

Highlights from the fifth day of the 130th Executive Board

Geneva, 20.01.12

Implementation of the International Health Regulation (2005) (EB Document 130/16)

Summary of the session

Under this Agenda Item, Executive Board Members discussed the Report by the Director General (document EB130/16). Comments and questions were expressed regarding the content of the report, which was then noted by the EB.

In addition to this, the Secretariat was requested by the US to prepare a paper with an update on progress in International Health Regulation (IHR) implementation, factors obstructing countries from meeting their obligations, and what WHO can offer to assist these countries. This request was supported by non-EB Members: Australia and UK.

On the other hand, a large number of developing countries acknowledged the difficulty of meeting the deadline of implementing IHR by mid-2012. They requested technical support by the WHO, and asked to extend the deadline until 2014.

In response to interventions, the Secretariat clarified that they currently have information from 150 countries, whereas the report reflects information on 117 only, because not all country information have been analysed. Updated information will be available by the World Health Assembly. The Secretariat explained that countries can apply for extension following the procedure in the IHR.

The Secretariat acknowledged the social and economic differences between countries. They encouraged bilateral cooperation, pointing to the Bahamas and the US, and regional and horizontal networking, mentioned by Thailand, noting that these efforts are quite complementary to the IHR work.

Details of the discussion

Syria, speaking on behalf of EMRO, expressed its support to the use of IHR internationally as during the Fukushima nuclear accident. Syria noted that there are still countries which will need assistance from WHO on the implementation of IHR, and asked these countries to be allowed an extension of the deadline (mid-2012).

Burundi, on behalf of AFRO, highlighted some challenges in the process of implementing the IHR such as annual reporting, financial resources, and intersectoral approach cooperation. Burundi stated that it is impossible for AFRO countries to meet the deadline and urged that extension be allowed.

The US positioned itself as a "partner" to the process and expressed its willingness to support the WHO, Member States and the global community on IHR implementation in times of financial constraints. Later, Bahamas, a non-EB Member, said they benefited greatly from the technical

support by the US.

Estonia, on behalf of EU, was of the view that many countries will not be able to respect the deadline of mid 2012, noting that the 2009 H1N1 Pandemic has shown that the world is not ready to face a public health emergency. Estonia called upon the WHO for strengthening national core capacities in countries in need.

India asked for an extension of its deadline, because it was not possible to implement core capacity by 2012, and requested the WHO to facilitate mechanisms of implementation noting the importance of complementary regional planning.

France, supported Estonia statement, and requested that the technical documents on vectorial situation be made publicly available.

Japan noted the problem of absence of a legal framework to govern this process.

Morocco, aligned itself to EMRO statement, and noted the different social and economic levels among countries, which necessitate that financial and technical support be provided to countries to implement IHR.

Mexico requested a full assessment of countries in term of compliance to IHR.

As for non-EB Members, Thailand called for adequate information sharing and supported the formation of horizontal regional networks and South-South cooperation.

The Russian Federation asked the Secretariat to address the “inadequacy” of delayed upload of information on the WHO website and their translation into all official languages of the WHO.

Iran noted that it was recognised as one of the most prepared in the region after the WHO mission in 2011. Iran said it is ready to share its experiences with other Member States.

Pandemic Influenza Preparedness (EB Document 130/18)

Summary of the session

Under this Agenda Item, EB Members discussed document EB130/18 “Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: report of the Advisory Group”.

Transparency in the work of the Advisory Group, particularly in terms of its involvement with industry, was stressed in the statements of several EB Members such as Estonia, speaking on behalf of the EU, China, and Brazil, a non-EB Member.

Along those lines, a joint statement by Health Action international, Third World Network and Berne Declaration requested that the CVs and declarations of interests of the Members of the Advisory Group to be made public. The Secretariat responded saying that they have been appointed in their individual capacity, and that this information is available on the WHO website.

The Secretariat responded to Member States comments saying that there will be separate meetings with the civil society and industry in the process of implementing the framework. The future report will include more information on the negotiation with industries.

EB Members took note of the report.

Details of the discussion

Estonia speaking on behalf of EU stressed the importance of transparency in all work of the advisory group including content of work, renewal process of its members, and discussions with industry.

Canada viewed the PIP Framework as an example of how Member States and industries can work together, noting that the process of preparing the Framework was difficult but well done. Canada requested a clear definition of the role of Advisory group and the industries.

While Chile did not mind the WHO taking opinion from industry, it was also of the view that priority should be given to opinions expressed by developing countries from different regions.

Sierra Leone, speaking on behalf of AFRO, noted the challenges which the region faces, particularly the need for awareness during the post pandemic period, and called upon the WHO to take the needs of the region into account, and monitor the implementation of the Framework.

In the context of PIP, Mexico mentioned that their campaign called “Wash Your Hands” was very helpful as a preventive measure. From Mexico’s experience, there is a need to boost capacities in hospitals, not necessarily with specific equipment but rather by training staff.

US believed that active consultation with the Civil Society and industries is important during PIP. US would be happy to participate in working groups to support on PIP.

Brazil highlighted the key role of the Advisory Group in the implementation of the PIP Framework, particularly that it will be directly involved with industry. Brazil called on Member States to have the “zeal” for transparent and effective implementation, and to make the process more democratic.

Thailand raised some concerns, including the need for concrete actions, noting that the commitment of flu-vaccine manufactures should be continuous and sustained.

Poliomyelitis: intensification of the global eradication initiative (EB Document 130/19)

India was the star of the day as its milestone of zero polio diagnosis for year 2011 verified success in eradication through deploying innovative methods of engaging multi-stakeholders, integrating elements of primary care like sanitation and hygiene, targeting migrating populations and maintaining full vaccination coverage and surveillance in a climate of intense political commitment. To this end, India was exhorted by delegates who urged the remaining four endemic zones to use it as a case study considering that only two years ago, India had approximately 50% of the global burden of new cases and was widely regarded as a retractable scenario.

The prioritization of the issue as a global public health emergency was reaffirmed by India, the 46 countries of the African Regional Office, the US and others, who also urged reciprocal prioritization at national level with adequate mobilization of financial, technical and human

resources to its eradication. Japan urged the Secretariat to explain why the 2012 goals were not extended, stated its pact with Pakistan to fund vaccination campaigns and asked for amendments to consider polio eradication as a national priority not only an emergency, to plan for the “renewed” implementation not “continued” implementation and for establishing a special polio program in the organization. The UK asked for extension of the six year plan and Brazil affirmed that, despite achieving success in 1989, it is still immunizing for polio.

Nigeria trying to explain failures, stressed that previous gains were bungled in 2005 by harmful political manoeuvrings that saw deliberate misinformation to communities. Renewed efforts were cited with the allocation of a further 30 USD million, the setting up of a presidential task force to hold local leaders liable and use of incentives for mother and child to mold immunization success. The delegate expressed concern for the presence of newer viral strain and called for technical support. Based on these, AFRO sided with Nigeria.

Rotary International announced meeting a fund raising target of 200 USD million early and urged focus on Nigeria. The Organization of Islamic Countries asked all International Financial Institutions and G8 donors to expand contribution to bridge gaps and scale up eradication. The Secretariat and the DG noted that failure of eradication would be the largest and costliest ever for global action stressing the need for political leadership, government ownership, adequate investment, good planning, national oversight and accountability. The Secretariat was confident that both countries had oversight mechanisms in place and ensured that the endgame strategy will run under a public process promising a plan by early 2013 ready for next WHA.

In summary, the exportation of polio to China, Uganda, Kenya and other parts of the world by Nigeria and Pakistan was acknowledged as a threat to global health security, with calls to increase funding and cross-border eradication efforts. It was to be retained as a global health emergency and eradication action was to be operated as such.

Elimination of schistosomiasis (EB Document 130/20)

The discussion was mainly animated by endemic countries (China, Thailand, Sierra Leone, Somalia), US and UK. Morocco was the first in taking the floor presenting the successful results they achieved in the elimination of schistosomiasis. While Somalia drew the attention on the importance of control activities and drug provision, Thailand broadened the picture recalling the socio-economic roots of this neglected tropical disease. The Thai delegate explained that people suffering from schistosomiasis are fishermen, irrigation workers, children playing and women washing clothes in contaminated water, and stated that “*they share a common ground: they are poor*”.

Also UK stressed the need for integrated strategies such as water and sanitation improvements for optimizing results and resources.

On a technical side, US stated that it is premature to talk about elimination of the disease in

some countries and suggested to use the word “control” in the draft resolution.

Among civil society organizations, the only one who took the floor was the “International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)” which is actively engaged through donation programmes. The speaker reminded the generous donation of Praziquantel by Merck Sharp & Dohme and emphasized the need for this drug to become available in big quantity. He also announced that next month more drug donations will be made.

After Dr Nakatani from the Secretariat had summarized the main points of the discussion, the resolution was adopted with few amendments, in particular the words “*water, sanitation, and hygiene interventions*” were introduced in paragraph 3.

Despite this small change, the draft resolution is quite disappointing. Indeed, it is focused almost entirely on scaling up preventive mass praziquantel treatment without recognizing that the elimination of such a disease calls for a more broadly based strategy than continuing periodic mass treatments.