World Health Organization

SIXTY-EIGHTH WORLD HEALTH ASSEMBLY

A68/A/SR/5
22 June 2015

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Wednesday, 20 May 2015, scheduled at 14:30

Chairman: Mr E. Jaramillo Navarrete (Mexico)

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COMMITTEE A

FIFTH MEETING

Wednesday, 20 May 2015, at 14:43

Chairman: Mr E. JARAMILLO NAVARRETE (Mexico)

1. PROGRAMME AND BUDGET MATTERS: Item 12 of the Agenda (continued)

Proposed programme budget 2016−2017: Item 12.2 of the Agenda (Documents A68/7, A68/7 Add.1, A68/55 and A68/INF./7)

The CHAIRMAN invited the Committee to resume its consideration of the item in the light of the consultations held during the lunch break.

The DIRECTOR-GENERAL expressed appreciation of the consultations held by Member States with a view to achieving consensus on the item under consideration. She was committed to delivering on the concerns that had been expressed and to that end counted on the trust and support of Member States. She would continue to lead the Organization in a way that reflected her commitment to WHO reform, specifically in the areas of implementation of the programme budget, including clarification of the roles of the three levels of the Organization; measures to increase transparency and accountability and improve internal controls; and efforts to find efficiency savings. She promised to provide regular evidence-based reports on those areas of concern.

Mr ENGELS (Netherlands) said that he did not believe that a move away from zero nominal growth was the right way forward; however, in a spirit of consensus he would not block the Proposed programme budget 2016−2017. It substantially increased the pressure on WHO. Concrete steps should be taken to overcome inefficiencies, increase prioritization and speed up reforms to ensure that the Organization was fit for purpose.

Mr KURI MORALES (Mexico), expressing appreciation of the Secretariat's clarifications and the Director-General's commitment to transparency, noted the general consensus on the need for an 8% budget increase based on voluntary contributions. He supported the proposal, although it was his understanding that the increase would not give rise to medium- or long-term commitments by the Organization or to automatic increases in assessed contributions in future bienniums.

Mr STAUR (Denmark) reiterated his strong support for WHO and his trust in the Director-General. Over the past few months the Organization had shown its commitment to reform at all levels. He joined the consensus on the Proposed programme budget 2016–2017 which he would follow very closely. There needed to be continued reform, including of the Organization's financial mechanisms.

Mr REMON MIRANZO (Spain) reiterated that he was not convinced of the need for a budgetary increase in the proposed amount. However, in the interests of consensus, he would support the proposal.

The CHAIRMAN proposed that the following preambular paragraph be inserted in the draft resolution in document A68/7 Add.1:

> "Recognizing the exceptional circumstances relating to the Ebola crisis, the additional work that will be required to ensure that WHO is ready to respond effectively to health emergencies and to deliver reforms to enhance WHO's accountability, transparency, financial management, efficiency and results reporting,"

Dr TROEDSSON (Assistant Director-General) read out the three dollar amounts that were to be included in document A68/7 Add.1, flagged in that document as "to be determined". The figures were US$ 929 million in subparagraph 4(1), US$ 3456 million in subparagraph 4(2), and US$ 956 million in paragraph 5.

The draft resolution was approved.[1]

2. COMMUNICABLE DISEASES: Item 16 of the Agenda (continued)

Malaria: draft global technical strategy: post 2015: Item 16.2 of the Agenda (continued) (Documents A68/28, A68/28 Add.1 and EB136/2015/REC/1, resolution EB136.R1) (continued from the second meeting)

Dr PONGTORN CHARTPITUCK (Thailand) suggested the following amended wording for subparagraph 4(3) of the draft resolution recommended by the Executive Board in resolution EB136.R1, which had been agreed in consultation with the delegates of the United States of America and the United Kingdom of Great Britain and Northern Ireland: "to harmonize and integrate the provision of support to national malaria programmes for adopting and implementing WHO-recommended policies and strategies and promoting the long-term sustainability of malaria responses".

The draft resolution was approved.[1]

Global vaccine action plan: Item 16.4 of the Agenda (Document A68/30) (continued from the second meeting)

The CHAIRMAN invited the Committee to resume its consideration of the draft resolution proposed by Libya.

Mr DE ANDRADE FILHO (Brazil) said that poliomyelitis was an example of a disease that was beginning to present new challenges in places where it had been eradicated. He recognized the positive impact of good vaccination programmes and called for vaccination to be strengthened and made accessible to all populations. The cost of vaccines heightened the importance of coordination mechanisms, such as the Revolving Fund of the Pan American Health Organization (PAHO), for their purchase. He highlighted the importance of price assessment and tools that favoured transparency and fostered competition between producers to provide high-quality, safe and effective vaccines. Noting the advances made in vaccine coverage, he stressed the need to continue with initiatives such as the global vaccine action plan in order to avoid any setbacks.

[1] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA68.2.

Dr GOUYA (Islamic Republic of Iran) recommended that countries delegate the responsibility of monitoring and evaluating their national vaccine actions plans to the National Immunization Technical Advisory Groups. The role of the Regional Technical Advisory Groups should be strengthened to assist countries in verifying their national action plans and implementing monitoring and evaluation activities. Countries should reach out to vulnerable groups such as migrants and refugees to improve Expanded Programme on Immunization coverage. Rapid response vaccination campaigns were particularly needed for measles and polio virus, and it was essential that international agencies such as WHO and UNICEF provide support in complex emergencies.

Dr HINOSHITA (Japan) welcomed the ongoing introduction of new vaccines but was concerned about the possibility of not reaching the target level of routine vaccine coverage. It was essential to maintain a balance between the introduction of new vaccines and the steady implementation of routine vaccine activities. Further analysis was needed on whether intellectual property was really a barrier to the establishment of national immunization programmes, and in that connection he proposed deleting the phrase "and intellectual property barriers" from subparagraph 2(12) of the draft resolution under consideration. He drew attention to the fact that Japan had obtained measles elimination status in March 2015.

Mr TEGENE (Ethiopia), speaking on behalf of the Member States of the African Region, said that the regional strategic plan for immunization 2014−2020 aimed at increasing the number of children vaccinated in the Region, especially in hard-to-reach areas. The ultimate goal was to ensure that no child was left behind. The Ebola virus disease outbreak had shown the importance of ensuring that health systems were strong and resilient. Natural and man-made disasters impeded vaccine programmes. The Secretariat needed to work closely with Member States to strengthen immunization and make it affordable for developing countries. The issue of vaccine supply and affordability needed urgent review, in accordance with the recommendation of the Strategic Advisory Group of Experts on immunization. Noting the critical role played by the GAVI Alliance in improving the availability and accessibility of vaccines, he listed a number of concerns of the African Region: parallel vaccination campaigns should be promoted and strengthened for cross-border areas; the shortage of traditional vaccines needed to be addressed; efforts were needed to increase the number of producers of new vaccines; vaccination for women of reproductive age and pregnant women should be prioritized; supply chain management for vaccines should be improved; and the Secretariat should promote affordability of vaccines and access to pooled procurement arrangements as developing countries took more responsibility in financing immunization programmes. He reiterated the African Region's commitment to realization of the vision of the Decade of Vaccines.

Dr AZZOUZI SIDI (Morocco) supported the draft resolution. Describing the situation in his country, he said that the national immunization programme had led to more than 95% vaccine coverage for the 11 targeted diseases. The original targets of the global vaccine action plan should be reviewed in the light of the global economic, health and security situation. WHO support for group-buying mechanisms was essential to ensuring the affordability of new vaccines in particular. Technical and financial assistance should be provided to countries like Morocco in the following areas: implementing disease control, elimination and eradication through vaccination; introducing group-buying platforms for vaccine purchase; strengthening vaccination coordination mechanisms between the Regional Office for Africa and the Regional Office for the Eastern Mediterranean; strengthening epidemiological surveillance and monitoring of undesirable post-vaccine effects; evaluating the impact of new vaccines; and strengthening the national and international partnership for vaccine development and research.

Dr HASSAN (Egypt) noted that, as a self-procuring country with a central vaccine purchasing unit, Egypt avoided most of the problems faced by middle-income countries due to international

vaccine shortages. A lack of sustainable vaccination funding, however, made it difficult to introduce new vaccines into the Expanded Programme on Immunization (EPI), particularly given their high prices. Access to sustainable funding for vaccines should be maintained. She supported the global vaccine action plan (GVAP). The provision of access to affordable and, in particular, high quality vaccines should be sustained, monitored and successfully implemented by WHO.

Dr YANG Taeun (Republic of Korea) said that the web-based integrated immunization information system operating in her country since 2002 could serve as a model of best practice for other countries facing the challenge of poor data quality and use. The system allowed vaccination providers to register vaccination records online and the data were monitored in real time by public health centres and governmental agencies in order to encourage vaccination where needed. Her country would be pleased to share its experience of the system with other Member States. She supported the draft resolution, which would contribute to maintaining high population immunity in all nations in the face of high global mobility.

Mr ZHANG Yong (China) attached great importance to the global vaccine action plan (GVAP) and highlighted the issue of funding and training for its implementation. Given the lengthy implementation period for the GVAP, WHO should review the progress made and challenges faced. International communication and exchange should be strengthened and every effort made to achieve the targeted results. Technical support and financial resources for the plan should be reinforced and assistance should be provided to help developing countries collect and manage data. The Organization should look at ways of strengthening the technology and capacity of regions that had not achieved measles elimination targets.

Ms LUNA (Ecuador), welcoming the draft resolution, said with regard to the invitation it contained to Member States to make economies of scale, that the PAHO Revolving Fund for Vaccine Procurement in the Region of the Americas provided an example for others to follow: it was based on the principles of equity, solidarity and pan-Americanism and had been a key factor in promoting immunization campaigns in the Region.

It was important to focus on price; countries should work together to counter commercial interests that undermined States' efforts to ensure the right to health. She therefore welcomed any mechanism that would make vaccine pricing more transparent and thus help to guarantee access to immunization. She reiterated her country's commitment to the global vaccine action plan and to improving surveillance and vaccination coverage in order to achieve or exceed the 95 per cent target.

Dr BUGTI (Pakistan) said that affordable medical supplies were essential to providing optimal health care. Universal coverage could not be achieved until all countries, especially developing countries, had access to affordable vaccines. She supported the draft resolution, which marked an important step towards providing accessible and affordable health care for all.

Dr AMMAR (Lebanon) stressed the importance of maintaining vaccination activities despite disruptive situations such as wars and population displacements. The massive influx of Syrian refugees into his country had increased the number of children requiring vaccination by 30%, which was an onerous financial burden, particularly given the failure of international assistance, the fact that his country was not GAVI-eligible and the high price of vaccines. Armed conflict and political instability should be given more attention, since hampered immunity was only one example of their impact on health systems. In middle-income countries, where immunization relied to some extent on the private sector, the situation was complicated by sudden acute shortages in vaccines. He called on WHO to monitor more closely the global supply of vaccines and to strive to prevent developing middle-income countries from bearing the heaviest burden when shortfalls occurred. Lebanon supported and wished to cosponsor the draft resolution proposed by Libya.

Dr ISMAIL (Brunei Darussalam) noted with concern the lack of progress in implementing the global vaccine action plan. It was essential to continue immunization in light of the impact of disasters and epidemics of noncommunicable diseases, since low immunization coverage would increase the burden on all health systems. The important role of high-quality and accredited laboratories in providing timely and reliable laboratory information and virus identification should not be forgotten. He also emphasized the importance of understanding and accepting innovative community approaches to vaccination and the role of different stakeholders, such as schools, in the integration process. He supported the draft resolution.

Ms ADAMS (United States of America) said that implementation of the global vaccine action plan had been disappointing and noted that the so-called polio legacy could help provide for the needs of routine immunization programmes. The polio infrastructure and model could also be mobilized to control the Ebola outbreak, as had been seen in Nigeria. She supported the development of enhanced guidance on immunization in humanitarian emergencies. Such guidance could show how routine and other immunization services could be maintained despite the disruption of war, outbreaks of disease or the collapse of immunization systems. She stressed that, despite the complexities of vaccine pricing and the need to foster innovation in the vaccine industry, it was important to monitor global vaccine supply and pricing to ensure equity of access. She encouraged continued support for new vaccines and for expanding the global use of influenza vaccines through collaboration across relevant programmes. Member States and stakeholders should address vaccine hesitancy and refusals, understand the reasons for children missing vaccines or dropping out of programmes and address related misinformation. Her delegation requested at least one day to consider its position on the proposed draft resolution.

Ms SMIRNOVA (Russian Federation) said that the analysis of the systemic failings in implementation of the global vaccine action plan and the related recommendations must provide a basis for adjusting both national immunization plans and global efforts to achieve the goals of the Decade of Vaccines. Difficulties remained with regard to the insufficiency and instability of funding for national vaccination programmes. Her country was steadily expanding and increasing funding for its own programme, and also provided vaccine-related assistance to countries in the Commonwealth of Independent States in the fight against hepatitis A, measles, rubella and poliomyelitis. Special attention should be paid to emergency situations that interrupted access to immunization and increased the risk of infection spreading across borders. International support was needed in such situations and WHO should provide clear guidelines on appropriate measures. She therefore supported the recommendation of the Strategic Advisory Group of Experts on immunization to expand the leadership of WHO in that area.

Ms CADGE (United Kingdom of Great Britain and Northern Ireland) supported the global vaccine action plan and the recommendations of the Strategic Advisory Group of Experts on immunization, particularly those relating to disruptive situations and how to integrate vaccines into all aspects of the health care system. Her country was the largest donor to the GAVI Alliance and fully supported the GAVI model of allowing countries progressively to increase their co-financing of new vaccines, which was a sustainable development model that encouraged full national ownership. Her country was also a major donor to the Global Polio Eradication Initiative, was expanding its seasonal influenza vaccination programme, and would be the first country in the world to introduce a centrally funded meningoccal B immunization programme later that year.

Mr ALVES DE SÓ VALDEZ (Cabo Verde) noted that certain African countries were not eligible for access to affordable vaccines, which made it difficult to expand the vaccine calendar, particularly to include new vaccines, in lower-middle-income countries. He therefore called on WHO to provide strong international leadership to facilitate access to vaccines at affordable prices for Member States.

Dr BOOSBUN CHUA-INTRA (Thailand) said that one of the most important platforms for the successful delivery of immunization was the effective and equitable distribution of health delivery systems, requiring policy and financial commitment. Accordingly, there was a need to develop a health service model which could be adapted to the specific needs of vulnerable groups, such as migrants. The capacity to produce vaccines in developing countries was a key strategy for supporting vaccine security and bringing down prices. To that end, vaccine licensing, procurement and distribution mechanisms needed to be strengthened to ensure availability. She fully supported the draft resolution proposed by Libya.

Dr GORGOLON (Philippines) said that an increased budget over the previous five years had enabled her country to introduce a number of new vaccines targeting the poorest economic quintile. Being a non-GAVI eligible country, it continued to face challenges relating to the affordability of new vaccines, staffing for monitoring under the Expanded Programme on Immunization (EPI), strengthening surveillance, improving data use, and cold chain management. She supported the draft resolution.

Dr MGHAMBA (United Republic of Tanzania) said that her country was implementing the global vaccine action plan to ensure that new and underused vaccines were introduced and reached marginalized groups. She outlined progress in Tanzania's vaccination programme which had achieved positive results, notably in the elimination of neonatal tetanus. Preparations were under way for an immunization programme review which would be used to produce a revised multi-year plan of action. At the same time, data quality assessment and management tools were being introduced. Immunization services were integrated in the health delivery system. She supported the global vaccine action plan.

Dr IHEBUZOR (Nigeria) said that her country had made progress towards achieving the global vaccine action plan objectives. The introduction of a number of new vaccines had provided useful lessons which could be applied to future introductions. Although progress had been made under the Expanded Programme on Immunization (EPI), obstacles remained to extending the reach of immunization. The importance of integrating vaccination into other health services was of particular relevance for her country, where work was under way to identify missed opportunities and create synergies between health initiatives. The crisis in northern Nigeria had hampered EPI activities and she therefore welcomed the recommendation to expand WHO guidance on immunization in humanitarian emergencies. Continued and sustainable access to vaccines at an affordable price was crucial to the success of immunization programmes. Although Nigeria was still eligible for GAVI support, it was beginning the graduation process, which would have a significant impact on its health budget. Concrete steps were therefore needed to ensure the availability of more affordable vaccines. She supported the draft resolution proposed by Libya.

Dr PILLAY (South Africa) said that, considering the slow and patchy implementation of the global vaccine action plan (GVAP), States should re-examine the level of their contributions. His country supported the proposals of the Strategic Advisory Group of Experts on immunization to get the GVAP back on track and he urged Member States and organizations to accept and implement the recommendations contained in the report. He emphasized the importance of vaccines in reducing morbidity and mortality in children under 5 years of age, and the benefits for herd immunity at community level. His country had, for example, recently introduced the pneumococcus and rotavirus vaccines with positive results.

He supported the draft resolution but wished to propose some amendments. In the ninth preambular paragraph, the words "developing and middle-income" should be replaced by "low- and middle-income Member States". Likewise, in the tenth preambular paragraph, "low- and middle-income countries" should replace "developing countries". He proposed adding a new sixteenth preambular paragraph to read: "Noting with concern the global shortage of certain traditional routine vaccines, for example BCG and MR". In subparagraph 1(6) he proposed replacing "middle-income

countries" with "countries that request assistance". He proposed inserting a new subparagraph after subparagraph 2(12), which would read: "to assist in mobilizing resources for countries that request assistance in the introduction of new vaccines in line with the global vaccine action plan and in accordance with national priorities".

Ms NICHOLLS (Canada) expressed concern that implementation of the global vaccine action plan had gone off track. Her Government strongly supported the recommendations of the Strategic Advisory Group of Experts on immunization and would appreciate learning how the Secretariat intended to support stakeholders in implementing them. Future reports on the action plan should highlight priorities, risks and mitigation measures to ensure objectives and targets were reached within established time frames, and consider how to strengthen access to affordable medicines. Clarification was needed on how implementation efforts were linked to overall health system strengthening activities. She requested information on how the action plan could be used in the interests of tiered pricing, in order to secure the lowest possible vaccine prices; on the leadership roles of key stakeholders involved in implementing the plan; and on whether dedicated funds would be set aside to implement the recommendations. Her delegation welcomed the draft resolution proposed by Libya but wished to make comments on the text and sought direction on the best way to provide them.

Dr RUIZ GÓMEZ (Colombia) said that notable progress had been achieved in his country in terms of vaccination coverage and quality assessment. Particular achievements included the certification of the interruption of the endemic transmission of measles, rubella and congenital rubella syndrome. Those efforts had been financed by the national budget, in line with WHO recommendations under the global vaccine action plan. He expressed concern at the sustained rise in the price of vaccines and drew attention to the need for information systems on vaccine prices and supply mechanisms, and for strategies to make them effective. In view of the technological and financial challenges, faced by developing countries in particular, in the implementation of vaccination plans, he supported the draft resolution proposed by Libya. It was important to strengthen the Organization's work to provide universal access to vaccination, ensure transparency of information on vaccine prices, and implement effective research and development mechanisms.

Dr NARGIS (Bangladesh) said that her country had achieved most of the global targets for routine immunization and vaccine-preventable disease control, including 90% measles vaccination coverage. Its surveillance indicators and activities complied with international standards and were supported by WHO's Surveillance Medical Officer (SMO) Network. A number of new vaccines had been introduced, including the pneumococcal and inactivated poliomyelitis vaccine in 2015. Her country frequently received recognition as a global example of success in routine immunization. Two national pharmaceutical companies were producing vaccines locally and efforts were being directed to strengthening the national regulatory authority's capacity to monitor domestic vaccine production. WHO should develop tools and assist countries to review the supply chain situation and respond immediately to shortfalls. Along with other technical partners, it should also examine the transparency of vaccine pricing and supply information, closely monitoring country needs for measures to ensure production and supply. She supported the recommendations contained in the 2014 assessment report of the Strategic Advisory Group of Experts on immunization.

Dr JENYFA (Maldives) emphasized the need for accelerating concerted action to achieve some of the key immunization goals under the global vaccine action plan. Achieving sustainable worldwide access to vaccines, particularly newer vaccines, at affordable prices called for the development of collaborative mechanisms. She urged countries with low coverage to strengthen control of vaccine-preventable diseases. Even in countries with high coverage, the focus should shift to population groups that were not being vaccinated. Countries required assistance in the area of risk communication and effective public awareness programmes. She urged Member States to fully

integrate vaccination into the operation of all aspects of their health care systems, and to invest in improving data quality at the local level to promote accountability and understanding of the programmatic issues involved.

Dr ENNIS (Jamaica) said that, in view of the popularity of anti-vaccination groups, WHO needed to provide Member States with increased support on advocacy and social mobilization to build public confidence in vaccinations. The resources allocated to such activities should be increased, particularly with regard to the introduction of new vaccines. Although her country had benefited from procuring vaccines through the PAHO Revolving Fund, the prohibitive cost of newer vaccines prevented it from introducing them or making them available to the full birth cohort. The prices offered by the GAVI Alliance showed that it was possible to lower the prices of vaccines. Her country had never been GAVI-eligible but the criteria used to determine eligibility did not give sufficient weight to the burden of disease in Jamaica, or to the gap between rich and poor. With a view to maintaining equity and social justice, PAHO should advocate more strongly for manufacturers to offer the same prices as were offered to the GAVI Alliance. Greater advocacy was also needed for research on newer and more affordable vaccines. She supported the actions recommended by the Executive Board and the draft resolution.

Dr BENEBY (Bahamas) said that the 2014 assessment report by the Strategic Advisory Group of Experts on immunization showed that the global vaccine action plan had underachieved. WHO should take the lead in raising awareness among all stakeholders that immunization was for all, not just for some. Financing was critical, not only to provide immunization services but also to combat the growing vaccine refusal movement. Implementation of the global vaccine action plan had a direct impact on child mortality and adult morbidity. It was impossible to speak of equity when the international community failed to seize opportunities to immunize all children. The global vaccine action plan must be implemented.

Dr AL MOSAWI (Bahrain) expressed support for the recommendations and draft resolution relating to the global vaccine action plan, to which Bahrain was firmly committed. With coverage rates for routine vaccinations exceeding 95 per cent since 1997 and neonatal tetanus, rubella and measles now eliminated, Bahrain had achieved ground-breaking progress through its own expanded programme on immunization. At the regional level, it had pioneered the use of new vaccines and had been one of the first countries to introduce one dose of inactivated poliovirus into routine immunization programmes and to register bivalent oral polio vaccine (bOPV) for routine use.

Bahrain was furthermore committed to improving data quality in the interests of communicable disease surveillance in general and immunization in particular. Data and statistical information on immunization coverage were assessed biennially for quality and accuracy, using WHO-recommended tools, and recommendations were made on the basis of the findings. Monitoring of vaccine side effects had also been stepped up, together with the investigation and classification of cases, in order to promote public confidence in the expanded programme on immunization. In short, the country's immunization action plan and vaccine strategy were fully in keeping with global immunization goals.

Dr ASSIRI (Saudi Arabia), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that immunization coverage remained low in several Member States and was even decreasing in some countries. He called for increased investment from Member States, partners and other stakeholders to improve the quality of immunization data under the guidance of national and regional technical advisory groups. The elimination target for measles and rubella had not received adequate attention in most countries; more partners and greater political commitment were needed. Since all the countries yet to achieve neonatal tetanus elimination were financially constrained, more financial support was needed for the vaccination campaigns required. In several countries of his Region, natural and man-made disasters had disrupted vaccine delivery, resulting in

reduced vaccination coverage. Affected countries and those hosting refugees should be granted access to vaccines at lower prices. Cooperation with vaccine producers was vital to ensuring the availability of affordable vaccines, especially those against measles and rubella. In order to implement the global vaccine action plan, countries needed to establish an optimal programme structure and appoint enough qualified personnel. Saudi Arabia supported the draft resolution.

Dr AL-ROMAIHI (Qatar), stressing the importance of commitment to achieving the GVAP goals, said that the newest vaccines were included in his country's national child immunization programme and that adults and travellers had access to all required immunizations, which were provided free of charge to all citizens and residents. A national advisory committee on immunization effectively discharged its supervisory and review functions, making recommendations and elaborating and following up on immunization strategies and plans accordingly. The already sophisticated database run by the country's expanded programme on immunization was constantly being developed, in order to enhance the quality of the available information with a view to achieving higher vaccination coverage. In addition to its efforts for the basic integration of immunization services into all health care systems, Qatar played its part in the poliomyelitis campaigns under way in various affected countries and would continue until 2020 its support to GAVI, amounting during the current year to US$ 10 million. He expressed support for the draft resolution.

Dr SALLEH (Malaysia) said that the current global shortage of certain vaccines posed a threat to immunization programmes. A register of available vaccines from all manufacturers would help to overcome that problem.

Dr KREMER (Argentina) said that Argentina was committed to prioritizing free immunization for its citizens and procured the majority of its vaccines through the PAHO Revolving Fund. Such centralized purchasing mechanisms were particularly valuable. Unfortunately, suppliers' inflexibility in negotiating reasonable prices with the Revolving Fund had caused stock-outs and pushed many countries to purchase vaccines in a decentralized fashion to avoid disrupting their vaccination campaigns. Not interrupting campaigns should be a priority. Affordability and supply should not be barriers to fair and equal access to vaccinations. The fact that more than 40% of low- and middle-income countries had experienced at least one stock-out in their vaccination campaigns in 2014 gave cause for concern. The Government of Argentina supported the proposed draft resolution.

Dr ALHUWAIDI (Kuwait) welcomed the emphasis placed in the report on the need to improve the quality and use of data and involve civil society organizations in sharing the responsibility of delivering and improving immunization services. Also commendable were the recommendations to integrate vaccination fully into the operation of all aspects of the health care system and to make pricing information publicly available for the sake of transparency. Uniform purchase alternatives should also be created on a regional basis, along the lines of the collective purchase system in place in the States of the Gulf Cooperation Council.

Dr AMBOURHOUET-BIGMANN (Gabon) said that, despite expenditure of more than US$ 1 million per year on vaccines and provision of free vaccines for infants aged under 11 months, the country's vaccination coverage remained below the targets set out in the global vaccine action plan. Since poliovirus was a public health emergency of international concern, additional mass vaccination campaigns were being conducted in cooperation with neighbouring countries. To meet the target of introducing the injectable poliovirus vaccine by the end of 2015, a considerable increase in funding under the Expanded Programme on Immunization would be required. Despite assistance from WHO and partners, Gabon was not eligible for GAVI Alliance support and was therefore struggling to achieve its vaccination targets. Nevertheless, it remained committed to working towards global vaccine action plan objectives and supported the draft resolution proposed by Libya.

Mr MISHRA (India), referring to measures taken in India to ensure surveillance of health coverage, including immunization, said that a new programme to protect children against seven vaccine-preventable diseases was under way, and three new vaccines would be introduced. India agreed with the five priority areas for action identified by the Strategic Advisory Group of Experts on immunization and was committed to addressing any shortcomings in those areas. His delegation endorsed the draft resolution proposed by Libya, but proposed a minor amendment, namely that "low- and" be inserted before "middle-income countries" in paragraph 1(6).

Ms MORÓN DE PORRAS (Bolivarian Republic of Venezuela) said that although vaccines were playing an increasing role in reducing infant mortality in the Bolivarian Republic of Venezuela, in some remote areas or areas with porous borders with neighbouring countries, vaccination coverage remained below the optimal 95%. Those challenges must be faced through the provision of new services to enhance coverage in line with the principle of free and universal vaccination. It was essential to maintain agreements between WHO and PAHO to ensure a consistent and constant supply of vaccines to meet the immunization targets of the Expanded Programme on Immunization. The Strategic Advisory Group of Experts on immunization should encourage continued immunization training for health personnel in Member States and allow them to guide future debates and activities with a view to optimizing the effectiveness of the Programme.

Ms RABOVICA (Latvia), speaking on behalf of the European Union and its Member States, said that the European Union was still considering the draft resolution and requested more time to coordinate its position.

Dr AL-TAAE (Iraq) underscored the importance of maintaining a sustainable supply of vaccines during crisis situations. Particular consideration should be given to the situation in the Eastern Mediterranean Region. In Iraq, vast swathes of internally displaced persons, including more than 800,000 displaced children under the age of five years, meant that many additional immunization campaigns were needed. Countries in crisis situations required particular support to switch from the trivalent to bivalent oral poliovirus vaccine and to introduce the inactivated poliovirus vaccine. In such situations, vaccine availability must be uninterrupted. Coordinated surveillance of all communicable diseases of concern to prevent their resurgence was particularly important. Any future guidance on immunization in conflict situations should include a reference to administering vitamin A supplements alongside measles vaccines as a means of addressing micronutrient deficiencies.

Dr NDIAYE (Senegal), speaking on behalf of the Member States of the African Region, said that Senegal had introduced all the vaccines recommended in the global vaccine action plan. A national survey on vaccination coverage carried out in March 2012 had revealed 90% pentavalent vaccination coverage. Efforts were being made to maintain and improve coverage in all districts in partnership with civil society organizations. WHO had confirmed the elimination of maternal and neonatal tetanus in the country in 2011. In 2014, most districts had been assessed as low risk for tetanus. Efforts were also under way to eliminate measles, including through a combined measles and rubella catch-up vaccine for children under the age of 15 years. A surveillance system for congenital measles had also been established and no significant measles outbreaks had been reported in the country since 2010.

Mr DE ANDRADE FILHO (Brazil) expressed support for the draft resolution and proposed that the phrase "and universal access to health" should be added at the end of the second preambular paragraph. In addition, in subparagraph 1(4), the phrase "the standards required for" should be replaced by "national regulatory standards, including".

Professor MESBAH (Algeria) said that access to vaccines was a two-pronged issue. The cost of vaccines was of particular concern and was a substantial obstacle to the implementation of the

global vaccine action plan, for both low- and middle-income countries. Transparency in price setting was therefore essential and WHO had a key role to play in that regard. Availability of vaccines in sufficient quantities was the other concern. Algeria supported the draft resolution.

Dr AL-MOKHTAR (Libya) read out the amendments to the draft resolution that had been proposed by Member States during the meeting. He further proposed that in subparagraph 2(12) the phrase "including regulatory and intellectual property barriers" should be deleted.

Ms NICHOLLS (Canada) proposed the deletion of the last phrase of the ninth preambular paragraph, which read "and that mechanisms which lower the price of vaccines are not accessible to developing and middle-income Member States". Moreover, the phrase "to secure funding" should be deleted from subparagraph 2(7).

Ms An-Chi LAI (Chinese Taipei) said that the supply of vaccines containing acellular pertussis had been unstable in Chinese Taipei, leading to delays in vaccination. The shortage had affected overall vaccination coverage and disease prevention efforts and she encouraged all relevant stakeholders to commit to stabilizing vaccine supply. WHO should address supply shortfalls by providing support to Member States to enable them to meet target coverage rates and coordinating efforts to increase regional vaccine production capacity.

Mr WRIGHT (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, said that since the replenishment cycle for the GAVI Alliance had been completed, it was crucial to focus on reaching every child, addressing the inequity of coverage and building a sustainable vaccine market. In that regard, the GAVI Alliance should ensure that the indicators to measure progress were appropriate; those currently proposed fell short of what was needed and more time should be taken to develop them further. Although donor support was important, Member States should also play their role by implementing strong vaccination policies at the national level.

Ms ELDER (MSF International), speaking at the invitation of the CHAIRMAN, said that she shared the concerns of many Member States regarding the affordability of vaccines. More data and transparency were needed on vaccine prices and she urged all Member States to make public the prices they paid, through the WHO Vaccine Product, Price and Procurement project. MSF International had recently launched a campaign to secure a reduction in the price of the pneumoccocal conjugate vaccine for children in developing and middle-income countries and she encouraged Member States to join that campaign.

Mrs BARRIA (Medicus Mundi International – International Organization for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, encouraged Member States to maintain the reference in the draft resolution to regulatory and intellectual property barriers that undermined the introduction of priority vaccines. Her organization strongly supported pooled regional procurement, which would be a key requirement for countries that became ineligible for GAVI Alliance support, and was concerned at the pressure placed on countries to introduce new vaccines despite an absence of surveillance and information systems covering epidemiology, delivery and evidence of safety and efficacy. WHO regional and country offices should provide support for countries to take informed decisions on the issue.

Ms KUSYNOVÁ (International Pharmaceutical Federation), speaking at the invitation of the CHAIRMAN, agreed that vaccine affordability and supply were key issues. Opportunities to vaccinate continued to be missed; there was growing evidence that vaccination by pharmacists increased coverage rates for hard-to-reach groups and previously unvaccinated persons. As noted by the Strategic Advisory

Group of Experts on immunization, disruptive situations, such as conflict, impeded vaccination delivery. Governments and nongovernmental organizations tackling such situations should be encouraged to include pharmacists in their plans, as they could help to ensure timely access to vaccines. Pharmacists should also play a role in educating the public to address vaccination hesitancy and resistance.

Ms NWACHUKWU (GAVI Alliance), speaking at the invitation of the CHAIRMAN, thanked donors that had pledged funding for the GAVI Alliance at the recent pledging conference for their generosity. Demand for vaccines in developing countries continued to increase; the GAVI Alliance continued to support many Member States in the provision of life-saving vaccines. In the coming year, more than one hundred new vaccine introductions were expected around the world, which was significant progress and demonstrated the commitment of Member States. Although Member States were on course to achieve targets in that regard, more needed to be done to achieve other goals on coverage and equity. Going forward, it would be important to recognize country ownership, the need for commitment at the highest levels of government, and differing country needs; and to take a long-term view with an emphasis on sustainability. One particular concern that was often raised by countries that were transitioning from GAVI Alliance support was related to the need to continue to access vaccines at affordable prices. The GAVI Alliance Board would soon consider an approach that would enable those countries to continue to access the GAVI Alliance prices for specific vaccines for a five-year period after direct support ceased.

Ms KEKEMPANOU (Greece) said that at a time when there were many competing health priorities, it was essential to strengthen vaccination programmes to prevent diseases that placed a heavy burden on health systems. At the regional and national levels, there should be increased focus on raising public awareness of the importance of vaccination and increasing vaccination coverage for vulnerable groups and groups that refused vaccination due to anti-vaccination sentiment.

Dr AL-MOKHTAR (Libya) agreed with the amendment to the ninth preambular paragraph proposed by the delegate of Canada and suggested that in subparagraph 2(7), the phrase "to explore ways" could be inserted prior to "to secure funding", instead of deleting the latter phrase. Some delegations had asked for more time to review the draft resolution and he was prepared to be flexible in that regard.

Dr BUSTREO (Assistant Director-General), commending the foresight of Member States in requesting an annual substantive discussion on the implementation of the global vaccine action plan, said that it was clear that immediate and concerted action by all stakeholders was needed to correct the slow and patchy progress of the action plan and address the gaps in the indicators; WHO stood ready to play its role in the effort to get the plan back on track. It was also working with UNICEF and the GAVI Alliance to support those middle-income countries that were no longer eligible for GAVI Alliance funding, focusing on equitable coverage. A task force had been set up to address the issues faced by those countries, such as affordability and availability of a constant supply of vaccines, and it was hoped that the task force would be in a position to propose potential solutions to those issues at the next Health Assembly. The Secretariat was also continuing its work on guidelines for immunization in humanitarian and emergency settings and was collaborating with the Global Polio Eradication Initiative to learn from its experiences, in order to enhance the capacity of WHO to help Member States to strengthen routine immunization programmes.

The CHAIRMAN took it that the Committee wished to suspend its discussion of the item in order to allow delegations time to reach agreement on the text of the draft resolution.

It was so agreed.

The meeting rose at 17:25.

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