

Third report of Committee A

(Draft)

Committee A held its eighth and ninth meetings on 22 May 2015 under the chairmanship of Dr Eduardo Jaramillo (Mexico).

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

15. Preparedness, surveillance and response

15.2 Poliomyelitis

One resolution as amended

15.3 Implementation of the International Health Regulations (2005)

One resolution entitled:

- Yellow fever risk mapping and recommended vaccination for travellers

One resolution entitled:

- The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

Agenda item 15.2

Poliomyelitis

The Sixty-eighth World Health Assembly,

Having considered the report on poliomyelitis¹ and the course of action decided by the Executive Board at its 136th session;²

Recalling resolution WHA65.5 on poliomyelitis: intensification of the global eradication initiative, and that the Sixty-sixth World Health Assembly noted the Polio Eradication and Endgame Strategic Plan 2013–2018 and reviewed progress towards its implementation subsequently;³

Recalling that on 5 May 2014, the Director-General declared the international spread of wild poliovirus a public health emergency of international concern and issued temporary recommendations under the International Health Regulations (2005);⁴

Noting that more than 85% of all new cases in 2014 and 2015 have occurred in Pakistan, and commending the heroic efforts of the front-line health workers, Government, people and civil and religious leaders of Pakistan for their strengthened commitment to polio eradication, as evidenced by efforts to implement the low-transmission season plan for the first half of 2015, while faced with unique challenges;

Recalling United Nations General Assembly resolution 69/132 on global health and foreign policy, which “urges full respect for the rules and principles of international humanitarian law ... [and] stresses the obligation ... to respect and protect medical personnel and humanitarian personnel ... and urges States to develop effective measures to prevent and address violence against such personnel”;

Recognizing the conclusions of the meeting of the Strategic Advisory Group of Experts on immunization (Geneva, 21–23 October 2014) that preparations are on track for the global withdrawal of the type 2 component in oral poliovirus vaccine in April 2016; and, noting the progress achieved in introducing inactivated poliovirus vaccine by end-2015, in particular in coordination with partners such as The GAVI Alliance,

1. URGES Member States with poliovirus transmission:

- (1) to stop all wild poliovirus transmission by fully implementing all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018 and national emergency action plans;

¹ Document A68/21.

² See the summary record of the Executive Board at its 136th session, seventh meeting.

³ See document WHA66/2013/REC/3, summary record of Committee A, ninth meeting, section 2.

⁴ WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, available at <http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/> (accessed on 16 March 2015).

- (2) to ensure that all necessary measures are in place for the safe access of health workers to all communities and ensure the safety of health workers, including through the appropriate engagement with and support of community leaders and relevant law-enforcement, military, non-military and non-State entities;
 - (3) to implement fully the temporary recommendations under the International Health Regulations (2005) in order to reduce the risk of international spread of wild poliovirus;
 - (4) to intensify cross-border collaboration for improving both vaccination and surveillance activities;
2. URGES all Member States that currently use oral poliovirus vaccine to prepare for the global withdrawal of the type 2 component of the oral poliovirus vaccine in April 2016, including by:
 - (1) developing national plans, by end-September 2015, for the withdrawal of the type 2 component of oral poliovirus vaccine and its replacement with the bivalent oral poliovirus vaccine;
 - (2) expediting the registration of bivalent oral poliovirus vaccine for use in routine immunization programmes and, if required and in the interim, authorizing its use on the basis of prequalification granted by WHO;
 - (3) implementing national policy for the appropriate destruction of residual trivalent vaccine stocks;
 - (4) completing the introduction of inactivated poliovirus vaccine optimally before the withdrawal of the type 2 component of oral poliovirus vaccine in April 2016;
3. URGES all Member States:¹
 - (1) to achieve and maintain certification-standard surveillance to detect polioviruses, and to respond fully to polioviruses detected from any source;² to immediately put in place national public health emergency measures, as appropriate, to respond to a new polio outbreak in a polio-free country following confirmation of detection of any circulating wild poliovirus, type 2 circulating vaccine-derived poliovirus or Sabin poliovirus following withdrawal of the type 2 component in the oral poliovirus vaccine; and by ensuring full implementation of revised outbreak response protocols³ that build on the international outbreak response guidelines issued in resolution WHA59.1;
 - (2) to support the global expansion of environmental surveillance in strategically-selected high-risk locations to supplement acute flaccid paralysis surveillance for prompt detection of polioviruses;

¹ And, where applicable, regional economic integration organizations.

² For example, any positive sample from a case of acute flaccid paralysis or its contacts, environmental surveillance, and targeted stool surveys.

³ Responding to a poliovirus outbreak. Standard operating procedures for a new polio outbreak in a polio-free country (February 2015), available at: <http://www.polioeradication.org/Portals/0/Document/Resources/PolioEradicators/1a.PolioOutbreakGuideline20150220.pdf>, (accessed 17 March 2015).

- (3) to support those Member States experiencing poliovirus transmission in their eradication efforts, including through political engagement and the provision of additional support as appropriate;
- (4) to monitor for potential gaps in population immunity and implement measures to fill such gaps and further boost population immunity through timely and complete routine immunization and, where necessary, high-quality supplementary immunization activities;
- (5) to make available urgently the financial resources required for the full and continued implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018, including through the rapid and full operationalization of pledged funds and filling of the remaining funding gap;
- (6) to lead the development of national plans to ensure that polio assets, lessons learnt and knowledge acquired are applied to support other national health priorities, notably to routine immunization, and ensure that the potential legacy of polio eradication is fully realized;
- (7) to implement appropriate containment of type 2 wild polioviruses in essential facilities by the end of 2015 and of type 2 Sabin poliovirus within three months of global withdrawal of the type 2 component in oral poliovirus vaccine in April 2016;¹
- (8) to establish procedures to authorize the importing and use of monovalent oral poliovirus vaccine type 2 from the global stockpile after its release has been authorized by the Director-General in the event of an emergency; whereas the Strategic Advisory Group of Experts on immunization has advised to maintain only a global stockpile of monovalent oral poliovirus vaccine type 2, Member States that decide to establish national stockpile of this vaccine should maintain the stockpile in conditions of containment that are verified by the Regional Certification Commission for Polio Eradication to be compliant with the containment Global Action Plan,¹ and seek authorization of the Director-General of WHO before its release and use;

4. REQUESTS the Director-General:

- (1) to continue to collaborate with all relevant actors, governments and administrators, in partnership with other organizations in the United Nations system and local and international nongovernmental organizations, to support national efforts for polio eradication to benefit children in all areas;
- (2) to continue to coordinate with all relevant partners, including vaccine manufacturers, to ensure that Member States are fully supported for a globally-coordinated phased removal of oral poliovirus vaccines from all immunization programmes, beginning with the type 2 component in oral poliovirus vaccine in April 2016, including by ensuring a sufficient global supply of inactivated poliovirus vaccine for use in all countries introducing the vaccine in their routine immunization schedules;

¹ WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of OPV use. Geneva: World Health Organization; 2014, available at: http://www.polioeradication.org/Portals/0/Document/Resources/PostEradication/GAPIII_2014.pdf, (accessed 17 March 2015).

- (3) to ensure that prequalification of bivalent oral poliovirus vaccine for use in routine immunization programmes is done expeditiously in order to support its introduction by Member States;
- (4) to establish a mechanism that assures the Director-General's authority for the release of a global stockpile of monovalent oral poliovirus vaccine type 2¹ in a timely and equitable way to all Member States, and develop a procedure for authorization of release by the Director-General and for use of monovalent oral poliovirus vaccine type 2 by the countries that maintain national stockpiles of this vaccine;
- (5) to support Member States,² partners and stakeholders in developing plans that ensure that polio assets, lessons learnt and knowledge acquired are applied to support the broad immunization agenda and other health priorities and the potential legacy of polio eradication is fully realized;
- (6) to report annually up to the Seventy-second World Health Assembly, through the Executive Board, on progress made towards achieving a lasting polio-free world, and to provide timely and transparent financial information, including details of any budgetary constraints or changes that could adversely affect full implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018.

¹ Operational Framework for Monovalent Oral Poliovirus Type 2 (mOPV2) deployment and replenishment (during the endgame period), available at: http://www.polioeradication.org/Portals/0/Document/Resources/PostEradication/mOPV2_Operational_Framework.pdf (accessed 5 May 2015).

² And, where applicable, regional economic integration organizations.

Agenda item 15.3

Yellow fever risk mapping and recommended vaccination for travellers

The Sixty-eighth World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005): responding to public health emergencies;¹

Recalling the adoption by the Sixty-seventh World Health Assembly of the updated Annex 7 of the International Health Regulations (2005);² and the report of the Strategic Advisory Group of Experts on immunization,³ which concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever, that a booster dose of yellow fever vaccine is not needed, and that the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated;

Highlighting the fact that States Parties may immediately apply these changes even though Annex 7 of the International Health Regulations (2005), as amended, is expected to enter into force in June 2016, in accordance with Article 59 of the Regulations;

Noting that, for the purposes of Annex 7 of the International Health Regulations (2005), vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present,

1. URGES Members States:⁴
 - (1) during the interim period until June 2016, to inform WHO if they voluntarily accept to extend the validity of a certificate of vaccination against yellow fever for the life of the person vaccinated;
 - (2) to comply with the WHO recommendation for the definition of areas at risk of yellow fever and of the yellow fever vaccination recommendations for travellers;
2. REQUESTS the Director-General:
 - (1) to publish, and update in real time, an online list of countries accepting a certificate of vaccination against yellow fever for the life of the person vaccinated;
 - (2) to establish a formal scientific and technical advisory group on geographical yellow fever risk mapping, with the participation of countries with areas at risk of yellow fever, to: (i) maintain up-to-date yellow fever risk mapping; and (ii) provide guidance on yellow fever vaccination for travellers in ways that facilitate international travel.

¹ See document A68/22.

² See resolution WHA67.13 and document WHA67/2014/REC/1, Annex 5.

³ Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly Epidemiological Record, 2013; 88(20): 201–216 (<http://www.who.int/wer/2013/er8820.pdf?ua=1>, accessed 4 May 2015).

⁴ And, where applicable, regional economic integration organizations.

Agenda item 15.3

The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

The Sixty-eighth World Health Assembly,

Having considered the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;¹

Reminding Member States of their rights and obligations under the International Health Regulations (2005) and their responsibility to the international community;

Recalling the final report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza A (H1N1) 2009 transmitted by the Director-General to the Sixty-fourth World Health Assembly;²

Recognizing the establishment of a review committee as required under Articles 5 and 13 of the International Health Regulations (2005) and as provided for in Chapter III of Part IX of the said Regulations;

Commending the successful conclusion of the work of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, the leadership of its chair, the dedication of its distinguished members, and the submission of its report to the Director-General for transmittal to the Sixty-eighth World Health Assembly,

1. URGES Member States to support the implementation of the recommendations contained in the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;

2. REQUESTS the Director-General:

(1) to present an update to the Sixty-ninth World Health Assembly, through the Executive Board, on progress made in taking forward the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;

(2) to provide technical support to Member States in implementing the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation.

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¹ Document A68/22 Add.1.

² Document A64/10.