World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/13**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Saturday, 28 May 2022, scheduled at 9:00

Chair: Dr H. NAKATANI (Japan)
Later: Dr T. GABUNIA (Georgia)
Later: Dr H. NAKATANI (Japan)

CONTENTS

Page

1. Fifth report of Committee A 2

Pillar 1: One billion more people benefiting from universal health coverage

2. Review of and update on matters considered by the Executive Board (continued)
- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (continued)..... 2**
- **Global strategy for tuberculosis research and innovation(continued)..... 2**
- **Road map for neglected tropical diseases 2021–2030 (continued) 2**
- **Immunization Agenda 2030 ..... 2**
- **Infection prevention and control 3**
- **Global road map on defeating meningitis by 2030 ..... 3**

THIRTEENTH MEETING

Saturday, 28 May 2022, at 9:15

Chair: Dr H. NAKATANI (Japan)
Later: Dr T. GABUNIA (Georgia)
Later: Dr H. NAKATANI (Japan)

1. FIFTH REPORT OF COMMITTEE A (document A75/67)

The RAPPORTEUR read out the draft fifth report of Committee A.

The report was adopted.[1]

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued from the twelfth meeting, section 3)

The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections: Item 14.2 of the agenda (documents A75/10 Rev.1 and EB150/2022/REC/1, resolution EB150.R3) (continued)

Global strategy for tuberculosis research and innovation: Item 14.3 of the agenda (document A75/10 Rev.1) (continued)

Road map for neglected tropical diseases 2021–2030: Item 14.4 of the agenda (document A75/10 Rev.1) (continued)

The CHAIR invited the Committee to resume its consideration of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, the global strategy for tuberculosis research and innovation and the road map for neglected tropical diseases 2021–2030, as well as the draft resolution on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections.

The representative of MEXICO requested more time to conclude informal consultations on the draft resolution.

The CHAIR took it that the Committee wished to suspend consideration of the current agenda items.

It was so agreed.

(For continuation of the discussion, see the summary records of the fourteenth meeting.)

Immunization Agenda 2030: Item 14.5 of the agenda (document A75/10 Rev.1)

[1] See page X.

Infection prevention and control: Item 14.6 of the agenda (document A75/10 Rev.1)

Global road map on defeating meningitis by 2030: Item 14.7 of the agenda (document A75/10 Rev.1)

The CHAIR drew attention to a draft resolution on a global strategy on infection prevention and control proposed by Bosnia and Herzegovina, Botswana, Colombia, Jordan, Kenya, Saudi Arabia, Lebanon, Norway, Oman, Philippines, Qatar, United Arab Emirates, United States of America and Vanuatu, which read:

> The Seventy-fifth World Health Assembly,
>
> PP1 Having considered the report by the Director-General on infection prevention and control as part of the universal health coverage and communicable disease agendas towards 2030;[1]
>
> PP2 Recalling the resolutions WHA48.7 (1995)[2] on the International Health Regulations, WHA58.27 (2015)[3] on infection prevention and control as objective 3 of the Global Action Plan on Antimicrobial Resistance (AMR), WHA69.1 (2016)[4] on quality care for all, WHA70.7 (2017)[5] on infection prevention and control as part of prevention of sepsis, WHA72.6 (2019)[6] on infection prevention and control as strategy 3.3 of the global patient safety action plan 2021–2030, WHA72.7 (2019)[7] on infection prevention and control as part of water, sanitation and hygiene, WHA73.1 (2020),[8] WHA73.8 (2020),[9] and WHA74.7 (2021)[10] on infection prevention and control as part of the COVID-19 response, strengthening international health regulations, prevention preparedness and response, respectively, within which IPC is a critical component;
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> PP3 Reaffirming the 2030 Agenda for Sustainable development and its targets which are universal, indivisible, and interlinked and referring in particular to Sustainable Development Goal 3.1 on reducing global maternal mortality, 3.2 on ending preventable deaths of newborns and children under 5 years of age, 3.3 on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, water-borne diseases and other communicable diseases, and 3.8 on access to quality essential health care services and equitable access to safe, effective, quality and affordable essential medicines and vaccines for all, and recognizing the important intersections between infection prevention and control and other Sustainable Development Goals, including Goal 6 (clean water and sanitation);

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[1] Document A75/10.

[2] World Health Assembly, 48. (1995). Revision and updating of the International Health Regulations. World Health Organization. https://apps.who.int/iris/handle/10665/178403.

[3] World Health Assembly, 48. (1995). Revision and updating of the International Health Regulations. World Health Organization. https://apps.who.int/iris/handle/10665/178403.

[4] World Health Assembly, 69. (2016). Strengthening essential public health functions in support of the achievement of universal health coverage. https://apps.who.int/iris/handle/10665/250765.

[5] World Health Assembly, 70. (2017). Improving the prevention, diagnosis and clinical management of sepsis. World Health Organization. https://apps.who.int/iris/handle/10665/275646.

[6] World Health Assembly, 72. (2019). Global action on patient safety. World Health Organization. https://apps.who.int/iris/handle/10665/329284.

[7] World Health Assembly, 72. (2019). Water, sanitation and hygiene in health care facilities. World Health Organization. https://apps.who.int/iris/handle/10665/329290.

[8] World Health Assembly, 73. (2020). COVID-19 response. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

[9] World Health Assembly, 73. (2020). COVID-19 response. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

[10] World Health Assembly, 74. (2021). Strengthening WHO preparedness for and response to health emergencies https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf.

PP4 Noting the declaration of Alma Ata[1] on primary healthcare and the Declaration of Astana[2] on high quality and safe primary health care and health services and recognizing that to achieve it, preventing harm from infection transmission at the entry point to and at all points in the health system is paramount;

PP5 Recognizing the critical importance of infection prevention and control in the human and animal health sectors and that it is a clinical and public health discipline based on a scientific approach, providing proactive, responsive, and practical preventive and control measures grounded in infectious diseases, epidemiology, social, engineering, and implementation science, and health systems strengthening that requires a dedicated specialist health work force;

PP6 Noting that comprehensive infection prevention and control programmes, that take the one health approach into account, at national, subnational and facility levels are essential to produce science-based evidence, support, facilitate, and/or oversee the correct, evidence-based, and risk-informed implementation of infection prevention and control, as well as the resources and material support (such as, personal protective equipment) required;

PP7 Concerned that the COVID-19 pandemic and the recent large outbreaks of Ebola virus disease in West Africa and the Democratic Republic of the Congo have shown the devastating consequences of the lack of preparedness and substandard, insufficient and/or inadequate implementation of infection prevention and control programmes, even in high-income countries, and have brought infection prevention and control to the forefront;

PP8 Recognizing that in addition to outbreaks, at any point in time[3] out of every 100 patients, seven in high-income countries and 15 in low- and middle-income countries acquire at least one health care-associated infection during their stay in acute care hospitals, and a quarter of health care facilities lacked basic water services in 2019, exposing 1.8 billion people, including health care workers and patients, to greater risk of infections,[4] highlighting the major gaps in WASH services in healthcare facilities, which play a critical role in infection prevention and control and noting the modest costs for achieving minimal WASH safety, which range from US$ 6.5 to 9.6 billion in the 46 least developed countries; which represent 4–6% of these countries' recurrent health spending;

PP9 Although no precise analysis is possible due to lack of comprehensive data, noting that WHO has estimated that hundreds of millions of patients are affected by health care-associated infections leading to deaths in one in 10 infected patients every year, and noting further that in acute care hospitals, out of every 100 patients, seven patients in high-income countries (HICs) and 15 patients in low- and middle-income countries (LMICs) will acquire at least one Healthcare-Associated Infections (HAI) during their hospital stay, and that up to 30% of patients in intensive care are affected by HAIs, with an incidence that is two to 20 times higher in LMICs than in HICs;[5]

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[1] International Conference on Primary Health Care (1978: Alma-Ata, USSR), World Health Organization & United Nations Children's Fund (UNICEF) (1978). Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978/jointly sponsored by the World Health Organization and the United Nations Children's Fund. World Health Organization. https://apps.who.int/iris/handle/10665/39228.

[2] World Health Organization. (2019). Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018. World Health Organization. https://apps.who.int/iris/handle/10665/328123.

[3] Allegranzi B, Bagheri Nejad S, Combescure C, et al. Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. Lancet 2011; 377(9761): 228-41.

[4] World Health Organization & United Nations Children's Fund (UNICEF). (2020). Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first. World Health Organization. https://apps.who.int/iris/handle/10665/337604.

[5] World Health Organization. (2020). Global report on the epidemiology and burden of sepsis: current evidence, identifying gaps and future directions. World Health Organization. https://apps.who.int/iris/handle/10665/334216

PP10 Noting the added costs of HAI, which may vary from US$ 1000 to 12 000 on average[1] per episode depending on the country, result in a significant economic burden on health systems and out of pocket expenses for patients and families; and that the mortality among patients affected by health care-associated sepsis was 24.4% and increasing up to 52.3% among patients treated in an intensive care unit and at least two to three times higher among those infected with antimicrobial resistant organism, neonates, and in LMIC;[2]

PP11 Noting that most of antibiotic resistant infections are acquired in health care facilities, 75% of disability-adjusted life years attributable to AMR are due to HAIs.[3] Each year, AMR costs health care systems around US$ 1.2 billion. For example, up to 75% of antimicrobial prescriptions in long term care facilities are inappropriate, yet policies to tackle inappropriate antimicrobial use and AMR, such as antimicrobial stewardship and infection prevention and control, remain underused or suboptimal;[4]

PP12 Noting that a recent systemic analysis and predictive statistical models by AMR collaborators for the year 2019 showed that the estimated deaths associated with bacterial AMR were 4.95 million (3.62–6.57), including 1.27 million (95% UI 0.911–1.71) deaths attributable to bacterial AMR and reflect the burden of AMR as a leading cause of deaths globally, with a high impact in low-resource settings;[5]

PP13 Observing that most cost-effective interventions to limit the spread of antimicrobial resistance in health care are those aiming at improving all hospital associated drivers, including hygiene and antimicrobial stewardship, with the potential to prevent three out of four attributable deaths;[6]

PP14 Noting that public health emergencies have demonstrated that infection prevention and control, together with core capacities required by the International Health Regulations (2005), play a critical role in preventing and timely and effectively responding to public health risks and emergencies of national and international concern;

PP15 Recognizing that the COVID-19 pandemic has also demonstrated the critical role of health system resiliency in providing essential health services and maintaining functional health systems and that the cornerstone of health system resiliency is keeping health care workers, patients and visitors safe through a series of measures, including infection prevention and control, best practices and essential infrastructure, including transmission-based precautions, water, sanitation, and waste management wherever healthcare is provided;

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[1] Forrester JD, Maggio PM, Tennakoon L. Cost of Health Care-Associated Infections in the United States. J Patient Saf. 2022 Mar 1;18(2):e477-e479. doi: 10.1097/PTS.0000000000000845. PMID: 33881808.

[2] Markwart R, Saito H, Harder T, Tomczyk S, Cassini A, Fleischmann-Struzek C, et al. Epidemiology and burden of sepsis acquired in hospitals and intensive care units: a systematic review and meta-analysis. Intensive Care Medicine. 2020;46(8):1536-51.

[3] Cassini A, Högberg LD, Plachouras D, Quattrocchi A, Hoxha A, Simonsen GS, Colomb-Cotinat M, Kretzschmar ME, Devleesschauwer B, Cecchini M, Ouakrim DA, Oliveira TC, Struelens MJ, Suetens C, Monnet DL; Burden of AMR Collaborative Group. Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis. Lancet Infect Dis. 2019 Jan;19(1):56-66. doi: 10.1016/S1473-3099(18)30605-4. Epub 2018 Nov 5. PMID: 30409683; PMCID: PMC6300481.

[4] Eze, N., M. Cecchini and T. Oliveira Hashiguchi (2022), Antimicrobial resistance in long-term care facilities, OECD Health Working Papers, No. 136, OECD Publishing, Paris, https://doi.org/10.1787/e450a835-en.

[5] Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Lancet. 2022 Feb 12;399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0. Epub 2022 Jan 19. PMID: 35065702; PMCID: PMC8841637.

[6] European Centre for Disease Control and Prevention and OECD. Antimicrobial resistance. Tackling the burden in the European Union. Briefing note for EU/EAA countries. 2019. https://www.oecd.org/health/health-systems/AMR-Tackling-the-Burden-in-the-EU-OECD-ECDC-Briefing-Note-2019.pdf.

PP16 Recognizing the unique opportunity to harness the experience of the heightened global awareness and investments made during the COVID-19 pandemic for sustained improvements in infection prevention and control;

1. CALLS ON Member States:[1]

OP1: to take steps to support and/or to ensure that infection prevention and control is one of the key components of global health preparedness, prevention and response;

OP2: to acknowledge that clean, high-quality, safe, affordable care should be universally available and that no one should be unnecessarily exposed to infection due to suboptimal infection prevention and control practices;

OP3: to take steps to support and/or to ensure that science-based functional infection prevention and control, both for community acquired and healthcare associated infections, taking into account the One Health approach, programmes exist, are implemented, monitored, and updated at national, sub-national, and/or facility levels, as appropriate to national contexts and in line with the WHO core components of such programmes;[2]

OP4: to take steps to support relevant authorities and/or ensure that at least the minimum requirements for infection prevention and control programmes at the national, sub-national and health care facility level are implemented, and monitored inclusive of environmentally conscious and appropriate waste management to reduce further impact on human, animal, and environmental health;

OP5: to support and ensure that the transmission-based precautions for infection prevention and control are implemented with fidelity and quality at national and facility levels, and functional administrative, environmental and personal protection measures are in place to prevent and/or halt further transmission;

OP6: to take steps to support and/or to ensure that sustainable infection prevention and control, water, sanitation and hygiene infrastructures and resources are in place and utilized across all health care facilities, including in primary health care, home and community-based settings, and long-term care settings as appropriate to national context;

OP7: to take steps to recognize the value of having infection prevention and control professionals across a variety of settings with appropriate competencies, skills, career pathways, and empowerment with a clear mandate and authority, while being held accountable, and work within the clinical governance framework of their organizations for implementation and reporting the impact of infection prevention and control programmes as appropriate to the national context;

OP8: to take steps toward creating and implementing accredited infection prevention and control curricula within pre-graduate, post-graduate and in-service continuous education, where and as appropriate in national contexts, for all health care workers and all relevant disciplines;

OP9: to take steps to ensure that infection prevention and control programmes, are integrated and aligned with antimicrobial resistance, quality of care, patient safety, water, sanitation and hygiene, construction and remodelling of the infrastructure of the health care facilities, and health emergencies programmes, as well as blood borne infectious diseases, tuberculosis, acute respiratory infections, vaccine preventable diseases, neglected tropical diseases occupational health, sexual and reproductive health and maternal, neonatal and child health, and other relevant programmes where and as appropriate for national contexts;

OP10:to provide decisive and visible political commitment and leadership engagement at the highest levels to sustain and improve implementation of functional infection prevention and control programmes at the regional, national, local, and facility levels, including

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

[2] World Health Organization. (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. World Health Organization. https://apps.who.int/iris/handle/10665/251730.

encouraging allocation of national and local dedicated budgets where and as appropriate and guided by domestic context;
OP11: to introduce guidance, regulations and/or legal frameworks to enforce infection prevention and control requirements, polices, and implementation of best practices through systems for accrediting health facilities and other mechanisms, as appropriate and guided by domestic context;
OP12: to undertake as appropriate to national contexts, regular, detailed and multilevel assessments of infection prevention and control programmes, practices, and surveillance of health care-associated infections and antimicrobial resistance in order to generate and share data to be used for action and improving outcomes;
OP13: to continue to encourage investments in research on infection prevention and control.

2. REQUESTS the Director-General:
(1) to develop, in consultation with Member States and regional economic integration organizations, a draft global strategy, in alignment with other strategies with infection prevention and control efforts, like the Global Action Plan on Antimicrobial Resistance, on infection prevention and control in both health and long term care settings, for consideration by WHA76 via EB152;
(2) to translate this global strategy, by WHA77 via EB154, into an action plan for infection prevention and control, including a framework for tracking progress with clear measurable targets to be achieved by 2030;
(3) to continue to update and develop as required technical guidance on infection prevention and control programmes and practices for health and long term care settings;
(4) to report back on progress and results to the Seventy-eighth World Health Assembly in 2025, and thereafter every two years until 2031.

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

Resolution:	Global strategy on infection prevention and control
A.	**Link to the approved Programme budget 2022–2023**
1.	**Output(s) in the approved Programme budget 2022–2023 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.
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:** Not applicable.
4.	**Estimated timeframe (in years or months) to implement the resolution:** Nine years (2023–2031).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 16.46 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:

US$ 2.44 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2024– 2025, in US$ millions:

US$ 3.53 million.

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

US$ 10.49 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$ 0.45 million.

– **Remaining financing gap in the current biennium:**

US$ 1.99 million.

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

US$ 0.50 million.

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		
2022–2023 resources already planned	Staff	0.08	0.07	0.06	0.07	0.06	0.04	1.28	1.66
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	0.48	0.78
	Total	0.13	0.12	0.11	0.12	0.11	0.09	1.76	2.44
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.11	0.09	0.09	0.10	0.08	0.09	1.90	2.46
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.47	1.07
	Total	0.21	0.19	0.19	0.20	0.18	0.19	2.37	3.53
Future bienniums resources to be planned	Staff	0.33	0.28	0.26	0.29	0.24	0.26	5.23	6.89
	Activities	0.30	0.30	0.30	0.30	0.30	0.30	1.80	3.60
	Total	0.63	0.58	0.56	0.59	0.54	0.56	7.03	10.49

The representative of OMAN said that the importance of infection prevention and control had been emphasized by many Member States in previous public health forums, yet few countries had infection prevention and control programmes or monitoring systems in place. The pandemic of coronavirus disease (COVID-19) and other disease outbreaks had demonstrated the need for stronger,

sustainable infection prevention and control systems and highlighted the role of those systems in improving preparedness for and response to emerging infectious diseases.

The draft resolution would enable Member States to build on the current momentum to make global progress on infection prevention and control. A global strategy on the topic would help to foster decisive and visible commitment at the national, regional and global levels, enhance health service quality and safety, promote innovative research and build sustainable infection prevention and control capacities. Stronger infection prevention and control systems would contribute to the attainment of the Sustainable Development Goals and contribute to ensuring a coordinated global response to emerging infectious diseases, preventing health care-associated infections and antimicrobial resistance, and improving the safety of patients and health workers. She called on Member States to support the draft resolution.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that Turkey, North Macedonia, Montenegro, Albania, Bosnia and Herzegovina, Iceland, Norway, Ukraine and the Republic of Moldova aligned themselves with his statement. He thanked the Government of Oman for its leadership in preparing the draft resolution and welcomed the proposal to develop a draft global strategy and action plan on infection prevention and control, which should be anchored in a multidisciplinary, One Health approach through such initiatives as the One Health High-Level Expert Panel and the Strategic Framework for collaboration on antimicrobial resistance developed by WHO, FAO, OIE and UNEP.

Infection prevention and control were essential to mitigate the harmful effects of communicable diseases. The COVID-19 pandemic and antimicrobial resistance had highlighted the need to strengthen and invest in appropriate measures at the national and global levels in order to ensure that infection prevention and control was not a weak link in preparedness and response efforts and to improve patient safety and the well-being of health workers. Programmes should be underpinned by a multidisciplinary approach, incorporate up-to-date recommendations, ensure that personnel were adequately qualified, and include hand hygiene, availability of disinfectant and personal protective equipment, appropriate decontamination of medical devices and equipment, environmental cleaning and waste management. He underlined the crucial role of immunization and water, sanitation and hygiene in that regard. WHO played an important role in encouraging political action, providing technical support, fostering collaboration among countries and supporting improved data collection in line with relevant global strategies and action plans. Many common infections could be prevented, thereby reducing costs and the burden on health systems and workers. Weak infection prevention and control disproportionately affected vulnerable groups, such as patients with comorbidities, and socioeconomic factors within and among countries must be taken into account in the light of the huge discrepancies in the implementation of infection prevention and control programmes between low- and high-income countries. National funding should be dedicated to the implementation of sustained, effective infection prevention and control programmes in health care settings.

The European Union and its Member States strongly supported the Immunization Agenda 2030. To reduce the misinformation and disinformation that led to vaccine hesitancy, all vaccine-related processes should remain transparent; to that end, all meetings of the WHO Strategic Advisory Group of Experts on Immunization should continue to remain open to Member States.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the focus should shift back to routine immunization following COVID-19 vaccination campaigns. Reduced childhood immunization coverage increased the risk of outbreaks of vaccine-preventable diseases, as well as other diseases such as circulating vaccine-derived poliovirus. Countries in his Region with weak immunization systems that had been badly affected by the COVID-19 pandemic had already reported outbreaks of measles, diphtheria and pertussis. The priority was therefore to identify and immunize children who had missed vaccine doses during the pandemic.

He welcomed the latest developments in the implementation of the global road map on defeating meningitis by 2030, particularly given concerns about the health of migrants and refugees and the safety of the Hajj pilgrimage. The establishment of a strategic support group to facilitate the implementation of the global road map would help to bring the issue to the fore. He welcomed the use of the primary health care levers of the operational framework for primary health care for action on meningitis, which would complement strategies to achieve universal health coverage at the primary health care level.

Only 14 Member States in his Region had national infection prevention and control programmes, and only 10 had national guidelines on the subject. Effective programmes were needed in all facilities to address community-acquired and health care-associated infections. Facilities must also be furnished with the infrastructure and sustainable resources needed to promote infection prevention and control and water, sanitation and hygiene services, and infection prevention and control professionals needed to have appropriate skills and competencies and be empowered, while also being held accountable. He supported the development of a draft global strategy on infection prevention and control, which would be a key component of global prevention, preparedness and response efforts.

The representative of CHINA described the steps taken in his country to combat vaccine-preventable diseases and enhance infection prevention and control in medical settings. In the light of global challenges in infection prevention and control and routine immunization, he expressed support for the draft resolution and called on the Secretariat and partners to take practical action to get immunization activities back on track.

The representative of MALAYSIA said that the COVID-19 pandemic had harmed routine immunization uptake and increased the number of zero-dose children. Catch-up immunization activities would be crucial to optimizing uptake and achieving global disease control, elimination and eradication targets. Vaccines must be made more affordable for low- and middle-income countries so that Member States could implement supplementary immunization activities and expand vaccination throughout the life course. He expressed support for WHO's work on infection prevention and control and the proposed approach regarding the global road map on defeating meningitis by 2030. Prevention, primarily through immunization, was the most effective way to reduce the burden and impact of meningitis, although implementation of the global road map also required political will, participation, policies and perseverance.

The representative of NEW ZEALAND said that equitable vaccination remained one of the most cost-effective public health interventions at the national and global levels and outlined initiatives implemented in her country to enhance immunization coverage. More needed to be done to protect disadvantaged groups, which had been disproportionately affected by the COVID-19 pandemic. Infection prevention and control played a critical role in detecting, assessing, notifying and reporting events; responding appropriately to public health risks and emergencies; and combating other health concerns, such as antimicrobial resistance. A global strategy on infection prevention and control would galvanize efforts in that regard; she therefore supported the draft resolution.

The representative of AUSTRIA emphasized the importance of sharing knowledge and best practices among countries and of WHO's guidance on and expertise in patient safety. She expressed appreciation for the work done by WHO country offices to develop quality infection prevention and control programmes to keep patients and health and social workers safe and prevent harm from infections; in particular, she welcomed the intensive training provided by the Secretariat on integrated infection prevention and control in long-term care facilities. Efforts to strengthen infection prevention and control should also include accredited education and training on hygiene and infection prevention and control at all levels; the creation of linkages between preventive measures and immunization programmes; regular evaluations using digital solutions; and feedback to health workers.

The emergence of the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529) had shown that access to affordable COVID-19 vaccines for all countries was needed in order to manage the COVID-19 pandemic and protect lives. To achieve the goals of the

Immunization Agenda 2030, training and targeted communication should be improved based on the lessons learned from the pandemic.

The representative of DENMARK, speaking on behalf of Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, thanked the Government of Oman for its leadership in preparing the draft resolution. While the development of safe and effective COVID-19 vaccines had been an extraordinary achievement, supply shortages and inequities in distribution across all regions had hampered progress in controlling the pandemic and had contributed to the spread of variants of SARS-CoV-2. The COVID-19 pandemic had also set back progress towards the goals of the Immunization Agenda 2030. It was important to focus on strengthening vaccine roll-out capacities while also addressing vaccine hesitancy, including by countering misinformation through broader access to evidence-based information. Equity and public health were central to the delivery of vaccines, therapeutics and diagnostics. Support should be provided in low-resource settings, and immunization programmes should be properly funded by Governments to drive progress towards universal health coverage and reduce global health inequalities. He encouraged the Secretariat and Member States to prioritize the strengthening of immunization programmes.

The representative of BHUTAN said that WHO had galvanized global efforts to advance immunization to improve health outcomes. Member States must now take steps to address the unmet goals of the Immunization Agenda 2030. His Government viewed immunization as its highest public health priority. He expressed appreciation to WHO for its solidarity in ensuring vaccine accessibility and equity for all Member States, as well as for its technical leadership. He also acknowledged the support of partners, including Gavi, the Vaccine Alliance, in ensuring seamless access to COVID-19 vaccines and technologies. WHO and partners should continue to play a critical role in fostering equitable access to vaccines in all countries. Immunization was an investment in future health gains.

The representative of SWITZERLAND emphasized the importance of ensuring that infection prevention and control programmes were integrated and aligned with programmes on antimicrobial resistance, a priority area for her Government. Infection prevention and control played a central role in patient safety, as it helped to prevent unnecessary suffering and reduce costs. It would be a key topic of discussion at the Fifth Global Ministerial Summit on Patient Safety, to be held in her country in 2023. She asked to be added to the list of sponsors of the draft resolution.

The representative of THAILAND expressed concern about the global decline in immunization coverage, particularly the fall in diphtheria and measles vaccination rates. To address the situation, it was important to prioritize immunization strategies and raise the awareness of leaders at all levels. Immunization programmes must be integrated into primary health care and universal health coverage, and catch-up initiatives should be established through collaboration with the community, as well as with public and private sector partners. The Secretariat must help Member States to strengthen primary health care services to create resilient health systems that could support immunization initiatives. Meningitis vaccination coverage could be improved by establishing affordable and equitable vaccine distribution mechanisms in the countries most affected.

Since infection prevention and control was crucial to preventing antimicrobial resistance, countries should ensure that quality infection prevention and control strategies were effectively implemented at all levels, including through primary health care.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that the countries in his Region had developed a regional framework for the implementation of the Immunization Agenda 2030, drawing on the lessons learned from the COVID-19 pandemic response. He expressed concern that the number of children who had not received doses of the diphtheria, tetanus and pertussis-containing vaccine had risen as a result of the disruption caused by the pandemic. While COVID-19 vaccination and continued efforts to address vaccine inequity would continue to be priorities,

Member States should also focus on regional strategies and implementation plans that were aligned with the Immunization Agenda 2030 to protect populations from vaccine-preventable diseases.

He commended the significant improvements made in infection prevention and control in Member States, particularly during the pandemic. However, developing countries, including in the African Region, continued to report a high burden of health care-associated infection, sepsis and antimicrobial resistance. Core components of infection prevention and control programmes must therefore be effectively implemented in health facilities at the national and subnational levels. He called for further technical and financial support, with priority given to Member States with less-developed infection prevention and control programmes.

The African Region was the region most affected by meningitis. He supported the global road map on defeating meningitis by 2030 and the related development of national meningitis action plans and regional implementation frameworks, such as the one adopted by the WHO Regional Committee for Africa in 2021. He welcomed WHO's efforts to address meningitis, including activities to strengthen diagnostic capacities and the introduction of specific meningitis vaccines in expanded programmes on immunization. He supported the establishment of a strategic support group to facilitate and strengthen the global road map's implementation, as well as the integration of meningitis prevention and management into primary health care.

Dr Gabunia took the chair.

The representative of the MALDIVES asked to be added to the list of sponsors of the draft resolution, as a global strategy on infection prevention and control was needed to improve patient safety and the quality of care. Infection prevention and control was essential to health systems strengthening, universal health coverage and the attainment of target 3.3 of the Sustainable Development Goals on communicable diseases. The COVID-19 pandemic had highlighted the urgent need for infection prevention and control in health care settings; it was more important than ever to implement all measures to reduce mortality, morbidity and the spread of infection. She requested WHO to continue to support the development of a global strategy on infection prevention and control and the implementation of related activities.

The representative of NAMIBIA welcomed the progress made in the implementation of the Immunization Agenda 2030, but noted with concern the regression in many immunization indicators as a result of the shift in focus to the COVID-19 pandemic response, including the reduction in immunization outreach activities during lockdowns. He encouraged the Secretariat to support Member States in building on previous successes to renew progress towards the goals of the Immunization Agenda 2030.

The pandemic had also served as a crucial reminder of the importance of developing and implementing effective infection prevention and control strategies. He called for increased production of personal protective equipment in the African Region and urged WHO to facilitate partnerships to empower all Member States to produce basic medical supplies at the local level as part of the health development agenda. He commended the roll-out of the meningococcal A conjugate vaccine in the African Region and expressed support for the global road map on defeating meningitis by 2030 and the establishment of a strategic support group to raise the profile of meningitis on the global public health agenda.

The representative of the REPUBLIC OF KOREA expressed appreciation for WHO's efforts to improve infection prevention and control at the global level and agreed on the importance of developing a global strategy to reduce the burden of health care-associated infections and antimicrobial resistance. She expressed support for the global road map on defeating meningitis by 2030 and thanked the Secretariat and the regional offices for their efforts in that regard. Her Government stood ready to share its experience in developing national implementation plans on meningitis.

The representative of ECUADOR outlined a number of measures taken in his country to increase immunization coverage, including through catch-up vaccination campaigns. He called on Member States to continue strengthening their processes to control, eliminate and eradicate vaccine-preventable diseases, including COVID-19, at the regional and global levels. Countries should also strengthen their cooperation and work together to train health workers, streamline health-related regulatory processes and promote communication and health promotion activities in order to support the well-being of their populations.

The representative of the UNITED ARAB EMIRATES said that global guidance was needed to support countries in the development of infection prevention and control programmes and gave details of her country's national programme. She wished to be added to the list of sponsors of the draft resolution.

The representative of SINGAPORE wished to be added to the list of sponsors of the draft resolution. Infection prevention and control was critical to the fight against antimicrobial resistance and a cornerstone of disease outbreak preparedness and response efforts.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the regression in many immunization indicators during the COVID-19 pandemic should be addressed by implementing the Immunization Agenda 2030 and leveraging the opportunities created by COVID-19 immunization activities. As COVID-19 transformed into an endemic disease, COVID-19 vaccines should be integrated into routine immunization, a measure currently being considered in his country. He cautioned against overoptimism regarding measles immunization, as the pandemic and mass population movements had threatened progress in measles elimination in many countries.

The representative of BARBADOS congratulated the Secretariat on its continued work on the Immunization Agenda 2030 and vaccine equity. Efforts to rebuild immunization programmes would make a lasting contribution to primary health care strengthening. She expressed support for the PAHO Revolving Fund for Access to Vaccines and urged the Secretariat to establish innovative funding arrangements so that critical vaccine programmes would not be suspended because of a country's inability to pay in the short term. It was important to integrate COVID-19 vaccination into routine immunization programmes and catch up on any vaccines doses that had been missed during the COVID-19 pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked the Secretariat for its work on infection prevention and control. It was important to maintain public awareness of the importance of infection prevention and control and educate the general public and professional bodies, drawing on the lessons learned from the pandemic. Infection prevention and control was central to pandemic preparedness and global health security planning, and relevant, functional programmes were needed at the national and local levels. She asked to be added to the list of sponsors of the draft resolution.

The representative of KENYA provided details on immunization coverage in her country. The recent focus on COVID-19 vaccination had stretched cold chain storage and distribution capacities and put routine immunization services under strain; support in overcoming those challenges should be prioritized. She requested the Secretariat to help countries that were transitioning out of Gavi support to ensure the continuity of services. Member States should advocate for an extension of the Gavi transition period to help countries in their COVID-19 recovery.

Infection prevention and control was a key component of global health preparedness, prevention and response. Clean, high-quality, safe and affordable care should be universally available to prevent unnecessary exposure to infection. She congratulated the Government of Oman for its leadership on the draft resolution.

The representative of JAPAN expressed concern about the decline in routine immunization resulting from the COVID-19 pandemic and the disparities in coverage in some countries. He called on the Secretariat to support Member States in catching up on vaccinations, expanding education on immunization and ensuring vaccine equity.

He welcomed the draft resolution, expressing hope that the development of a global strategy would speed up the introduction of infection prevention and control measures at the global and national levels. Such measures should be introduced into health care facilities alongside efforts to strengthen hospital governance and enhance the quality of care and patient safety.

He welcomed the progress made on the global road map on defeating meningitis by 2030 and the establishment of a strategic support group. As it was difficult to quickly diagnose meningitis and facilitate timely care, innovation was needed to strengthen community laboratory capacities and rapid diagnostic testing. WHO should continue to support the integration of meningitis prevention and management into primary health care.

The representative of ARGENTINA commended the progress made in the implementation of the Immunization Agenda 2030 despite the difficult circumstances caused by the COVID-19 pandemic, and provided details of the steps taken in her country to combat vaccine-preventable diseases. It was essential to continue assessing the progress made towards the Immunization Agenda 2030 goals in order to take corrective measures where needed and mitigate the negative impacts of the pandemic on immunization.

The representative of the UNITED STATES OF AMERICA thanked the Secretariat for its support on infection prevention and control. The COVID-19 pandemic had demonstrated that a robust and resilient health care system must include functional infection prevention and control programmes at all levels to ensure patient and provider safety and biosafety, and combat emerging infections and antimicrobial resistance. Plans must be made to effectively transition investment in COVID-19-related infection prevention and control into long-term, sustainable capacity gains.

The global community must take concerted steps to address misinformation and disinformation concerning COVID-19 vaccines and broader public health guidance. Efforts to build confidence and trust in safe and effective vaccines for both COVID-19 and routine immunization must continue. Her Government was committed to working with WHO and partners to support the implementation of the global road map on defeating meningitis by 2030.

The representative of AUSTRALIA said that urgent action was needed to reverse the alarming decline in immunization coverage and stimulate progress towards the Immunization Agenda 2030 goals. Efforts must be accelerated to reach zero-dose children, and the COVID-19 vaccine roll-out should be utilized to increase capacity, strengthen delivery infrastructure, improve data systems and enhance surveillance to revitalize action against all vaccine-preventable diseases. Efforts should focus on ways for countries to sustainably finance improvements in immunization. She encouraged all partners to work collaboratively to plan tailored actions at the country, regional and global levels to build support among the public and policy-makers for the strengthening of immunization programmes. Strong advocacy would be needed at all levels to ensure that immunization and infection prevention and control services were prioritized and that related strategies were promoted in all relevant organizations. There was also a need to build strong governance, monitoring and evaluation mechanisms that promoted transparency and accountability. She supported the draft resolution and welcomed its recognition of the need to provide water, sanitation and hygiene services in all health care facilities.

The representative of BRAZIL said that extensive immunization was a global public good and that immunization coverage could be improved by strengthening primary health care systems and expanding access to health services. He described interventions implemented by his Government to improve vaccination rates, particularly at border regions. Discussions on antimicrobial resistance must be grounded in scientific studies and risk assessments and involve different sectors, with WHO working within its mandate to improve health for all. He supported the establishment of a strategic support group with a view to improving policies on meningitis and affordable access to countermeasures.

The representative of the RUSSIAN FEDERATION said that all countries should take steps to close immunization gaps, including those resulting from the COVID-19 pandemic. To drive implementation of the Immunization Agenda 2030, there was a need to further improve global, regional and national mechanisms in the areas of planning, monitoring and evaluation, ownership and accountability, and communications and advocacy. Regional and national strategies should also be harmonized with the Immunization Agenda 2030 Framework for Action.

The global road map on defeating meningitis by 2030 would reduce meningitis mortality rates and improve quality of life after recovery. The Secretariat's work on regional implementation frameworks, monitoring and evaluation and the business case was also welcome. Particular attention should be paid to strengthening primary health care. She supported the coordination of global and regional implementation of the global road map through the WHO Technical Taskforce on defeating meningitis by 2030, and said that experts from her country stood ready to participate in that work and in the strategic support group.

The representative of SAUDI ARABIA said that his Government was committed to the eradication of vaccine-preventable diseases and outlined the activities carried out in his country to that end. It was important to strengthen cooperation among Member States and partners on the implementation of related global strategies in order to mitigate the loss of momentum caused by the COVID-19 pandemic and to boost immunization.

Meningitis could be brought under control by 2030 through concerted efforts and international cooperation, including among Member States. His Government placed particular importance on meningitis control given the risks associated with the Hajj and Umrah pilgrimages.

The representative of CANADA said that equitable access to vaccines was essential to protect the health of individuals and communities. Immunization was a global public good, and vaccines were one of the best and most cost-effective public health interventions available. She encouraged all partners to strengthen immunization policies, programmes and platforms to address current and emerging diseases and prepare for future pandemics; mitigate the impact of the COVID-19 pandemic on immunization services; support catch-up immunization campaigns and public education on vaccination; and facilitate the introduction of new vaccines, such as the human papillomavirus and malaria vaccines. She expressed concern at the impact that conflicts in Ukraine and the African Region were having on public health, particularly on the progress made in eliminating diseases such as measles and poliomyelitis. She called on partners to sustain their efforts to ensure the continuation of immunization services in complex humanitarian situations and in the context of the pandemic.

The representative of the BAHAMAS welcomed the continued progress in the implementation of the Immunization Agenda 2030. She described the situation regarding immunization coverage in her country and thanked the Secretariat and PAHO for helping her Government to integrate its electronic immunization registry into a national programme to improve access and reduce gaps. Accelerating access to COVID-19 vaccines would be key to ending the pandemic, and vaccination fatigue must be combated to sustain achievements in COVID-19 immunization. WHO must continue to prioritize vaccine equity. Experience from the COVID-19 pandemic response had shown that disparity in access led to unequal service delivery, morbidity and mortality, with vulnerable groups worst affected. She thanked the Secretariat and Gavi for their work on initiatives such as the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility, but said that more work was needed. Lessons learned from the accelerated development of COVID-19 vaccines must be applied to vaccines for other vaccine-preventable diseases that disproportionately affected low-income countries, such as tuberculosis.

The representative of ANGOLA said that the Immunization Agenda 2030 underscored the need to maintain, restore and strengthen routine immunization in the context of the post-COVID-19 pandemic response and recovery. The pandemic had exacerbated existing inequalities in access to health care and

vaccines against diseases other than COVID-19. In the light of the threat of new outbreaks of wild poliovirus and measles resulting from low routine immunization coverage, particularly among populations with limited access to health care services, renewed collaborative efforts were needed to make health care systems and routine immunization more equitable and flexible. Such actions would support the attainment of universal health coverage and the Sustainable Development Goals and promote trust and social cohesion. Long-term investment in routine immunization and primary health care must also be strengthened. He requested the Secretariat and partners to provide technical and financial support to that end.

The representative of INDONESIA provided details on immunization programmes implemented in his country to reduce gaps in coverage caused by the COVID-19 pandemic. To successfully implement the Immunization Agenda 2030, countries required support from partners and guidance from the Secretariat, including on ways to better track and measure progress towards the achievement of the Agenda's goals.

The representative of EGYPT asked be added to the list of sponsors of the draft resolution and expressed support for the Immunization Agenda 2030. Immunization programmes represented an investment in the future and helped to improve public health and productivity. Meningitis affected people of all ages in all countries and had health-related, economic and social consequences; yet progress in eliminating meningitis was slower than that achieved with other vaccine-preventable diseases. He emphasized his Government's commitment to defeating meningitis and called for coordinated efforts from Member States, partners and donors in that regard.

The representative of COLOMBIA described steps taken by his Government to improve national immunization coverage, including by including new vaccines in routine immunization programmes. The COVID-19 pandemic had underscored the need to strengthen immunization programmes and promote the local production of vaccines, medical devices and related technologies. He called on Member States to get back on track in the implementation of immunization programmes through international cooperation. WHO should play a leading role in ensuring safe, timely and equitable access to vaccines in the context of global efforts to prevent communicable diseases, including COVID-19.

The representative of BANGLADESH said that the concept of equitable access to vaccines and therapeutics should be adequately reflected in the new international instrument for pandemic preparedness, prevention and response and any amendments to the International Health Regulations (2005). The need to strengthen health systems to effectively respond to health emergencies had become abundantly clear in the context of the COVID-19 pandemic. Mutual support and enhanced cooperation would be needed to successfully increase immunization coverage in all populations and enable developing countries in particular to strengthen their health systems. The Secretariat should work with developing countries to create pathways to ensure equitable access to the tools and technologies needed to rapidly detect, assess and respond to infections. Such pathways should be taken into account when developing a global strategy on infection prevention and control. He welcomed the draft resolution.

The representative of POLAND explained how his Government was working with partners, including UNICEF, to include refugees from Ukraine in its immunization programme, highlighting in particular the challenges to vaccine uptake, such as trauma among refugees. An in-depth analysis of those challenges could prove useful to other Member States hosting refugees. He supported the efforts of the Secretariat and Member States to make vaccines available to all children equally.

The representative of GHANA said that the impact of the COVID-19 pandemic and the focus on COVID-19 immunization had diverted attention away from other vaccine-preventable diseases, such as measles, leading to their re-emergence. He therefore supported the call for strengthened collaboration among Member States and partners to implement global, regional and national immunization strategies to mitigate lost momentum.

Despite the success achieved through interventions such as immunization and surveillance, meningitis remained a major public health problem owing to insufficient funding, limited testing capacity and the negative impact of the pandemic. He therefore supported the establishment of a strategic support group to facilitate the implementation of the global road map on defeating meningitis by 2030, emphasizing the need to strengthen the integration of meningitis prevention and management into primary health care.

The representative of BAHRAIN expressed support for the Immunization Agenda 2030. Action needed to be taken to enable countries to analyse their strengths and weaknesses in order to identify immunization needs, with targeted campaigns to reduce the immediate risk of outbreaks. It was regrettable that the diversion of health workers from immunization programmes to the COVID-19 pandemic response had left so many children at risk of life-threatening diseases. The information on infection prevention and control provided by the Secretariat would help to improve practices in that regard, and she reaffirmed her Government's commitment to infection prevention and control.

Dr Nakatani resumed the chair.

The representative of SUDAN expressed appreciation for WHO's continued support on infection prevention and control and called on WHO and the international community to support the infrastructure improvements needed to implement the proposed systems for surveillance of health care-associated infections. She outlined a number of steps taken in her country to prevent such infections, including training activities for health workers and coordinators, but said that the implementation of the national immunization programme was being hampered by political instability.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that his Government would continue to welcome any support provided by WHO to strengthen immunization. The COVID-19 immunization campaign in his country had been successful thanks to the continued sacrifices of health workers but had hindered progress in routine immunization. He commended WHO's work on infection prevention and control. His Government's experience had demonstrated that providing universal access to health care free of charge could reduce costs for the public sector and families and generate good outcomes, particularly when funded directly by the Government without private sector involvement. He called on all countries to provide a similar service.

The representative of CAMBODIA supported the call for strengthened collaboration among Member States and partners to mitigate the lost momentum and renew progress towards the impact goals of the Immunization Agenda 2030. The pandemic had underscored the importance of comprehensive health systems strengthening, the need to protect health workers and the power of immunization to protect lives and control diseases.

The representative of GRENADA said that immunization remained one of the most effective public health interventions for the prevention of priority communicable diseases. Although his country had eliminated several vaccine-preventable diseases, vaccine hesitancy represented a growing public health challenge. He therefore asked the Secretariat to continue to tackle vaccine misinformation and support Member States in their efforts to maintain high childhood immunization coverage. The lack of global solidarity in the early stages of the COVID-19 pandemic had resulted in lost opportunities for developing countries; in particular, anti-vaccination sentiment had gained momentum before those countries had been able to access sufficient COVID-19 vaccines, resulting in low uptake at the local level. The global community should learn lessons from the pandemic and recognize that diseases did not respect borders. He called on WHO to continue to support developing countries by ensuring their timely access to health countermeasures.

The representative of TUNISIA asked to be added to the list of sponsors of the draft resolution. He thanked the Secretariat for providing continued support to his country in the fight against antimicrobial resistance.

The representative of GERMANY supported the draft resolution. Given the interconnectedness between infection prevention and control and patient safety, his Government would continue to support the Global Ministerial Summits on Patient Safety. The 2023 Summit would highlight lessons from the COVID-19 pandemic to improve patient safety and infection prevention and control to strengthen preparedness for future pandemics. Antimicrobial stewardship should be promoted and the prudent use of antimicrobial agents should be further strengthened, with antibiotics used only when medically required. It was concerning that low- and middle-income countries were disproportionately affected by health care-associated infections, neonatal sepsis and antimicrobial resistance. Strong infection prevention and control programmes should be implemented around the world and aligned with programmes on antimicrobial resistance, maternal and child health, and water, sanitation and hygiene.

The representative of CUBA described her Government's efforts to maintain high immunization coverage, including by producing vaccines at the national level, and to implement infection prevention and control programmes at health care facilities. Member States should share their experiences so that further progress could be made on the indicators of the Immunization Agenda 2030.

The representative of PANAMA expressed support for the Immunization Agenda 2030. In the light of the alarming figures on health care-associated infections, a situation exacerbated by the COVID-19 pandemic, clear policies and plans must be developed to reduce the gaps identified in infection prevention and control. Her Government was working to overcome challenges in the implementation of its immunization and infection prevention and control programmes. She supported the global road map on defeating meningitis by 2030.

The representative of NIGER thanked WHO and partners working to strengthen immunization activities in his country. He welcomed the global road map on defeating meningitis by 2030 and described how his Government was working with partners on its implementation. While the circulation of meningococcus serogroup A had been interrupted in many countries in the African meningitis belt following the introduction of the meningococcal A conjugate vaccine into routine immunization programmes, meningitis rates were once again increasing as a result of the spread of other serogroups. It was difficult to curb outbreaks because of the insufficient availability of suitable vaccines. He therefore called on WHO to increase its cooperation with vaccine manufacturers to improve the availability of meningitis vaccines.

The observer of GAVI, THE VACCINE ALLIANCE said that countries' efforts to respond to the COVID-19 pandemic must not come at the expense of other immunization programmes. Communities with high numbers of zero-dose children were more vulnerable to disease outbreaks, medical impoverishment and death. Countries must therefore be supported in prioritizing highly differentiated and targeted subnational strategies to ensure that zero-dose children and missed communities had access to basic vaccines and essential health services. Work must begin immediately if the ambitious goal of halving the number of zero-dose children by 2030 was to be achieved. He called on Member States to maintain, restore and strengthen routine immunization, focusing on zero-dose children; identify and address the social determinants of inequity in immunization; prioritize health systems strengthening to support the COVID-19 vaccine roll-out while reinforcing existing routine immunization; and leverage, maintain and integrate best practices developed for the COVID-19 pandemic response to support routine immunization.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO on its ongoing efforts to implement the global road map on defeating meningitis by 2030 and the Immunization Agenda 2030.

However, progress was threatened by the rise of vaccine-preventable diseases and the impact of the COVID-19 pandemic on broader immunization programmes. He called on Member States to integrate immunization activities into a One Health approach and to invest in research on the barriers to vaccine uptake in consultation with health experts and policy-makers to ensure that related strategies were evidence-based.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the Immunization Agenda 2030 must drive equity and universal health coverage, domestic resource mobilization and vaccine affordability and envisage stronger accountability. She called on Member States to enhance immunization programmes as part of health systems strengthening and health emergency preparedness; work with civil society to strengthen immunization programmes and reach the communities most affected by inequalities and discrimination; and ensure that investments made during the COVID-19 pandemic were used to transform routine immunization services and strengthen primary health care.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of robust public health systems and local vaccine production. The Secretariat and Member States should implement comprehensive strategies involving health systems strengthening, research and development and sustainable local production. The Immunization Agenda 2030 should foster transparency in vaccine markets, procurement prices, research and development costs and public funding. It should also provide for capacity-building, safety, security and adequate wages for health workers. Trade rules, including intellectual property-related barriers to vaccines, should be lifted to ensure adequate supply, especially during health emergencies.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that pharmaceutical students and professionals could play a key role in accelerating progress towards the goals of the Immunization Agenda 2030. Member States should therefore include them in national and local immunization plans by creating frameworks to train pharmacists to administer vaccines; authorizing pharmacists to administer a wider range of vaccines; and working with community pharmacists to improve the accessibility of vaccines and related information. She urged WHO to recognize and support pharmacist-led initiatives, given the enhanced role they had played in the delivery of vaccines and education during the pandemic.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that children were bearing the brunt of the health-related impact and indirect consequences of the COVID-19 pandemic, and were also at higher risk of morbidity and mortality from vaccine-preventable diseases. He called on the Secretariat and Member States to urgently accelerate and strengthen essential immunization services by ensuring equitable access to vaccines; improving access for marginalized and remote populations; strengthening vaccine delivery infrastructure; and enhancing disease surveillance for all vaccine-preventable diseases.

The representative of THE ALBERT B. SABIN VACCINE INSTITUTE, INC., speaking at the invitation of the CHAIR, said that declining routine immunization rates were reaching crisis levels and the COVID-19 vaccine roll-out remained inequitable. The Health Assembly must take urgent action to reverse current trends in the achievement of the goals of the Immunization Agenda 2030, including by mandating the Secretariat to lead a comprehensive assessment of the resources and policies needed for that purpose. The challenges concerning vaccine acceptance, demand and delivery were complex, and it was crucial to understand their scope. Member States must work with local leaders to leverage their collective expertise, programmes and resources with a view to developing solutions.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, highlighted the crucial role that nurses played in protecting patients from health care-associated infections. She called on Member States to support and protect nurses and other health workers by ensuring safe staffing levels and access to vaccines and by providing sufficient personal protective equipment and regular infection prevention and control training.

The representative of the TROPICAL HEALTH AND EDUCATION TRUST, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of infection prevention and control measures in the protection of health workers, patients and communities. Health partnerships produced powerful results for the parties involved and had contributed to the implementation of infection prevention and control measures in low-resource settings. Sharing ideas and experiences had led to mutually beneficial innovations and cost-effective, high-quality outcomes. Such partnerships also created cross-border relationships that facilitated long-term, cooperative health systems strengthening.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, invited Member States to contribute their expertise to support the work of a coalition convened by her organization to foster collaboration across disease-specific programmes. The coalition had developed a tool that Member States could use when planning integrated campaigns and in the implementation of the Polio Eradication Strategy 2022–2026, Immunization Agenda 2030 and the road map for neglected tropical diseases 2021–2030.

The representative of WATER AID INTERNATIONAL, speaking at the invitation of the CHAIR, said that hand hygiene saved lives, generated economic savings and was a minimum requirement for infection prevention and control in health care facilities. Health workers needed clean water and good hygiene to work safely and provide quality care; however, half of health care facilities in the least developed countries lacked basic water services. She urged the Secretariat and Member States to invest in scaling up water, sanitation and hygiene services in health care facilities and to prioritize infection prevention and control in plans relating to pandemic preparedness and response, antimicrobial resistance, quality of care and patient safety.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had overwhelmed the immunization infrastructure and workforce, affected global supply chains, increased antimicrobial resistance and derailed gains made in immunization campaigns around the world. He called on the Secretariat and Member States to focus on all innovations underpinning immunization programmes; support research into the implementation of, and follow-up on, recommendations made by groups such as the WHO Strategic Advisory Group of Experts on Immunization; strengthen manufacturing capacities in low- and middle-income countries; and invest in scaling up access to water, sanitation and hygiene services in health care facilities.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their support for and insightful comments on the implementation of the Immunization Agenda 2030. The setbacks encountered during the COVID-19 pandemic had made it harder to achieve the Agenda's goals and protect populations from vaccine-preventable diseases. Disruptions to immunization programmes persisted, putting millions of people at risk of disease outbreaks. She applauded the speed of the COVID-19 vaccine roll-out, but said that coverage was under 10% in some countries, leaving the most vulnerable populations at risk. Protection against viral transmission would dwindle as public health and social measures were relaxed, making way for new SARS-CoV-2 variants and further waves of severe disease and death that would threaten health systems.

Robust, resilient and effective immunization programmes were a crucial part of health emergency preparedness and response. The successful implementation of the Immunization Agenda 2030 was contingent on regional cooperation and the level of determination, ownership and commitment demonstrated by Member States. She recognized the efforts made by Member States to strengthen

national immunization programmes, including by leveraging their COVID-19 response efforts, and to address long-standing inequities by reaching zero-dose children. She acknowledged the importance that many Member States placed on building trust in vaccines and demand for immunization in the face of misinformation and information overload. Transparency and inclusion in decision-making was paramount, and the meetings of the WHO Strategic Advisory Group of Experts on Immunization would therefore continue to remain open to Member States. The Secretariat would support Member States in their efforts to take advantage of the momentum on open vaccine research and access, to diversify vaccine manufacturing and to foster innovation, quality and equity in immunization programmes.

Recent disease outbreaks, including the COVID-19 pandemic, had shown that health care facilities could become unsafe places for patients and health workers. The recent WHO global report on infection prevention and control provided a stark reminder of the critical vulnerabilities and gaps in related programmes, particularly in low- and middle-income countries. Just over half of all countries had enacted infection prevention and control programmes with annual workplans and budgets, and many countries lacked the human and material resources needed to manage COVID-19 patients. However, significant improvements had been made by Member States in comparison with the pre-pandemic period, and she expressed her gratitude to those Member States that had taken steps in that regard, such as appointing infection prevention and control focal points, scaling up training and establishing hand hygiene compliance. Compelling evidence suggested that investing in infection prevention and control improved key health outcomes, saved lives and reduced health care costs. Infection prevention and control should therefore be a central component of global health security planning and quality of care in the context of universal health coverage and antimicrobial resistance prevention.

She welcomed Member States' efforts to seize the opportunities afforded by the pandemic to strengthen infection prevention and control and water, sanitation and hygiene services. The draft resolution on a global strategy on infection prevention and control provided a way to bridge gaps and sustain the progress achieved during the pandemic. The Secretariat was ready to develop such a strategy in close consultation with Member States and to support its implementation, including through the development of a global action plan and a framework for tracking progress, with clear targets.

The DIRECTOR (Immunization, Vaccines and Biologicals) took note of the financing challenges raised by some Member States, particularly for countries that were transitioning out of Gavi support in the aftermath of the COVID-19 pandemic, and said that Gavi would discuss funding and other finance-related policies at its upcoming board meeting. She encouraged all Member States to consider how to integrate COVID-19 vaccination programmes into primary health care services, and noted suggestions from Member States regarding collaboration with communities and the private sector to support catch-up immunization activities. Several Member States had described issues relating to vaccine development for diseases that remained inadequately addressed, such as tuberculosis. The Secretariat was intensifying its coordination and research efforts to find pathways to access novel tuberculosis vaccines and ensure regional manufacturing of all vaccines.

She appreciated Member States' support for the global road map on defeating meningitis by 2030, the WHO Technical Taskforce on defeating meningitis by 2030 and the establishment of a strategic support group. The terms of reference of the strategic support group had been issued and its first meeting would be held in October 2022. She took note of the issues raised concerning the affordability of meningitis vaccines and the importance of primary health care, especially for early diagnosis and treatment.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) thanked Member States that had developed national action plans on infection prevention and control and related programmes on topics including antimicrobial resistance and water, sanitation and hygiene. The sharing of best practices had also been beneficial. She expressed her appreciation to Member States that had emphasized the links between infection prevention and control, antimicrobial resistance and patient safety as well as the disproportionate sepsis burden in low- and middle-income countries and its connection with maternal and child health. She took note of the need to focus on community-acquired and health care-associated

infection; to integrate training and education into the global strategy on infection prevention and control and to set relevant targets; and to institutionalize sustainable infection prevention and control programmes and the good practices developed during the COVID-19 pandemic.

Resilient national programmes would be key to the fight against new and re-emerging pathogens. It would be important to ensure a sustainable supply chain of critical infection prevention and control tools, such as personal protective equipment, sanitizers and diagnostics, and to invest in innovative infection prevention and control solutions. She took note of the request from several Member States for further training and support in developing and updating national programmes. The Secretariat was incorporating infection prevention and control into its work with OIE, FAO and UNEP.

The CHAIR took it that the Committee wished to note the sections of the report contained in document A75/10 Rev.1 on the Immunization Agenda 2030, infection prevention and control and the global road map on defeating meningitis by 2030.

The Committee noted the report.

The CHAIR took it that the Committee wished to approve the draft resolution on a global strategy on infection prevention and control.

The draft resolution was approved.[1]

The meeting rose at 12:00.

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[1] Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA75.13.