

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**Palais des Nations, Geneva
Tuesday, 19 May 2015, scheduled at 09:00**

Chairman: Mr E. JARAMILLO NAVARRETE (Mexico)

CONTENTS

	Page
Communicable diseases (continued)	
Malaria: draft global technical strategy: post 2015 (continued)	2
Dengue: prevention and control	6
Global vaccine action plan	14

COMMITTEE A
SECOND MEETING

Tuesday, 19 May 2015, at 09:10

Chairman: Mr E. JARAMILLO NAVARRETE (Mexico)

COMMUNICABLE DISEASES: Item 16 of the Agenda (continued)

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

Mr PRAKASH (India) said the desired results of the draft global technical strategy for malaria 2016–2030 could only be achieved through effective preventive measures, integrated vector management and effective surveillance, which called for adequate numbers of entomologists. Early detection using rapid diagnostic and point-of-care kits and early and complete treatment were essential, as were prompt action to halt artemisinin resistance, a focus on vulnerable populations and research on and development of vaccines. The technical strategy should be supported by an effective communications strategy to ensure community participation. Concerted global action would be needed to achieve elimination targets. India was implementing a successful national strategy and collaborating with other countries in the Asia-Pacific Leaders Malaria Alliance.

Dr MALECELA (United Republic of Tanzania), commending the draft strategy, said that over the previous decade her Government had scaled up proven interventions and thus seen a decline in malaria prevalence, incidence and deaths. The support of development partners, including the private sector, had been essential in that success. Without cohesive strategies to ensure long-term funding and increased government budgets, however, the gains would be lost. There was a need to strengthen surveillance, including with respect to insecticide and drug resistance, and to increase the capacity of research institutions to provide new tools in response to changing vector behaviour. If effectively implemented, the strategy would contribute to the elimination of malaria in countries such as Tanzania.

Dr JESSAMINE (New Zealand) said that implementation of the draft strategy would improve the capacity of health services and surveillance systems and strengthen overall health systems in affected countries. The strategy would also help to reduce the prevalence and distribution of mosquito species associated with transmission of the dengue, Zika and chikungunya viruses in the Western Pacific Region.

Ms MORÓN DE PORRAS (Bolivarian Republic of Venezuela) expressed support for the draft strategy, which would provide a framework for countries to develop programmes to accelerate elimination of malaria. Her Government was implementing preventive measures and providing free diagnostic testing and treatment. Control and eradication efforts focused on two remote regions where malaria was present.

Mr MEUNIER (France), welcoming the draft strategy, said that his Government was firmly committed to the goal of eliminating malaria. France was a major donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to UNITAID. He agreed with delegates who had highlighted the

need to address artemisinin resistance, particularly in the South-East Asia Region. The impact of climate change was another major challenge to halting malaria transmission, which should be acknowledged in the draft resolution contained in resolution EB136.R1.

Dr VICKNESHWARAN MUTHU (Malaysia) said that his country had achieved considerable success in eliminating malaria and aimed to be malaria-free by 2020. However, there were gaps in knowledge about the dynamics of transmission of the infection, including the risk factors for transmission, the mosquito vectors and human-to-human transmission. Further study on the emergence of zoonotic malaria and interdisciplinary research from various fields, including primatology, should be encouraged. Malaysia strongly supported the draft strategy and the draft resolution.

Dr KUNENE (Swaziland), commending the consultative process used in developing the draft strategy, said that his country's strategic plan for malaria elimination reflected the issues set out in the Secretariat's report (document A68/28). His Government called on the Secretariat to provide technical capacity to support implementation of the strategy and urged development partners to continue to provide support to countries that were successfully combating the disease.

Dr M.N. SHEIKH (Pakistan) said reduction of the malaria burden in Pakistan, which numbered some 1.6 million cases annually, was a national priority. The country's national strategy was in line with the recommended activities for vector control in the draft strategy, which Pakistan supported. However, the post-2015 framework should include indicators relating to social determinants of health and health system processes, outputs and outcomes. Under pillar 1 of the strategy, Pakistan favoured the use of indoor residual spraying over long-lasting insecticidal nets as the front-line defence.

Dr ABDALLRAHIM ELFADUL (Sudan) said that Sudan had introduced a programme to combat malaria, and the number of recorded cases had decreased by some 72% since the year 2000. The programme had benefitted from the support of WHO and other partners. A number of successful initiatives had shown the value of good organization and use of local resources. Sudan looked forward to implementing the draft strategy with continued support from development partners.

Dr DAKULALA (Papua New Guinea) said that Papua New Guinea had the highest malaria burden in the Pacific, although it had made significant progress in controlling the disease in the previous five years. The country's successful malaria control strategy had been supported by private-sector partners and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In order to sustain the gains made, the Government would seek ongoing technical support from partners and explore ways to eliminate malaria in collaboration with other island States. Special consideration should be given to providing support to small island States. Papua New Guinea welcomed the draft strategy and supported the draft resolution.

Dr MUSAONBAŞIOĞLU (Turkey) said the draft global technical strategy would serve as a guide for the preparation of regional and national strategies. The draft strategy included important targets aimed at reducing malaria incidence and deaths. A multisectoral approach was required for malaria elimination that included diagnostics, vector control, surveillance and measures to prevent drug resistance. The Secretariat had an important role to play in combating the disease and in supporting Member States' efforts. Turkey supported the draft strategy and the draft resolution.

Dr IDRISSE AZZOUZI (Morocco), welcoming the draft strategy and draft resolution, said that Morocco had been declared malaria-free but maintained surveillance and control activities in risk areas. The Government wished to highlight the importance of cross-border collaboration in order to prevent the importation of cases, particularly in a context of increased risk as a result of climate change.

Dr HASSAN (Egypt) said that the draft strategy should address the issues of re-emergence of malaria owing to cross-border migration and medical care for infected migrants. Egypt had a programme of epidemiological and entomological surveillance and had maintained its malaria-free status for some years. However, as the vector was still present in some areas of the country, cross-border migrants carrying the disease posed a risk with respect to re-emergence.

Dr GULSUM GURBANOVA (Azerbaijan) said that her Government had cooperated with international partners such as WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to combat malaria. Some cases persisted, but the situation was under control. Azerbaijan supported the draft strategy and stood ready to share its experience in malaria control with other Member States.

Dr KAN TUN (Myanmar) said that, although malaria affected most areas in Myanmar, there had been significant declines in morbidity and mortality in recent years. The draft strategy differentiated between the control phase, with a focus on universal coverage, and the elimination phase, where the focus was on surveillance and rapid interruption of transmission. Countries that were nearing the elimination phase should set up mechanisms now to ensure the necessary surveillance. Myanmar looked forward to the elimination of malaria by 2030.

Dr FORSTER (Namibia) welcomed the changes made to the draft strategy since its examination by the Executive Board and the consultative process used in developing the strategy. He sought clarification regarding the relationship between the strategy indicators and the monitoring framework and indicators for the post-2015 sustainable development goals. Cross-border collaboration was an important aspect of achieving elimination and one which Namibia pursued through its association with other countries in southern Africa. As a sponsor of the draft resolution, Namibia recommended its adoption.

Dr KORIOM (South Sudan) said that South Sudan firmly supported the draft strategy and was committed to achieving malaria-free status, although considerable effort would be needed to attain that goal, as coverage of malaria control measures was still limited. Significant progress had been made in the distribution of insecticide-treated mosquito nets, but human resources and financing for malaria control remained inadequate and protocols for vector control needed review. South Sudan was grateful to its development partners for their support for its malaria elimination endeavours.

Professor Dr HUQ (Bangladesh) said that his country had made significant progress in reducing malaria-related mortality. It had reviewed and updated its national malaria strategy, focussing on state-of-the-art technology and evidence-based information, and would undertake a further review in order to align the national strategy with the global strategy. He suggested that the proposed indicators for malaria progress monitoring should be in line with the Global Reference List of 100 Core Health Indicators, in order to make reporting less burdensome.

Dr PAUVADAY (Mauritius) said that malaria had been eradicated in Mauritius, but it had once been a serious health issue. Mauritius supported the draft resolution.

Ms An-Chi LAI (Chinese Taipei) said that, although malaria had been eliminated in Chinese Taipei, the vector was still present and there was therefore a risk of re-establishment of the disease. Early diagnosis and treatment of imported cases were crucial, as were continued surveillance and vector control. Climate change, resistance to antimalarial drugs and insecticides, and increased international travel and trade were major challenges to malaria prevention and control. Chinese Taipei stood ready to join international efforts towards a malaria-free world.

Ms ZAKARIA (International Organization for Migration), noting that malaria did not recognize borders, said that migration from high-transmission areas could reintroduce malaria in low-transmission or malaria-free areas. Migrants and displaced populations often lacked access to adequate health services, which rendered them vulnerable to malaria-related illness and death. Attention to the health needs of migrants and cross-border populations was crucial to malaria control and elimination, and she would welcome the inclusion of a reference to those populations in the draft resolution. The International Organization for Migration stood ready to work with WHO and other partners in the implementation of effective, migrant-inclusive approaches to malaria control and elimination.

Ms GREWAL DAUMERIE (Medicines for Malaria Venture) welcomed the emphasis on research and innovation in the draft global technical strategy. New tools were needed to tackle emerging challenges. Concerted global efforts to increase access to vector control measures, rapid diagnostic tests and artemisinin-based combination therapies had led to a significant reduction in the number of deaths from malaria, but insecticide and drug resistance threatened those gains. Constant vigilance, targeted tools and rapid action were required to improve access to existing and new interventions.

Dr NAKATANI (Assistant Director-General) thanked Members States for their strong positive response to the draft global strategy and said that they were to be commended for their remarkable progress towards the elimination of malaria. Those gains had provided the basis for the global strategy and had inspired a new set of goals and targets. The new strategy changed the paradigm from malaria control to an effort to bring the end the disease close by 2030.

The draft global technical strategy addressed many concerns expressed by Member States, including: parasite resistance to drugs, mosquito resistance to insecticides, concentration of cases among hard-to-reach populations, the importance of cross-border cooperation, and the need to expand access to antimalarial commodities. In regard to the latter, he noted that the Secretariat had stepped up its prequalification activities and had already prequalified several antimalarial medicines manufactured in China, which were widely used. Member States had also drawn attention to the need for investment in research and development in order to achieve the new targets and to the need to build countries' capacities to implement the global strategy and improve malaria surveillance – all of which were unquestionably important. Sustainable funding was also crucial. As to specific malaria-related indicators to be included in the indicators for the proposed post-2015 sustainable development goals, the Secretariat was recommending only two: incidence and mortality rates. In addition, under universal health coverage, it was proposed to include indicators relating to availability of malaria treatment and insecticide-treated bednets.

The CHAIRMAN asked the Secretary of the Committee to read out the proposed amendments to the draft resolution contained in resolution EB136.R1.

Dr ABELA-RIDDER (Assistant Secretary, Committee A) said that the delegation of Thailand had proposed the addition of a new subparagraph after paragraph 2(6), which would read: “to develop a comprehensive cross-border malaria control and treatment model, where appropriate, to strengthen cross-border collaboration, improve the effectiveness of malaria elimination using primary health care as the main platform, and integrate the model into the broader health delivery system.” The delegation of Thailand had also proposed that “and integrate donor-supported programmes into national health systems to achieve long term programmatic and financial stability” should be added at the end of subparagraph 4(3).

Mr MAMACOS (United States of America) said that, while he appreciated the need for integration of donor-supported programmes, the intent of the proposed amendment to subparagraph 4(3) was not clear and he therefore could not support it.

Dr THAMARANGSI (Thailand) explained that the proposed amendment, which was addressed to WHO's international partners, was aimed at avoiding the fragmentation that occurred when programmes supported by various donors were not well integrated into national systems and at ensuring the long-term sustainability of such programmes.

In response to a request from Professor DOKEKIAS (Congo), the CHAIRMAN suggested that the Committee should suspend consideration of the draft resolution until the proposed amendments had been circulated in all official languages.

It was so agreed.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the fifth meeting, section 2.)

Dengue: prevention and control: Item 16.3 of the Agenda (Document A68/29)

Dr DA SILVA ALMEIDA (Timor-Leste), speaking on behalf of the Member States of the South-East Asia Region, said that more than half of the Region's population was at risk for dengue and the incidence of the disease was rising. In response, the countries of the Region had made dengue prevention and control a public health priority and had built national capacities for case management, integrated vector management, surveillance and community empowerment. Mortality rates had remained low as a result. Dengue was not simply a health issue, however; poverty, climate change and other environmental factors influenced dengue epidemiology, and multisectoral responses were therefore required. Intercountry and interregional collaboration and technical support from the Secretariat were also needed.

Mr SEY (Gambia), speaking on behalf of the Member States of the African Region, said that the Region needed enhanced capacity for early detection and diagnosis, vector surveillance and rapid deployment of vector control interventions in order to halt dengue transmission and contain outbreaks. Countries also needed to integrate dengue surveillance and monitoring activities into their master plans for neglected tropical diseases. Good collaboration between national entomology and virology services and research institutions was required, as was multisectoral cooperation. He encouraged the Secretariat to support the countries of the Region in implementing the global strategy for dengue prevention and control, especially those that had experienced outbreaks or sporadic cases of dengue, and to support global advocacy, partnership and engagement of all relevant stakeholders.

Professor BAGGOLEY (Australia) said that the global strategy provided flexibility for countries to act in accordance with national circumstances and need and should continue to be implemented. The limited success of dengue control efforts, as evidenced by the rise in dengue outbreaks globally, highlighted the need for strong surveillance and preparedness measures. The best means of achieving the global strategy targets was by strengthening local health systems and regional cooperation on surveillance and vector control. An intersectoral approach and the integration of standalone prevention programmes into more inclusive health delivery structures were also essential. He looked forward to the release of revised guidelines for diagnosis, treatment, prevention and control of dengue in 2015.

Dr GORGOLON (Philippines) said that the national dengue prevention and control programme in the Philippines was guided by the principles underlying the Dengue Strategic Plan for the Asia Pacific Region. The country was implementing integrated vector management and taking steps to strengthen laboratory diagnosis of dengue. It remained committed to attaining the global strategy targets for 2020.

Dr PAUVADAY (Mauritius) said that, although dengue was more common among travellers to Mauritius, locally transmitted cases had recently been detected. He requested further guidance on the use of insecticides and their effect on the environment, noting in that regard their potentially damaging effect, as well as the increase in insecticide resistance. Mauritius had begun trials to evaluate the effectiveness of environmentally friendly sterile insect-control methods. Research, innovation and knowledge were essential components of dengue control, and additional funding for research on vector eradication and vaccine development was needed.

Mr ZHANG Yong (China) said that dengue had become increasingly prevalent in China, in particular following outbreaks in 2014. Dengue surveillance, prevention and control measures had been put in place and new strategies formulated to tackle the current epidemiological situation, as part of which regions had taken steps to scale up detection and reporting, increase early detection and treatment, control vectors and prevent the spread of the disease. Case surveillance, sustainable vector control and effective prevention and control measures would facilitate the global fight against dengue. He hoped that the Secretariat would continue to provide support and guidance to Member States in that fight, in which China would continue to participate.

Dr HINOSHITA (Japan) said that periodic revision of WHO's dengue guidelines would ensure more effective implementation of the global strategy. International cooperation was important in order to address the increasing risk of dengue outbreaks. Following a re-emergence of the disease in Japan, the Government had implemented a range of measures, including public information, prevention and control strategies, enhanced surveillance and distribution of guidelines to medical institutions. Japan was willing to share its experience with other countries.

Mr SVERSUT (Brazil) said that Brazil's efforts to combat dengue centred on multi-stakeholder involvement and strategic partnerships, which were key in the search for innovative solutions. The global strategy was a tool for improving coordination among national and international stakeholders, identifying obstacles and promoting sharing of good practices. Brazil was ready to share its experiences with other Member States. As chikungunya was transmitted by the same vector as dengue, the services offered by health systems to tackle it should be provided in conjunction with and accorded the same importance as those to combat dengue.

Mr LUTZOW STEINER (Mexico), expressing support for the global strategy, said that the five technical elements defined therein had been incorporated into the national dengue surveillance prevention and control programme. Laboratories played an important role in early detection and treatment. Improved epidemiological and entomological surveillance had enabled health authorities to create risk maps and indicators, as a result of which Mexico was better prepared to respond to outbreaks. It participated in multisectoral projects on various facets of dengue control in the Region of the Americas, including entomological surveillance and monitoring of insecticide resistance. Studies were under way to gain a better understanding of the dynamics of dengue transmission in order to improve prevention and control strategies. Health promotion and education at the local level were important, as social participation was essential to integrated vector management.

Other vector-borne diseases, including chikungunya, posed a threat in Mexico and other countries in the Region, and enhanced cooperation among Member States was needed to combat them. As insecticide resistance was one of the principal obstacles to prevention and control of such diseases,

in 2014 Mexico had conducted a study to monitor the effect of insecticides and identify those that were appropriate to the national conditions. It was considering publishing the results of the study in a manual, which might be useful to other Member States for quickly assessing vector resistance to insecticides.

Dr AL-TAAE (Iraq) noted the importance of strengthening national surveillance systems, focusing in particular on field epidemiological studies, in collaboration with other countries and with support from the Secretariat. Entomological surveillance should take account of national and regional variables; epidemiological maps of the disease should be developed through interregional collaboration. Further research was needed on environmental factors affecting transmission of dengue. Prevention and control of dengue should be introduced into strategies to tackle communicable diseases at primary care level. Vector control programmes should also be integrated at primary care level.

Dr GOUYA (Islamic Republic of Iran) said that, in the light of the growing global public health threat posed by dengue, there was an urgent need to consolidate efforts to support implementation of the global strategy through a health system approach that harnessed multisectoral participation at the local level and ensured active engagement of communities. Additional research was needed to enhance understanding of ecosystems and other factors affecting vector control, which was the most important dengue prevention measure. Specialized training for health workers engaged in vector control was also needed. Best practices should be documented. The development of risk stratification maps should be prioritized at the national and regional levels. Countries in which the disease occurred should share information with their neighbours and strengthen cross-border surveillance and integrated vector control. Although it might prove challenging, it was essential to establish guidelines and implement regulations related to international trade, via which dried mosquito eggs could be transported.

Dr TILLUCKDHARRY (Trinidad and Tobago), expressing support for the global strategy, said that Trinidad and Tobago had put in place systems for prevention of dengue, including through vector control that also targeted insect vectors of other diseases. Health personnel had been trained in line with the WHO case management guidelines. The country had implemented an integrated dengue management strategy that emphasized early diagnosis and effective case management and involved government health agencies responsible for vector control, surveillance, laboratories and health education. The dengue strategy had also proved to be effective in tackling the current epidemic of chikungunya affecting Caribbean countries. National studies on insecticide resistance were ongoing and new methods of mosquito eradication had been adopted. Bed nets had been distributed to interrupt local spread of the disease as part of the integrated approach to controlling mosquito-borne diseases.

Dr ASSIRI (Saudi Arabia) urged all countries endemic for dengue to commit themselves to strengthening health system preparedness, improving cross-border surveillance and information exchange and enhancing integrated vector control. The issuance of recommendations by the Strategic Advisory Group of Experts on Immunization on the public health utility of the candidate dengue vaccine should be fast-tracked. Linkages with the Global Fund to Fight AIDS, Tuberculosis and Malaria should be explored, particularly with regard to surveillance and vector control, and research should be conducted at the regional and global levels to understand the factors and ecosystems involved in transmission and document best practices in dengue control.

Dr E.M. NDIAYE (Senegal) said that the number of dengue cases in Senegal was underreported owing to the absence of a national programme to tackle the disease, insufficient awareness of the disease among health service providers and lack of diagnostic tools. The current surveillance system did not monitor dengue at all levels; however, community surveillance of the disease was now being conducted from 14 sentinel sites. Surveillance systems in public and private health care facilities had been strengthened and clinicians had received dengue-related training.

Mr MATUTE HERNÁNDEZ (Colombia) said that the global strategy should be complemented by measures to strengthen health systems and build national capacities, including through increased technical cooperation and identification of additional sources of funding. The Secretariat should further enhance the support provided to enable Member States to improve diagnostic tools, for example through studies on rapid testing methods. Increased participation by decision-makers at the local level would allow for more effective risk communication and facilitate collaboration among partners to prevent dengue. With the aim of contributing to global dengue control efforts, Colombia was actively involved in work to develop a vaccine. It was also working to strengthen dengue surveillance.

Ms CABELLO SARUBBI (Paraguay) said that dengue was a problem of singular importance for Paraguay, given its economic and social impact and the burden it placed on the health sector. The country's climatic, ecological, socioeconomic, cultural and structural conditions made it particularly vulnerable to the disease. Her Government contributed to regional prevention and control initiatives, in line with the global strategy. Advances had been made in developing national capacity for vector surveillance, vector control and laboratory diagnosis. However, challenges remained, such as enhancing communication and ensuring an integrated vector management approach. A dengue vaccine would not solve the entire problem of dengue; it would simply be one of the range of tools identified under the global strategy. Additional resources for dengue prevention and control should be mobilized from other sectors, especially those related to environmental management, and research should be conducted to identify new insecticides, as vector resistance to existing products was increasing. The emergence of chikungunya in Paraguay and other countries, and the recent introduction of the Zika virus were exacerbating the challenges posed by dengue in the Region of the Americas.

Dr MALECELA (United Republic of Tanzania) said that, during a major dengue epidemic in 2014, her country had faced significant challenges in relation to differential diagnosis and a lack of diagnostic tools at points of care. The global strategy had been used to develop a national strategic plan and significant headway had been made in ensuring the availability of rapid diagnostic kits, building health workers' capacity, strengthening surveillance and control, and using research data to understand vector breeding habits and dengue etiology. However, support was needed for operational research to enable implementation of national strategic activities. The Secretariat should continue to provide support to African countries in building surveillance systems and facilitating their collaboration with countries that had successfully controlled the disease. It was essential to understand the epidemiological situation prevailing in Africa in order to implement effective preparedness plans. Her Government welcomed the research on a dengue vaccine, which would be crucial for dengue prevention.

Dr ISMAIL (Brunei Darussalam) said that Brunei Darussalam had experienced an alarming rise in dengue incidence over the previous five decades. The increase had occurred in spite of intensive integrated vector management, community awareness-raising, case management measures and enhanced monitoring of vector control activities conducted by other sectors. He welcomed the Organization's continued focus on dengue through the activities set out in the global strategy and looked forward to regular updates on the progress achieved in the development of a vaccine, cross-border prevention and control, and other areas.

Ms MORÓN DE PORRAS (Bolivarian Republic of Venezuela) observed that international trade and movement of goods had facilitated the spread of vectors that transmitted not only dengue but also chikungunya and Zika virus infection, for which her country was currently at risk. Integrated epidemiological and entomological surveillance should be incorporated into information systems as part of vector control activities. Communities and local and national governments must be involved in the fight against vector-borne diseases, which was not only a health issue. There was an urgent need to

revise and update vector control measures in order to achieve tangible results. In addition to applying existing and new control methods, enhanced integration of vector control was needed to ensure more sustainable, cost-effective implementation of the global strategy.

Mr DEANE (Barbados) said that technical capacity for dengue vector management was severely limited. In Barbados, despite previously effective control strategies, seasonal outbreaks had begun to occur. New vector control strategies were needed. The Secretariat should use its scientific resources to assess and report on the effectiveness of new vector control technologies, such as the introduction of genetically altered mosquitoes. Barbados would appreciate technical support for the establishment of modern insectaries and the provision training in public health entomology.

Mr SIDDIG ELHAG (Sudan), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that repeated dengue outbreaks were occurring in urban centres in some countries in the Region, and vectors were beginning to spread to rural areas. A consolidated global response with the involvement of all stakeholders was required. The active engagement of local communities was critical in order to reverse current epidemiological trends and ensure sustainable prevention and control. The countries of the Region called for renewed global commitment to dengue prevention and control and requested that the issuance of recommendations on the public health utility of the candidate dengue vaccine be fast-tracked.

Mr GONZÁLEZ FERNÁNDEZ (Cuba) affirmed that international trade and the circulation of goods had facilitated the spread of vectors and vector-borne diseases, including dengue, chikungunya and Zika virus infection. The vector for those diseases was present in Cuba, which had put in place an epidemiological surveillance system and was emphasizing vector control. As others had noted, a multisectoral approach and the participation of local communities were essential to effective vector control.

Ms KAMPF (United States of America) said that, in order to meet the goals set out in the global strategy, the Secretariat should work with technical partners to update the WHO guidelines on dengue diagnosis, treatment, prevention and control, published in 2009. Given the increasing incidence of dengue, it was essential to find tools for primary prevention and acknowledge the role of clinical management in reducing mortality and other adverse outcomes.

Dr CESARIK (Croatia) said that local transmission of dengue had been reported in several European countries in recent years and imported cases detected in more than ten. Climate change was furthering the spread of vectors and thus increasing the risk of dengue and other neglected tropical diseases. Support from the Secretariat in enhancing national capacities for awareness-raising, prevention, case detection and patient management would be welcome.

Dr SOE LWIN NYEIN (Myanmar), expressing the hope that an affordable dengue vaccine would become available in the near future, said that the Secretariat should provide technical support and funding for research, entomological and environmental interventions, enhancing laboratory capacity, ensuring the availability of necessary drugs and equipment and strengthening capacity-building and health systems.

Dr HUQ (Bangladesh) said that Bangladesh had been unprepared for the dengue epidemic it had experienced in 2000. Since then, however, the number of cases had been reduced considerably, reflecting the effectiveness of dengue control efforts and dengue management training for health professionals. Dengue control was linked to the control of malaria and other vector-borne diseases.

Surges in dengue incidence tended to occur twice a year in Bangladesh, and research had been undertaken to identify the virus serotypes present.

Mr HAMILTON (Saint Kitts and Nevis), calling on the Secretariat to provide Member States in the Caribbean Community with support for training and the acquisition of vector eradication technologies, noted that the Caribbean region was currently affected by both dengue and chikungunya. Both diseases had adverse implications for development; prolonged sick leave in sectors such as tourism, manufacturing and agriculture could have a negative impact on the economies of small island nations. News of a disease outbreak could also have serious implications for tourism-based economies. Vector control must therefore be central to prevention and control efforts and must be given maximum, sustained attention.

Dr BOOSBUN CHUA-INTRA (Thailand) said that concerted commitment by all stakeholders would be needed to meet the global strategy targets for 2020. The Secretariat should issue evidence-based technical and strategic guidelines for the introduction and scaling-up of the use of the dengue vaccine as a tool for prevention and control. The vaccine's cost-effectiveness should be assessed and its long-term budgetary impact for countries evaluated. Evidence from phase IV clinical trials should be made available to the public. The Secretariat should also facilitate the development of affordable new tools for prevention, diagnosis and treatment of dengue for use in resource-poor settings; facilitate information-sharing between countries in which dengue was endemic; and update the dengue classification criteria with a view to achieving a harmonized dengue classification scheme.

Mr RODRÍGUEZ MONEGRO (Dominican Republic) noted that, despite the use of integrated approaches of demonstrated effectiveness, dengue epidemics continued. In his view, two aspects of the integrated approach had fallen short: community participation and inter-institutional coordination. Education and awareness-raising were crucial to ensure that the public understood the importance of eliminating mosquito breeding sites. A multisectoral approach was also essential, and each public institution must acknowledge its responsibility, particularly with regard to the elimination of poverty, as dengue was a poverty-related disease. To combat such diseases, countries needed integrated development policies in which the importance of health as a pillar of development was recognized and sufficient resources were allocated for health in national budgets. As poverty elimination was a long-range undertaking, however, efforts in the short term should focus on the development of a dengue vaccine.

Dr ROA (Panama) said that, after a hiatus of almost 30 years, dengue had been reintroduced in Panama in 1990. Although the measures taken to reduce dengue cases and deaths had been relatively successful, real dengue control could not be achieved without the participation of all of society, particularly in the elimination of breeding sites. Better environmental management and integrated vector control were also needed. Dengue was not purely a health problem, and it must therefore be tackled from a multisectoral perspective. Public policies aimed at minimizing the risk of infection from dengue and other vector-borne diseases were essential.

Dr TESFAZION (Eritrea) said that dengue had previously occurred mainly in the lowlands of Eritrea but was spreading elsewhere, probably as a result of climate change. Incidence of both yellow fever and dengue had risen around the world. Despite the considerable public health impact of the two closely related diseases, however, few attempts had been made to collect comprehensive data on their spatial and temporal distribution. Integrated vector control was important, as the two diseases were transmitted by the same vector and occurred in similar geographic areas. Surveillance and data system strengthening were equally important.

Dr ISMAIL (Malaysia), noting that dengue was largely a man-made problem, said that incidence of the disease was increasing in Malaysia. It had previously been a seasonal, cyclical disease that peaked during the rainy season, but was now a year-round public health threat. Countries should work together on drug and vaccine development, surveillance, innovative vector control and outbreak prediction. The Secretariat had an important role to play facilitating such collaboration. Given the increasing burden of dengue, consideration should perhaps be given to whether it should continue to be regarded as a neglected disease.

Dr EDWARDS (Jamaica) said that dengue cases in Jamaica had increased in recent years. The country's health system had also been severely impacted by an outbreak of chikungunya, which had peaked in October 2014. Health care facilities had been overwhelmed as a result of high infection rates among both patients and medical staff. That situation had shown the importance of building capacity at all levels of care to respond effectively to outbreaks and disasters.

Dr SHEIKH (Pakistan) said that incidence of dengue and dengue haemorrhagic fever had increased dramatically in Pakistan between 2005 and 2013, and Pakistan should be categorized as an area with regular outbreaks of the disease. Its national guidelines for dengue control emphasized interruption of transmission by reducing vector density at local level. Larval source management should be considered a priority intervention, and greater focus should be placed on monitoring and evaluation and assessing the impact of dengue interventions.

Dr AZZOUZI SIDI (Morocco) said that, although Morocco had had no cases of dengue, it was located in a zone classified as being at risk for transmission of the virus owing to the presence of *Aedes aegypti* and the potential for introduction of *Aedes albopictus*. Vigilance must therefore be exercised. The Ministry of Health had established guidelines for the preparation of an integrated multisectoral national strategy for prevention and control of emerging and re-emerging diseases which was in line with the global strategy on dengue.

Dr RAJAPAKSA HEWAGEEGANA (Sri Lanka) said that the dengue case fatality rate in Sri Lanka had been reduced to 0.2% through the application of integrated surveillance throughout the country, high levels of political commitment, public awareness-raising through "mosquito control weeks" and improved case management.

Dr GOMEZ (Bahamas) said that a dengue outbreak in the Bahamas in 2011 had highlighted the importance of improved, low-cost, rapid diagnostic tools with high sensitivity and specificity in order to improve dengue diagnosis at points of care. Entomological data had also been particularly useful. Ongoing coordination between public health and environmental services was essential for vector control and surveillance and for reducing morbidity rates. Dengue control efforts had also helped to mitigate an outbreak of chikungunya. The Bahamas awaited a safe, cost-effective vaccine that would lead to the eradication of dengue.

Dr TANOAH (Côte d'Ivoire) said that, after eight cases of dengue had been detected nationally between 2006 and 2012, steps had been taken to strengthen entomological surveillance, mosquito control and larvae elimination efforts, and diagnostic capacity. The Secretariat should strive to ensure the availability of diagnostic tools and, as it was often difficult to distinguish dengue from malaria, strengthen countries' capacity for differential diagnosis.

Dr MITCHELL (Grenada) said that Grenada had made strenuous efforts to implement an integrated dengue management strategy with support from PAHO. Nevertheless, vector control continued to pose a significant challenge, as demonstrated by an outbreak of chikungunya in 2014,

which had taken a significant economic toll on the country. It would require support from the Secretariat and from the Pan American Sanitary Bureau in identifying innovative best practices for controlling vector-borne diseases, including emerging diseases such as Zika virus disease.

Dr BATRES (Honduras) said that the control of vector-borne disease was a priority for her country. The president was leading efforts to combat dengue and chikungunya, drawing on the integrated strategy recommended by PAHO and taking a multisectoral approach to the problem. Committees had been set up at local level to implement the integrated strategy with the participation of government agencies, private enterprise and civil society, and steps were being taken to strengthen patient care, diagnostic procedures, epidemiological surveillance, risk communication and vector control. However, rates of dengue and chikungunya remained high, and efforts to combat them must be redoubled.

Dr Song-En HUANG (Chinese Taipei) said that, after an outbreak of dengue in 2014, a centre had been established in Chinese Taipei to integrate research on dengue epidemiology, clinical care and vector control. Chinese Taipei would continue to implement the WHO global strategy. As climate change would continue to increase the risk of dengue and other vector-borne diseases, she urged WHO to support the development of a dengue vaccine.

Mr LI Wing Sum (Stichting Health Action International), speaking at the invitation of the CHAIRMAN, said that the current profit-driven biomedical research and development model had failed to generate treatments for a disease that primarily affected people in resource-poor settings. He urged the Secretariat and Member States to adopt innovative research and development strategies that de-linked the price of medicines from research and development costs and to incorporate a technical element into the global strategy for dengue prevention and control that recognized the gap in research on dengue and other neglected diseases.

Dr NAKATANI (Assistant Director-General) said that work on the dengue guidelines was due to be completed by the end of 2015. In order to raise awareness and enhance capacity with regard to vector control, the Director-General had selected vector-borne diseases as the theme for World Health Day 2014. As to chikungunya, the Strategic and Technical Advisory Group for Neglected Tropical Diseases had recommended that new guidelines be drafted that took account of the experience gained in the South-East Asia Region and the Region of the Americas. He was concerned, however, about the development of too many separate sets of guidelines, and suggested that it might be preferable to integrate chikungunya guidelines into the dengue guidelines. With regard to a dengue vaccine, he was hopeful that a functional national regulatory authority would soon license the candidate vaccine currently in clinical trials, after which the Secretariat, with guidance from the Strategic Advisory Group of Experts, would issue recommendations for use of the vaccine. Concerning the lack of rapid diagnostic tools and effective treatment, he agreed that innovative solutions were required, but not only with regard to biomedical considerations; innovative ways of involving communities and civil society were also needed.

The Committee noted the report.

Global vaccine action plan: Item 16.4 of the Agenda (Documents A68/30)

The CHAIRMAN drew attention to a draft resolution proposed by the delegation of Libya, which read:

The Sixty-eighth World Health Assembly,

PP1 Having considered the report on the Global vaccine action plan;¹

PP2 Emphasizing the importance of immunization as one of the most effective interventions in public health and access to immunization as a key step towards universal health coverage;

PP3 Acknowledging the progress made in global immunization and the commitment under the 2011–2020 Decade of Vaccines to achieve immunization goals and milestones;

PP4 Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy, resolution WHA65.17 on the global vaccine action plan, resolution WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property and resolution WHA54.11 on the WHO medicines strategy;

PP5 Noting with concern that globally immunization coverage has increased only marginally since the late 2000s; and that in 2013 more than 21 million children under one year of age did not complete the three-dose series of diphtheria-tetanus-pertussis (DTP) vaccine;

PP6 Recognizing that the availability of new vaccines against important causes of killer diseases such as pneumonia, diarrhoea and cervical cancer can prevent leading causes of childhood and women's death;

PP7 Acknowledging that successful national immunization programmes require sustainable political and financial support of Member States;

PP8 Appreciating the contributions of WHO, UNICEF, Gavi, the Vaccine Alliance, and all partners in their efforts to support the introduction of new vaccines in developing countries and strengthen immunization services;

PP9 Concerned that inequities between Member States are growing due to the increased financial burden of new vaccines and based upon those that are eligible or ineligible for financial and technical support from global partners; and that mechanisms which lower the price of vaccines are not accessible to developing and middle-income Member States;

PP10 Concerned that many developing countries are not able to access life-saving new vaccines particularly because of the costs related to procurement and introduction of these vaccines; and concerned of the increase of costs of overall immunization programmes because of increase in price of the WHO recommended vaccines;

PP11 Recognizing that publicly available data on vaccine prices is scarce, and that availability of price information is important for facilitating Member States' efforts towards introduction of new vaccines;

PP12 Recalling many Member States' interventions on the WHA immunization agenda item each year expressing concern over the unaffordable cost of new vaccines and appealing to the global community to support strategies that will reduce prices;

PP13 Recalling the WHO global framework for expanding access to essential drugs, and its four components: the rational selection and use of medicines, reliable health and supply systems, sustainable financing, and affordable prices;

¹ Document A68/30.

PP14 Taking into account the importance of competition to reduce prices and the need to expand the number of manufacturers, particularly in developing countries, that can produce WHO-prequalified vaccines and create a competitive market;

PP15 Stressing the critical life-saving role of vaccines and immunization programmes and striving to make immunization available to all,

(OP1) URGES Member States:

- (1) to allocate adequate financial and human resources for introduction of life-saving vaccines into national immunization schedules and sustaining strong immunization programmes in accordance with national priorities;
- (2) to strengthen efforts for pooling vaccine volumes in regional and interregional or other groupings as appropriate that will increase affordability by leveraging economies of scale;
- (3) to consider providing timely vaccine price data to WHO for publication, with the goal of increasing affordability through improved price transparency, particularly for the new vaccines;
- (4) to seek opportunities for establishing national and regional vaccine manufacturing capacity, in accordance with national priorities, that can produce to the standards required for WHO-prequalification;
- (5) to create norms and mechanisms to increase available information on government funding to vaccine development and ensure that government investments in vaccine development be put towards improving the public's health through affordable vaccine prices;
- (6) to support the ongoing efforts of various partners coordinated by WHO to design and implement the strategies to address the vaccines and immunization gaps faced by the middle-income countries;

(OP2) REQUESTS the Director-General:

- (7) to secure funding to fully implement collaborative efforts with international partners, donors, and vaccine manufacturers to support low- and middle-income countries in accessing affordable vaccines of assured-quality in adequate supply;
- (8) to continue developing and adequately managing publically available vaccine price databases, like the WHO Vaccine Product, Price and Procurement project, working with Member States to increase availability of price information;
- (9) to monitor vaccine prices through annual reporting of the Global Vaccine Action Plan;
- (10) to provide technical support and facilitate financial resources for establishing pooled procurement mechanisms where appropriate for use by Member States;
- (11) to strengthen the WHO prequalification programme and provide technical assistance to support capacity building for research and development, technology transfer, and other relevant strategies, to enable the entrance of vaccine manufacturers in developing countries that can produce to the standards required for WHO-prequalification;
- (12) to report upon technical and legal barriers, including regulatory and intellectual property barriers, that may undermine robust competition that can enable price reductions for new vaccines;
- (13) to call on Member States to finance a coordinated strategy to provide relevant technical support needed by low and middle-income Member States.

Dr AL-MOKHTAR (Libya) said that, as noted in the assessment report by the Strategic Advisory Group of Experts, the goals of the Global vaccine action plan were not being met. Urgent action was needed to ensure that vaccination programmes were not disrupted as a result of conflict and humanitarian crises and to ensure that refugee populations had access to vaccination services. The Secretariat should expand its guidance on vaccination provision during humanitarian crises and increase support to countries in implementing the existing guidance. In order to extend vaccination to all and reduce inequities in immunization, it was essential to ensure the affordability of vaccines. His delegation had put forward the draft resolution with a view to addressing that issue, particularly in respect of countries that were not eligible, or no longer eligible, for subsidies from the GAVI Alliance. The measures called for in the draft resolution had been shown to increase vaccine affordability and were in the interests of all governments wishing to ensure an affordable and sustainable supply of vaccines.

Mr MAGNÚSSON (Iceland), speaking on behalf of the Nordic and Baltic States, Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that the Director-General should give high priority to overcoming the obstacles to achievement of the five goals of the action plan. Immunization services should be coordinated with other health services, and primary health care workers should be encouraged to offer vaccinations when treating patients for other reasons. As misinformation about the possible risks of vaccination was a major obstacle in some regions, health care workers should be properly informed so that they could give accurate, evidence-based advice on issues such as contraindications.

Mr CORRALES HIDALGO (Panama), speaking on behalf of the Member States of the Region of the Americas, said that immunization was one of the most cost-effective interventions in public health and a key element of universal health coverage. The Region had eradicated smallpox and poliomyelitis and had also been declared free of endemic rubella transmission – successes achieved as a result of immunization. The international community should support strategies to reduce the cost of vaccines, especially costly new ones such as the human papillomavirus vaccine, which could save the lives of many women. Member States should exchange more information on the pricing of medicines in order to promote transparency and forge alliances to minimize financial inequalities. The regional pooling of resources was an effective way of ensuring the affordability of high-quality vaccines, as demonstrated by the PAHO Revolving Fund for Vaccine Procurement.

Dr MUÑOZ (Chile) said that he supported the recommendation that countries with vaccination coverage rates below 80% should meet so that they could identify solutions that were tailored to the particular challenges they faced. With support from the Secretariat, they should design and implement national plans; progress should be evaluated after one year. While it was important to involve nongovernmental organizations and health care workers in the design of immunization programmes, it was governments that must take responsibility for those programmes and ensure that they were adequately financed and that immunization was provided free of charge to target populations. Advocacy was needed in order to persuade decision-makers of the cost-effectiveness of funding immunization programmes. Bulk purchasing mechanisms should be strengthened and Member States should share information on vaccine pricing in their respective markets. The Secretariat had a role to play in improving such mechanisms. It should also ensure that it had the capacity to counter false and misleading information about vaccines and vaccination and should take care to avoid making ambiguous recommendations on topics such as the use of thiomersal in vaccines, which could lead States to make decisions about vaccines without adequate analysis of the scientific evidence.

Professor BAGGOLEY (Australia) said that the assessment of the Strategic Advisory Group of Experts was an important reminder of the slow progress towards achieving the action plan's targets. Member States should increase their focus on routine immunization as a highly cost-effective investment in health and health security. Australia broadly supported the draft resolution proposed by the delegation of Libya and shared the concerns expressed therein about the sustainability of vaccine financing, especially for middle- and low-income countries when they no longer qualified for GAVI support. While contractual constraints currently prevented Australia from sharing information about vaccine pricing, the possibility of sharing such information in future was being investigated. As the Global vaccine action plan had had little impact on global diphtheria-tetanus-pertussis (DTP3) immunization coverage, Australia called for collective prioritization of resources to focus on countries with coverage of less than 80%. Improving immunization rates was a key indicator of WHO's performance at country level.

(For continuation of the discussion, see the summary record of the fifth meeting, section 2.)

The meeting rose at 12:30.

= = =