
Meningitis prevention and control

Draft resolution proposed by Benin, Botswana, Brazil, Burkina Faso, Canada, France, Gabon, Madagascar, Mozambique, Nigeria, Saudi Arabia, South Africa and Tonga

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 and¹ on the global vaccine action plan² and the global roadmap on defeating meningitis by 2030;³

(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;^{3,4}

(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;

¹ Document A71/4.

² Document A73/6.

³ Defeating meningitis by 2030: a global roadmap (<https://www.who.int/docs/default-source/immunization/meningitis/defeatingmeningitisroadmap.pdf>, accessed 29 October 2020).

⁴ Defeating meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf, accessed 15 June 2020).

(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);

(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

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.

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;

(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.

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