

**PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING**

**WHO headquarters, Geneva  
Monday, 25 January 2016, scheduled at 09:30**

**Chairman: Ms M. P. MATSOSO (South Africa)**

**CONTENTS**

	<b>Page</b>
<b>1. Opening of the session and adoption of the agenda .....</b>	<b>2</b>
<b>2. Organization of work.....</b>	<b>2</b>
<b>3. Report by the Director-General .....</b>	<b>3</b>
<b>4. Report of the regional committees to the Executive Board.....</b>	<b>8</b>
<b>5. Preparedness, surveillance and response</b>	
<b>Implementation of the International Health Regulations (2015)</b>	
• <b>Report of the First Meeting of the Review Committee on the     Role of the International Health Regulations (2005) in the     Ebola Outbreak and Response.....</b>	<b>9</b>

## **FIRST MEETING**

**Monday, 25 January 2016, at 09:35**

**Chairman:** Ms M. P. MATSOSO (South Africa)

**1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the Provisional agenda (Documents EB138/1 Rev.1 and EB138/1 (annotated))

The CHAIRMAN declared open the 138th session of the Executive Board and welcomed all participants, who were close to 1000 in number, making it the session with the highest ever attendance in the Board's history. Highlighting the importance of the Board's work in guiding the Health Assembly towards sound decisions at a time of epidemiological and demographic change, when an ever-increasing set of demands was being placed on the Organization, she said that it was important for the Board to deal decisively with the matters before it – especially those that had been encountered by the Organization since its establishment and through its various phases of reform. Noting that the record number of agenda items suggested that further attention should be paid to the way in which the Board conducted its work, she expressed the firm hope that the current session would be remembered for its success in delivering reform in the latest reform process, which had been initiated by the Director-General in 2010.

### **Election of officers**

The CHAIRMAN noted that Dr Andrea Carbone, the Board member designated by Argentina who had been elected as a Vice-Chairman for the Region of the Americas at the Board's 137th session, had been replaced by Dr Rubén Agustín Nieto. The Member States of the Region of the Americas proposed that Dr Nieto should be elected as a Vice-Chairman for the remainder of the term. The European Region proposed that Dr Raymond Busuttil (Malta) should be elected Vice-Chairman for the Region for the remainder of the term in replacement of Mr Josep M. Casals Alis (Andorra), who had also been elected at the Board's 137th session, and was unable to attend the current session. If there was no objection, she would take it that those proposals were acceptable to the Board.

**It was so decided.**

### **Adoption of the agenda**

The CHAIRMAN proposed that agenda item 11.3, Amendments to the Financial Regulations and Financial Rules, should be deleted as the Secretariat had received no proposals for amendment.

**It was so agreed.**

**2. ORGANIZATION OF WORK**

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Executive Board as an observer. He

requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

**It was so agreed.**

**The agenda, as amended, was adopted.**

### **3. REPORT BY THE DIRECTOR-GENERAL:** Item 2 of the Agenda (Document EB138/2)

The DIRECTOR-GENERAL, introducing her report, drew attention to current threats in the area of infectious diseases, including further flare-ups to be expected in the wake of the outbreak of Ebola virus disease and the spread of the Zika virus to new geographical areas with low population immunity. The new programme designed to respond to disease outbreaks and humanitarian emergencies would have a single line of accountability, budget, set of business processes, staff and performance benchmarks that cut across all three levels of WHO. The changes would make WHO more able to support countries and build national and global capacity to prevent, detect, and respond to emergencies with health consequences, including the ongoing armed conflicts and protracted crises which had left 77 million people in urgent need of essential health care.

The adoption in December 2015 of the Paris Agreement under the United Nations Framework Convention on Climate Change had been a positive development, but more needed to be done to address the root causes of other health-related crises. Many of the goals of the 2030 Sustainable Development Agenda, with a specific target on universal health coverage under Goal 3, addressed the social, economic and environmental determinants of health. However, the Agenda's call for stronger country offices, greater emphasis on innovation and enhanced cooperation with partners and among sectors had profound implications for the way in which WHO operated.

The representative of ARGENTINA said that, in federal States like Argentina, health systems were often fragmented, which made the implementation of universal health coverage particularly challenging. WHO and PAHO should also address the problem of violence against health-care workers.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. Universal health coverage was crucial to the achievement of the Sustainable Development Goals. Investments made during the Ebola outbreak in 2015 needed to be translated into long-term strengthening of health systems, with a trained and motivated health workforce, well maintained infrastructure and access to affordable medicines and technologies. The current unprecedented number of migrants and refugees required WHO leadership and guidance, both for Global Health Cluster operations in countries affected by conflict and for countries of arrival, transit and destination of migrants and refugees. He encouraged the Secretariat to build on the experience of the Regional Office for Europe, which had developed technical support and guidance on public health aspects of migration for Member States.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the management of pandemic diseases required strong national health systems and an enhanced role for WHO. Effective implementation of the International Health Regulations (2005) and

guaranteed access to medicines, including local production, were crucial. WHO's efforts to promote and support research into new treatments, vaccines and medical supplies for Ebola virus disease should be expanded to cover the Middle East respiratory syndrome coronavirus (MERS-CoV) and Zika virus. Although the assessment of potential future health threats could enhance preparedness, the current focus on outbreak and emergency response must not detract from the implementation of the health-related Millennium Development Goals and Sustainable Development Goals. A clear road map was needed for transition between the two.

The representative of the RUSSIAN FEDERATION called upon Member States and WHO partners to focus their efforts on averting the resurgence of Ebola virus disease. The Russian Federation had registered two Ebola virus vaccines. Sustainable health systems were crucial both for routine health care and for guaranteeing emergency response capacity. Given the growing threat of antimicrobial resistance, he welcomed the decision of the United Nations General Assembly to hold a high-level meeting on the topic in 2016.

The representative of JAPAN said that WHO must cooperate with global partners in order to enhance the global health architecture and strengthen sustainable health systems capable of responding to future emergencies. Doing so would also help progress towards universal health coverage and global health security. Japan would contribute US\$ 10 million to the WHO Contingency Fund for Emergencies and increase its voluntary contributions by at least 50%, provided that convincing progress was made in WHO reform.

The representative of the UNITED STATES OF AMERICA expressed strong support for WHO's leadership in responding effectively to global health challenges, including emergencies. WHO must help to strengthen country capacity for detection, response and prevention; develop an accountable, credible emergency response system; implement an objective, transparent assessment of detection, response and prevention capabilities; ensure robust engagement with non-State actors; and employ excellent staff, while rewarding accomplishment and rejecting substandard performance. Unless reforms were undertaken urgently, partners would seek alternatives. He urged WHO to act on the recommendations contained in the report of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences.

The representative of CHINA, underscoring the need for increased efforts to implement reforms, said that WHO should continuously reform its internal functions to adapt to global health challenges. Although the Ebola outbreak was over, Member States needed to continue to strengthen their health systems and response capacities and WHO should explore different forms of cooperation and expand its provision of technical support in order to strengthen surveillance and response capacities for the prevention and control of infectious diseases. Achievement of the health-related Sustainable Development Goals would be contingent upon human-oriented health systems, peace and security and cross-sector cooperation. She drew attention to the 9th Global Conference on Health Promotion, to be held in Shanghai, China in 2016.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND encouraged Member States to support the One Health Initiative and to use the United Nations General Assembly as a platform to mobilize action. Urgent reform of the Organization's response to emergency situations was also crucial; an operational arm to prevent, detect and respond to such emergencies was needed. She welcomed the commitment of the Secretariat to responding to the recommendations of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, particularly as regards the need for a single programme, line of accountability and budget for emergencies, established standards and benchmarks, and transparency and independent advice.

The representative of BRAZIL emphasized the need for a detailed document to enable progress in WHO reform; a clear framework with rules that guaranteed transparency and avoided conflicts of interest was of particular importance for engagement with all stakeholders. It was essential to use the lessons learned from the Ebola virus disease outbreak to develop a more efficient response to public health emergencies. He expressed appreciation for the support of France, the United States of America and PAHO during the ongoing outbreak of Zika virus disease in Brazil.

The representative of the PHILIPPINES highlighted the usefulness of information sharing during emergency situations, as it facilitated the prioritization of activities and enabled governments, civil society organizations and the private sector to work together. The focus on antimicrobial resistance came at an opportune moment, although it appeared that some stakeholders had failed to grasp the urgency of the situation; WHO had a key role to play in preparedness in that regard.

The representative of KAZAKHSTAN welcomed the efforts of WHO on issues such as reform, noncommunicable diseases and antimicrobial resistance. He drew attention to the activities undertaken by his country in a number of areas, including noncommunicable diseases and their risk factors, road safety, maternal and child health, climate change and antimicrobial resistance.

The representative of FRANCE said that the health sector had a proactive role to play in the implementation of the Paris Agreement. Current and emerging health threats emphasized the need to strengthen international health security by improving operational capacities and implementing the International Health Regulations (2005). It was also time for tangible action on antimicrobial resistance through intersectoral activities, continued research, and guaranteed access to medicines and vaccines. In terms of WHO reform, a framework for engagement with non-State actors and increased efforts to align the work of the three levels of the Organization were vital.

The representative of CANADA stressed the importance of swift and transparent implementation of the reforms, especially the single emergency management architecture proposed by the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, and called for regular updates from the Director-General. He also encouraged Member States to reach consensus on issues such as the draft global plan of action on violence and the framework of engagement with non-State actors.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, drawing attention to the support his country had received from WHO and the World Bank in its efforts to achieve universal health coverage, said that it was important to remember the lessons learned from the Ebola outbreak. WHO's strong leadership at the national level and efforts to involve communities in the response had been crucial and the Organization must continue to share its experiences with countries in that respect.

The representative of THAILAND said that WHO should use the reform process as an opportunity to adjust its role, taking into account the challenges faced and lessons learned to date. The proposed new programme for health emergencies would contribute to global health security.

The representative of SAUDI ARABIA said that the importance of swift and effective reactions on the part of WHO was not to be underestimated, although the ideal first line of defence in health emergencies lay in working to strengthen health systems and response capabilities in Member States. It would also make sense to maximize the beneficial role played by non-State actors in supporting the work of the Organization. The major health challenges now facing the world called for prudent action to strengthen WHO with a view to the public good rather than any narrow conflicts of interest. Indeed, the outbreaks of MERS-CoV had brought home not only the need to review health systems and

prioritize public health and health emergency preparedness, but also the fact that public health was a universal responsibility.

The representative of JORDAN said that large numbers of refugees placed additional burdens on the health systems of host countries. The current refugee crisis was a global issue. WHO should play a leading role in managing the crisis by providing financial support for the regional offices that were helping to shoulder that burden.

The representative of SWEDEN, welcoming the focus on universal health coverage and the “health in all policies” approach based on evidence and lessons learned, highlighted the importance of actions to address antimicrobial resistance and the need to reform the Organization’s emergency response and put in place a single line of command and response and a single budget for those operations.

The representative of PAKISTAN said that it was important for all countries to incorporate the lessons learned from the Ebola outbreak into their health systems and to focus on implementation of the International Health Regulations (2005). Antimicrobial resistance needed to be addressed proactively, and intersectoral involvement must be well planned. The security of health workers continued to be a key challenge in many countries, particularly Pakistan, where they were repeatedly victims of attacks. Health systems strengthening and universal health coverage required attention in order to guarantee optimal country capacities.

The representative of the CONGO highlighted the importance of improved access to medicines, which would help in the fight against antimicrobial resistance; health system strengthening; support for Member States in the achievement of universal health coverage; and cooperation between global and regional structures on emergency responses.

The representative of the DOMINICAN REPUBLIC said that forums such as the Executive Board enabled Member States to work together on the development of effective strategies. Many health issues had their origins outside the health sector, and it was therefore important to focus on the economic, cultural and social determinants of health and adopt intersectoral and inter-institutional approaches. Developed countries must work with developing countries to mitigate any potential negative impacts of their policies.

The representative of NEW ZEALAND said that achievement of many of the Sustainable Development Goals, implementation of International Health Regulations core capacities and increased responsiveness to emergencies were all predicated on universal health coverage, which therefore had to be given the highest priority.

The representative of SURINAME urged the Secretariat to involve non-health international organizations in the effort to attain better health and well-being and to achieve the Sustainable Development Goals.

The representative of ALBANIA commended the Secretariat for maintaining its focus on universal health coverage in spite of the drain on its attention and resources resulting from public health emergencies.

The representative of ALGERIA<sup>1</sup> said that the Secretariat should redouble its efforts at all levels to provide a rapid and effective response to health emergencies and large-scale outbreaks of disease. It should bolster the capacity of its country offices; the regional offices also had a key role to play, thanks to the considerable experience they had acquired. National capacities to prevent and manage health risks also had to be strengthened. He drew attention to the importance of the transition from the Millennium Development Goals to the Sustainable Development Goals and the need to encourage local production of basic drugs and vaccines.

The representative of ZIMBABWE<sup>1</sup> said that the response to the outbreak of Ebola virus disease had highlighted the importance of a multisectoral approach at national, regional and international level. WHO should continue working with the countries concerned and intensify its technical support for preparedness in other countries. It was unfortunate that the documentation on the proposed WHO programme for health emergency management, a key proposal, had been made available late. He called for a clear strategy for the transition from the Millennium Development Goals to the Sustainable Development Goals; better management of domestic investment in health systems in order to encourage more financial commitment and efficiency in implementation; improved governance, accountability and transparency to build confidence between partners; and strengthening of the regional and country offices to support Member States better. A holistic, horizontal approach was preferable to largely vertical approaches.

The representative of INDIA<sup>1</sup> said that the Ebola outbreak had made it clear that WHO had to play its role as the international leader in health and that Member States had to enable it to fulfil its mandate. In addition to being a huge global health challenge, antimicrobial resistance was a formidable development challenge in most countries and required collective action: a major conference on the subject was scheduled to take place in New Delhi in February 2016.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> said that the Secretariat should provide Member States with technical guidance to help them to address national and regional health challenges through the Sustainable Development Goals.

Recently, certain debatable human rights issues had been insinuated into various WHO guidelines, strategies and plans: an unhealthy development that could have a negative impact on WHO's integrity and erode the trust it had earned. Likewise, many of the reports and draft plans prepared by the Secretariat for the Executive Board session did not give references for all the data and testimonials provided. Evidence-based, focused and demand-driven advocacy was essential for efforts to strengthen the multisectoral approach.

The representative of LIBYA<sup>1</sup> welcomed the commitment demonstrated in the Director-General's report to implementing a single programme for health emergency management. However, the profound transformational changes proposed must be geared towards decentralization.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES commended the efforts of the Secretariat, partners and volunteers in the response to the Ebola virus disease outbreak. Communities had an important role to play beyond responding to infectious diseases, as opportunities increased for the diagnosis and treatment of communicable and noncommunicable diseases at home and in communities: Red Cross and Red Crescent community health workers were uniquely placed to form partnerships to provide health care as close as possible to people's homes. The previous week, UNICEF, the World Food Programme and

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the International Federation had announced the establishment of the One Billion Coalition for Resilience, which aimed to help one billion people reduce their vulnerability to natural and other hazards by 2025.

The DIRECTOR-GENERAL, responding to the points raised, noted that Member States had clearly stated their expectations of reform in the field of health emergency response. The reform measures the Secretariat had committed itself to taking would make the Organization more effective, in terms of both standard-setting and operational response. The Sustainable Development Goals and the Paris Agreement on climate change had demonstrated the importance of multilateralism in the search for solutions to difficult and complex issues. WHO would work with the entire United Nations system to help countries implement the Sustainable Development Goals, focusing on the issues raised by the Board: antimicrobial resistance, polio eradication, universal health coverage, access to medicines and vaccines, and the determinants that anchored people in poverty.

**The Board noted the report.**

**4. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD:** Item 4 of the Agenda (Document EB138/4)

The REGIONAL DIRECTOR FOR AFRICA recalled that the sixty-fifth session of the Regional Committee had been postponed owing to terrorist threats in the host country, Chad, highlighting the immediate relevance to the Region of the discussion of emergency response reform. The Regional Committee had endorsed the Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020. The Regional Office was being restructured with a focus on universal health coverage and patient-centred and people-centred service delivery. The Region had also contributed to developing global strategies and had aligned its own strategies with global ones in order to avoid duplication of efforts. Member States had called for enhanced country capacities and independent assessments of the implementation of the International Health Regulations (2005).

The representative of CONGO said that the plan of action for the prevention and control of viral hepatitis should emphasize equitable access to antiviral treatment, in particular for hepatitis C, as well as prevention.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA gave details of the South-East Asia Regional Health Emergency Fund, which benefited most of the countries of the Region. The Regional Committee had adopted a resolution to strengthen resilient systems against disaster within the Sendai Framework for Disaster Risk Reduction.

The representative of KUWAIT, speaking as the Chairman of the sixty-second session of the Regional Committee for the Eastern Mediterranean, said that the Regional Committee had again reviewed both its progress relating to the five priorities set for the Region and its response to developments occurring in respect of standing agenda items. More efforts were needed to continue strengthening the Region's emergency preparedness, to which end an emergency solidarity fund had been established and the support and cooperation of regional donors had increased. An independent regional assessment commission had been established in 2015 to assess implementation of the International Health Regulations (2005), using a harmonized tool, which was another example of the potential of regional committees to contribute to global action programmes.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Regional Committee had discussed the five key priorities for Member States and the WHO Secretariat. The Member States had shown transparency and openness in requesting and supporting a framework of accountability and monitoring of their commitments in a number of priority programmes, including those on noncommunicable diseases, implementation of the International Health Regulations (2005), universal health coverage and health information systems. Member States had supported initiatives to strengthen the technical and managerial reforms undertaken by WHO.

The representative of CHINA highlighted the areas of progress achieved in the Western Pacific Region and its active participation in the debate on WHO reform, and described some areas of cooperation between her country and the Regional Office.

The representative of AUSTRALIA<sup>1</sup> said that standardizing the format of regional committee reports had helped to improve alignment between the Organization's priorities at the global and regional levels. There appeared to be some competitive tension between the regions and headquarters in preparing global and regional strategies and action plans: an orderly, cooperative process would be preferable to parallel development that could lead to duplication and confusion. In the context of WHO governance reforms, there was a need for better alignment of activities at the global and regional levels, including with regard to the issues considered by the governing bodies. The Secretariat could consider preparing a simple and coherent report, showing the important matters on which regional consultation and input were required, to ensure a structured, consistent and comprehensive consultation procedure.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that the Region was aligning global-level resolutions with the regional-level action plans as far as possible, although Member States had sometimes had to take action beyond that recommended in the global-level strategies, as in the case of the prevention of hepatitis.

**The Board noted the report.**

## **5. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the Agenda**

**Implementation of the International Health Regulations (2005):** Item 8.1 of the Agenda (Document EB138/19)

- **Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response** (Document EB138/20)

The CHAIRMAN OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE presented the report of the Committee's first meeting, held on 24 and 25 August 2015. Although the Committee had not yet finished its work, preliminary observations indicated poor awareness or incomplete understanding of the International Health Regulations (2005); low or non-existent implementation of Article 44; disparities between declared compliance and effective compliance, highlighting the lack of an effective evaluation mechanism; and a lack of sufficient

---

<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

resources in the WHO Secretariat to carry out evaluations and risk assessments of the Regulations. The Committee's recommendations in 2014 had resulted in a new method of evaluation that was being implemented in the regions and at headquarters.

The main point of consensus in the Committee was that problems were mainly related to implementation rather than to the text of the Regulations themselves. The discussion had focused on appropriate methods of establishing an alert system and linking compliance, integration and financial incentives. The main challenges that it had identified included the development of a strategy for the implementation of the Regulations, based on planned, sustainable funding, and encouraging compliance among Member States. Awareness-raising about the importance of the Regulations was required, and the link between the Regulations and the Pandemic Influenza Preparedness Framework, the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization and other instruments should be strengthened.

At a technical level, methods of risk assessment were needed for the creation of an alert mechanism to respond to the needs of countries and regions where a health threat had the potential of becoming global. Criteria for declaring and lifting international health emergency alerts would be required. Particular emphasis should be placed on strengthening core capacities, especially in the most vulnerable countries, with a new method of evaluation that would satisfy donors and be accepted by all Member States.

Mechanisms for assistance between countries needed to be strengthened, and national and regional stakeholders should be encouraged to act in cooperation. Most importantly, strengthening the WHO Secretariat should be made a priority for 2016. The Executive Board and Member States would have a key role to play at the next World Health Assembly, especially with regard to funding.

**The meeting rose at 12:40.**

= = =