World Health Organization

SEVENTY-THIRD WORLD HEALTH ASSEMBLY **A73/A/PSR/4**
4 February 2021

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO headquarters, Geneva
Wednesday, 11 November 2020, scheduled at 10:00

Chair: Dr B.-I. LARSEN (Norway)

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COMMITTEE A

FOURTH MEETING

Wednesday, 11 November 2020, at 10:05

Chair: Dr B.-I. LARSEN (Norway)

1. FIRST REPORT OF COMMITTEE A (document A73/45)

The VICE-CHAIR read out the draft first report of Committee A.

The report was adopted.[1]

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 13 of the agenda (continued)

Influenza preparedness: Item 13.3 of the agenda (documents A73/4, A73/4 Add.1 and EB146/2020/REC/1, decision EB146(19))

Cholera prevention and control: Item 13.4 of the agenda (document A73/4)

Poliomyelitis: Item 13.5 of the agenda

- **Polio eradication** (document A73/12)
- **Polio transition planning and polio post-certification** (document A73/13)

The Committee noted that, following the written silence procedure,[2] the Health Assembly had adopted the draft decision recommended in decision EB146(19) on influenza preparedness.[3]

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, said that an integrated surveillance system for all infectious diseases, including influenza, and a contributory finance mechanism should be established to ensure that vaccines were affordable and that developing countries had equal access to influenza control measures. WHO should continue to stockpile vaccines and make them available in the event of influenza outbreaks and support the ongoing plan to expand sentinel surveillance sites for 2020–2021.

[1] See page XXX.

[2] Decision WHA73(7).

[3] On 3 August 2020, the Health Assembly adopted decision WHA73(14).

Welcoming the progress made in the prevention and control of cholera since the adoption of resolution WHA71.4 (2018), he emphasized the need for further efforts to sustain results. The governments of his Region supported a multisectoral approach to health systems and called for the continued prioritization of epidemiological and laboratory surveillance for cholera through the Integrated Disease Surveillance and Response framework.

Having recently achieved certification of the eradication of wild poliovirus, his Region would maintain strong collective post-certification strategies. He welcomed the Secretariat's decision to continue polio activities in endemic countries and, with respect to circulating vaccine-derived polioviruses, its resolve to align planning activities with the latest epidemiological data. Sustaining domestic resource mobilization and external funding was crucial.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that other serious respiratory diseases, including severe acute respiratory syndrome and influenza, should continue to receive systematic attention during the pandemic of coronavirus disease (COVID-19). He called for increased international cooperation, including on virus sample sharing among stakeholders, to better detect and diagnose respiratory illnesses and provide equitable and safe treatment.

Regarding the prevention and control of cholera, he urged the Secretariat and Member States to continue efforts to find lasting solutions, particularly in terms of sanitation and water quality. The lack of information on laboratories presented challenges for the Region in detecting and dealing with viruses and pandemics.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Armenia aligned themselves with her statement. The Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits, as a unique, innovative and fair instrument for the sharing of influenza viruses and access to vaccines and other benefits, should be one of the existing measures considered in discussions on improving future global pandemic preparedness. Given the changed funding situation of the influenza programme, she asked how its continuation would be guaranteed.

The Member States of the European Union were committed to achieving and maintaining a polio-free world. The low number of wild poliovirus cases worldwide and the African Region's recent certification of the eradication of wild poliovirus was encouraging. The integration of polio assets into national health programmes and polio vaccines into regular immunization programmes was crucial to ensure high immunization levels. She encouraged WHO Member States to help close the financing gap in the Global Polio Eradication Initiative's budget as a matter of urgency. The Secretariat, together with donors and partner countries, should revise the Polio Endgame Strategy 2019–2023 and the strategic action plan on polio transition, and resume all interrupted polio vaccination programmes as soon as possible.

The representative of MONACO supported the statement made by the European Union and its Member States on influenza preparedness and considering tried and tested measures to improve future responses to global pandemics. She congratulated the African Region on its certification of the eradication of wild poliovirus. However, she expressed concern that the interruption of routine polio vaccination programmes due to the COVID-19 pandemic would increase the risk of polio outbreaks and delay eradication efforts. She requested an update on the work under way on polio transition planning and post-certification, bearing in mind the decision taken at the 146th session of the Executive Board.

The representative of FIJI said that the ongoing COVID-19 pandemic had shown that preparedness was key to a successful response to diseases and pandemics. Small island developing

States were particularly vulnerable, which posed further challenges in their response. Due consideration must be given to Member States without robust health care systems and to ensuring equitable access to medical products and vaccines at a fair and affordable price. He recommended scaling up multilateral cooperation and coordination between WHO and partner organizations to achieve universal health coverage and continuing the implementation of surveillance and transparent mechanisms to address any global outbreaks. Simplified reporting would assist Member States in shaping health responses and targeting technical support and capacity-building opportunities at Member States affected by climate change and tropical diseases.

The representative of CANADA expressed deep concern about the COVID-19 pandemic's impact on routine vaccination and immunization campaigns. She called on the Secretariat and the Global Polio Eradication Initiative partners to increase the integration of polio activities into routine vaccination and public health care services and to strengthen collaboration with other partners. The Initiative's gender targets should be adhered to in order to increase women's meaningful participation in vaccination activities. She called on Member States to respond urgently to emerging disease outbreaks and prioritize measles and poliomyelitis in national budgets when rebuilding their vaccination systems following the COVID-19 pandemic.

The representative of BANGLADESH said that preventing and controlling cholera should focus on early detection and rapid response, a well-targeted multisectoral approach and an effective coordination mechanism for technical support, advocacy, resource mobilization and partnership at the local and global levels. The Secretariat should support Member States in intensifying efforts to control cholera, building on national cross-sectoral cholera control programmes and providing human, technical and financial resources.

The risk of importation of wild poliovirus underscored the need for ongoing efforts to maintain population immunity through routine and supplemental immunization programmes and the establishment of nationwide disease surveillance infrastructure.

The 2010 estimate of the WHO Global Influenza Surveillance and Response System network's running and operating costs for the PIP Framework Advisory Group should be updated, as recommended by the PIP Framework 2016 Review Group.

The representative of TURKEY, expressing concern at the shortage of influenza vaccines due to limited global production capacity in 2020 and highlighting the need for fairer distribution, said that at-risk groups must be prioritized in vaccination strategies. She highlighted that the polio programme had established and improved preparedness and response capacities for all communicable diseases in many regions. Efforts to eradicate all types of poliovirus should be intensified, with Member States providing the necessary resources and strategic support.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the rise in vaccine-derived cases of polio and its spread were major concerns. Recalling the decision taken at the 146th session of the Executive Board to mobilize domestic financial resources,[1] she emphasized the importance of Member States responding rapidly to outbreaks. The Director-General should keep Member States regularly updated on polio transition. Her Government requested provisional costings for the polio programme to ensure that only essential services requiring the Secretariat's support would be included in the base budget and that individual countries would manage the health responsibilities of their populations.

[1] EB146(11) (2020).

The representative of JAPAN said that the COVID-19 pandemic had demonstrated the importance of resilient national health systems, which must be strengthened to be able to manage a simultaneous rise in cases of COVID-19 and of influenza. He expressed concern at the delay in eradicating wild poliovirus due to geographical factors, conflicts and population migration. The Secretariat and Member States should further support hard-to-reach areas and ensure that activities resumed safely. Collaboration in advocacy, financing, strategy and monitoring with immunization partners, including Gavi, the Vaccine Alliance, should be accelerated.

The representative of CHINA supported the strategy in the report for cholera prevention and control, which called for early detection, early reporting and a rapid response to cholera. The Secretariat should continue to support countries at high risk of cholera by strengthening technical support and financial systems and helping to establish and maintain surveillance and reporting systems. Existing risk assessment tools could be used to build the capacities of vulnerable regions and countries to improve their ability to respond rapidly to outbreaks. He supported WHO's efforts to promote polio eradication, emphasizing that account should be taken of national circumstances in developing countries at high risk of importing polio and technical and financial support should be increased. Campaign and advocacy efforts for countries with weak health systems should be enhanced. Attention should also be paid to circulating vaccine-derived poliovirus outbreaks in order to take rapid and effective measures to accelerate global polio eradication.

The representative of THAILAND called on the Secretariat to enhance influenza surveillance through the Global Influenza Surveillance and Response System network and work closely with Member States on the timely sharing of influenza virus samples. The response to the COVID-19 pandemic had highlighted the importance of basic public health measures, and she urged the Secretariat to support Member States in implementing such measures while promoting synergies with the International Health Regulations (2005) and vaccine programmes to ensure better influenza preparedness and response.

The representative of the PHILIPPINES welcomed the Director-General's update on the implementation of the strategic action plan on polio transition and voiced his country's solidarity with Member States in achieving the key objectives in the report. He thanked the Secretariat for supporting national responses to the recent outbreaks of circulating vaccine-derived poliovirus type 1 and type 2, and UNICEF for its joint work with the Organization. His Government remained committed to efforts to achieve the joint vision of a polio-free world.

The representative of ZAMBIA said that oral cholera vaccines were vital to prevent cholera outbreaks and she urged the Secretariat to ensure that vaccines were available to achieve full coverage in identified high-risk areas. Member States and partners must also invest in long-term interventions such as developing water, sanitation and hygiene infrastructure. She applauded the global effort to eradicate wild poliovirus. However, the continued outbreaks resulting from circulating vaccine-derived poliovirus type 2 undermined the milestones achieved. Welcoming the Global Polio Eradication Initiative's draft Strategy for Control of cVDPV2 2019–2021, she called on the Secretariat to encourage its integration into broader health systems.

The representative of SENEGAL said that the African Region's certification of the eradication of wild poliovirus was encouraging for national governments. She supported the Global Polio Eradication Initiative and the transition mechanism implemented to support Member States in providing a rapid and coordinated response to the disease, and encouraged the Secretariat and partners to scale up funding and activities aimed at accelerating polio transition. She requested the Secretariat to ensure the availability of the inactivated poliovirus vaccine and prioritize environmental surveillance in response to the emergence of vaccine-derived poliovirus.

The representative of BAHRAIN called for greater efforts towards combating poliomyelitis, in addition to measures for pandemic preparedness and response. Countries most at need would require technical support in the field. Immunization programmes to prevent the disease must be strengthened by developing strategic plans for integration into national and local plans. She commended the Secretariat on its recommendations on measures to strengthen immunity, disease diagnosis and laboratory work and the response to pandemics.

The representative of the UNITED STATES OF AMERICA said that the expansion of the seasonal influenza vaccination must continue – particularly during the COVID-19 pandemic – in order to decrease the strain on health care systems and protect populations. The international community should renew its commitments on transparency and reporting on outbreaks and share the information and virus samples needed to combat influenza. Member States and stakeholders should examine opportunities for increasing affordable, scalable and sustainable global influenza vaccine production capacity.

His Government welcomed the commitments by WHO and global partners to the strategy Ending Cholera: A Global Roadmap to 2030 within the context of broader health systems strengthening. National cholera plans should enhance surveillance, epidemiological and laboratory treatment, as well as case management, and develop and maintain sustainable water, sanitation and hygiene infrastructure and service delivery complemented by oral cholera vaccines.

The representative of SPAIN said that the Global Polio Eradication Initiative, involving a number of organizations and Member States, demonstrated the positive impact of collaborative efforts. While the African Region's certification on the eradication of wild poliovirus was a great achievement, it was important to remain vigilant until the virus was completely eradicated, as seen with other infectious diseases. A gender-based approach was fundamental to tackling poliomyelitis.

The representative of KENYA said that her Government was implementing a number of strategies in line with the Global Polio Eradication Initiative, but funding gaps hindered the delivery of the entire scope of polio eradication activities. She therefore joined calls for continued financial support to the African Region to sustain the gains achieved post-certification, and for support to ensure the consistent availability of vaccines to stop all forms of poliovirus.

The representative of AZERBAIJAN highlighted the need for comprehensive measures to be implemented to ensure sufficient vaccination coverage and adequate laboratory services to achieve complete polio eradication worldwide. His Government stood ready to share its expertise with other countries and organizations.

The representative of OMAN noted the emergence of poliomyelitis in countries with no previously detected cases. He expressed concern regarding the number of cases in Yemen, which posed a risk to neighbouring countries and the entire region.

The representative of MADAGASCAR said that Member States in the African Region must remain vigilant despite their recent achievements. The transition plan following on from the Region's certification would provide an important tool to coordinate efforts to sustain a polio-free environment. He urged the Secretariat and WHO partners to intensify their efforts to support national vaccination programmes in countries with fragile health systems.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the governments of his Region were deeply concerned about the persistent risk from the international spread of wild and vaccine-derived poliovirus. He acknowledged

the efforts of the Global Polio Eradication Initiative to develop the novel oral polio vaccine type 2 and requested the Director-General to provide Member States with support to: prepare for the potential use of the vaccine under the WHO Emergency Use Listing procedure; recognize the growing threat of both measles and poliomyelitis outbreaks during the COVID-19 pandemic; and implement the upcoming global strategic measles outbreak response plan. He called for international prevention and response action to avert major outbreaks. Member States must commit to polio transition activities that ensured continued interventions to further integrate polio eradication strategies into national health systems and public health programmes.

The representative of SUDAN called for greater efforts to guarantee that supplies to expand testing and ensure adequate human resources for influenza surveillance were maintained. She urged the Secretariat to continue providing technical support to Member States to further strengthen community engagement through community-based cholera surveillance, which had played a vital role in previous containments, including in establishing food and water safety surveillance systems. She also called for the Secretariat to advocate for the containment of water-borne and water-related diseases through multisectoral interventions. The Secretariat and the international community could support poliomyelitis containment activities through quality campaigns and effective community mobilization. The Secretariat should provide further support to Member States in their efforts to respond to the current polio outbreak.

The representative of ARGENTINA expressed concern regarding the control of vaccine-derived poliovirus. She said that it was essential to ensure the supply the novel oral polio vaccine type 2 to address the recent shortfall in coverage. Her Government supported Goal Two of the final phase of the Polio Endgame Strategy 2019–2023, in particular with respect to the sharing of virus information and samples. It hoped to work collaboratively to eradicate poliomyelitis and use such efforts to combat other preventable diseases such as measles and the COVID-19 pandemic. She reiterated that her country stood ready to exchange information on primary prevention and align efforts to implement vaccination policies that would lead to the eradication of poliomyelitis and strengthen the capacity of all countries.

The representative of BRAZIL said that the COVID-19 pandemic had highlighted the need for robust integrated immunization programmes in connection with primary health care and universal health coverage. He reiterated his Government's concerns over the pandemic's impact on immunization programmes. He encouraged Member States and international partners to continue to support polio eradication activities and polio transition planning, and requested the Secretariat to continue providing support to countries to implement national polio transition plans, taking into account budgetary constraints and the need to streamline the resources allocated to the Global Polio Eradication Initiative.

The representative of VIET NAM supported the amendment of the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023 and welcomed the Director-General's report on poliomyelitis. He requested the Secretariat to work with its partners to ensure the supply of inactivated poliovirus vaccines and new non-infectious polio vaccines in his country during the period 2021–2025. Sustainable immunization programmes at every level in all Member States would be crucial to ensuring a polio-free world during and beyond the strategy period.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the WHO Global Influenza Strategy 2019–2030 should be linked to the International Health Regulations (2005) to achieve synergy with existing capacities. He urged the Secretariat and partners to promote timely access to and distribution of safe, effective and affordable seasonal vaccines; a mechanism similar to the COVID-19 Vaccine Global Access (COVAX) Facility to link manufacturers with Member States could be set up.

He highlighted growing concerns regarding the rise of poliomyelitis cases, the impact of COVID-19 and immigration. Polio transition planning and post-certification would be of utmost importance to leveraging existing capacity in the Global Polio Eradication Initiative to address current

needs in other programmes, including preparedness and response to the COVID-19 pandemic. Such measures would be fundamental for countries with fragile health systems and those affected by conflict.

His Government supported the full mapping of polio-funded functions that were currently supporting polio immunization or preparedness and response for health emergencies at the regional and country levels. That could be used to establish integrated public health teams in the transition and post-eradication phases.

The representative of KAZAKHSTAN supported the efforts of the Secretariat and Member States to respond to the influenza pandemic. Her country was using WHO recommendations on the epidemiological surveillance of influenza and had implemented measures to ensure laboratory capacity for managing the circulation of influenza and other viruses. Expressing her Government's commitment to WHO's work on polio eradication, she said that robust measures against polio transmission had been implemented throughout the country.

The representative of CÔTE D'IVOIRE said that his Government's national influenza surveillance system had been extensively used to monitor the COVID-19 pandemic. As for the fight against cholera, it had implemented a programme providing clean drinking water to avoid an epidemic. The system to combat poliomyelitis would also be employed to deal with vaccine-preventable diseases. He invited development partners to sustain and strengthen their support to consolidate achievements and close gaps.

The representative of MALAYSIA commended the Secretariat's efforts in developing the draft Strategy for Control of cVDPV2 2019–2021 and accelerating the assessment and roll-out of novel oral polio vaccine type 2. In the context of COVID-19, Member States whose polio surveillance had been affected would require technical support and guidance from the Global Polio Eradication Initiative partners. She urged those partners and other international organizations to address the issues relating to highly mobile cross-border stateless populations and undocumented migrants. Efforts to address marginalized populations would not only benefit poliomyelitis control, but could also be integrated into other health initiatives, and were in line with the Immunization Agenda 2030.

The representative of LUXEMBOURG supported the decision to use poliomyelitis eradication infrastructure and human resources to respond to the COVID-19 pandemic. He welcomed efforts to deploy the novel oral polio vaccine type 2 to combat the increasing numbers of vaccine-derived poliovirus outbreaks. He urged Member States to prioritize measles and poliomyelitis eradication in national budgets, including plans to rebuild immunization systems following the COVID-19 pandemic. He called for increased cooperation between stakeholders and partners.

The representative of AFGHANISTAN said that, despite concentrated efforts towards polio eradication, his country was one of the two countries in which the poliovirus was still endemic. Eradication efforts had been hindered by anti-government campaigns, lack of access to endemic areas and the ban on poliomyelitis vaccination campaigns by the Taliban. The Government, with the support of international partners, was supplementing vaccination campaigns with efforts to address other health determinants, such as access to water and sanitation and health education, in areas in which the poliovirus was endemic. Furthermore, there had been alarming attacks on health personnel, patients and health facilities, which had a severe impact on health services. A collective and lasting solution was needed, and his Government would appreciate the continued support of the Secretariat and Member States in that regard.

The observer of GAVI, THE VACCINE ALLIANCE said that collective polio eradication efforts must prioritize attaining comprehensive and equitable routine immunization coverage. Member States should integrate the co-delivery of poliovirus vaccines with other vaccines in primary health care

interventions and vaccine-preventable surveillance, service delivery, community mobilization and outbreak response measures that enhanced routine immunization system components. The development of national polio transition plans should be accelerated, leveraging the experience and expertise of polio-funded assets.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the current circulating vaccine-derived polioviruses must be addressed urgently. The new joint call to action to address immunization coverage gaps exacerbated during the COVID-19 pandemic was welcome. She urged Member States to prioritize their own investments in robust immunization systems and called on the international community to invest the resources needed to avert major epidemics.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that concerns remained over access to pathogens and SARS-CoV-2 samples, despite the principle of sharing under the PIP Framework. The COVID-19 pandemic response must ensure equal pathogen and benefit sharing, and the Secretariat should secure binding commitments from pharmaceutical companies on the availability of COVID-19 medical products and the sharing of knowledge and technology.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated that timely and unrestricted access to pathogen information was critical to developing medical countermeasures and understanding the genomic epidemiology of the virus. The same should also apply to any pathogen of epidemic or pandemic potential. The updates to the International Health Regulations (2005) should take into account such sharing practices.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, congratulated WHO on its solidarity and shared efforts in the face of the COVID-19 pandemic and the progress made in polio eradication. She strongly recommended using existing influenza vaccination programmes as a mechanism to strengthen preparedness for current and future pandemics, including the creation of vaccine delivery systems.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic presented an opportunity to link the transition of polio-funded assets to COVID-19 recovery efforts. Successful transition and integration would require joint planning in advance that brought together country-based poliovirus, immunization, emergency, government and civil society stakeholders. She urged support for the recent call to action on the poliomyelitis and measles outbreak response.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the cholera pandemic was preventable and manageable but, similarly to the COVID-19 pandemic, its differential impacts were rooted in inequity, poverty and a lack of basic health and hygiene services. However, he was confident that the necessary tools and knowledge had been attained to eradicate cholera. The global influenza programme and PIP Framework had allowed the Secretariat, along with Member States and partners, to deliver a range of laboratory surveillance, training, virus-sharing and communication platforms that had proved critical in the rapid scale-up of COVID-19 platforms. He thanked partners in the Global Influenza Surveillance and Response System network, public and private sectors, and PIP Framework for their leadership.

He recognized partners, the Global Polio Eradication Initiative and Member States for the vital practical support that the polio programme had provided at all levels in the fight against COVID-19. Poliovirus infrastructure and personnel were central to establishing the COVID-19 response and surveillance operations in many low-resourced and vulnerable settings. The WHO Health Emergencies

Programme would commit to supporting the Global Polio Eradication Initiative and Member States to monitor and eradicate the last reservoirs of the virus and work with the Deputy Director-General to ensure that the legacy of poliomyelitis was imparted through polio transition and stronger preparedness, surveillance and vaccine programmes for other high-impact diseases.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that, despite the higher number of cholera cases in 2019 compared to 2018, there had been significant achievements in the African and Americas regions. The oral cholera vaccine working group of the Global Task Force on Cholera Control had made considerable efforts in the fight against cholera to administer 23 million oral vaccines in 2019, which was in line with the request for a vaccine appeal.

The Secretariat continued to make important progress with partners, despite current challenges. In terms of epidemiological laboratory plans, it was important to continue investing in integrated surveillance, as suggested. He took note of the request to reinforce capacity for community engagement. In the light of the third integrated surveillance response developed by the African Region, he was confident that the Region could collaborate with the Eastern Mediterranean Region to strengthen its capacity for community-based surveillance. The COVID-19 pandemic had had a considerable impact on the implementation of interventions tackling cholera. He noted that many countries had resumed their epidemic or preventative response campaigns, as countries should not interrupt their campaigns, but rather ensure that the spread of COVID-19 could be prevented to save lives.

The DIRECTOR (Global Infectious Hazard Preparedness) said that the benefits of Member States' strong commitment to influenza preparedness were evident, as capacities and technical work had been leveraged to respond to the ongoing COVID-19 pandemic. The Secretariat would continue to resume and maintain national influenza systems and encourage Member States to remain vigilant. Although the PIP Framework focused on influenza, the capacity-building efforts for influenza preparedness teams could, with Secretariat support, potentially be applied to any respiratory pathogen of public health importance. Moving forward, an integrated approach to respiratory disease preparedness would be crucial.

Regarding the Global Influenza Strategy 2019–2030, the COVID-19 pandemic had demonstrated that the 2030 targets for better tools and country-level capacity would be key themes for strengthening global pandemic preparedness. Innovative platforms, mechanisms and partnerships developed through the Access to COVID-19 Tools (ACT) Accelerator could successfully be applied in that regard for long-term investment, including the research, development and availability of pharmaceutical products. The Secretariat was considering options to continue synergies between programmes.

The DIRECTOR (Polio Eradication) said that the eradication of wild poliovirus in the African Region was a huge step forward towards global eradication; the disease had been restricted to only two countries for the first time in history. Acknowledging the rapid increase in circulating vaccine-derived poliovirus in Africa and Asia, he said that the novel oral polio vaccine type 2 would be available by January 2021 and must be complemented by existing tools, including efforts for routine immunization with a second inactivated poliovirus vaccine dose. He thanked Gavi, the Vaccine Alliance, for commencing the approval process for second-dose application. The Global Polio Eradication Initiative had placed gender at the core of its programme.

The DEPUTY DIRECTOR-GENERAL reassured Member States that polio transition remained a core priority for the Organization and the most critical activities were on track. The COVID-19 pandemic presented challenges such as delays to the implementation timeline of country plans and faster withdrawal of support from the polio eradication programme in countries in which the poliovirus was no longer endemic. Polio eradication and transition therefore had to go hand in hand. The pandemic nevertheless presented new opportunities and highlighted the value of poliomyelitis networks, assets and infrastructure, particularly at the community level. Such benefits should be maintained for essential

public health functions. The Secretariat had recommended resuming all immunization activities in June 2020. The COVID-19 pandemic had also accelerated the polio transition objective of cross-programme integration. Integrated public health teams would be established in country offices in the African and Eastern Mediterranean regions to maintain momentum towards the goal.

In response to the concerns raised by Member States, she confirmed that the poliomyelitis networks, assets and infrastructure from all countries would be used in vulnerable countries as a priority. The Organization would also pursue an integrated approach, with polio vaccination, transition and immunization as part of primary health care and essential public health functions. The Secretariat was equally anxious to resume disrupted public health services and was working with Member States and Regions to that effect via the Boost initiative. Eradication and transition work plans would be separated to include only essential services in the base budget. She clarified that the Immunization Agenda 2030 and immunization action plan were fully aligned with Gavi 5.0 – the strategy developed by the Vaccine Alliance for the period 2021–2025. Close collaboration with Gavi, the Vaccine Alliance, on the ACT-Accelerator and other immunization activities had begun. Regular reporting to WHO governing bodies would be ensured.

The REGIONAL DIRECTOR FOR AFRICA congratulated Governments, partners and communities, particularly frontline workers and caregivers, for their efforts and support in eradicating wild poliovirus in her Region. She was pleased that ministries in the countries affected by the circulating vaccine-derived poliovirus type 2 had led the charge to resume response actions during the COVID-19 pandemic. With the availability of the novel oral polio vaccine type 2 and improvements to the quality of outbreak response measures, she was confident that the outbreaks would cease in a timely manner.

The Regional Office for Africa was now concentrating on how to transfer polio infrastructure to national health systems for universal health coverage, particularly routine immunization and emergency preparedness and response. It was a critical step in her Region, and she asked for Member States and partners to work together to ensure the sustainable transition of polio assets. She drew the attention of Member States and partners to the WHO and UNICEF call to action for poliomyelitis and measles response. Recovery was especially important, both for countries to safely accelerate immunization services in the context of the COVID-19 pandemic and for partners to ensure that urgent financial resources would be rapidly made available.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the COVID-19 pandemic had posed a challenge to polio programmes in the Eastern Mediterranean Region, which were working with national health programmes in countries with limited or weak health infrastructures. The pandemic's heavy toll on the polio programme was regrettable, hindering the opportunity to vaccinate 50 million people as wild and vaccine-derived poliovirus continued to spread. The polio vaccination campaign had resumed in July 2020, and he commended workers for the speed at which they had developed new technology and behaviours in the context of COVID-19. Following the African Region's certification, the Region was redoubling its own efforts as the last region in which the poliovirus was endemic. It was time to strengthen programmes and the mobilization of funding, including domestic funds, to maintain robust poliovirus mechanisms and integrate them into broader public health services across the Region. The Region was working towards the adoption of polio transition strategies and coordinating with priority Member States. The contribution of the polio programme to the COVID-19 pandemic had highlighted the added value of visibility across programme integration. It was especially important to deliver polio strategies to strengthen national immunization programmes, support Member States in the introduction and distribution of COVID-19 vaccines, and enhance preparedness and response and health systems.

The Committee noted the reports.

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

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 11 of the agenda

Primary health care: Item 11.1 of the agenda (document A73/4)

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 11.2 of the agenda

- **Universal health coverage: moving together to build a healthier world** (document A73/4)
- **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases** (document A73/5)

Global vaccine action plan: Item 11.3 of the agenda (documents A73/4, A73/6 and A73/7)

Accelerating the elimination of cervical cancer as a global public health problem: Item 11.4 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R6)

Ending tuberculosis: Item 11.5 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R7)

Epilepsy: Item 11.6 of the agenda (document A73/5)

Integrated, people-centred eye care, including preventable blindness and impaired vision: Item 11.7 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R8)

Neglected tropical diseases: Item 11.8 of the agenda (document A73/8)

Global strategy and plan of action on public health, innovation and intellectual property: Item 11.9 of the agenda (documents A73/4 and EB146/2020/REC/1, decision EB146(10))

The Committee noted that, following the written silence procedure,[1] the Health Assembly had adopted the Immunization Agenda 2030,[2] the draft resolution recommended in resolution EB146.R6 on the global strategy to accelerate the elimination of cervical cancer as a public health problem,[3] the draft resolution recommended in resolution EB146.R7 on the global strategy for tuberculosis research and innovation,[4] the draft resolution recommended in resolution EB146.R8 on integrated people-centred eye care, including preventable vision impairment and blindness[5]

[1] Decision WHA73(7).

[2] On 3 August 2020, the Health Assembly adopted decision WHA73(9).

[3] On 3 August 2020, the Health Assembly adopted resolution WHA73.2.

[4] On 3 August 2020, the Health Assembly adopted resolution WHA73.3.

[5] On 3 August 2020, the Health Assembly adopted resolution WHA73.4.

and the draft decision recommended in decision EB146(10) on the global strategy and plan of action on public health, innovation and intellectual property.[1]

The CHAIR drew attention to a draft resolution on meningitis prevention and control proposed by Benin, Botswana, Brazil, Burkina Faso, Canada, France, Gabon, Madagascar, Mozambique, Nigeria, Saudi Arabia, South Africa and Tonga, which read:

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss; WHA70.14 (2017) on strengthening immunization; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023;

(PP2) Noting the reports by the Director-General on WHO's Thirteenth General Programme of Work and[2] on the global vaccine action plan[3] and the global roadmap on defeating meningitis by 2030;[4]

(PP3) Recalling that meningitis remains a threat in all countries of the world that presents a major challenge for health systems especially those which can be significantly disrupted in the case of epidemics, and recognizing in particular the burden of bacterial meningitis;[3,5]

(PP3bis) Further recalling that the burden of meningitis is greatest in developing countries in particular in the sub-Saharan meningitis belt;

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and high mortality rate for which it can be responsible, meningitis has a heavy social and economic cost, especially because of the loss of productivity on the part of affected individuals and their families, and the very high costs of providing care and support to those with long term sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis requires a coordinated and multidisciplinary approach with equity and sustainability as core principles;

(PP5bis) Recognizing the need to strengthen routine immunization, one of the most successful and cost-effective interventions in public health and a fundamental element of primary health care;

(PP6) Acknowledging that efforts to prevent meningitis will also help reduce the burden of other illnesses, such as sepsis and pneumonia, due to meningitis-causing pathogens;

(PP7) Further acknowledging that meningitis control is a matter of emergency response, in the case of outbreaks, and that meningitis is also associated with economic and social development where the disease is endemic;

(PP8) Affirming that achieving the Sustainable Development Goals – particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – and Universal Health Coverage could reduce the prevalence and spread of meningitis;

(PP9) Reiterating the obligation for all States Parties to fully implement and comply with the International Health Regulations (2005) (IHR);

[1] On 3 August 2020, the Health Assembly adopted decision WHA73(11).

[2] Document A71/4.

[3] Document A73/6.

[4] Defeating meningitis by 2030: a global roadmap (https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf, accessed 29 October 2020).

[5] Defeating meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf, accessed 15 June 2020).

(PP10) Acknowledging that, as meningitis has epidemic potential, strong national surveillance and reporting systems are needed for its effective management and control,

(OP)1. APPROVES the global roadmap on defeating meningitis by 2030;[1]

(OP)2. URGES Member States:[2]

(1) to identify, as appropriate to national context, meningitis as a political priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader health initiatives;

(2) to establish national targets and to develop and implement, in the context of national priorities, through an integrated meningitis control plan, multidisciplinary, selected, cost-effective prevention and control measures and provision of services, including equitable access to safe, effective, quality and affordable vaccines, and treatments, prophylactic measures, targeted control interventions, diagnostics, appropriate health care, including rehabilitation care, and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;

(3) to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas with high risk of meningitis transmission;

(4) in partnership with other groups involved in care for disabled persons, to develop and strengthen services aiming to reduce the burden of sequelae for individuals who previously contracted meningitis and who now live with disabilities;

(5) to establish, in line with national contexts and priorities, integrated national multidisciplinary meningitis prevention and surveillance mechanisms, to coordinate the implementation of the meningitis control plan, including representation of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

(6) in order to reduce the public health, social and economic impact of meningitis, to strengthen their capacity for: preparedness, in compliance with the IHR (2005); early detection and treatment; laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

(7) to strengthen surveillance and early reporting of meningitis by national surveillance systems in line with the IHR (2005) and national priorities, and build capacity for data collection and analysis, including for sequelae;

(8) to strengthen community engagement, communication and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research and innovation to better prevent and control meningitis, through: improved vaccines and vaccination strategies; better early diagnostics, treatment and medicines, and identification and management of sequelae; and monitoring antimicrobial resistance;

(10) to consider the implementation of the points above in the light of the overall national context and the objective of health system strengthening and universal health coverage;

(OP)3. REQUESTS the Director-General:

(1) to reinforce advocacy, strategic leadership and coordination with partners at all levels including, as appropriate, via the Defeating Meningitis by 2030 Technical Taskforce;

[1] Defeating meningitis by 2030: a global road map (https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf, accessed 29 October 2020).

[2] And, where applicable, regional economic integration organizations.

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative "Defeating Meningitis by 2030: A Global Roadmap" and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources and in line with national contexts and priorities;

(4) to continue leading the management of the meningitis vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational) in consultation with Member States and in collaboration with partners and vaccine manufacturers while promoting expansion and diversification of vaccine producers and to promote equitable access, including providing support to gradually transition from polysaccharide to safe, quality, effective affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including but not limited to the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and Gavi, the Vaccine Alliance;

(5) to monitor and support on request long-term meningitis prevention and control programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and innovation, agenda for meningitis, in particular in developing countries, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation; and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

(7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;

(8) to submit a report to the Executive Board at its 150th session on progress in implementing this resolution, and to the Seventy-sixth World Health Assembly, through the Executive Board at its 152th session, reviewing the global meningitis situation and assessing efforts made in meningitis prevention and control.

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

Resolution:	Meningitis prevention and control
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** The time frame for implementation runs over 11 years (2020–2030) – it includes the finalization of the strategy (in 2020), with the full implementation starting in 2021.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 75.91 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 6.66 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed Programme budget for 2022–2023, in US$ millions:** US$ 13.89 million.
4.	**Estimated resource requirements to be considered for the proposed Programme budgets of future bienniums, in US$ millions:** US$ 55.36 million.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 4.18 million.

– Remaining financing gap in the current biennium:

US$ 2.48 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Fundraising efforts are ongoing, but no source of funds has been formally committed yet to fund the gap in 2021.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	1.75	0.25	0.20	0.25	0.60	0.25	1.61	4.91
	Activities	0.30	0.15	0.15	0.15	0.15	0.15	0.70	1.75
	Total	2.05	0.40	0.35	0.40	0.75	0.40	2.31	6.66
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	2.03	0.51	0.41	0.51	1.02	0.51	1.76	6.75
	Activities	1.02	1.02	1.02	1.02	1.02	1.02	1.02	7.14
	Total	3.05	1.53	1.43	1.53	2.04	1.53	2.78	13.89
Future bienniums resources to be planned	Staff	8.13	2.03	1.63	2.03	4.06	2.03	7.03	26.94
	Activities	4.06	4.06	4.06	4.06	4.06	4.06	4.06	28.42
	Total	12.19	6.09	5.69	6.09	8.12	6.09	11.09	55.36

The CHAIR drew attention to a draft resolution on global actions on epilepsy and other neurological disorders proposed by Belarus, Bhutan, China, Colombia, Eswatini, the European Union and its Member States, Guyana, Iceland, Jamaica, Philippines, and the Russian Federation, which read:

The Seventy-third World Health Assembly,

(PP1) Recognizing that epilepsy and other neurological disorders are the leading cause of disability-adjusted life years and the second leading cause of death worldwide, and that epilepsy and other neurological disorders disproportionately impact people living in low- and middle-income countries;[1]

(PP2) Noting that neurological disorders are conditions of the central and peripheral nervous system that include epilepsy, headache disorders, neurodegenerative disorders,

[1] As per the Global Burden of Disease Study (citation: Global, regional, and national burden of neurological disorders, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet Neurol 2019; 18: 459–80 Published Online March 14, 2019 doi: 10.1016/S1474-4422(18)30499-X.

cerebrovascular diseases including stroke, neuroinfectious/neuroimmunological disorders, neurodevelopmental disorders and traumatic brain and spinal cord injuries;[1]

(PP3) Noting with concern that the risk of premature death in people with epilepsy is three times higher than in the general population and that, over the past 30 years, the absolute number of deaths due to neurological disorders has increased by 39%;[2]

(PP4) Acknowledging, as outlined in the WHO/ International League Against Epilepsy/International Bureau for Epilepsy Global Report on Epilepsy (2019), that epilepsy is one of the most common neurological disorders globally affecting an estimated 50 million people worldwide across all ages with increased rates in the young and the old;[3]

(PP5) Recognizing that epilepsy is a highly treatable condition and that over 70% of people with epilepsy could live seizure free if they had access to appropriate anti-seizure treatment,[3] the most cost-effective of which are included in the WHO Model List of Essential Medicines;

(PP6). Recalling resolution WHA67.22 on Access to Essential Medicines, which calls for action to enhance access to essential medicines and urges Member States to identify key barriers to access to affordable, safe, effective, and quality-assured essential medicines;

(PP7) Noting that, despite the low cost of effective interventions for epilepsy (estimated at less than US$ 5/per person/year), the current treatment gap is over 75% in most low-income countries and 50% in the majority of middle-income countries, and that lack of access to medicines, and other effective interventions and to specialist consultations coupled with discrimination and stigma associated with this condition, is resulting in disability, mortality, social exclusion, economic disadvantage and negative mental health outcomes in people living with epilepsy, and noting further that addressing epilepsy is widely considered to be a public health imperative, as concluded in the WHO/ILAE/IBE Global Report on Epilepsy;[2]

(**PP8) Recognizing** that approximately 25% of epilepsy cases and a significant proportion of other neurological disorders could be prevented if broader public health actions were taken to strengthen maternal and newborn healthcare, ensure effective noncommunicable disease control including promotion of cerebrovascular health and prevention of traumatic brain injuries, as well as prevention of central nervous system infections, and to develop scientific research and training of health professionals;

(PP9) Acknowledging the importance of addressing the preventable causes of epilepsy and other neurological disorders including by promoting healthy brain development and functioning over the life course;[3] the control of neurocysticercosis and its association with epilepsy;[4] the provision of safe environments to avoid traumatic injuries due to accidents, violence or exposure to environmental pollutants[5] and access to medicines to prevent neurological infections, such as tetanus, rabies, HIV-associated neurological disorders and cerebral malaria;[6]

(PP10) Recognizing that epilepsy and other neurological disorders often co-exist and can be compounded by other health conditions, and that epilepsy, for example, can occur secondary to stroke and traumatic brain injury, as well as neurological disorders, including epilepsy, are

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[1] Consolidated Report by the Director General A73/5, para. 29 from 12 May 2020.

[2] Epilepsy: A public health imperative. Geneva: World Health Organization; 2019 https://www.ilae.org/about-ilae/policy-and-advocacy/international-public-policy-activities/global-epilepsy-report-2019.

[3] WHA67.10 resolution on the Development and Implementation of a Newborn Health Action Plan; WHA57.17 resolution on diet, physical activity and health and their impact on cerebrovascular health.

[4] WHA66.12 resolution on Neglected Tropical Diseases.

[5] WHA67.10 resolution on the Development and Implementation of a Newborn Health Action Plan; WHA57.17 resolution on diet, physical activity and health and their impact on cerebrovascular health.

[6] The Global Health Sector Strategy on HIV (2016–2021); the Global Technical Strategy for Malaria (2016–2030); and EB146(6) decision on Meningitis Prevention and Control.

commonly associated with infections such as malaria and meningitis and one-fourth of people with intellectual disabilities also live with epilepsy, and noting further that the WHO Global Disability Action Plan (2014–2021) and the WHO Global Action Plan on the Public Health Response to Dementia (2017–2025) provide useful frameworks for taking a synergistic and complementary approach to addressing some of these co-existing conditions;

(PP11) Noting with concern the significant mental health impact of neurological disorders on affected persons and their families and **recalling** therefore, the importance of resolution WHA66.8 through which the World Health Assembly adopted the 2013–2020 Comprehensive Mental Health Action Plan;

(PP12) Recalling resolution A/RES/70/1 entitled Transforming the world: the 2030 Agenda for Sustainable Development, the outcome document of the United Nations Conference on Sustainable Development entitled "The Future We Want" and the report of the Open Working Group on Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288, which includes Goal 3: ensure healthy lives and promote well-being for all at all ages and Target 3.4: by 2030 reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being;

(PP13) Recalling also that in order to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage;

(PP14) Recalling further that we are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development;

(PP15) Recalling also the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases at which Heads of State and Government recognized that mental health, epilepsy and other neurological disorders are important causes of morbidity necessitating provision of equitable access to effective programmes and health-care interventions;

(PP16) Reaffirming the WHA68.20 resolution which urged Member States to address the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications, and requested WHO to provide technical support for epilepsy management, especially to countries with the lowest access to services and resources where the burden of epilepsy is greatest;

(PP17) Acknowledging that, given the high global disability and mortality burden associated with epilepsy and other neurological disorders, achieving Universal Health Coverage and the Sustainable Development Goals will not be possible without concerted intersectoral efforts to address the needs of people at risk of or living with epilepsy or other neurological disorders;

(PP18) Recognising therefore the urgency for an intersectoral public health approach to epilepsy and other neurological disorders that places the needs of affected people at the centre and which emphasises the critical role of tackling disease risk factors, primary health care, health system strengthening and sustainable access to affordable essential medicines in line with resolutions WHA62.12, WHA67.22 and WHA72.2;

(PP19) Welcoming therefore, reports EB 146/12, A71/41 and A73/5 which build on the achievements of WHO/ILAE/IBE in raising awareness and action for epilepsy through the 'Out of the Shadows' global campaign[1] and through the International Epilepsy Day and **further welcoming** the ongoing work, in response to decision EB146(8) to develop technical guidance (including health system strengthening and addressing the risk factors for disease) on accelerating country actions to address epilepsy and its synergies;

[1] https://www.who.int/mental_health/management/en/GcaeBroEn.pdf?ua=1.

(PP20) Recognising further that, given the challenges of discrimination and stigma associated with neurological disorders and, in particular, epilepsy, innovative strategies are also needed to strengthen international efforts and national leadership to support policies and laws for persons living with epilepsy and other neurological disorders while fully respecting their human rights;

(PP21) Reiterating additionally the multidimensional nature of epilepsy and other neurological disorders and, thus, the need for effective intersectoral partnerships and action plans that involve all stakeholders, including, though not limited to, health, social care, education and employment sectors, civil society and people living with neurological disorders and their families;

(PP22) Acknowledging the criticality of adequate public financing to address the significant and often catastrophic out of pocket health and social care expenditures experienced by people living with epilepsy and/or other neurological disorders;

(PP23) Noting the need for explicit incorporation into national budgets to support the implementation of evidence-based, intersectoral plans of actions as well as ongoing research into effective prevention, detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders,

(OP1) URGES Member States:[1]

(OP 1.1) To provide the appropriate support to WHO to develop the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP2) CALLS UPON all relevant stakeholders:

(OP2.1) To provide appropriate support to WHO and partners to develop the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders referenced in paragraph 3.1;

(OP3) REQUESTS the Director-General:

(OP3.1) To develop, in consultation with Member States[1],and in full collaboration with United Nations organizations and relevant non-State actors, a 10-year Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders in support of universal health coverage to address the current significant gaps in promotion of physical and mental health, and prevention, early detection, care, treatment and rehabilitation, as well as social, economic, educational and inclusion needs of persons and families living with epilepsy and other neurological disorders, and the ongoing need for research to improve prevention, early detection, treatment, care and rehabilitation, including treatment options with the potential to cure epilepsy and other neurological disorders;

(OP3.2) To include in the Intersectoral Global Action Plan ambitious, but achievable, global targets on reducing preventable cases of, and avoidable deaths, resulting from epilepsy and other neurological disorders, strengthening service coverage and access to essential medicines, improving surveillance and critical research and addressing discrimination and stigma;

(OP3.3) To submit to the 150th Executive Board, a draft Intersectoral Global Action Plan for consideration by Member States, as well as to report on the progress achieved in implementing this resolution, with an intention to submit the plan to Member States for endorsement during the Seventy-fifth World Health Assembly.

[1] And, where applicable, regional economic integration organizations.

The financial and administrative implication for the Secretariat of the adoption of the draft resolution were:

Resolution:	Global actions on epilepsy and other neurological disorders
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:** 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Activities for development and implementation of the intersectoral global action plan for epilepsy and other neurological disorders (2022–2031) will be carried out during the next 11 years (2021–2031).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 36.9 million. 2021 (current biennium): US$ 0.7 million (staff US$ 0.6 million, activities US$ 0.1 million). 2022–2031: US$ 36.2 million (staff US$ 19.6 million, activities US$ 16.6 million).
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 0.7 million, planned for in the approved Programme budget 2020–2021, for staff costs and activities for development of the action plan. Thus there are no additional requirements.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 8.2 million (staff US$ 4.1 million, activities US$ 4.1 million). At headquarters: one person (100% of one full-time equivalent) at grade P4; one person (100% of one full-time equivalent) at grade P3; one person (15% of one full-time equivalent) at grade P5, with international expertise in public health and neurology; and one person providing administrative support (25% of one full-time equivalent) at grade G5. At the regional level: one person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (100% of one full-time equivalent) at grade P4 in each region.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Headquarters

- Three persons with international expertise in public health and neurology:
  - one (100% of one full-time equivalent) at grade P4
  - one (100% of one full-time equivalent) at grade P3
  - one (15% of one full-time equivalent) at grade P5;
- One person providing administrative support (25% of one full-time equivalent) at grade G5.

Regional level

One person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (100% of one full-time equivalent) at grade P4 in each region.

Total costs (headquarters and regional level)

Biennium 2024–2025: US$ 7.0 million (staff US$ 3.9 million, activities US$ 3.1 million)
Biennium 2026–2027: US$ 7.0 million (staff US$ 3.9 million, activities US$ 3.1 million)
Biennium 2028–2029: US$ 7.0 million (staff US$ 3.9 million, activities US$ 3.1 million)
Biennium 2030-2031: US$ 7.0 million (staff US$ 3.9 million, activities US$ 3.1 million)

Total: US$ 28 million (staff US$ 15.5 million, activities US$ 12.5 million) for the four bienniums.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 0.2 million.

– Remaining financing gap in the current biennium:

US$ 0.5 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.6	0.6
	Activities	–	–	–	–	–	–	0.1	0.1
	Total	–	–	–	–	–	–	0.7	0.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.5	0.5	0.4	0.5	0.4	0.4	1.4	4.1
	Activities	0.3	0.3	0.3	0.3	0.3	0.3	2.3	4.1
	Total	0.8	0.8	0.7	0.8	0.7	0.7	3.7	8.2
Future bienniums resources to be planned	Staff	2.0	2.1	1.6	1.9	1.6	1.8	4.5	15.5
	Activities	1.2	1.2	1.2	1.2	1.2	1.2	5.3	12.5
	Total	3.2	3.3	2.8	3.1	2.8	3.0	9.7	28.0

[a] The row and column totals may not always add up, due to rounding.

The CHAIR drew attention to the draft decision entitled, Neglected tropical diseases: road map 2021–2030 and its implications, proposed by the Member States of the African Region, Canada, the European Union and its Member States, Switzerland and Thailand, which read:

> The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases[1] and recalling resolution WHA66.12 (2013) on neglected tropical diseases, and WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to target 3.3 of Sustainable Development Goal 3, decided:
>
> **(1)** to endorse and urge Member States to implement the new road map for Neglected Tropical Diseases 2021–2030, "Ending the neglect to attain the Sustainable Development Goals: A road map for Neglected Tropical Diseases 2021–2030",
>
> **(2)** **to** request **the Director-General to:**
>
> (a) to advocate and provide technical assistance and guidance to Member States and partners in the implementation of the new road map for Neglected Tropical Diseases 2021–2030 towards reaching the Sustainable Development Goal 3.3; and
>
> (b) to continue to monitor progress of the roadmap and to report biennially, through the Executive Board, to the World Health Assembly starting at the Seventy-fifth till the Seventy-ninth and then from the Eighty-second to the Eighty-fourth World Health Assembly, as a substantive agenda item on the implementation of the roadmap for Neglected Tropical Diseases 2021–2030.

[1] Document A73/8.

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

Decision:	Neglected tropical diseases: road map 2021–2030 and its implications
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 1.3.2.Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** None at present. The starting phase of the implementation of the new neglected tropical diseases road map will require some scaling up of activities following its publication as well as the release and dissemination of its complementary documents. As requested in the decision, this accelerated work also relates to advocating and providing technical assistance to Member States and partners. This can be carried out within the scope of the approved Programme budget 2020–2021 as planned.
4.	**Estimated time frame (in years or months) to implement the decision:** 10 years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 544.9 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 86.1 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Zero.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 107.8 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 351.0 million.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 65.0 million.

– Remaining financing gap in the current biennium:

US$ 21.1 million. Activities related to neglected tropical diseases are usually funded through voluntary and specific contributions which are provided on an annual basis.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Negotiations and discussions are continuing to fill the financing gap for the current biennium.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	9.0	1.5	1.5	0.3	1.0	0.8	24.5	38.6
	Activities	11.0	3.5	11.0	0.9	4.5	2.6	14.0	47.5
	Total	20.0	5.0	12.5	1.2	5.5	3.4	38.5	86.1
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	9.3	1.5	2.8	0.3	1.3	1.0	25.0	41.2
	Activities	13.0	3.5	25.0	1.3	4.9	3.0	16.0	66.7
	Total	22.3	5.0	27.8	1.6	6.2	4.0	41.0	107.8
Future bienniums resources to be planned	Staff	28.0	5.5	15.0	0.9	4.1	3.3	79.0	135.8
	Activities	45.0	15.5	75.0	4.3	16.0	9.5	50.0	215.3
	Total	73.0	21	90.0	5.2	20.1	12.8	129.0	351.0

[a] The row and column totals may not always add up, due to rounding.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that a number of governments in her Region had already incorporated WHO guidelines into their national health policies, strategies and plans. She therefore requested the Director-General to prioritize implementation of the draft operational framework for primary health care, as it would contribute to a healthier, safer, more equitable and sustainable future for all. While progress had been made globally in accelerating implementation of universal health coverage programmes, inequalities remained, particularly among the most vulnerable groups, and had been exacerbated by the socioeconomic impact of the COVID-19 pandemic. She therefore called on world leaders and stakeholders to increase investment in health to ensure the creation of resilient, robust and sustainable health systems.

She noted that, despite the high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases and their inclusion in target 3.4 of the Sustainable Development Goals, development aid and investment in health care to end noncommunicable diseases among the poorest and the young remained low. There was an urgent need for the Secretariat to provide guidance and support to Member States in that area.

As neglected tropical diseases were prevalent in Africa, her Region welcomed progress made on the draft road map for neglected tropical diseases 2021–2030.

She called on Member States to prioritize investment in national measures for epilepsy and other neurological disorders. She supported strategies that combined political commitment, cooperation with civil society partners and other stakeholders, and innovative strategies to strengthen prevention, diagnostics, treatment and care in that area.

The Member States of her Region supported the approval of the reports, draft road maps and the two draft resolutions and draft decision submitted under item 11 of the agenda, and encouraged other Member States to follow suit.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the landmark political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage was the most comprehensive health commitment that had ever been adopted at that level. The essence of universal health coverage was universal access to a strong and resilient people-centred health system, with primary health care as its foundation. She particularly welcomed the launch of the WHO special programme on primary health care as a one-stop mechanism for providing implementation support to Member States. The Region welcomed the draft operational framework for primary health care and looked forward to working with the Secretariat and other development partners to ensure its effective implementation. In that regard, she recommended that its implementation focus on strengthening core health system functions to achieve universal health coverage and health security.

She called on the Secretariat to support Member States in strengthening their capacities for private sector engagement and implementing national responses in the prevention and control of noncommunicable diseases, while giving due consideration to managing conflicts of interest.

She welcomed the report on neglected tropical diseases, noting in particular the challenges relating to the emergence of neglected tropical diseases among refugees and internally displaced persons in conflict zones.

Regarding epilepsy and other neurological disorders, she emphasized the need for concentrated efforts to raise awareness of mental health issues in general, and of epilepsy and other neurological disorders in particular, to counter widespread stigma, discrimination and human rights abuses.

(For continuation of the discussion, see the summary record of the fifth meeting.)

The meeting rose at 13:00.

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