

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO headquarters, Geneva
Friday, 26 January 2024, scheduled at 10:00

Chair: Dr H.M. AL KUWARI (Qatar)
later: Dr S. NSANZIMANA (Rwanda)
later: Dr H.M. AL KUWARI (Qatar)

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ELEVENTH MEETING

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

1. SMALLPOX ERADICATION: DESTRUCTION OF VARIOLA VIRUS STOCKS: Item 18 of the agenda (document EB154/20)

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, said that the Secretariat should continue to share information on variola virus in order to better equip Member States to deal with smallpox outbreaks, and on progress in the development of point-of-care diagnostic tools suitable for use across all resource levels. She welcomed the findings of the WHO Advisory Committee on Variola Virus Research concerning the need for further development of scalable, less reactogenic vaccines, and the potential need for multidrug therapy in the event of a smallpox outbreak, as well as its recommendation on continuing further research to develop small-molecule antiviral agents against orthopoxviruses, including smallpox. Together with a team of global independent experts, WHO should continue to carry out regular biosafety and biosecurity inspections of the authorized variola virus repositories and containment facilities. She called on the Secretariat to support Member States in implementing the global strategic framework for enhancing control and achieving elimination of human-to-human transmission of mpox (2023–2027).

The representative of the UNITED STATES OF AMERICA said that smallpox remained a threat to the international community given low global levels of immunization. The remaining variola virus stocks should therefore be destroyed only once there was sufficient global preparedness to mount a robust response and the stocks were no longer needed to develop and improve critical medical countermeasures. She agreed with the findings of the WHO Advisory Committee on Variola Virus Research on the benefits of research, including for control of other orthopoxviruses, particularly mpox, and supported its recommendations on expanding access to countermeasures for mpox and smallpox in emergencies; continuing the development of diagnostics, vaccines and antiviral agents; and maintaining biennial inspections of the two authorized repositories.

Further work was needed to ensure that the world was adequately protected and prepared for a smallpox outbreak. Point-of-care diagnostics and safe, effective medical countermeasures, vaccines and antiviral agents, especially those less likely to lead to resistance, must continue to be developed and evaluated in line with biosafety and biosecurity regulations and best practices, while lessons learned from the global mpox outbreak should be incorporated into research priorities. She agreed with the finding of the Strategic Advisory Group of Experts on Immunization that the protocols for accessing the smallpox vaccine reserve might require review. Her Government remained committed to facilitating more equitable access to medical countermeasures.

The representative of SWITZERLAND requested that, in future, the destruction of variola virus stocks should be discussed separately from mpox and orthopoxviruses. Despite the biological similarity

of those viruses, the two topics were very different in terms of countermeasures, surveillance and research.

The representative of JAPAN said that, while research and development was important, it should be considered from the perspective of dual-use research of concern. Medical countermeasures that were effective against a wide range of poxviruses should be developed for counterterrorism purposes. To improve preparedness for orthopoxvirus outbreaks, the Secretariat should establish a system to ensure equitable access to countermeasures from the early stages of an outbreak. Describing his Government's response to mpox, he said that it had been difficult to make timely international vaccine donations due to a lack of data specific to the virus. A system should therefore be developed to enable rapid implementation of clinical trials in countries with endemic disease, in parallel with the Emergency Use Listing procedure. In that regard, close collaboration would be necessary among WHO technical staff working on regulation, prequalification, and research and development. The Secretariat should engage with Member States and stakeholders in coordinating the response to the recent mpox outbreak in the Democratic Republic of the Congo.

The representative of the RUSSIAN FEDERATION,¹ describing the countermeasures implemented and advances made in her country in relation to orthopoxviruses, expressed support for the finding of the WHO Advisory Committee on Variola Virus Research that a greater number of smallpox antiviral agents with different mechanisms of action were needed, which should be developed through further research using live variola virus. WHO should support developers in the international registration of smallpox vaccines, while measures must be implemented to prevent the illegal use of publicly available genome sequence data on variola virus strains.

The representative of THAILAND¹ reaffirmed her Government's long-standing position that variola virus stocks should be destroyed. However, while the stocks were retained, new smallpox vaccines and other medical countermeasures should be made available to developing countries at low cost, and that cost should be borne by the Member States that supported retaining the stocks.

The representative of BANGLADESH¹ expressed concern at the funding constraints in the mpox response, limited access to diagnostics, and inequitable deployment of vaccines and therapeutics. Further studies were needed on the effectiveness of countermeasures for mpox prevention, and lessons learned from the global outbreak should inform planning for variola virus research. It was crucial to ensure adequate resources for efforts to control mpox. The development of new countermeasures for the elimination of mpox and the prevention and control of smallpox should be actively pursued.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that progress on variola virus research, public health preparedness for a re-emergence of the virus, and the destruction of the remaining variola virus isolates would all be discussed at the Seventy-seventh World Health Assembly. When the issue had last been discussed in the year 2019, prior to the coronavirus disease (COVID-19) pandemic and the global mpox outbreak, orthopoxviruses had generally been considered a non-threat, and WHO had been under pressure to reduce or discontinue its work on them. It was impossible to predict what the next highly dangerous pathogen might be, but the global mpox outbreak had revealed the danger of orthopoxviruses and their pandemic potential. WHO's dedicated team of specialists and network of collaborating centres, expert reference laboratories and skilled partners had, however, allowed the Organization to mount an effective response. While no longer officially recognized as a public health emergency of international concern, mpox nevertheless remained a public health emergency, and he paid respect to those who continued to work in that area, especially on mpox

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

virus clade I. He praised, in particular, the work on containment and research carried out in the Democratic Republic of the Congo in collaboration with WHO staff and scientific and technical partners from the United States of America, including on therapeutic testing, vaccine trials and epidemiological studies.

Ongoing research had played an important part in public health achievements in the post-smallpox era and had allowed partners to lead the continued global efforts to control mpox. However, similar to COVID-19, low-income countries had not been able to benefit from the same diagnostics, vaccines and therapeutics as high-income countries to control the mpox outbreak. Much work remained to be done to address that issue. He thanked the communities affected for their commitment to tackling mpox even in the absence of such countermeasures and vaccines, whose active engagement had made the difference in curbing the outbreak.

Member States were invited to consider, ahead of the Seventy-seventh World Health Assembly, whether and how research on orthopoxviruses and smallpox should continue, taking into account that the WHO Advisory Committee on Variola Virus Research had advised that research should continue and that the benefits from that research should be made available to all Member States. In that regard, Member States' support would be needed to ensure that the benefits reached all who needed them, particularly in areas where mpox continued to kill. The Secretariat was committed to preserving the legacy of smallpox eradication through collaboration with all Member States, even at a time of heightened geopolitical tension and instability, which further highlighted the importance of such work.

All funding used in WHO's response to mpox had come from the Contingency Fund for Emergencies, with none raised through the Global Health Emergency Appeal – a situation that demanded reflection. In future, a more agile and responsive stance would be needed to provide the necessary resources to contain such dangerous viruses.

The Board noted the report.

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

2. IMMUNIZATION AGENDA 2030: Item 9 of the agenda (document EB154/9)

The representative of YEMEN welcomed WHO's efforts at all levels in support of the Immunization Agenda 2030, and the support provided by UNICEF and health development partners at the local and international levels. Countries that lacked coverage with combined vaccines had the highest levels of zero-dose children, and there was a clear connection between universal health coverage and immunization coverage, particularly in terms of maternal, child and infant care. Although progress had been made, he urged WHO and UNICEF to continue providing support to help his country to overcome the challenges of implementing vaccination programmes, which were severely impacted by the security situation, including with regard to ensuring access for all.

The representative of FRANCE said that, in the context of global efforts to strengthen political and financial commitments for vaccination, her Government would host the first WHO high-level meeting to defeat meningitis, in Paris on 14 March 2024. It was aimed at mobilizing the financing needed to end the suffering caused by vaccine-preventable disease. Her Government was committed to working with WHO to achieve the objectives of the global road map on defeating meningitis by 2030.

The representative of the UNITED STATES OF AMERICA said that her Government's policies were strongly aligned with the goals of the Immunization Agenda 2030, including to recover ground

lost during the coronavirus disease (COVID-19) pandemic. Progress in that area had already been made as a result of close collaboration with immunization partners, and reaching pre-pandemic coverage levels by the year 2025 was possible. Multiple options were available to countries to prevent, detect and respond to outbreaks, including by addressing root causes between outbreaks. Momentum from “The Big Catch-Up” initiative should be leveraged to increase participating countries’ willingness and capacity to provide regular vaccinations to children who had missed them.

The representative of MALAYSIA said that global partners played a pivotal role in developing practical, effective immunization strategies for stateless people, who were often underserved. However, the rising cost of new vaccines was a significant hurdle to integrating such strategies into national immunization programmes; global partners must explore ways of making such vaccines more affordable, especially for middle-income countries. The COVID-19 pandemic had raised awareness of the vital role of immunization. Regularly showcasing the positive outcomes of immunization – such as reduced morbidity, mortality and health care costs – was crucial to demonstrate to governments the return on investment. Advocacy by civil society organizations, medical professional bodies and community leaders could also help to generate demand and drive political and financial commitments from governments.

The representative of TIMOR-LESTE emphasized the critical role of immunization in achieving universal health coverage, preventing and controlling outbreaks, ensuring global health security and tackling antimicrobial resistance. Outlining key immunization achievements in his country, he requested the Secretariat and partners to continue providing technical and financial support for health systems strengthening, especially for routine immunization. He appreciated the continued high-quality technical support provided to accelerate country-level progress in the six short-term priority areas identified in the Immunization Agenda technical progress report for 2023.

The representative of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA welcomed WHO’s active collaboration with Gavi, the Vaccine Alliance, UNICEF, UNFPA and other partners to accelerate progress in the six short-term priority areas and reach children who had missed out on vaccinations during the COVID-19 pandemic. Although immunization programmes in the South-East Asia Region and initiatives by partners had accelerated the recovery of routine immunization coverage, ambitious efforts were needed to ensure a rapid return to 2019 levels. Global partners should increase investments to strengthen and integrate immunization into primary health care, and should help to deploy an international workforce capable of providing technical guidance and leading immunization campaigns, and provide financial support in accordance with Member States’ needs. The goals of the Immunization Agenda 2030 would not be achieved without the political and financial commitment of Member States. Countries should strengthen their leadership and engagement with key stakeholders through a whole-of society and whole-of government approach, and mid-level managers and local authorities should be actively involved in immunization at the primary health care level.

The representative of MALDIVES described her Government’s ongoing efforts to ensure alignment with the South-East Asia Region’s vaccine implementation plan and the Immunization Agenda 2030. Her Government also continued to address the risk of importation of vaccine-preventable disease from other countries, given its highly mobile population and cross-border volatility. To increase immunization coverage in the Region, it was important to continue strengthening routine immunization across all populations through multiyear planning.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, recognized the widespread disruption to national vaccination programmes caused by the COVID-19 pandemic. Despite considerable efforts by Member States to restore progress towards regional immunization targets, existing and new challenges continued to hamper the Region’s ability to

return to pre-pandemic levels of coverage. The Region had nevertheless reached new milestones in implementing the Immunization Agenda 2030, in particular through the introduction of new vaccines and the prevention of an estimated 1.7 million deaths. Recognizing the threat posed by the increase in the number of zero-dose children, the resurgence of previously controlled diseases and the increasing inequality in vaccination coverage at the national and subregional levels, the Member States of the Region were committed to reaching the millions of children who had missed out on vaccinations during the pandemic, launching malaria immunization campaigns for children, and reinvigorating programmes to tackle human papillomavirus. The ultimate goal was to ensure sustainable vaccination programmes within resilient primary health care systems. He welcomed the commitment of Member States, led by the African Union, to improve access through the local production of at least 60% of required vaccines.

The representative of ETHIOPIA said that one in five African children did not have access to life-saving vaccines, a particular challenge in countries facing health and humanitarian emergencies. To achieve the goals of the Immunization Agenda 2030, it was necessary to increase support from global partners for catch-up vaccination campaigns; strengthen immunization programmes; enforce cross-border vaccination requirements; integrate immunization activities into humanitarian responses; generate evidence on the value of immunization programmes to make the case for government funding; use data-driven approaches and ensure integration within broader health information systems; explore innovative financing mechanisms, such as transition grants from Gavi, debt swaps and development bank loans; and build political and financial commitment among political and local leaders. The Addis Declaration on Immunization served as an important means of holding Member States accountable and increasing political will to achieve global and regional goals. With only seven years remaining until 2030, he called for enhanced focus and collaboration to ensure that no one was left behind.

The representative of TOGO expressed support for the strategic priorities and fundamental principles of the Framework for Action for implementing the Immunization Agenda 2030, which had guided the development of his country's immunization strategy, including measures aimed at improving coverage in the wake of the COVID-19 pandemic and the introduction of malaria vaccine in the year 2025. The mobilization of additional resources would be needed to implement vaccination activities and reinforce the health system.

The representative of BRAZIL said that, given the backslide in immunization coverage, collaboration and collective strategies were needed to get back on track to achieve the goals of the Immunization Agenda 2030. Accelerating progress in the six short-term priority areas remained crucial, and countries should intensify efforts to catch up on and strengthen immunization programmes, with a focus on equity in order to reach those who had missed out on vaccination. Increased investment was also needed to integrate immunization into primary care systems, and urgent action must be taken to enhance access to WHO-recommended vaccines in all countries. Immunization was the cornerstone of a healthier and more resilient world for all.

The representative of PARAGUAY, expressing concern at the low level of immunization in some countries, said that the report would help to guide actions to achieve timely immunization coverage, with a focus on the most vulnerable populations. It was essential to foster collaboration and cooperation to achieve the goals of the Immunization Agenda 2030. She outlined the significant progress made in her country through the national immunization strategy, including the implementation of an electronic vaccination registry.

The representative of BARBADOS, expressing support for the six short-term priority areas, described the action taken by his Government to continue reversing the downward trend in vaccination coverage and vaccine-preventable disease surveillance that had been impacted by the COVID-19 pandemic.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, outlined the encouraging progress in the Region towards the recovery of pre-COVID-19 pandemic levels of vaccination coverage, including for the first dose of measles vaccine, and the reduction in the number of zero-dose children. Efforts to close gaps in coverage resulting from the pandemic must, however, be accelerated. Seventeen countries and territories had introduced pneumococcal vaccine and another five were planning to do so; 16 countries and territories had introduced rotavirus vaccine; and nine countries were planning to introduce human papillomavirus vaccine by the end of the year 2024.

Conflicts and disasters remained a major challenge in the Region, with many countries suffering from outbreaks of vaccine-preventable diseases. Four countries in the Region had nonetheless maintained elimination status for measles and rubella, and 11 countries had made progress on immunization across the life course. COVID-19 vaccination had been incorporated into the Expanded Programme on Immunization in 21 of the Region's 22 countries and territories. More remained to be done, however, to design person-centred immunization systems focused on the most vulnerable groups, providing them with vaccines against all respiratory diseases.

The representative of AUSTRALIA commended Member States' efforts towards achieving the goals of the Immunization Agenda 2030 despite the global decline in coverage following the COVID-19 pandemic. She underscored the importance of equitable immunization programmes and activities that engaged key population groups, and expressed strong support for the accelerated introduction of human papillomavirus vaccine, particularly for girls. Much work remained to be done, however, to address the challenges identified. Global efforts were required to increase immunization rates to pre-pandemic levels, with all partners working together to support country-led plans, focusing on areas where there were gaps in coverage. Her Government remained committed to achieving the goals of the Immunization Agenda 2030 and supported efforts to accelerate progress on the six short-term priority areas.

The representative of PERU said that, to support countries in accelerating progress in the six short-term priority areas, it was necessary to establish coordination between countries and collaboration in border areas; hold technical meetings with neighbouring countries on successful immunization experiences; and engage in advocacy and relationship-building with key actors in the area of communication to emphasize the importance of spreading correct and appropriate information. To strengthening political and financial commitments to immunization within integrated primary health care systems, national experiences of financing for vaccination could help to promote evidence-based decision-making that allowed for adjustments at the implementation stage and encouraged local management of implementation in order to foster commitment among authorities in different sectors and at different levels of government.

The representative of CHINA said that his Government attached great importance to immunization planning and described the actions taken in his country to reduce rates of vaccine-preventable diseases to historic lows and promote immunization against COVID-19. Global efforts to achieve vaccine equity were welcome, but inequitable access to immunization services persisted and challenges remained. The Secretariat should therefore continue to provide technical and financial support to Member States with low immunization levels to increase coverage throughout the life course, reduce the number of zero-dose children and improve access to vaccines and other health services.

The representative of SLOVAKIA said that the COVID-19 pandemic had demonstrated the impact of misinformation and disinformation on vaccine uptake, and that social and behavioural aspects were often neglected in immunization programmes. Translating studies on vaccine hesitancy and evidence-based recommendations into easily understandable language would therefore be essential to meet the goals of the Immunization Agenda 2030. The Secretariat should coordinate social and epidemiological research on immunization coverage, and Member States should increase investment in

research on vaccine hesitancy. WHO country offices, governments and partners – including communities, schools and faith-based organizations – should collaborate to implement comprehensive services that included essential preventive care, counselling and safe spaces in which to discuss vaccine safety.

The representative of LESOTHO said that the national immunization programme was a priority for her Government, and as such was fully funded. Although immunization coverage had declined during the COVID-19 pandemic, especially among children, her Government was working hard to catch up, including through community engagement with local leaders and by integrating immunization into all outreach services.

The representative of GERMANY¹ welcomed the progress made towards closing gaps in vaccination coverage, but expressed concern over the slow recovery in lower-income countries and among marginalized populations. Increased levels of fragility and conflict, the impacts of climate change and budgetary constraints were all important challenges. The international community must coordinate its efforts and enhance synergies to achieve vaccine equity. Collaboration with national, regional and civil society partners must be strengthened, and multisectoral approaches reinforced. He called on governments to safeguard investments in immunization within a broader primary health care approach, as vaccination not only saved lives and resources, but would also be crucial in preventing, and responding to, future pandemics.

The representative of EGYPT¹ described the key achievements of his country's immunization programme, including during the COVID-19 pandemic. His Government would continue to work closely with WHO to secure a strategic national stockpile of vaccines.

The representative of the RUSSIAN FEDERATION¹ noted the continued negative impact of the COVID-19 pandemic, particularly in low-income countries. Nevertheless, some progress had been made, which should be further built upon. Expressing support for the short-term priority areas, she called on WHO and partners to focus their support on low-income countries to facilitate implementation of the related actions. Measures taken to advance immunization coverage in her country included implementation of a national strategy that was aligned with global objectives.

The representative of THAILAND¹ said that global partners should support vaccine supply capacity in developing countries that had high potential to become vaccine producers. Having a greater number of suppliers would expand universal access and lower prices. Eligibility criteria for global procurement facilities and funds should be expanded to include middle-income countries, in order to enhance access to new essential vaccines at an affordable price. He cautioned against overconfidence in human papillomavirus vaccine; regular screening and avoiding unprotected sexual intercourse with multiple partners remained crucial for preventing cervical cancer.

The representative of CHILE¹ said that Member States must prioritize vaccination programmes in their budgets in order to achieve the objectives of the Immunization Agenda 2030. The Secretariat should provide periodic support to strengthen immunization programmes in all countries, irrespective of their income level, in order to reverse recent declines in coverage and avoid preventable outbreaks. Global epidemiological efforts should not need to be directed towards addressing vaccine-preventable diseases.

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

The representative of INDONESIA¹ said that her Government's actions were aligned with the six short-term priority areas. Significant health promotion efforts and decisive action were required to make an impact in the face of misinformation and disinformation, which was undermining efforts and resulting in community reluctance. WHO should place a greater focus on strategic communication and education, including through direct engagement with leading public figures. Continued support should be provided by the Secretariat and partners to reorient immunization policies and investments towards promotion and prevention, and to strengthen the capacity of immunization workers.

The representative of the REPUBLIC OF KOREA¹ emphasized the need to strengthen immunization programmes impacted by the COVID-19 pandemic and restore routine coverage. She commended WHO's efforts to ensure equity among vulnerable populations, who had been disproportionately affected by the pandemic. Support and guidance from global partners should be directed towards the development of a universal and equitable immunization system that took into account each Member State's unique political and socioeconomic circumstances. Since public support was required to strengthen political and financial commitments to immunization, countries should work to communicate the need for, and effectiveness and safety of, vaccines. Her Government would continue to support "The Big Catch-Up" initiative.

The representative of EL SALVADOR,¹ reiterating his Government's commitment to the Immunization Agenda 2030, said that the COVID-19 pandemic had created challenges, but also opportunities. He described the progress made and strategies implemented in his country, including extensive outreach, the expanded use of human papillomavirus vaccine and the inclusion of additional vaccines in the national immunization programme.

The representative of BANGLADESH¹ said that Member States, donors and other partners should enhance support to facilitate the supply of affordable vaccines to countries in need and strengthen health systems based on the lessons learned during the COVID-19 pandemic. The situation in vulnerable settings should be taken into account to ensure equity and inclusivity when seeking to achieve immunization targets.

The representative of BOTSWANA¹ said that Member States must step up their immunization efforts in order to collectively achieve impact goal 1.1 of the Immunization Agenda 2030 on averting future deaths. His Government had endorsed the Framework for Action for implementing the Immunization Agenda 2030, continued to invest in the introduction of new vaccines, and was finalizing the national immunization strategy. However, the high cost and limited availability of vaccines posed a considerable challenge to self-financing countries like his. WHO and partners should ensure equity in access to and funding for vaccines.

The observer of GAVI, THE VACCINE ALLIANCE, said that the goal of reducing the number of zero-dose children by 50% by the year 2030 was ambitious and urgent. Member States were encouraged to: invest in strengthening routine immunization systems; fill immunity gaps widened by the COVID-19 pandemic and reach zero-dose children and their communities; consider introducing malaria vaccine in countries in which the disease was endemic; and introduce or scale up coverage of human papillomavirus vaccination, particularly among adolescent girls.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, if equity was truly a priority under the Immunization Agenda 2030, efforts to reach the millions of children living in humanitarian contexts must be intensified, including

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

through new partnerships and more innovative strategies. Financial support for vaccines must be aligned with WHO's recommendations to ensure that all children up to at least 5 years of age caught up on missed immunizations. The high prices of newer vaccines must urgently be addressed, while political and financial commitments from governments and donors for childhood immunization must be sustained and bolstered.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the prioritization of human papillomavirus vaccination. Member States were urged to include the routine vaccination of girls and boys against human papillomaviruses in their national programmes; ensure access to hepatitis B vaccination; and remove all obstacles to vaccination against both viruses in order to increase overall coverage.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the year 2024 marked a pivotal moment in collective efforts to achieve the goals of the Immunization Agenda 2030. Doing so would require a whole-of-society, community-centred push to build integrated, resilient, agile and sustainably financed systems for child survival. To tackle the issues of child mortality and zero-dose children, the most marginalized populations must be reached through ambition and sustained political will, rooted in accountability and collective action.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked Member States and partners for their extraordinary commitment to the Immunization Agenda 2030 was rooted in the principles of equity and leaving no one behind. The year 2023 had seen important progress in terms of reducing the number of zero-dose children, catching up on missed vaccinations, and introducing and developing powerful new vaccines, including for human papillomavirus and malaria. However, the same level of recovery had not been achieved in the poorest countries and areas: in the lowest-performing 20% of districts around the world, immunization coverage was still behind pre-COVID-19 pandemic levels. Populations in those areas were paying the price in the form of outbreaks of measles, diphtheria and other diseases. Equity was clearly not being attained; it was therefore encouraging to hear many Member States emphasize the need to address that issue. He also acknowledged the financial challenges faced by middle-income countries when seeking to introduce new vaccines.

The Secretariat was committed to acting on Member States' suggestions to enhance its policy work and coordination efforts, conduct more social research and improve strategic communications, all through an approach focused on primary health care and universal health coverage. Three major priorities remained: continuing to drive "The Big Catch-Up" initiative; advancing equity through an increased focus on the most vulnerable and marginalized places, including humanitarian contexts; and strengthening the prevention and detection of outbreaks, in addition to response. The fiftieth anniversary of the Expanded Programme on Immunization could only truly be celebrated at the Seventy-seventh World Health Assembly if the commitments voiced by Member States at the current session were translated into concrete action over the coming months.

The Board noted the report.

3. END TB STRATEGY: Item 10 of the agenda (document EB154/10)

The representative of CANADA expressed support for efforts to mobilize Member States and other stakeholders, such as the Stop TB Partnership, to leverage resources to end the global tuberculosis epidemic. The involvement of the Civil Society Task Force on Tuberculosis was important, as the active

involvement of civil society and affected communities, including Indigenous communities, would ensure that responses were comprehensive, inclusive and informed. While progress had been made in expanding health service coverage and adapting the WHO multisectoral accountability framework to end TB, more must be done in all countries affected by tuberculosis to address the determinants of health and ensure equitable access to tuberculosis services. She expressed support for WHO's prioritized research agenda, research tracker and the Tuberculosis Vaccine Accelerator Council as drivers of technological development and innovation. She also strongly supported the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis and looked forward to the Secretariat's collaboration with Member States to translate the declaration's global targets into country-level targets for each Member State.

The representative of the REPUBLIC OF MOLDOVA said that tuberculosis was not only a public health challenge but also a major obstacle to development. She outlined her Government's key achievements in preventing and treating tuberculosis, including the development of a digital solution for video-supported treatment, and the use of innovative technologies and medicines facilitated in collaboration with WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Stop TB Partnership. While progress had been made in reducing tuberculosis incidence in the country, more remained to be done.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, requested the Secretariat to share countries' best practices in mobilizing domestic resources, in particular financing, for tuberculosis elimination. The targets and milestones of the End TB Strategy should continue to be well documented to enable harmonized and coordinated monitoring at the regional level. Noting the need to continue improving access to tuberculosis treatment during major epidemics, she said that particular attention should be paid to surveillance systems and mechanisms to ensure timely detection and treatment.

The Secretariat should continue supporting Member States in implementing the global strategy for tuberculosis research and innovation, strengthening research capacity and increasing access to new treatment regimens in the African Region, especially for drug-resistant tuberculosis. The Secretariat should also support the development of local capacity to manufacture tuberculosis treatments and produce new vaccines and diagnostic tools. Studies should be conducted to better document the obstacles faced by patients and explain why they might abandon treatment, why some cases were missed, and other factors that led to the spread of the disease. Future Secretariat reports should also include specific solutions for funding shortfalls, difficulties in using resources and obstacles to identifying missed cases. She requested the Secretariat to support Member States in becoming more self-sufficient, in terms of medicine supply and emergency stockpiles, and to report regularly to the governing bodies on Member States' financing of tuberculosis efforts. She welcomed the establishment of the Civil Society Task Force on Tuberculosis, which would make patients' needs better known, noting that increased investment would be required to sustain it.

The representative of MALAYSIA said that, to support high-level country leadership in driving investment and multisectoral action towards the full recovery of essential tuberculosis services affected by the coronavirus disease (COVID-19) pandemic, the Secretariat should increase engagement, hold more webinars and training sessions, and encourage sustainable commitments and adequate financing from sources including donors, governments and communities. Investment in research and development should be increased to accelerate the development of new tuberculosis vaccines for adults. To mobilize support and financing, robust political leadership and support should be prioritized. With regard to accelerating the development of tools for prevention, detection and treatment, a multifaceted approach was needed involving commitments from governments, international collaboration, innovative financing mechanisms and a clear focus on the social and economic benefits of investing in tuberculosis innovation. Her Government was fully committed to implementing the political declaration.

The representative of the UNITED STATES OF AMERICA thanked Member States and civil society partners for their work to end tuberculosis and expressed support for the commitments made at the high-level meeting of the United Nations General Assembly on the fight against tuberculosis. Given the link between tuberculosis and poverty and its disproportionate impact on the most vulnerable populations, the priority should be to reach all people affected by tuberculosis and provide equitable, inclusive, gender-sensitive and human-centred prevention, diagnosis, treatment and care, with respect for human rights. Targeted efforts were under way in her country to accelerate research, develop new and optimize existing approaches for evidence-based tuberculosis prevention and control, and scale up access to new tools and approaches. Member States should prioritize tuberculosis in their health programming and ensure sustained financial and human resources to that end.

The representative of MALDIVES said that tuberculosis must remain a priority at the regional and global levels in order to eliminate the disease by the year 2030. The complex situation faced by low-burden small island States with challenging geographical features must also be taken into account. Ending tuberculosis would require new technologies, support for health facility capacity-building, new approaches for community engagement and effective risk communication, which would in turn require additional financial and technical resources. Adapted strategies and alternative regional financial mechanisms were needed to fill gaps in funding. Investment in multicountry regional research initiatives was also needed, in addition to a robust regional monitoring framework, developed through a consultative process, to ensure comprehensive progress assessment and inclusivity.

The representative of JAPAN said that, while tuberculosis control outcomes were improving, the impact of the COVID-19 pandemic on infection and mortality rates and health service delivery remained a cause of concern and control measures must therefore be accelerated. His country's experience in tuberculosis control could contribute to tackling new challenges, such as the intersection of tuberculosis with ageing and noncommunicable diseases. In view of the urgent need for innovation to advance the fight against tuberculosis, his Government had been contributing to the development of new treatments, products and medical devices and would continue to invest in innovation.

The representative of PARAGUAY said that the political declaration contained clear commitments that must be translated into tangible and effective action. Although considerable progress had been made in her country, significant challenges remained. It was essential to strengthen actions to prevent and control tuberculosis in Indigenous communities, the prison population and people living with HIV and diabetes, who were particularly vulnerable. Collective and sustained action was also needed at the global level to achieve a tuberculosis-free world.

The representative of TIMOR-LESTE said that maintaining a business-as-usual approach would not result in the achievement of the End TB Strategy milestones for the year 2027 and the fulfilment of regional commitments, such as the WHO South-East Asia Region's Gandhinagar Declaration on tuberculosis. With that in mind, his Government had implemented a range of measures with technical support from the Secretariat, including the implementation of innovative technological solutions and enhanced community outreach. His Government fully supported the implementation of the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis.

Dr Nsanzimana took the Chair.

The representative of AUSTRALIA was pleased to note signs of recovery in tuberculosis efforts following the devastating impact on progress caused by the COVID-19 pandemic. The significant momentum created by the high-level meeting of the General Assembly on the fight against tuberculosis was encouraging, and her Government supported the resulting political declaration and its increased

targets. All countries should work together to tackle tuberculosis, with increased discussions, action and community-driven solutions to address the disease's risk factors and determinants. An enhanced focus on prevention was also needed, including by investing in research and development and scaling up accessible and innovative technologies. Laboratory and surveillance systems should be leveraged to build on capacities developed during the pandemic.

The fight against tuberculosis was intrinsically linked to human rights and the social determinants of health. International efforts should therefore reflect gender, human rights and social inclusion issues for an effective response. Inclusive partnerships were needed that were founded on compassion and respect.

The representative of BELARUS, outlining the action taken in his country to tackle tuberculosis, said that it was regrettable that, owing to the unilateral coercive measures imposed on his Government, his country's internationally recognized reference laboratory for tuberculosis research was experiencing difficulties and delays in importing test systems, given the requirement to obtain export licences from regulatory bodies in the United States of America. His Government did not wish to politicize the issue and had drawn attention to the problem solely to restore unimpeded imports into the country in order to enable the most effective medical care possible.

The representative of BRAZIL said that it was important to bear in mind the lessons learned from the COVID-19 pandemic on the pivotal role of vaccine research, development and funding. New, more effective, safe vaccines were essential to combating tuberculosis; the establishment of the Tuberculosis Vaccine Accelerator Council was therefore welcome. The political declaration had strengthened crucial commitments towards elimination of the disease and acknowledged its association with the social and economic determinants of health. A substantial increase in investment for research and development on innovative diagnostic tools, treatments and service delivery models was needed, in addition to investment to ensure equitable access to the most recent technologies, and he supported Unitaid's important work in that regard. The elimination of tuberculosis was a top priority for his Government, and he urged other Member States to commit to ending it by the year 2030.

The representative of TOGO said that the political declaration was all the more necessary given the considerable impact of the COVID-19 pandemic on the global tuberculosis response. His Government was applying WHO's recommendations on diagnostic methods, and significant progress was being made thanks to support from partners. He called on the international community to show greater solidarity to alleviate the suffering of all those affected by tuberculosis and other diseases that could be eliminated.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that a regional action plan to end tuberculosis had been developed, and Member States in the Region had also developed national strategies. Improved access to tuberculosis services in the Region had resulted in a decrease in the number of infections, as well as a significant increase in treatment coverage. Progress had also been made in prevention, and half of the Member States in the Region had established national guidelines in line with WHO guidance on the use of rapid diagnostic testing and treatment. Countries' capacities had also been strengthened, and a new WHO collaborating centre was being established in Pakistan. Intensifying such activities would help to accelerate progress.

He called on the Secretariat and the Regional Office for the Eastern Mediterranean to provide support to accelerate implementation of the End TB Strategy in the Region, especially in the light of the varying socioeconomic situations and challenges faced by Member States, some of which were experiencing an influx of migrants and thus increased demand on already fragile health systems. It was to be hoped that the commitments made at the high-level meeting of the General Assembly on the fight

against tuberculosis would be sustained to accelerate progress towards achieving the goals of the End TB Strategy.

The representative of LESOTHO said that, although her country was among those bearing the highest tuberculosis burden, the progress made since the year 2015 indicated its capacity to further reduce the incidence of the disease. Her Government had prioritized tuberculosis by strengthening primary health care and applying innovative strategies for early detection and treatment. She thanked the Secretariat for its technical support in conducting prevalence surveys and related studies.

The representative of ETHIOPIA said that the COVID-19 pandemic, conflicts and climate issues had led to setbacks in work to end tuberculosis. He described the action taken in his country, including the use of community-based strategies, health facility-based control measures and improved diagnostic testing. Challenges persisted, however, and he highlighted the importance of providing a mix of public and private health services, enhancing integration of tuberculosis and HIV services, and addressing cross-border issues. Innovative mechanisms, local production of vaccines and diagnostic tools, technology transfer and increased political commitment were all critical to sustaining country-level efforts. He acknowledged the support provided by key partners and called for sustained support and collaboration moving forward.

Dr Al Kuwari resumed the Chair.

The representative of SENEGAL said that encouraging progress had been made in his country, including a sustained increase in the treatment success rate and treatment coverage. Tuberculosis screening had been stepped up, in particular among vulnerable populations, government funding for diagnostic tests and treatment had been increased and new diagnostic technologies rolled out. He reaffirmed his Government's commitment to implementing the political declaration.

The representative of CHINA expressed appreciation for the Secretariat's work in coordinating countries' efforts to eliminate tuberculosis. Her Government had always attached great importance to tuberculosis prevention and treatment as part of its strategy for a healthy China. Outlining approaches and successes in her country, she expressed the hope that the Secretariat would continue to play a leading technical role, increase WHO's coordination with other international organizations and provide technical support to Member States, especially for countries with a heavy tuberculosis burden. Her Government would continue to work with Member States to strengthen exchange and collaboration, and stood ready to step up its participation in global public health governance and make positive contributions to improving the health and well-being of the millions of people affected by tuberculosis.

The representative of SLOVAKIA, observing that tuberculosis posed far-reaching social, economic, political and security threats, said that special attention should be paid to groups at increased risk of developing it. In Slovakia, health mediators had been introduced to improve care among marginalized groups, serving as a first point of contact between health workers and patients and improving communication by overcoming linguistic and cultural barriers. The high-level meeting of the General Assembly on the fight against tuberculosis had provided renewed impetus to the global response to ending the tuberculosis epidemic, and the adopted political declaration must be considered a high priority in countries' health policies.

The representative of THAILAND¹ said that ensuring complete coverage of health and social benefits packages for people with tuberculosis by the year 2027 was crucial to accelerate efforts to end

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

tuberculosis. To that end, the Secretariat should mobilize its social and intellectual capital to support Member States in increasing multisectoral partnerships. Given the monopoly on WHO-recommended rapid molecular diagnostic tests, the Secretariat should support Member States to acquire the tests at an affordable price.

The representative of POLAND,¹ expressing strong support for keeping tuberculosis high on the political agenda, emphasized the critical need for consistent, stable funding for prevention, early detection, diagnostic testing, treatment and social support. There must be universal, stigma-free access to prevention and care, including for multidrug-resistant tuberculosis, as well as a people-centred outpatient service delivery model to make care more accessible and patient-friendly. Countries must work together to address the issue of tuberculosis in refugee populations and jointly monitor drug resistance, as rising to such challenges through mutual support was a collective duty. Epidemiological services in all countries should collaborate closely to implement effective tuberculosis strategies around the world.

The representative of MOZAMBIQUE¹ commended the Secretariat for ensuring that tuberculosis elimination remained a high priority. Outlining challenges and successes in her country, including a reduction in the number of deaths, she expressed appreciation for the support provided to strengthen the capacity of the national laboratory, given the pivotal role of a robust laboratory network in tuberculosis control. She thanked the Secretariat, the Stop TB Partnership and other key partners that had filled resource gaps, allowing the capacity of the tuberculosis programme in her country to be strengthened.

The representative of BOTSWANA¹ expressed concern at the increasing number of people falling ill with tuberculosis and the fact that most people with tuberculosis in the year 2022 lived in the African, South-East Asia and Western Pacific Regions. The Secretariat and partners should continue to support capacity-building in Member States for the prevention, detection and treatment of tuberculosis. His Government supported the priority action areas of the political declaration, as well as those in the Secretariat's report.

The representative of INDONESIA¹ expressed appreciation for the ongoing efforts to integrate tuberculosis into the broader public health agenda in view of its linkages with pandemic prevention, preparedness and response, and universal health coverage. He welcomed the establishment of the Tuberculosis Vaccine Accelerator Council, which his Government was proud to co-lead. There was an urgent need to accelerate the development of new tools to prevent, detect and treat tuberculosis, especially new vaccines, in a spirit of inclusivity, equality and equity. His Government was committed to the implementation of the political declaration and called for collective efforts in achieving a tuberculosis-free world.

The representative of NAMIBIA¹ expressed continued support for the End TB Strategy and outlined the significant progress made in his country. He noted with concern, however, that global progress towards the Strategy's milestones remained off track and Urged the Secretariat to support implementation of the political declaration by promoting a favourable policy and resource environment that encouraged developing countries to conduct research and innovation and develop new, safer and more effective treatments, especially for multidrug-resistant tuberculosis.

The representative of BRUNEI DARUSSALAM,¹ noting that only a small proportion of tuberculosis testing sites had used WHO-recommended diagnostic tests in the year 2021, said that access to such tests was a critical underlying challenge. Rapid molecular tests were unaffordable for many

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

countries, and the additional expense of testing cartridges and equipment maintenance must be taken into account. She asked how the Secretariat could assist in reducing the upfront costs of WHO-recommended tests and ensure their affordability in order to accelerate their use at scale.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ emphasized the strong connection between the End TB Strategy and Sustainable Development Goal 1 (End poverty in all its forms everywhere), as people living in poverty were the most vulnerable to tuberculosis. Despite the significant progress made in his country, timely achievement of the related targets of the Sustainable Development Goals and full implementation of the End TB Strategy remained a serious challenge, which had been compounded by the cross-border movement of populations from neighbouring countries with a high tuberculosis burden. Moreover, the unilateral coercive measures imposed on his Government negatively impacted tuberculosis efforts in his country, impeding access to affordable, quality medical products.

The representative of the RUSSIAN FEDERATION¹ expressed support for the implementation of the political declaration, stressing WHO's leading role in that regard. Current challenges, such as drug resistance, HIV and the COVID-19 pandemic, undoubtedly made its goals more difficult to achieve. Describing initiatives implemented in his country that were contributing to the achievement of those goals, he said that the development of joint action to counter the spread of tuberculosis was also on the agenda of the Brazil, Russian Federation, India, China and South Africa group, which his Government was chairing in the year 2024. He welcomed the creation of the Tuberculosis Vaccine Accelerator Council as a means of accelerating access to new vaccines.

The representative of COLOMBIA¹ said that implementation of the political declaration was important for his country, the Region of the Americas and the world. Collaboration, including with non-State actors and local companies, had enabled his Government to expand its prevention and treatment programmes, which highlighted the essential role of multisectoral partnerships. Outlining the progress made in his country, he underlined the need to accelerate capacity-building for research and development and encourage the production of new health technologies that provided solutions for local public health challenges.

The representative of EGYPT¹ said that his Government remained strongly committed to working with the Secretariat to implement the End TB Strategy.

The representative of the REPUBLIC OF KOREA,¹ endorsing the political declaration, said that, since the first high-level meeting of the General Assembly on the fight against tuberculosis, in the year 2018, his Government had taken action that included expanding access to tuberculosis screening for vulnerable populations and an emphasis on the management of multidrug-resistant tuberculosis. His Government remained committed to the implementation of the End TB Strategy.

The representative of INDIA¹ described the objectives and successes of his country's tuberculosis elimination programme, including scaled-up laboratory services and outreach to high-risk groups. His Government had also pioneered a mathematical model for estimating the tuberculosis burden, underscoring its commitment to the achievement of the Sustainable Development Goals.

The representative of BANGLADESH¹ thanked the Secretariat for providing technical support for the introduction of new technologies and integrated care delivery approaches in his country. He agreed that the interplay between trade, intellectual property and health should be harmonized to improve the supply of, and access to, treatments for multidrug-resistant tuberculosis. Donors should

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

help to close the funding gap for tuberculosis services and research for to develop vaccines, diagnostic tests and medicines. To combat stigma, WHO should enhance awareness-raising campaigns.

The representative of OMAN¹ thanked all those leading efforts to implement the End TB Strategy. He described his country's tuberculosis strategy, noting the importance of addressing the impact of the social determinants of health and of detecting latent tuberculosis infection. He reiterated his Government's support for the political declaration.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, despite the renewed commitments set out in the political declaration, progress on the ground was too slow. Governments should turn their commitments into reality by putting in place national guidelines and scaling up the required resources so that all people had access to life-saving tests, medicines and preventive therapies. Greater investment was also urgently needed for the research and development of better tests and treatments for the most neglected populations, such as children and people with drug-resistant tuberculosis. Linking access and affordability conditions to public funding would help to ensure equitable access.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that renewed commitment and investment were urgently needed to mitigate the impacts of the COVID-19 pandemic on tuberculosis detection, prevention and access to treatment. Countries must take urgent action to restore and maintain essential services, and he echoed the calls to substantially increase investment in tuberculosis research to drive technological breakthroughs and strategies to support the rapid uptake of innovations. Timely investments would be critical, as several new vaccines were entering late-stage clinical development, and a new vaccine would be a game-changer for epidemic control and for addressing the growing rate of antimicrobial resistance.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the need to integrate the treatment of alcohol use disorders into tuberculosis prevention and care, as acknowledged in the political declaration. Millions of people with alcohol use disorders were at high risk of contracting tuberculosis, especially in low- and middle-income countries. Urgent action was therefore needed, and he called on WHO to identify ways to use the SAFER technical package to lower the tuberculosis burden. Alcohol taxation could help countries to raise domestic resources while reducing the prevalence of alcohol as a risk factor.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States for their strong support in the fight against tuberculosis: a preventable, treatable and curable disease affecting more than 10 million people worldwide and taking more than 1 million lives every year. Although considerable progress had been made, including an increase in access to services for the first time since the start of the COVID 19 pandemic, thanks to the significant efforts of Member States, serious gaps remained. WHO recommended rapid diagnostic tests, which gave results in two hours, needed to be made available for everyone, and access to affordable diagnosis and treatment was vital in high- and low-burden countries. Staff at all three levels of the Organization would therefore continue to work with partners, communities and other stakeholders to address those issues and improve access to life-saving care.

As Member States had highlighted, multisectoral collaboration was key to accelerating progress. High-burden countries were using the WHO multisectoral accountability framework to end TB to strengthen their response, and in the year 2023, 73% of them had reported that multisectoral accountability and review mechanisms were in place. Member States were also expanding digital

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

surveillance mechanisms to monitor the epidemiological situation and respond rapidly, and 135 countries and areas had applied a case-based surveillance system in the year 2020.

Winning the fight against tuberculosis would require an effective vaccine, point-of-care testing and more effective treatment regimens. WHO had therefore launched the Tuberculosis Vaccine Accelerator Council to facilitate the development of safe, effective, affordable and accessible vaccines, leveraging the insights, scientific advancements and spirit of global solidarity that had emerged from the response to COVID-19, and he thanked Member States for their support for the initiative. As at the year 2023, there were at least 16 candidate vaccines, 28 drugs and several diagnostic tests in the clinical pipeline, and increased funding was needed to fast-track their development and evaluation.

He congratulated Member States for adopting a resolute, ambitious and visionary political declaration at the high-level meeting of the United Nations General Assembly in September 2023. Implementing the commitments made in the political declaration – including a substantial expansion of access to services, increased investment, promotion of human rights and acceleration of research and innovation – would be crucial to expedite progress and reach the ambitious yet achievable targets.

The Secretariat would continue to provide support for tuberculosis surveillance, monitoring and evaluation, issue evidence-based normative guidance, and offer comprehensive technical support at all stages of care, working in close collaboration with Member States, partners and communities.

The Board noted the report.

4. ROAD MAP FOR NEGLECTED TROPICAL DISEASES 2021–2030: Item 11 of the agenda (document EB154/11)

The representative of PARAGUAY expressed concern at the apparent decline in treatment coverage for neglected tropical diseases, based on data for the year 2022. It was crucial to address the cross-cutting factors that contributed to the proliferation of such diseases, including those related to water supply, sanitation, education, agriculture, climate change and animal welfare, in order to strengthen response capacity. Her Government was committed to reducing the prevalence of neglected tropical diseases and was finalizing a national plan.

The increase in bites and stings from venomous animals, especially scorpions, posed a serious risk to public health in Paraguay and the Region of the Americas. Antivenom-producing laboratories should therefore be strengthened, access to safe, effective antivenoms increased, and information-sharing and cooperation among laboratories promoted. Cases of dengue and chikungunya had also increased in the Region. She urged Member States to continue working together towards a future free of neglected tropical diseases.

The representative of JAPAN, acknowledging the progress made in addressing neglected tropical diseases, welcomed in particular WHO's provision of medicines and health products to 112 Member States free of charge. He highlighted the importance of achieving universal health coverage and strengthening health systems so that essential services, including for neglected tropical diseases, would not be disrupted during future crises as they had been during the coronavirus disease (COVID-19) pandemic. His Government would continue efforts to eradicate neglected tropical diseases, in line with its commitment made at the 2023 meeting of the G7 to address health issues affected by the COVID-19 response, including through a US\$ 200 million grant to the Global Health Innovative Technology Fund.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that progress had been made in the Region despite the challenges faced, in particular due to emergencies that impeded access to services. Eight Member States in the Region had

eliminated a neglected tropical disease between the years 2010 and 2020, and the number of people requiring interventions against such diseases had decreased by 55%. The Region had recovered from the disruptions caused by the COVID-19 pandemic, treatment coverage had increased and progress had also been made in tackling leprosy and trachoma. Nonetheless, much work remained to be done, including in tackling leishmaniasis and skin-related neglected tropical diseases, which had not received sufficient attention. Member States must work together to address the evolving landscape of neglected tropical diseases and share experience. To ensure that gains were sustained, the Secretariat should continue providing support in the areas of chemotherapy and prevention, particularly for Member States with fragile economies, and multisectoral collaboration should be enhanced.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the road map for neglected tropical diseases 2021–2030 had been endorsed by the Regional Committee for Africa at its seventy-second session and integrated into the Region's Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030, with milestones for the years 2025 and 2028. In line with the road map, 10 Member States in the Region had eliminated at least one neglected tropical disease since the year 2021. However, progress lagged behind global outcomes and further attention and support were required. She thanked the Regional Office for Africa and partners for the support provided to Member States in preparing and implementing national master plans and country plans aligned with the road map and regional framework.

Despite the progress made, health systems in the Region faced challenges such as low surveillance capacity, weak supply chain management and insufficient integration in national health information systems. The impact of the COVID-19 pandemic on neglected tropical disease-related services, coupled with climate change and ongoing health and humanitarian emergencies, had also hampered efforts.

Greater political commitment was needed to ensure the allocation of sufficient domestic funding and resources for the implementation of integrated, multiyear master plans to accelerate disease elimination, and the role of communities and the private sector should be enhanced. Country coordination mechanisms should be established with relevant stakeholders and sectors to address the key determinants of transmission. Partnerships should be strengthened to ensure the provision of continuous technical and financial support to Member States and the availability of diagnostic tools and medicines for affected communities. National sustainability plans must be developed, implemented, monitored and evaluated to ensure that neglected tropical diseases were fully integrated into health systems and essential services packages.

The representative of MALAYSIA said that, despite the challenges it faced, such as the re-emergence of yaws, her Government remained committed to supporting WHO programmes on neglected tropical diseases, including by sharing surveillance data. To support the Secretariat's efforts to facilitate attainment of the targets in the road map and to facilitate implementation of the strategic priorities identified during the Global Neglected Tropical Diseases Programme partners' meeting, her Government was developing a national action plan targeting specific diseases from the 20 covered in the road map and bolstering efforts to implement eradication strategies as a key performance indicator. With the dedicated involvement of multiple stakeholders and robust coordination led by WHO, the road map had a promising future.

The representative of MALDIVES, highlighting her Government's achievement in interrupting transmission of leprosy, said that it was important to remain vigilant with regard to neglected tropical diseases, especially in countries that had achieved, or were close to achieving, elimination. In that regard, sustained funding was needed, in addition to well-monitored post-surveillance strategies. Efforts to address the operational challenges faced by the health sector as a result of the COVID-19 pandemic had impacted neglected tropical disease programmes, including through disruptions to technical and human resources. Regional collaboration should be fostered, the pooling of resources encouraged and collective

responses strengthened. To achieve the targets in the road map, greater priority must be given to ensuring impactful approaches, stronger monitoring and evaluation of ongoing projects, and more informed decision-making. She requested comprehensive guidelines, resources and tools for post-elimination surveillance, as well as comprehensive frameworks to monitor and evaluate persistent risk factors, including the issues of migrant health and changing global health dynamics.

The representative of TOGO outlined the significant progress made and measures implemented in his country, including by combining formerly disparate programmes for combating neglected tropical diseases under a single coordinating body. Hurdles nevertheless remained in tackling snakebite envenoming, leprosy and other diseases, managing related complications, and mobilizing resources for the implementation of post-elimination activities. He encouraged the international community to show greater solidarity in alleviating the suffering of people affected by neglected tropical diseases.

The representative of PERU said that, in order to overcome the technical and operational challenges highlighted in the report and contribute to achieving the targets set for 2030, there should be a focus on: implementing strategies to ensure timely diagnosis, while taking into account the remote geographical location of many affected populations; creating mechanisms to promote the development of diagnostic technologies that were easy to use at points of care; and ensuring the availability of targeted treatments, with support from the Secretariat and partners. Member States could facilitate implementation of the strategic priorities established during the Global Neglected Tropical Diseases Programme partners' meeting by establishing multidisciplinary teams to achieve a gradual and progressive reduction in case incidence.

The representative of BRAZIL said that, to eliminate neglected tropical diseases, public policies must be targeted towards neglected and vulnerable populations, and local capacities in health research, development and production must be strengthened. It was unacceptable that diseases such as malaria, Chagas disease, schistosomiasis and others persisted in the world. His Government was committed to achieving target 3.3 of the Sustainable Development Goals, and planned to use its presidency of the G20 to launch a global voluntary, cooperative mechanism to promote health production and innovation for vulnerable populations and neglected tropical diseases and reduce inequity. Brazil's national development plan, which included significant investment in the production of technologies to combat neglected tropical diseases, illustrated that placing health at the heart of the economy paved the way for sustainable development and a healthier future for all.

(For continuation of the discussion, see the summary record of the twelfth meeting, section 2.)

The meeting rose at 13:10.

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