

Agenda Items: 13.1, 13.5, and 13.8

Global Health Council in collaboration with AAP, DAI, GHTC, IDSA, MSH, and PIH are grateful for the opportunity to comment on the IA2030 and AMR agenda items.

The COVID19 pandemic has overwhelmed immunization infrastructure, impacted the global supply chain, increased the incidence of antimicrobial resistance, and impacted gains made in immunization campaigns around the world. Vaccines prevent 4.3 million deaths each year—but they have the potential for an even greater impact, especially in children. Disrupted immunization services and supply chains have left millions at risk and widened inequities. It has never been more important to recover lost ground on immunization progress.

Immunization is a pillar of people-centered primary health care, and we urge WHO and Member States to strengthen vaccine-related research and innovation with the most vulnerable populations in mind. Achieving vaccine equity will require engaging with communities, including the most marginalized, increasing investments in health workers, and enhancing sustainable financing mechanisms to leave no one behind.

We call on WHO and Member States to focus on the full spectrum of innovations that support immunization programs, from storage, manufacturing capacity, new vaccine administration infrastructure, co-administration with other health interventions, to novel service delivery that encourages vaccine confidence. In addition, testing is an essential enabler of vaccine development and crucial for ongoing public health surveillance.

We urge Member States to integrate accountability mechanisms for commitments made to IA2030, including an annual mechanism for reporting progress through the EB and wider Assembly.

Due to waning private investment in antibiotic development, Member States should invest in new tools, including new quality-assured antimicrobials, novel compounds, diagnostics, and vaccines to fight AMR. Any incentives for R&D should address stewardship, and public investments should be conditioned upon the accessibility of novel technologies to fight AMR. Other proven strategies including infection prevention and control, and surveillance also require similar attention.