

## Highlights from the sixth day of the 130th Executive Board

Geneva, 21.01.12

### **Draft of the global vaccine action plan: update (EB 130/21, EB 130/Conf.Paper No.1, EB 130/Conf.Paper No.1 Add.1, EB 130/Conf.Paper No.6 and EB 130/Conf.Paper No.14)**

The discussion on vaccines focused on a general issue - the development of the global vaccine action plan - and two specific draft resolutions: the "World Immunization Week" and another one called "Towards eradication of measles".

Both resolutions were released very late, respectively on January 16th and January 18th; the first one was proposed by Barbados and requests Member States to designate the last week of April as World Immunization Week. The second one was proposed by Ecuador on behalf of the Union of South American Nations (UNASUR) and, among other requests, urges Member States to establish a time frame for the eradication of measles.

Concerning the global vaccine action plan, many Member States (i.e. US and Japan) recognized the importance of this agenda item for global public health and for the achievement of the related MGDs. However, some concerns were raised on several issues. Japan requested the Secretariat to assess how the global vaccine action plan will coordinate with already existing programmes on immunization in order to avoid duplication especially at the field level.

Estonia, on behalf of EU, reminded the importance of the rational use of immunization and called WHO to play a crucial role in norms setting and technical support within the Decade of Vaccine (DoV) Collaboration. On the same way, France asked for more information on the WHO relationship with GAVI alliance and the other partners of the DoV Collaboration.

France and US requested also clarification on the establishment of a "vaccine access forum" and its operational implications.

Timor-Leste raised an interesting point by saying that despite huge achievements, immunization coverage remains still low in some countries due to limited financial support. Therefore, they asked the Secretariat to include in the report detailed information about immunization coverage and its linkage with economic situation of different countries.

China highlighted the importance of promoting technology transfer in order to facilitate local production of vaccines at country level.

The last point that deserves to be mentioned is the US statement on the use of the words "access to" and "use of" vaccines. In its opinion access to vaccine is not sufficient and the delegate pushed to add the word "use of" into the document thus slightly reducing the meaning of immunization to a consumable good.

The People's Health Movement presented a statement in which civil society urged Member States to carefully consider how conflicts of interest will be tackled in the "vaccine access forum" since it

will include stakeholders with commercial mindsets that might rival public health goals. Moreover the statement affirmed that immunization programmes should not be seen as a substitute to the broader range of public health measures, such as access to primary health care services, health education and the availability of safe drinking water and sanitation.

The Assistant DG (Family, women's and children's health) took the floor answering that further clarifications on Member States requests will be given after the special session of the Strategic Advisory Group of Experts (SAGE) on immunization that will be held next February in Geneva. Addressing the France concern, she affirmed that *"up to now the DoV collaboration has been an extremely positive one and we are working hand in hand with all the partners of the DoV collaboration"*.

Concerning the resolution on measles proposed by Ecuador, Estonia and Ecuador itself asked for the inclusion of the vaccination for measles in the draft global vaccine action plan. US among others asked to replace the word "eradication" with the word "elimination" in the text of the resolution because the goal of eradication is still not achievable. After this amendment the resolution was adopted.

The resolution "World Immunization Week" obtained wide support since it could be a window opportunity. However Thailand sharply drew the attention on the risk that the private sector could take advantage of this event to market indiscriminately its products suggesting that the best option is to promote only basic and evidence-based immunization programmes.

### **Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: report of the Working Group of Member States (EB 130/22, EB 130/22 Add.1)**

Under this important Agenda Item, EB Members have agreed to the new "Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products" proposed in document EB130/22. Several developing countries, however, quite strongly pointed out that the mechanism failed to address the WHO's relationship with the International Medical Products Anti-Counterfeiting Taskforce (IMPACT). On the other hand, interventions by developed countries, such as Canada, Japan, Switzerland and the US, encouraged the involvement of other "stakeholders", including the private sector, and somehow necessitated and legitimised the existence of IMPACT until the mechanism is put in place.

Argentina announced will host the first conference on SSFFC, and invited all Member States to this meeting in Buenos Aires in October, saying that they bear the cost of the participation of delegates. Its proposal will be finalised by the 65th WHA in May.

Norway, among others who showed some reluctance to accept meeting outside Geneva, suggested that a preparatory meeting be held in Geneva prior to that in Buenos Aires.

The EB took note of the report with the proposed mechanism, and accordingly, a draft resolution

will be submitted to the 65th WHA in May 2012 calling for the setting up of this mechanism, and for the WHO to increase its efforts in strengthening regulatory capacities in countries and regions where needed.

India said that IP enforcement should remain outside discussions on QSE (Quality, Safety and Efficacy) at the WHO, attributing the problem of compromised medicines to weak drug regulatory structures, and called for severing any links with IMPACT.

Nigeria, speaking on behalf of the African Region, acknowledged the fact that SSFFC medicines comprise a major public health challenge to the region. Nigeria encouraged the WHO's work on medicines supply chain security, local production, capacity building, and multisectoral collaboration to ensure access to QSE medicines.

Mexico drew the attention of the EB to the fact that the report only refers to medicines, whereas there are other products on the market, which the media promotes as medical when they are not related to medicines at all. Mexico believed these products should be controlled as well.

Brazil, a non-EB Member, mentioned the emergence of anti-counterfeiting measures linked to TRIPS-plus standards and IP enforcement, giving the example of the Anti-Counterfeiting Trade Agreement (ACTA), and the 19 detentions by customs authorities of medicines in transit through the EU. On IMPACT, Brazil strongly believed that this essential aspect of the deliberations cannot be left unresolved in the proposed mechanism.

Iran, also a non-EB Member, expressed its "deep concern" regarding the lack of finances in the area of QSE at WHO.

Bangladesh and Thailand as well were concerned about the mechanism not addressing WHO's relationship with IMPACT.

The WHO Secretariat responded to queries and concerns by MS, particularly on limited finances directed to QSE work, saying that it would be difficult to mobilise extra budgetary resources for what is considered core work of the WHO.

### **Consultative expert working group on research and development: financing and coordination (EB130/23)**

The EB discussed the report by the Secretariat contained in document EB130/23.

Several delegations said they were looking forward to receiving the full report by the Consultative Expert Working Group (CEWG) in April 2012.

Upon a request by Norway, seconded by Canada and Estonia among others, the Secretariat agreed to hold informal meetings in Geneva in preparation for the 65th WHA in May to update delegations on the progress of the CEWG after the report is released.

In a rather controversial intervention, Switzerland noted that time will be tight from April, when the report will be published, till the WHA in May making it not possible for them to take a decision

about it, and suggested having a one-year process to consider the report before any decisions are taken. This proposal was invalidated by Brazil on the grounds that the EB cannot change the mandate put forward by a WHA resolution, referring to WHA63.28 establishing the CEWG.

China also proposed public information sessions be held, and that all relevant documents be made available on the WHO website.

In their statement, Brazil, a non-EB Member, noted that there are “enormous inequalities” which still remain around the world, highlighting that there is nearly 2 billion people deprived of access to essential medicines, most of them living in poverty in developing countries. Brazil attached high importance to the full implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

Bolivia, also a non-EB Member, said it has been following the CEWG process, and mentioned their five original proposals to the Expert Working Group (EWG) to seek innovative ways to encourage research on diseases which particularly affect developing countries, while also delinking cost of medicines from research expenses.

In response to interventions, and in addition to holding a briefing meeting in Geneva, the Secretariat clarified that two regional consultations could not be held (EMRO and EURO) because of the inability of the regions to define dates, although the Secretariat has been proactive in terms of approaching the regions.

The EB took note of the report.

### **WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies (EB130/24, EB130/Conf.Paper No.9 and EB130/Conf. Paper No.9 Add.1)**

While recognizing progress made by WHO as health cluster lead, Member States expressed the need to improve quality, predictability, fastness and coordination of WHO's response. The EU, Canada, Norway and the UK urged WHO to work together with OCHA and fully participate in the IASC reform agenda. Mozambique for the African Region called for more intersectoral cooperation at country level, as the current multiplicity of actors is complicating joint planning. Dr. Chan said this was difficult because of the reluctance of some (I)NGOs to be coordinated by WHO. She called upon donors to hold these actors accountable, as they were doing for WHO. Mozambique and Norway urged for more involvement of local and national NGOs and Bangladesh called for more participatory and community-based approaches to engage affected populations.

Almost all acknowledged national capacity strengthening as the highest priority. While the US was calling to increase WHO's surge capacity, Bangladesh, China, Chile, Turkey and Norway stressed it's role in *supporting* countries, who should remain in the driving seat. The importance of disaster risk reduction and preparedness was emphasized. India stated that increasing community

resilience is of utmost importance and called for the integration of a PHC approach in WHO's response. Turkey pointed out the possibility of using existing country-expertise for rapid deployment instead of bringing in expats. Libya mentioned problems with timely delivery of medicines because of the complicated WHO procurement process. Mozambique noted the lack of exit-strategy and difficulties in the transition period. This was recognized by Bruce Aylward (ADG) as one of the major shortcomings of WHO's work in emergencies and in the IASC reform agenda. It was put on the to-do-list for next year.

Another important area of concern was the chronic lack of funding WHO is facing, always around 40% of what is required. This has led to the closure of the health cluster in many African countries. The EU and Bangladesh called upon Member States to increase the predictability and flexibility of resources. India noted that the Regional Emergency Response Funds should be further strengthened. The UK supported mainstreaming of cluster coordination costs and would like to see this reflected in the draft budget for the next biennium. Norway expressed concern about the critical staff situation at HQ, Bruce responded that the reform of WHO's emergency department has actually led to an increase in staff in critical areas (more at regional and country level).

The World Medical Association took the floor to complain about attacks on health-care workers. Dr. Chan and the US agreed that humanitarian space was a critical issue. Unfortunately this did not spark a debate on civil-military cooperation and integrated missions, one of the important drivers of increasing attacks on humanitarian personnel.

For the PHM comment that was shared with some delegates (India, Bangladesh, Norway and Ecuador), click [here](#).

The draft [resolution](#) introduced by the EU, Norway, Japan, US, Australia, Argentina and Mexico was adopted. Amendments made during the week were reported by EU without further comments.