



# WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY

(Draft) A59/47  
25 May 2006

---

## First report of Committee A

(Draft)

On the proposal of the Committee on Nominations,<sup>1</sup> Dr Kimmo Leppo (Finland) and Dr P. Mazzetti Soler (Peru) were elected Vice-Chairmen, and Dr Amara Cisse (Guinea) Rapporteur.

Committee A held its first and second meetings on 23 May 2006 under the chairmanship of Dr A. Ramadoss (India) and Dr Kimmo Leppo (Finland) and its third and fourth meetings on 24 May 2006 under the chairmanship of Dr A. Ramadoss (India).

It was decided to recommend to the Fifty-ninth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

11. Technical and health matters

11.2 Eradication of poliomyelitis

One resolution

11.1 Strengthening pandemic-influenza preparedness and response, including application of the International Health Regulations (2005)

One resolution entitled:

- Application of the International Health Regulations (2005)

---

<sup>1</sup> Document A59/44.

## Agenda item 11.2

### **Eradication of poliomyelitis**

The Fifty-ninth World Health Assembly,

Having considered the report on eradication of poliomyelitis;<sup>1</sup>

Recalling the 2004 Geneva Declaration for the Eradication of Poliomyelitis, committing the six countries in which poliomyelitis is endemic and spearheading partners to interrupting the final chains of poliovirus transmission through intensified poliomyelitis immunization campaigns;

Recognizing that the occurrence of poliomyelitis is increasingly rare due to the intensification of poliomyelitis eradication activities globally, and that all Member States are enhancing surveillance for the detection of circulating polioviruses and are in the process of implementing biocontainment activities;

Noting the significant support extended by partners, appreciating their ongoing cooperation, and calling for their continuing support to national programmes in the final phase of the global eradication effort;

Noting with concern that there is a substantial unmet funding requirement of US\$ 485 million for planned activities during the mop-up and certification phase between 2006 and 2008;

Noting that most of the new cases in 2005 have come from areas where transmission of indigenous polioviruses had already been stopped;

Noting that poliovirus importations into poliomyelitis-free areas constitute potential international health threats;

Noting the importance of high quality surveillance systems in countries where poliomyelitis has been eradicated;

Recalling the standing recommendations of the Advisory Committee on Poliomyelitis Eradication,<sup>2</sup>

1. URGES Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild-type poliovirus through the administration of appropriate monovalent oral poliomyelitis vaccines;

---

<sup>1</sup> Document A59/6.

<sup>2</sup> *Weekly Epidemiological Record*, 2004, **79**(32): 289-291; 2005, **80**(38): 330-331, and 2005, **80**(47): 410-416.

2. URGES all poliomyelitis-free Member States to respond rapidly to the detection of circulating polioviruses by:

- (1) conducting an initial investigation, activating local responses and when necessary, requesting international expert risk assessment within 72 hours of confirmation of the index case in order to establish an emergency plan of action;
- (2) implementing a minimum of three large-scale rounds of immunization using a type-specific monovalent oral poliomyelitis vaccine, or another composition of vaccine if appropriate, including, where applicable, house-to-house vaccination, the first round to be conducted within four weeks of confirmation of the index case, with an interval of four weeks between subsequent rounds;
- (3) targeting two to five million children aged less than five years in the affected and adjacent geographical areas, using independent monitoring to determine whether at least 95% immunization coverage has been reached;
- (4) ensuring that at least two full rounds of poliomyelitis immunization are conducted in the targeted area after the most recent detection of poliovirus;
- (5) enhancing surveillance for acute flaccid paralysis (AFP) to a level of greater than two cases per 100 000 children aged less than 15 years, for the duration of the outbreak and at least 12 months immediately thereafter;
- (6) sustaining high coverage of routine OPV immunization of at least 80% and highly sensitive disease surveillance;

3. REQUESTS the Director-General:

- (1) to ensure the availability of technical expertise to support Member States in their planning and emergency response related to an outbreak;
- (2) to assist in mobilizing funds to implement emergency response to an outbreak, and to ensure adequate supplies of monovalent oral poliomyelitis vaccine;
- (3) to advise at-risk Member States, on the basis of each risk assessment, on which, if any, additional measures are required nationally and internationally to reduce the further spread of poliovirus, taking into account the recommendations of the Advisory Committee on Poliomyelitis Eradication;
- (4) to continue to prepare for other potential risks to poliomyelitis eradication and a poliomyelitis-free world in the short and longer term, and propose a mechanism for their management to the Executive Board at its 119th session;
- (5) to report to the Executive Board at its 119th session on progress made in the implementation of this resolution.

## Agenda item 11.1

### Application of the International Health Regulations (2005)

The Fifty-ninth World Health Assembly,

Having considered the report on application of the International Health Regulations (2005);

Recalling resolutions WHA58.3 on revision of the International Health Regulations and WHA58.5 on strengthening pandemic-influenza preparedness and response;

Reaffirming the serious risk to human health, including the possible emergence of a pandemic virus, arising from ongoing outbreaks in poultry of highly pathogenic avian influenza, caused by the H5N1 strain of *Influenzavirus A*, in parts of Asia and elsewhere;

Noting with concern the persistence of outbreaks in poultry, the continuing occurrence of sporadic cases of severe human disease associated with these outbreaks, the endemicity of the virus in several countries, the spread of the virus through the migration of wild waterfowl to new areas, and its predicted further spread;

Aware that these and other developments have increased the probability that a pandemic may occur;

Highlighting the importance of WHO's global influenza preparedness plan and the control measures recommended therein;<sup>1</sup>

Mindful that rapid detection of human cases, supported by adequate national capacity, and rapid and transparent reporting of findings underpin WHO's ability to issue a reliable risk assessment and declare an appropriate phase of pandemic alert, and are further needed to ensure that the earliest epidemiological signals of increased transmissibility of the virus among humans are not missed;

Aware that several provisions in the International Health Regulations (2005) would be useful in ensuring a strengthened and coordinated response on the part of the international community to both the present situation and a possible pandemic;

Further aware that strengthened capacity to respond to human cases of avian influenza and the corresponding pandemic threat will strengthen the capacity to respond to many other emerging and epidemic-prone infectious diseases, and thus increase global public-health security against the threat of infectious diseases;

Noting that the International Health Regulations (2005) will not enter into force until 15 June 2007;

---

<sup>1</sup> Document WHO/CDS/CSR/GIP/2005.5.

Recalling the main conclusions reached, and recommended actions agreed on, during a joint meeting convened by WHO, FAO, OIE and the World Bank on avian influenza and human pandemic influenza (Geneva, 7-9 November 2005);

Responding to the specific request made during that meeting to put forward proposals to the Fifty-ninth World Health Assembly through the Executive Board at its 117th session for immediate voluntary compliance with relevant provisions of the International Health Regulations (2005),

1. CALLS UPON Member States to comply immediately, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza;
2. DECIDES that relevant provisions of the International Health Regulations (2005) shall include the following:
  - (1) Annex 2, in so far as it requires prompt notification to WHO of human influenza caused by a new virus subtype;
  - (2) Article 4 pertaining to the designation or establishment of a National IHR Focal Point within countries and the designation of WHO IHR Contact Points, and the definition of their functions and responsibilities;
  - (3) Articles in Part II, pertaining to surveillance, information-sharing, consultation, verification and public health response;
  - (4) Articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;
  - (5) Articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes;
3. NOTES that such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005);
4. URGES Member States:
  - (1) to designate or establish immediately a National IHR Focal Point, as provided for in Article 4 of the Regulations, and inform WHO accordingly within 90 days, the said Focal Point having the authority to communicate official information and for the Focal Point to provide support for, and if so decided by the Member State, to participate in, collaborative risk assessment with WHO;
  - (2) to follow, in matters pertaining to human cases of avian influenza, mechanisms and procedures set out in the Regulations for a disease that may constitute a public health emergency of international concern;
  - (3) to provide transparent and urgent notification and subsequent continued communication to WHO of any probable or confirmed human cases of avian influenza, including exported or imported cases;

- (4) to disseminate to WHO collaborating centres information and relevant biological materials related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner;
- (5) to develop domestic influenza vaccine production capacity or to work with neighbouring States to establish regional vaccine production capacity, in order to promote adequate supplies of vaccine, in the event of a public health emergency of international concern caused by a novel influenza virus;
- (6) to strengthen collaboration on human and zoonotic influenzas among national organizations responsible for human and animal health in order to strengthen surveillance and implement immediate measures to control outbreaks of avian influenza in humans and animals;
- (7) to respect time frames stipulated in the Regulations for undertaking and completing urgent activities and communications, particularly for the reporting of human cases of avian influenza, verification of events, and response to requests for further information from WHO;
- (8) to collaborate, including through the mobilization of financial support, to build, strengthen, and maintain the capacity for influenza surveillance and response in countries affected by avian influenza or pandemic influenza;
- (9) to follow recommendations issued by the Director-General, with technical advice from the influenza pandemic task force, considered necessary for the international response to avian influenza or pandemic influenza;
- (10) to inform the Director-General of the measures that they have taken in voluntary compliance with the International Health Regulations (2005);
- (11) to initiate a process of identifying and addressing the constraints – administrative and legal – for timely implementation of the Regulations with a view to promoting intersectoral participation;

5. REQUESTS the Director-General:

- (1) to designate immediately WHO IHR Contact Points, as provided for in Article 4 of the Regulations;
- (2) to implement, in so far as feasible and relevant for the purpose of this resolution, measures in Parts II and III of the Regulations falling under the responsibility of WHO;
- (3) to further accelerate steps to establish a roster of experts and to invite proposals for its membership, pursuant to Article 47;
- (4) to use the influenza pandemic task force as a temporary mechanism until entry into force of the International Health Regulations (2005) in order to advise the Organization on the response to avian influenza, the appropriate phase of pandemic alert and the corresponding recommended response measures, the declaration of an influenza pandemic, and the international response to a pandemic;

(5) to collaborate with Member States in implementation of the present resolution, and in voluntary compliance with the International Health Regulations (2005), as appropriate, including through:

- (a) provision or facilitation of technical cooperation and logistical support;
- (b) mobilization of international assistance, including financial support, in consultation with Member States, especially for avian influenza or pandemic influenza-affected countries lacking sufficient operational capacity;
- (c) production of guidelines as support to Member States in development of capacities for a public-health response specific to the risk posed by avian influenza and pandemic influenza;
- (d) reasonable stockpiling of necessary drugs;
- (e) facilitating, in collaboration with international partners, development and commercial production of vaccines against avian influenza and pandemic influenza;

(6) to collaborate with Member States to the extent possible in providing support to developing countries in building and strengthening the capacities required under the International Health Regulations (2005);

(7) to immediately search for solutions to reduce the current global shortage of, and inequitable access to, influenza vaccine, and also to make them more affordable for both epidemics and global pandemics;

(8) to mobilize and dedicate WHO's technical resources where possible, using capacities available in regional offices and collaborating centres, in order to expand and accelerate training efforts in the areas of epidemic surveillance, alert and response, laboratory capacity, including regional networking of laboratories, biosafety, and quality control, in order to provide support to Member States in implementation of the International Health Regulations (2005);

(9) to report to the Sixtieth World Health Assembly through the Executive Board at its 119th session on implementation of this resolution, and to report annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005).

= = =