

Meningitis prevention and control

Draft Decision proposed by Benin, Botswana, Burkina Faso, Mozambique, Nigeria, the Kingdom of Saudi Arabia and Tonga

The Executive Board, having considered the progress report on the global vaccine action plan,¹ including the section on defeating meningitis by 2030;

And noting that the global fight against meningitis is a powerful lever to drive progress to achieve universal health coverage through the strengthening of immunization programmes and primary health care services and systems, and the improvement of infectious disease control, global health security and access to disability support, decided:

(PP1) to request the Director-General to finalize, in consultation with Member States and other relevant stakeholders, the development of a draft global strategy to defeat meningitis by 2030² to be submitted for consideration by the Seventy-third World Health Assembly;

(PP2) to take note of ongoing discussions on the draft resolution, contained in the annex to this decision, and encourages Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

¹ Document EB146/8.

² <https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1>, (accessed 3 February 2020).

ANNEX

MENINGITIS PREVENTION AND CONTROL

DRAFT RESOLUTION

The Executive Board,

Having considered the report on the global vaccine action plan,¹

RECOMMENDS to the Seventy-third World Health Assembly, the adoption of the following resolution:

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss, which urges Member States to ensure the highest possible vaccination coverage against several diseases, including meningitis; WHA70.14 (2017) on strengthening immunization to achieve the goals of the global vaccine action plan; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023; and in accordance with national priorities;

(PP2) Recognizing the reports by the Director-General on WHO's Thirteenth General Programme of Work,² and the global vaccine action plan;¹ and recognizing the draft strategy on defeating meningitis by 2030;³

(PP3) Recalling that meningitis is a threat in all countries of the world that presents a major challenge for health systems, which that can be dramatically disrupted in case of epidemics, and for the economy and society;^{3,4}

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and mortality for which it can be responsible, meningitis has a heavy social and economic cost, especially due to the loss of productivity it causes among affected individuals and their families, and the very high costs of providing care and support to those who are living with life-lasting sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis require a coordinated and multidisciplinary approach that includes: enhanced access to affordable vaccines, effective prophylactic measures and timely detection and response to epidemics; access to appropriate health care, early diagnosis and effective case management; strengthened surveillance and laboratory capacity for all main causes of bacterial meningitis and their sequelae; effective

¹ Document EB146/8.

² Document A71/4.

³ Defeating meningitis by 2030: a global roadmap (available at <https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1>, accessed 3 February 2020).

⁴ Defeating Meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf?ua=1, accessed 1 November 2019).

systems for timely identification and management of sequelae; access to appropriate support and care services for affected people and families; increased public and political awareness with regard to the impact of the disease and its potential to result in disability; improved health-seeking and access to control measures; and strengthened community involvement, including action on the social determinants of health;

(PP6) Acknowledging also that efforts to further prevent meningitis will also help in reducing the burden of other diseases due to meningitis-causing pathogens, such as sepsis and pneumonia;

(PP7) Further acknowledging that meningitis control is both a matter of emergency response in the case of outbreaks, and a matter of global development where the disease is endemic;

(PP8) Affirming that progress towards the 2030 Agenda for Sustainable Development – including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – would reduce the prevalence and spread of meningitis;

(PP9) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP10) Acknowledging that meningitis, as a disease of epidemic potential, has to be recognized in itself and reported, within national surveillance systems, as not doing so hampers effective control measures,

(OP)1. URGES Member States:¹

- (1) to foster the identification of meningitis as a State priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader control initiatives, or within national health, health security, development and Sustainable Development Goal implementation plans, where relevant, and national immunization, emergency and rehabilitation programmes;
- (2) to develop and implement a multidisciplinary package of selected effective prevention and control measures, including access to vaccines, prophylactic measures, targeted control interventions, appropriate health care and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;
- (3) to develop and strengthen services aiming to reduce the burden of sequelae for individuals who have experienced meningitis and are living with disability, in partnership with other groups involved in care for the disabled;
- (4) to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas with high-risk of meningitis transmission;
- (5) to establish national multidisciplinary meningitis prevention and surveillance mechanisms to coordinate the implementation of the control plan, ensuring representation

¹ And, where applicable, regional economic integration organizations.

of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

(6) in order to reduce the public health, social and economic impact, to strengthen capacity for: preparedness, in compliance with the International Health Regulations (2005); early detection and treatment, laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

(7) to strengthen surveillance and early reporting of meningitis in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including in respect of information on critical determinants and sequelae;

(8) to strengthen community engagement and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research in support of better prevention and control, including research for improved vaccines and vaccination strategies, and for better early diagnostics and treatment, and identification and management of sequelae; and for monitoring antimicrobial resistance;

(10) to refrain from implementing health measures that are more restrictive of international traffic, which would not improve, or would limit, access to medicines and other medical products used for treating meningitis in people of different ages, and that are more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(11) to establish national targets, when applicable, and make financial and political commitments to meningitis control with national implementation plans for the Sustainable Development Goals;

(12) to consider the implementation of the points above in the light of the overall context and the objective of health system strengthening, in particular in respect of primary health care services and access to health for all;

(OP)2. REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of meningitis in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Defeating Meningitis by 2030 Technical Task Force and the WHO Strategy Support Group, secretariat and working groups, including by providing technical support and operational guidance to countries for meningitis prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative “Defeating Meningitis by

2030: A Global Roadmap” and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources;

(4) to continue leading the management of the vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational), including providing support to gradually transition from polysaccharide to affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and the Gavi Alliance;

(5) to monitor and support long-term meningitis prevention and control programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and evaluation agenda for meningitis, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation, and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

(7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;

(8) to submit a report to the Executive Board at its 148th session, and to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, reviewing the global meningitis situation and evaluating efforts made in meningitis prevention and control.

= = =