

Highlights from the fifth day of the 132nd Executive Board (Geneva, Friday, 25.01.13)

Item 8.3 Poliomyelitis: intensification of the global eradication initiative (Document EB132/17)

During the discussion, both the Director General and the Member States (MS) expressed their condolences for the deaths of health workers in Pakistan who were killed for administering polio vaccines and strongly condemned this despicable act.

Commenting on the report, MS thanked the WHO and the Secretariat for their effort in producing document. The US delegation said they have mentioned the example of two recent cases in Egypt where analysis traced the cases to Pakistan. In this regard, the US urged countries to fully implement the WHO recommendations for international travellers. The US further said countries should deny access to travellers who refuse vaccinations.

Panama appealed to donors to unite and increase efforts for this urgent task. Morocco said despite the progresses, many countries still find it difficult to align with the plan put forward. In this regard, it urged MS to fight political and socioeconomic factors that hinder vaccination. The African region said they are mindful of the risks of the spreading of wild Polio virus. The delegation said Africa welcomes the development of the comprehensive strategy. The region called for technology transfer and regular consultation especially with end users of new vaccines. Furthermore, the region welcomed stockpiling and containment measures, and encouraged continued consultation with all the stakeholders.

SEARO mentioned the risks of importation, the gaps in coverage and the funding shortfalls, and affirmed that they are looking to continue routine and supplementary vaccination and avoid cross-border contamination. In this regard, they asked for more technical and funding support to achieve this goal.

The EURO countries asked which strategies are put in place for reducing risks and ensuring the security of health workers. They expressed interest to continue the discussions with vaccine manufacturers for increasing the accessibility and affordability of polio vaccine (IPV). They affirmed the importance of mainstreaming polio eradication activities into existing public health program. They noted the funding challenge, but said MS need to unite efforts to eradicate polio.

Other MS called on WHO to continue its support on polio and fully implement International Health Regulations with regards to this.

Particularly, China said that information and data sharing using national and regional cooperation, especially in countries with outbreaks, is crucial. They suggested that WHO establishes transitional periods to those introducing IPV, and affirmed that WHO needs to support R&D on IPV and its use, and needs to finance policy update on routine immunization. Australia also expressed support for the work of countries with live polio saying that a combined emphasis on strengthening routine vaccination and Supplementary Immunization Activities is crucial. They expressed support for the endgame saying that it's achievable and right.

Item 9.1 Global vaccine action plan (Document EB 132/18)

The Executive Board (EB) was invited to take note of the progress and provide guidance on the proposed framework for monitoring and evaluation and accountability, and the plan to operationalize the global vaccine action plan.

Member States (MS) welcomed the action plan, which was already approved by the 65WHA, and recognized the importance of a strong coordination between WHO, UNICEF and other stakeholders to meet the proposed objectives. There was a broad agreement, especially among low and middle income countries, on the effectiveness of the Global Action Plan as a tool to improve and consolidate national immunization strategies.

Several countries asked for more clarification on the proposed indicators and, at the same time, highlighted the importance of strengthening monitoring and evaluation activities locally as well as globally. Indeed, the goal-level indicators and targets would represent a basis for both a self assessment and an international comparison. In particular China asked for the introduction, among the indicators, of the child survival and for the support of WHO in the evaluation process to be implemented.

Cuba, backed by Ecuador, stressed the importance of strengthening the technical capacity for vaccine production at local level through the technology transfer and highlighted the benefit of the south-south cooperation by presenting their local experiences.

Malaysia was the only country that raised some concerns about the role that the private sector can play behind the NGOs in pushing for the introduction of new vaccines.

MSF International was the only NGO that took the floor and drew the attention to two unmet targets. On one hand, the Global Action Plan is not enough ambitious with respect to the deliverability of vaccines: it is crucial to develop more stable and easy-to-deliver formulations

for those preventable diseases that still affect many children worldwide. On the other hand the Global Action Plan doesn't consider the vaccine affordability and the challenge of the price that should be tracked with an appropriate indicator. According to MSF International these two factors risk undermining the praised effectiveness of the Global Action Plan.

The Assistant DG (Family, women's and children's health) reassured that the suggestion made by Member States will be included in the document to be submitted to the WHA. She also commended the introduction of new vaccine (such as pneumococco, rotavirus and HPV vaccines) intended as powerful means to achieve better health for children and women.

Item 9.2 Neglected tropical diseases (Document EB132/19)

The Executive Board was invited to consider the draft resolution on neglected tropical diseases (NTDs), namely 17 illnesses which are defined by the WHO as a group characterized by their association with poverty and their proliferation in tropical environments where multiple infections in a single individual are common.

The resolution was broadly welcomed by MS with some amendments proposed by Lithuania on behalf of EU, Australia, the Russian Federation and the USA. While acknowledging the importance of technical interventions (among others, USA mentioned the development of a specific vaccine for Chagas Disease) in tackling the burden of these diseases, Croatia, Mexico, Iran and Cameroon - on behalf of the African Region - stressed that those conditions are strictly linked with poverty and environmental factors and are often causes of stigmatization and low educational outcomes in children, challenges that have to be addressed in order to achieve sustainable improvements in the fight against NTDs.

Brazil recalled the need for strengthening health system through a Primary Health Care approach when dealing with these conditions and for linking this resolution with the recommendations made by the Consultative Expert Working Group on Research and Development (CEWG). On the other hand the country welcomed the commitment of WHO, Bill and Melinda Gates Foundation, pharmaceutical companies, NGOs and the academia in fighting the NTDs.

Cameroon, recognizing that an increasing number of partners work on this issue, stressed the importance of a joint action and called upon WHO to coordinate stakeholders and governments at global as well as local level.

After MS, three NGOs took the floor. While the International Federation of Pharmaceutical

Manufacturers Association (IFPMA) reaffirmed the commitment of the industries in the fight against NTDs through research activities and drug donations, Medicus Mundi International along with the People's Health Movement (see the MMI-PHM statement at the following link: http://www.ghwatch.org/sites/www.ghwatch.org/files/WHO.EB132_NTD.MMI_.statement.pdf) and MSF International, expressed their concerns about the lack of integration with the work done by the CEWG and the technical approach adopted in the resolution. MSF International drew also the attention to the need for pursuing strategies other than donations that allow access to quality-assured affordable drugs.

Considering the amendments made by MS, the Secretariat would prepare a conference report to reopen the discussion on Monday.

Item 10.2 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (Document EB132/21)

MS recognised that capacity for R&D must be strengthened. They supported WHO hosting a global health R&D observatory, and referred to this resolution as a way to address diseases predominantly affecting developing countries.

Ecuador, China and Morocco sought to make individual amendments to the resolution.

Ecuador and China also wanted it to go to the WHA as open for discussion. This was supported by Cuba, Argentina and Brazil. This was opposed by members from AFRO, the US, EU, Switzerland, Monaco, Japan, Mexico, Australia and Norway who did not want to reopen the resolution. The legal counselor to the EB was that they can make comments on the resolution and bring these to the attention of WHA, but it was questionable as to their authority to amend the resolution. Reflecting on this advice, the DG suggested that any amendments would not be acceptable and the draft resolution, the whole package would need to go to the WHA as it stood. Further advice from Dr Viroj Tangcharoensathien, Chair of the November IGWG, was that both the EB and WHA must trust the outcome of the open ended meetings in November, and that the resolution was the best compromised text. MS disagreed on whether to reopen the draft resolution or not and decided to attach a summary of the EB debate to the resolution to go to the WHA - where MS can reopen it if they wish to.