB154(11).

end transmission by the middle of the current year, and recognized the work of the Regional Subcommittee for Polio Eradication and Outbreaks.

Member States that had weak economies and health systems and faced an influx of refugees and migrants required continued technical and financial support to combat the enduring risk of poliovirus transmission. As his Region drew closer to eradicating the disease, Member States should prioritize routine immunization, including poliomyelitis vaccination, especially among zero-dose or underimmunized children in countries with protracted outbreaks; introduce novel oral polio vaccine type 2; continue to invest in poliovirus surveillance and child immunity; prioritize domestic funding; and integrate essential poliomyelitis functions into priority national public health programmes.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, said that overall poliovirus immunity was waning in much of her Region, and the delivery of mass vaccination campaigns with bivalent oral polio vaccine and novel oral polio vaccine type 2 in the relevant countries had been challenging. Against that backdrop, concerns remained regarding the potential spread of circulating vaccine-derived poliovirus types 1 and 2, as a result of type 1 outbreaks in the Democratic Republic of the Congo and Madagascar and the delayed introduction of the second dose of inactivated poliovirus vaccine and novel oral polio vaccine type 2. Poor implementation of active surveillance and funding for priority poliomyelitis activities were also causes of concern. She urged close monitoring of the implementation of all recommendations, in particular those on bolstering immunization coverage – especially in high-risk subnational areas with zero-dose children – preventing internal and cross-border transmission, and mobilizing resources for the Global Polio Eradication Initiative.

The representative of ETHIOPIA, outlining his Government’s efforts in the context of the Polio Eradication Strategy 2022–2026, said that targeted measures to reach all remaining zero-dose children in critical geographical areas should be enhanced, including by fostering community engagement and trust through local leaders, integrating poliomyelitis vaccination into broader health interventions in coordination with humanitarian partners, and employing innovative strategies such as cross-border vaccination teams and transit vaccination points.

The representative of PARAGUAY, noting that full poliomyelitis eradication was within reach, said that the main challenge at the current stage was to vaccinate all zero-dose children, especially those affected by humanitarian emergencies. It was crucial to provide clear and concise information about the benefits and importance of vaccination, in particular for children under 5 years of age, identify individual vaccination histories, and make appropriate arrangements to ensure timely and accessible vaccination for all children.

The representative of FRANCE reiterated her Government’s commitment to reaching all zero-dose children. To complement work on strengthening health systems, action taken should enable effective implementation of full portfolio planning with Gavi, the Vaccine Alliance, and Global Polio Eradication Initiative partners, and allow poliovirus vaccination to be included in routine national immunization programmes.

Regarding transition planning, environmental and other surveillance in at-risk populations and in health emergencies should be strengthened. Poliovirus containment activities would likewise need to be bolstered while continuing to reduce the number of facilities using poliovirus strains and promoting the development and use of safer alternatives. Given that poliomyelitis eradication in Africa was closely linked to the development of regional production capacity, her Government encouraged partners to align their efforts with Gavi’s regional production initiatives as part of implementing the African Vaccine Manufacturing Accelerator.

The representative of MALAYSIA said that persistence of wild poliovirus type 1 in Afghanistan and Pakistan, coupled with challenges in reaching zero-dose children and in eradicating circulating vaccine-derived poliovirus type 2, despite the availability of a novel oral polio vaccine, was a cause of concern. National governments should empower health workers in the effective delivery of vaccinations. It was crucial to tailor vaccination strategies to areas with zero-dose children and understand the reasons for missed vaccinations, and she highlighted the role of civil society organizations in that respect. Financial commitments from global partners were also appreciated, in view of the need for prioritized resource allocation to bridge immunization and surveillance gaps.

The proposed post-2023 strategic framework for poliomyelitis transition would enable tailored approaches, with the milestones facilitating capacity-building and technical support, especially for countries without recent poliomyelitis cases. Despite reported high immunization coverage extending beyond poliomyelitis to other preventable diseases, robust surveillance remained vital. She noted the role of certification commissions and technical advisory groups to align country and regional plans with the proposed post-2023 framework. As strong governance, efficient management and sustainable financing were crucial for success, she welcomed the accountability framework under development.

The representative of MALDIVES said that sustaining poliomyelitis eradication gains would rely on the maintenance of high population immunity through universal immunization coverage. No country would be safe until wild poliovirus transmission had been interrupted globally and oral polio vaccine use had ceased. Highlighting her Government's eradication efforts, she emphasized the importance of raising awareness about the switch from oral polio vaccine to inactivated poliovirus vaccine, and ensuring sufficient stocks of inactivated poliovirus vaccine. The Secretariat's continued support would ensure the maintenance of both national and regional gains in poliomyelitis eradication.

The representative of the UNITED STATES OF AMERICA said that the Global Polio Eradication Initiative should focus on halting current wild poliovirus type 1 circulation in Afghanistan and Pakistan by the end of December 2024, including through synchronized cross-border campaigns. Closing surveillance gaps, conducting high-quality campaigns and gaining community trust were critical to resolve the continued circulation of vaccine-derived poliovirus in the African Region. Member States were urged to support incremental measures, such as added surveillance, in order to provide tailored responses and rebuild capacity in high-risk countries that had begun polio transition. Eradication and containment must be aligned. All Member States must intensify their efforts to accelerate poliovirus containment certification, including by making all necessary resources available to national containment stakeholders to ensure sustainable and continued containment following certification. To maximize resources, general vaccination campaigns and humanitarian efforts should be used to deliver multiple high-priority vaccines, including for poliomyelitis, thereby strengthening routine immunization and reaching communities unreceptive to standalone poliomyelitis campaigns. Her Government urged all donors participating in "The Big Catch-up" vaccination initiative to monetize their donations early and to consider continuing and increasing their investments in eradication efforts.

The representative of TOGO reaffirmed his Government's support for the Global Polio Eradication Initiative, drawing attention to national efforts to maintain Togo's polio-free status and to create an environment conducive to a successful transition. He said that surveillance and resource mobilization presented particular challenges.

The representative of BRAZIL said that the recent global resurgence of poliovirus cases and the risk of re-emergence in poliomyelitis-free countries was a stark reminder of the pressing need to eradicate the disease. Describing his Government's activities, he stressed that achieving eradication hinged on united efforts to effectively implement the Polio Eradication Strategy 2022–2026 through WHO's collaboration with the private sector, governments and other organizations. Accordingly,

Member States should strengthen their commitments to eradication and redirect their focus towards neglected diseases.

The representative of CANADA emphasized the need to accelerate collective efforts to meet poliomyelitis eradication targets, especially areas where it was endemic or there were outbreaks. Member States should further integrate poliovirus vaccination into routine immunization and primary health care services, especially in humanitarian contexts and hard-to-reach communities, to cover zero-dose and underimmunized children. Better integrated gender-responsive approaches were necessary to address gender-related barriers to immunization and surveillance.

Her Government supported the Global Action Plan for Poliovirus Containment and encouraged Member States to fulfil their obligations under that Plan. Going forward, Member States and Global Polio Eradication Initiative partners should support country-led processes, with the support of WHO, to preserve historic poliomyelitis systems and infrastructure.

The representative of AUSTRALIA said that, if progress towards eradication were to be maintained, there should be intensified efforts to interrupt vaccine-derived transmission in targeted areas. She commended the Global Polio Eradication Initiative's efforts to sustain operations in Afghanistan and Pakistan and the implementation of its Gender Equality Strategy 2019–2023, especially given the crucial role of women health workers in reaching zero-dose and underimmunized children. The safety of all frontline poliomyelitis workers should remain a high priority. The weakness of routine immunization systems, reflected in recurring vaccine-derived poliovirus outbreaks, must be remedied in collaboration with key partners to accelerate progress toward achieving the goals of the Immunization Agenda 2030. The recommendations identified in the twenty-second report of the Independent Monitoring Board of the Global Polio Eradication Initiative emphasized the need to respond to technical, programmatic and contextual challenges and to focus on integration efforts to achieve eradication.

The representative of BELARUS said that, in the final stage of eradicating poliomyelitis, the appearance and spread of significantly mutated vaccine-derived poliovirus, which developed in countries with low vaccination uptake, were a cause of serious concern. Highlighting the situation in his country, he said that, in recent years, cases of vaccine-derived poliovirus had been reported in the WHO European Region. There was, furthermore, the risk of transfer of those viruses to other areas; if even a single child was infected with poliomyelitis, children in all countries remained at risk of infection. Vaccination was therefore essential.

The representative of TIMOR-LESTE outlined the activities undertaken to preserve her country's poliomyelitis-free status in the light of the impact of the COVID-19 pandemic and thanked WHO for its technical support in that regard. The continuation of poliomyelitis as a public health emergency of international concern demanded scaled up surveillance, sustained immunization coverage rates and augmented poliomyelitis outbreak responses.

The representative of CAMEROON said that his Government was working to maintain its status as free from wild poliovirus and sought to contribute to wider poliomyelitis eradication efforts by organizing vaccination campaigns in response to recent outbreaks of vaccine-derived poliovirus type 2. He outlined the polio transition activities being prioritized by his Government, which included surveillance and responsive vaccination campaigns. Vaccine hesitancy threatened progress made thus far, and required a global solution.

The representative of PERU said that, to ensure access to poliovirus vaccine for all zero-dose and underimmunized children, it was necessary to intensify mass campaigns through house-to-house vaccination in collaboration with local authorities; guarantee the supply and delivery of vaccines; improve health education on the importance of vaccination and tackle misinformation; and strengthen

epidemiological surveillance systems. Sustainable financing was also crucial to recover the gains lost during the pandemic and accelerate the poliomyelitis eradication strategy. With regard to transition planning and post-certification, gains could only be maintained if health systems were strengthened by improving infrastructure, training and the health workforce; developing outbreak preparedness and response strategies; ensuring equitable access to health care; and scaling up successful vaccination strategies, with an emphasis on hard-to-reach populations. As to accountability and transparency, it was essential to work with all stakeholders; define specific and achievable indicators and targets, and independent monitoring and evaluation mechanisms; and establish bodies to objectively monitor the effectiveness of the measures implemented.

The representative of JAPAN recognized the need to address poliomyelitis in order to achieve universal health coverage, and the contribution of the global poliomyelitis eradication infrastructure and workforce to global surveillance capacity and national pandemic preparedness and response capacity. It was crucial to make all parties in conflict-affected areas aware of the importance of poliomyelitis eradication work, to ensure vaccine distribution. Concerning the proposed post-2023 strategic framework, he said that more information was required but agreed that action plans should be based on the specific needs in each country. The Secretariat's technical support would be essential in enabling the implementation of the Global Action Plan for Poliovirus Containment.

The representative of CHINA, highlighting his Government's poliomyelitis eradication efforts, said that the Secretariat should continue to play a leading technical role and strengthen cooperation between countries and regions. It should also mobilize the international community to increase financial and technical support for endemic countries and take more effective measures in order to reduce the cross-border spread of the virus and accelerate global poliomyelitis eradication.

The representative of SLOVAKIA said that Member States had a collective responsibility to ensure access to health care, and to conduct epidemiological, social and behavioural research to identify gaps in reaching key populations. In addition, technical discussions and operational arrangements for the post-certification era were essential to ensure biosafety and biosecurity. Given the high risk of transmission, programmes in conflict-affected areas and settings with weakened health care infrastructure should be evaluated, and cross-border guidelines and programmes should be introduced in neighbouring countries. In order to reduce poliovirus transmission risk, digital health tools should be employed alongside improved access to vaccination programmes, especially for all migrants and refugees, including undocumented children. Poliovirus vaccination should be provided alongside other important health interventions and services for children. A combination of cost-effective actions was the best policy option.

The representative of PAKISTAN,[1] emphasizing his Government's firm resolve to eradicate poliomyelitis within the set timeline, said that the reduction in the number of wild poliovirus type 1 cases in his country was encouraging. He commended the national poliovirus vaccination workforce, and thanked WHO and global partners for their continued cooperation to strengthen the health system and thus support that work. His Government had launched an initiative to vaccinate children in nomadic families, was increasing environmental surveillance capacity and would continue to combat disinformation and promote vaccine education.

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

The representative of MONACO,[1] noting the abiding risks of transmission and outbreaks in countries where poliomyelitis was not endemic, said that the difficulty of vaccinating zero-dose children in politically unstable and conflict-affected areas remained a major challenge. The Secretariat should strengthen collaboration with all humanitarian actors on the ground; raise community awareness of the importance of poliovirus vaccination; tailor vaccination strategies to the areas concerned; and incorporate a gender focus in action plans. Political commitment and sustainable funding for the poliomyelitis programme were also indispensable. She welcomed the inclusion of poliomyelitis-related costs in the base segment of the Programme budget 2024–2025, and the development of the proposed post-2023 strategic framework.

The representative of the RUSSIAN FEDERATION[1] said that her Government agreed with using investments in poliomyelitis eradication to create strong, resilient and equitable health care systems founded on a shared programmatic vision and fundamental aims. That would contribute to the successful eradication of poliomyelitis, minimize the burden of vaccine-preventable diseases, and effectively detect and control outbreaks of those diseases. Given the uneven progress towards those goals, WHO and its partners should maintain support in the Member States concerned to strengthen polio essential functions. There was a need for accountability regarding results achieved and surveillance. Moreover, WHO should further develop the criteria for confirming the eradication of circulating vaccine-derived poliovirus, which would signify the end of the Global Polio Eradication Initiative. She noted that progress on global containment procedures was slow and called for WHO to work with Member States in that regard.

The representative of MOZAMBIQUE[1] said that, in response to recent outbreaks of wild and circulating vaccine-derived poliovirus, her Government had launched several poliovirus vaccination campaigns, strengthened routine immunization and intensified poliovirus surveillance.

The representative of EGYPT[1] outlined the action taken by his Government to eradicate poliomyelitis through vaccination programmes, epidemiological and environmental surveillance, and the use of the updated monovalent oral polio vaccine type 2.

The representative of the REPUBLIC OF KOREA[1] expressed support for WHO's policy directions in the advancement of poliovirus vaccine technology and the implementation of the poliovirus containment certification scheme. Country-specific reviews of relevant programmes and monitoring systems should be conducted to ensure successful implementation of the proposed post-2023 strategic framework. Recounting national efforts to remain poliomyelitis-free, he underscored the importance of fostering collaboration among Member States and stakeholders to ensure the sustainable operation of poliomyelitis eradication programmes and enhance capacity in WHO regional offices.

The representative of INDONESIA[1] said that it was essential to enforce routine immunization delivery, especially in high-risk regions, and to integrate measures to confront ongoing poliomyelitis outbreaks. Accountability and ownership at all levels in implementing the proposed post-2023 strategic framework needed to be established through meticulous budget management, robust capacity-building initiatives and efficient vaccine distribution channels.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] highlighted the ways in which his Government was implementing the Polio Eradication Strategy 2022–2026. In view of mass migration in his Region, political and community engagement were crucial to the maintenance of high vaccination

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coverage, strengthened national laboratory surveillance capacity, and collaboration on disease containment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] said that the Global Polio Eradication Initiative should consider the Independent Monitoring Board's recommendations resulting from the mid-term review of the Polio Eradication Strategy 2022–2026. She asked how the Secretariat planned to interrupt wild poliovirus transmission in the year 2024. A more deliberate focus on integration activities was needed to access the hardest-to-reach children, including by aligning efforts with primary health care delivery; coordinating with nutrition, water, sanitation and hygiene, and humanitarian interventions; introducing birth-dose vaccination strategies; and better coordinating poliovirus and routine immunization campaigns. The accountability framework contained within the proposed post-2023 strategic framework should include a stronger focus on external actors and global health initiatives. She requested further information from the Secretariat on a potential governance mechanism for overseeing an effective polio transition.

The representative of NIGERIA,[1] outlining national activities to maintain his country's polio-free status, said that intensified outreach, collaboration with humanitarian partners, and community involvement were essential to ensure that every child received life-saving oral polio vaccine.

The representative of GERMANY,[1] noting the failure to interrupt all poliovirus transmission by the end of the year 2023, said that the Polio Eradication Strategy 2022–2026 must be fully financed to achieve global eradication and welcomed the European Investment Bank as a new donor to the Global Polio Eradication Initiative. Given the importance of reaching zero-dose children, especially in the humanitarian context, it was crucial to intensify multistakeholder activities to maximize impact. Poliomyelitis infrastructure had been a major asset in many countries, and current monitoring and surveillance systems should continue to receive sustainable national funding beyond poliomyelitis eradication. Recognizing the need for predictable and flexible funding, she welcomed the continued integration of essential polio functions into the base segment of the Programme budget 2024–2025.

The representative of BANGLADESH[1] said that outbreaks of poliomyelitis in conflict-affected areas jeopardized its global eradication, creating the potential for the further spread and re-emergence of the disease. For the same reason, caution should be taken in sunsetting the Global Polio Eradication Initiative, as health systems in less developed countries were struggling to carry out routine immunization programmes in the wake of the coronavirus disease (COVID-19) pandemic.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that poliovirus vaccination campaigns must be complemented by consistent, sustained routine immunization. She therefore called for urgent investment to close the Global Polio Eradication Initiative's US$ 1.2 billion funding gap, and encouraged support for Gavi, the Vaccine Alliance.

The DIRECTOR (Poliomyelitis Eradication), thanking Member States and partners for their efforts and support, said that poliomyelitis was the only current public health emergency of international concern. Intensified efforts in the year 2023 to interrupt transmission of wild and circulating vaccine-derived poliovirus would not have been possible without the full backing of Member States, donors and partners. Building on partnerships was the key to delivering results. He thanked the Governments of Afghanistan and Pakistan – the last two countries where wild poliovirus type 1 was endemic – for their sustained eradication efforts and political commitment, and commended the successful efforts of the Governments of Malawi and Mozambique to end their outbreaks of circulating

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vaccine-derived poliovirus within six months. Robust surveillance and response were essential, as every country was at risk until all poliovirus transmission had been interrupted.

Four subnational areas were driving transmission as a result of protracted, complex emergencies. In those contexts, WHO's efforts were geared towards identifying ways and means to vaccinate all children, especially those that had not received a single dose of poliovirus vaccine. That required obtaining and maintaining community access and acceptance, and finding the right modalities to deliver supplies and maximize coverage. The challenges and gaps in essential immunization must be addressed, including the use of inactivated poliovirus vaccine.

Regarding polio transition, he recognized the importance of measures to sustain eradication gains once they had been achieved. Highlighting the prequalification of novel oral polio vaccine type 2, he said that WHO was committed to innovating at every level to find ways to reach all children.

The DIRECTOR-GENERAL, thanking Member States for their continued support, said that the last mile of the fight against poliomyelitis was the most difficult. Nevertheless, good progress was being made, and the Secretariat had a very ambitious plan to end or interrupt wild poliovirus type 1 transmission in the year 2024. He encouraged donors to provide funding to achieve that important goal and urged the Governments of countries where poliomyelitis was endemic to continue their efforts. Commending the efforts of WHO staff to eradicate poliomyelitis, including those who had lost their lives in the course of their work, he looked forward to the swift end of the disease.

The DIRECTOR (Poliomyelitis Eradication), REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director for the Eastern Mediterranean, said that, in the year 2023, the poliomyelitis eradication programme had demonstrated the power of purpose, action and partnerships. In Afghanistan and Pakistan, innovative strategies and strengthened partnerships with humanitarian actors had enabled more children to be reached, while in Somalia, the novel oral polio vaccine type 2 had been introduced, and a national task force had been established to end the country's longest running poliomyelitis outbreak. In Yemen, efforts continued to obtain permission from authorities for vaccination in the northern governorates, and in the Sudan, collaboration with Egypt had enabled ongoing poliovirus surveillance during the current conflict. In addition, the Governments of Iraq and Libya had assumed responsibility for sustaining essential poliomyelitis functions through integration with existing programmes. He highlighted the development of an investment case to mobilize resources for the longer-term sustainability of public health functions, highlighting the economic value and social benefits of sustaining poliomyelitis assets and integrating them into national health systems.

He thanked the Member States of his Region and Global Polio Eradication Initiative partners for their efforts, and the Regional Subcommittee for Polio Eradication and Outbreaks for helping to carve clear pathways to protect children from poliomyelitis and other vaccine-preventable diseases.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/18 and EB154/19.

The Board noted the reports.

Rights of reply

The representative of ISRAEL,[1] speaking in exercise of the right of reply, said that the use of chemical weapons by the Government of the Syrian Arab Republic against its own unarmed citizens, and the blockage of humanitarian aid from Israel by the Government of Yemen while its citizens starved,

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exposed the double standards at play. Furthermore, the supply of weapons to terrorist organizations by the Government of the Islamic Republic of Iran only compromised the situation in the Gaza Strip and in the Middle East in general.

The representative of the RUSSIAN FEDERATION,[1] speaking in exercise of the right of reply, said that there had been a mistake in the interpretation of one of her earlier statements. Rather than saying that anyone had influenced the reports of the Director-General, she had said that a dedicated report on Ukraine, in addition to WHO's usual reporting on the situation in the country at meetings of the Standing Committee on Health Emergency Prevention, Preparedness and Response, had been requested by a small group of Western States intending solely to obtain additional time at WHO meetings to further their agenda.

She noted that many representatives had thanked WHO for its work in Ukraine. However, the report on WHO's work in health emergencies clearly stated that it had declared a health emergency 10 years previously, in the light of the civil conflict in Ukraine. Even in 2017, WHO had recognized that the conflict in Ukraine had divided the country, displacing nearly 3 million people and causing 10 million deaths. By 2022, the Ukrainian Government had been terrorizing its own population for eight years while Western Governments were supplying it with weapons under the cover of the Minsk agreements. All those who were baselessly accusing her Government of prolonging the conflict should remember that it was not refusing to negotiate. In 2022, on orders from the West, the Ukrainian Government had not been allowed to sign the already agreed-upon reconciliation treaty with the Russian Federation. An end to the conflict was being impeded by Western Governments' eagerness to revitalize their weapons industry and capitalize on an emergency.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that accusations of genocide made against the Government of Israel were a gross distortion of reality. Hamas was a terrorist organization, and the Government of Israel had the right to self-defence in order to protect its people, while complying with international humanitarian law, including the obligation to protect civilians.

The representative of the ISLAMIC REPUBLIC OF IRAN,[1] speaking in exercise of the right of reply, said that the Government of Israel was undeniably responsible for the dire humanitarian and health conditions and the tragic loss of innocent lives in the occupied Palestinian territory. It could not evade accountability by shifting blame onto another Member State.

The representative of the SYRIAN ARAB REPUBLIC,[1] speaking in exercise of the right of reply, said that the use of Arabic by the representative of Israel was recognition of the identity of the indigenous people of Palestine. Given its killing of thousands of Palestinians in full view of the world, the Government of Israel was in no position to lecture about humanity and morality.

The Observer of PALESTINE, speaking in exercise of the right of reply, said that the courageous and tireless efforts made by WHO and health care partners to deliver life-saving aid to the population of the Gaza Strip, despite ongoing Israeli military operations, were appreciated. Commending WHO's neutrality and impartiality, his Government extended its deep condolences to the families of all health workers killed in Palestine by the Government of Israel. Moreover, he said that a State could legally only act in self-defence against another State; that was not the case in the current situation.

The meeting rose at 21:00.

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