

PHM daily briefing of the WHO 152 EB Meeting: Day 4 (February 2, 2023)

Report prepared by PHM's WHO Watch team

MORNING Session

The day started on time with discussion of agenda item **9. Draft global strategy on infection prevention and control (IPC) (Documents [EB152/9](#) and [EB152/9 Add.1](#))**. *Denmark* started by acknowledging the silent pandemic of Antimicrobial Resistance (AMR) and the need to address it through also **primary care for controlling transmission of AMR in the communities**. Hygiene and sanitation are essential as well as use of vaccines. *Russia* put importance in **advancing surveillance systems at different national levels** which can monitor microbials and to be used for epidemiological control and surveillance. They took issue with the **language in the document** which was deemed **incorrect for referring to sexual minorities**. They asked to correct the mistakes prior to bringing it to the World Health Assembly (WHA) so it can be adopted. *France* emphasized that infection happens not only in healthcare but also in communities. They urged prompt implementation of the global strategy and pointed out the **need to develop shared indicators and to ensure the availability of IPC data in surveillance networks**. *Malaysia* supported the strategy and suggested **IPC be included into World Health Organization (WHO) biennial Budget** to ensure sustained implementation. *The UK* pointed out the need to strengthen vaccination, water, and sanitation programs; adding that this **should be interlinked with pandemic treaty/accord discussion**. They further emphasized the often overlooked cost-effectiveness of a strategy, which was critical. *Korea* said to enhance management of healthcare facilities and environment and **address blindspots** in advancing IPC in the national system. *Maldives* reminded again that LMIC were **struggling with implementing IPC and patient safety strategies** and asked for cross cutting similar strategies among Member States (MS). Therefore they endorsed the strategy to be adopted. *India* stated that WHO should be provided for implementing intervention at national level. Efforts need to be stepped up as well as vaccination. They asked for **sustained investment for IPC for targeted countries**. *Peru* pointed out the need to strengthen **collaboration of IPC and other related plans**, such as the AMR plans. *China* mentioned the need to **clarify multisector responsibility** and importance of legislation in IPC. *The USA* emphasized multisectoral approach and the need to **transition covid 19 investment to IPC** for sustainability. *Japan* would like to contribute to IPC globally by **building evidence in collaboration with stakeholders**, *Botswana and Namibia* echoed this sentiment and added the importance of reaching out to communities and addressing the gap between private and public health care facilities. *Madagascar* asked to **effectively involve the private sector** and educate the public in IPC strategy and recommended that the draft be decided before the next WHA. *Oman* advised that the momentum of Covid19 be used to provide MS guidance for IPC. *Syria, on behalf of the Eastern Mediterranean Region*



(EMRO), informed that 14 of the countries in the region had required IPC structure and 17 guidelines were developed. They also pointed out that the IPC strategy contained terminology which had been used without prior consensus, i.e. the English term “Sexual orientation” They **preferred non-polemical language be used** so that the draft strategy could be adopted in the next WHA. *Slovakia* highlighted the need for better coordination and consultation between intersectional periods and **establishment of a Working group** to better incorporate **modern biology risks** related to the increasing human activity. *Brazil* promoted access to affordable and equitable access for **local production and innovation of new antimicrobials** as a strategy which was later echoed by *Bangladesh*. *Afghanistan* advised that **hospital acquired infection strategy might not be relevant in places that lack infrastructure** and asked for more emphasis in surveillance. *Germany* advised to involve patients in the creation of patient safety tools while *Australia* asked WHO to help more in developing countries experiencing challenges. There was no objection and the draft was adopted, but *Russia* warned the Executive Board (EB) to ensure amendments be made to exclude words that had not been consensually agreed in order to avoid repeating past disagreements in WHA76.

Moving on with agenda item **10. Global road map on defeating meningitis by 2030 (Documents [EB152/10](#) and [EB152/10 Add.1](#))**. *Paraguay* opened by stating the need for sufficient resources at all levels with **guarantee access to vaccines for all generations**. *Senegal, on behalf of 47 MS in the African region*, advised **inclusion of prevention, detection and follow up of patients** and emphasized the importance of Universal Health Coverage (UHC) and Primary Health Care (PHC) in putting forward surveillance. *Brazil* emphasized the crucial role of routine immunization activities for PHC, affordable technology and vaccine sharing, and mobilization of resources. They encouraged **integrating meningitis into programmes of comprehensive PHC** to also improve surveillance and research. *Russia* asked that the work of the technical task force quickly concluded and economic and financial requirements be prepared. *Ghana* asked the Secretariat to help mobilize resources and implement national strategic plans and asked the Director General (DG) to report on the progress regarding the global roadmap. *Malaysia* pointed out the **importance of a strategic support group** to bring together government, Non-State Actors (NSAs), and private partners for everything including financial. *India* sought **clarity on how the goals should be implemented on a national level** and suggested collaboration among MS for a people centered approach. They also asked the Secretariat for adequate vaccine stocks for meningitis and for support for appropriate infrastructures. *Japan* welcomed integration of Meningitis to PHC and advised **strengthening early laboratory diagnosis capacities** at the same time. *Maldives* emphasized strengthening prevention in PHC which required **improved laboratory capacity and surveillance** and recommended **coordination for testing capacities**. They reminded us that progress is limited by dispersed geography and resource constraints are limiting our progress. There was no objection and the draft was adopted.

Next was agenda item **11. Standardization of medical devices nomenclature (Document [EB152/11](#))**. *Denmark, on behalf of the EU and candidate countries (Moldova, Norway)*, opened by



informing that European Medical Device Nomenclature (**EMDN**) **nomenclature** is free and has met the criteria for global public good. It is **available and can be used for global public use**. They asked WHO to specify timeline and deliverables and make it clear to MS. *China* informed that the new **national Chinese database is available for all countries to use**. They also hoped to participate in technical work. *Canada* did not support the existing nomenclature in the platform because they were concerned with trusted information and cost. They warned that the **copying and mapping data from different sources has an impact and may lead to confusion**. *Malaysia* asked WHO to **consider the grouping criteria** of medical devices that had been implemented. *Ghana, on behalf of 47 MS of Afro region*, asked the Secretariat to **provide training on the use of nomenclature** to track medical devices in the region. *Syria* appreciated WHO's effort and stated the fact that we couldn't ensure all MS get medical devices if they are under **sanctions**. *Moldova* reminded us that the **regulation of medical devices was undeveloped and undefined**, but countries are rapidly developing their ability. They emphasized the need for specialist training. It is important for reducing conflicts of interest and corruption risk as well as inefficient use of public resources. *India* asked WHO for an evidence-based database and guidance on medical devices. *Korea* reiterated the importance of classification and nomenclature system; **a reliable asset to the countries' regulatory system**. *Russia* insisted that it was **premature to come up with a single system now**. The report was noted without objection.

Discussion on agenda items **13.1 Poliomyelitis eradication (Document [EB152/18](#))** and **13.2 Polio transition planning and polio post-certification (Document [EB152/19](#))** started. *Brazil* was concerned about outbreaks in countries around the world. The **return of Polio** which had long been predicted by the scientific community had become real. They maintained that **eradication is still feasible and needed**, with support from Global Polio Eradication Initiative (GPEI). *Afghanistan* was concerned about the safety of **community health workers**. There had been **targeted attacks and they, mostly women, were killed during polio vaccination**. There were also clashes at the Afghanistan-Pakistan border. Therefore, they proposed **context-specific tactics** be developed. The meeting was adjourned until after lunch.

AFTERNOON Session

The meeting continued after lunch break for **agenda item 13**. *China* said that **global eradication must cover the zero-dose community**. They also called to maintain high polio vaccination rate and called other MS to help reduce Wild Poliovirus outbreaks in key regions. *Canada* asked for commitment to funding GPEI and said that global discussions on **PPR** could be an **opportunity for leveraging and transitioning polio prevention assets, including emergency operation centers**. *Peru* stressed the need for intervention strategy for hard to reach areas with promotion of **communication messages which are adapted to people needs**. *Senegal, on behalf of the AFRO region*, reiterated commitment for a polio-free world. They said that polio eradication **financing needed to be stepped up** as well as



surveillance of vaccine derived polio. They emphasized the importance of **political commitment even after eradication**. *India* stated that their government had provided all the funding for Polio but asked WHO to develop a funding plan by engaging with key stakeholders including private sector organizations so that **new funding sources could be explored to supplement traditional sources**. *France* called for health system strengthening and noted the **vital role of civil societies and community workers in eradicating polio**. *Russia* was wondering why the report seemed to be focused on AFRO, South-East Asia Region (SEARO) and EMRO regions when **vaccine derived polio had been known to “be imported over distance” because of the presence of vulnerable groups and gaps in surveillance**. They asked to reconsider measures regarding non-epidemic countries. *The UK* asked WHO to set out clearly how it plans to ensure lessons learned on effective eradication will be implemented in 2023 because 2022 has shown that **progress is fragile**. They especially asked WHO to spell out how it plans to **collaborate with GAVI on reaching “zero-dose children”**. *Korea* encouraged **MS to quickly allocate an appropriate level of resources** with regards to surveillance; on the other hand, *Syria* stressed that **sufficient funding must be ensured to guarantee effective surveillance** of new cases. *The USA* called on GPEI to enhance the polio surveillance gap in Pakistan, Afghanistan, and southern Africa. They emphasized that **polio is still a Public Health Emergency of International Concern (PHEIC) under International health regulations (IHR)** and the same sentiment was echoed by *Timor Leste*. *Yemen* was concerned that small flashpoints in Afghanistan and Pakistan could risk further regional spread and ask for more efforts to prevent this through prioritizing routine immunization and **targeting zero-dose children in countries with protracted outbreaks such as Somalia and Yemen**. *Malaysia* pointed out that **polio emergence in the UK and USA show that polio can happen anywhere**. They emphasized on strengthening surveillance and asked that laboratory framework be given priority in polio transition. *Paraguay* stated the **need to analyze financing needs and opportunities** across different countries and asked that **oral vaccines** be used to reach **high risk children in hard to reach areas**. *Moldova* informed that immunization has decreased due to the war in Ukraine and migration of 20,000 or more children. **Vaccination data also did not exist for children from Ukraine** and called on WHO to consider making the immunization program a priority among refugees. *Colombia* stated that vaccine-derived polio outbreaks pose **a challenge to the effectiveness of the Global Health architecture**. *Slovakia* echoed Moldova and Senegal and asked WHO and partners to work more to encourage **special contextualisation of services especially in conflict settings and in vulnerable communities** with fragile health systems. The same idea was echoed later on by *Ethiopia*. *Slovakia* expressed that more needs to be done on **policies in humanitarian settings and communications to anti-vax parents** who are a vulnerable group in non-conflict settings. *Yemen* asked that **social aspects and tradition** be implemented in immunization campaigns. They admitted to **difficulties in launching campaigns** in the north due to the position of the militia there and that they were reliant on technical support from various actors. *Maldives* stressed the need to **transition from Oral Polio Virus (OPV) to Inactivated polio vaccine (IPV) to decrease the risk of vaccine-derived Polio** and ensure financial sustainability.



Monaco mentioned that **bottom-up awareness campaigns are needed** to increase trust in vaccination amongst families. *Pakistan* claimed that they have had **no case since September 2022** and assured their continued efforts to reduce cross border polio transmission. *Zambia* reported to have been responding to **Wild PolioVirus (WPV) outbreak** and also concerned about the **reemergence of type 1 and vaccine derived polio**. They proposed more engagement with other partners such as the Global Fund. *Germany* pointed out that polio infrastructure has been a major asset in many countries including in fights against Ebola and Covid19. It is important to **sustain polio assets post-transition** and therefore they supported **integration of polio resources into WHO base budget in 2025**.

Regional Director of AFRO confirmed that the region is dealing with outbreaks of vaccine-derived polio virus, **reflecting deteriorating vaccine coverage** in the area and reminded MS to continue to **destroy unnecessary infectious materials** as part of national containment strategies. *Aidan O'Leary, Director of Polio Eradication*, said that lessons had been learned and that the key to success is **listening and responding to the virus, and doing so with political will**, engaging with communities and integrating where feasible, and reaching these children who are missed. In actuality the number of **cases in Afghanistan and Pakistan has sharply reduced** and it is unprecedented. **Malawi and Mozambique also have not had any cases recorded of wild poliovirus 1 since August 2022**. He was confident to reach the targets this year. *DG Dr. Tedros* said "The last mile is the hardest and we should not open any room for complacency. This is where we double down." The report was then noted without objection.

Moving on to agenda item 7 **Substandard and falsified medical products (SFMPs) (Documents [EB152/7](#) and [EB 152/7/Add.1](#))**. *Denmark* opened by stating the need to **fight the illegal chain of distribution** which requires resource and planning as well as prioritizing capacity building. They encouraged **stronger regional coordination** to optimize use of resources and capacity. *Brazil* supported an initiative to affordable safe medicines and *Paraguay* expressed interest to participate. *Syria, on behalf of the EMRO region*, agreed that **SFMPs were a danger to public health** and this was amplified in Covid19. They asked WHO to give technical assistance to MS and share information to ensure the right information gets to the right people. *Senegal, on behalf of the AFRO region*, called for more funding to combat the **scourge of the circulation of SFMPs**. They observed that **the problem manifests differently in different places** and asked the Secretariat to **facilitate the sharing, pooling of information** among MS and create platforms for it. *Maldives* echoed the same sentiment and requested that proper methodology between regulatory agencies be developed. *Russia* pointed out that there had been **politicized elements** in the effort for good quality and affordable medicines which made it problematic; for example, e.g. in a technical seminar on SFMPs detection, one party was not allowed to participate. They reminded WHO of its status as an independent actor that protects health and the health system. *Timor Leste* thanked WHO for the **alert on pediatric formulation contamination** which they found helpful. Because of it, contaminated products were recalled in a timely manner. *Malaysia* urged to focus on distribution and supply of



products via the internet and mentioned the need to develop mechanisms to **monitor distribution of Falsified Medical Products (FMP) in the informal market**. *Colombia* requested information about best practices in tackling SFMP to adjust them to the country's circumstances. They also reminded that **many countries were only just starting to develop regulatory capacities and it shouldn't be equated with low standards**. *Botswana* and *Australia* expressed concern about incidents of contaminated cough syrup for children and *Indonesia* confirmed that pediatric cough syrup contamination resulted in the death of many children. *Thailand* warned that **regulations should not act as a barrier for access to generic products**. *Dr. Hanan Baiki, Assistant DG*, maintained that WHO had issued an immediate statement in January 2022 with regard to the contaminated cough syrup issue and that WHO had been instrumental in strengthening NRA and National Regulatory Agencies. There was no objection, the report was noted and a draft decision adopted.

Next on the agenda was item **8. Strengthening rehabilitation in health systems (Documents [EB152/8](#), [EB152/CONF./1](#) and [EB152/CONF./1 Add.1](#))**. *Japan* opened by stating that **“rehabilitation needs to be strengthened to achieve UHC”** and medical insurers needed to be reimbursed properly. They called for the participation of employers. *Peru* stated that it was important to show cost-effectiveness of interventions. **Rehabilitation should be an essential part of UHC and PHC to help with planning and budgeting**. *Paraguay* reminded that **“we cannot talk about UHC if we do not talk about integrating rehabilitation on all levels”**. Accessibility, affordability and quality must be increased for all who need it, therefore strengthening rehabilitation services must be **appropriately financed**. *Denmark* joined the consensus and reiterated that rehabilitation should involve strengthening diverse capacities, including in the area of mental health. They reiterated commitment to reproduction and sexual rights which was later echoed by the UK. *Maldives* admitted to **workforce challenges, including reliance on expat workforce**, which had impacted integration of services. They expressed the **need for a bottom-up approach** to develop a rehabilitation system and incorporate rehabilitation in a broader context. *France* emphasized the importance of rehabilitation services and **not only in an emergency context**. Specialist training was needed and there must be equity in access. *Malaysia* informed that **physiotherapy remained a challenge at community level** and therefore services should be made available at community-based centers and or family care. The meeting was adjourned for half an hour and would continue for an evening session.

EVENING Session

Agenda item 8 discussion continued. *China* encouraged social actors to make rehabilitation available. They appreciated the draft resolution and reminded that stakeholders could help in reaching the goal. *The USA* stated that there were **significant gaps with regard to access** and asked WHO to support countries in integrating rehabilitation into health systems. *Ethiopia, on behalf of 47 MS in AFRO region*, reminded us that 50% of people in LMIC did not receive the rehabilitation they needed. **Rehabilitation**



services should be recognized in UHC. There needed to be a **strengthening in capacities and funding** in collaboration with all stakeholders to engage communities in hard to reach areas. They call on WHO to increase support of national efforts. *Afghanistan* mentioned that conflict had direct and indirect consequences on affected countries. They repeated that **rehabilitation should be in UHC** and should be regarded as human needs, not perceived as consumption. *Russia* acknowledged that strengthening rehabilitation in health systems was necessary, particularly with regard to medical staff. *Slovakia* reminded that disabilities had implications on the quality of life of not only patients but also their families and communities. Therefore, it was **vital to integrate psychosocial services**. *Colombia* informed that they were working hard to **amend technical guidelines to guarantee fundamental rights to health**. This would help them recover from the pandemic and support the demographic transition of an aging population. They requested that the documents be translated and disseminated. *India* emphasized comprehensive access to quality technology, improvement of communication strategy, and **engagement of civil society**. They said that local manufacturers should be encouraged and that **WHO should encourage investment in affordable devices**. *Israel* pointed out that rehabilitation was often an out-of-pocket expense and therefore it **should be ensured as part of UHC**. **Critical role of the workforce** and the need for continuation of care must be acknowledged, as well as physical and mental health challenges. There was also the problem that WHO only had 2 full time rehabilitation experts across the six regional offices. *Thailand* wanted rehabilitation to be **included as part of the UHC benefit package**. LMIC should **contract out R&D** in manufacturing effective tech at affordable cost. *Argentina* asked for a human right and gender sensitive approach while *Ecuador* requested support for community-centered strategies. *Namibia* called on the Secretariat to support countries in the **local production of assistive technologies** to narrow the gap in access. *Tanzania* informed that 60% of stroke sufferers below 45 years old did not have access to rehabilitation services. They also advocated for **functional rehabilitation for children** with autism, down syndrome and others. *Assistant DG* noted the comments and agreed that **mental health is an essential part of the package**. Overall, countries agreed that rehabilitation should be included as part of UHC. The report was noted without objection and the draft decision was adopted.

Moving on to agenda item **6. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health • Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (Documents [EB152/6](#) and [EB152/6 Add.1](#))**. *Singapore* mentioned that digital health could make healthier behavioral changes. *Argentina* emphasized the need to **strengthen mental health support measures during emergencies**. *Thailand* thanked WHO for the evidence and cost-effective intervention. They acknowledged that NCD was a major public health threat influenced by **social and commercial determinants and therefore required government interventions**. They supported the revised amendment in Annex 3. *Norway* thanked the Secretariat for cost-effective interventions and emphasized the need for policy to address risk factors and determinants. They noted that the **list of policy options were new ideas and should be considered by the**



assembly. *Namibia* reminded us that one billion people live with mental health disorders, but **less budget goes to mental health**. There needed to be a reduction of out-of-pocket payment and strengthening of the mental health workforce. They supported Appendix 3 and the draft decision. *Fiji* pointed out that **the guidance was missing measures that could affect taxation, marketing and availability of alcohol**. *New Zealand* asked **Appendix 3 be updated** and asked the Secretariat to ensure that MS are able to implement policies that are said to be cost-effective. *Uruguay* requested clear guidelines to address conflict of interests issues. *Italy* expected an inclusive and transparent approach and called for scientific evidence for developing cost-effective interventions. *Belgium* was concerned about the fact that no country is on track to achieve the goals for 2025. They stated that **'Best buys' recommended by WHO is critical** to tackle the issue. *Finland* supported the update of Appendix 3. *South Africa* supported the draft and asked to prioritize mental health. *Tanzania* informed that LMIC were burdened with NCD but investments were not in line with the burden. They called on the Secretariat to **prioritize early detection and facilitate access to vaccines for vaccine preventable cancer**. *Palestine* informed that people suffer from NCD resulting from several factors, one of which is the longstanding Israel occupation. **Medical supply was confiscated during the pandemic**. *Ethiopia* asked the Secretariat to consider other interventions such as in **pre-hospital settings** and hoped to be able to assist in this development. *Assistant DG* maintained that **NCDs and mental health packages weren't just aspirational but achievable** and the Secretariat would support MS in implementation. They also reiterated that **UHC shouldn't focus only on time-bound elimination of diseases but on health and wellbeing for all**. They thanked the AFRO statement on the need for affordable and quality medicines for NCDs and confirmed they were **exploring all possible avenues including through WHO pre-qualification (PQ) process and engagement with the private sector**. They highly valued Brazil's wish to know the impact on equitable and vulnerable populations with implementation of the plan. There was no objection. The report and the draft decision EB152/6 Add.1 was adopted.

Meeting was adjourned until tomorrow morning at 10am. Agenda 14 to 19 would be discussed.



Health for All Now!
People's Health Movement