

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**WHO headquarters, Geneva
Monday, 25 January 2016, scheduled at 14:30**

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

CONTENTS

	Page
1. Preparedness, surveillance and response (continued)	
Implementation of the International Health Regulations (2015)	
• Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response.....	2
2. Communicable diseases	
2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10))	
• Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised	
Preparedness, surveillance and response (resumed)	
WHO response in severe, large-scale emergencies	9

SECOND MEETING

Monday, 25 January 2016, at 14:35

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

1. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the Agenda (continued)

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

- **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) (continued)

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the WHO Eastern Mediterranean Region, observed that many countries continued to face major challenges in establishing and maintaining their core capacities for implementation of the International Health Regulations (2005). Based as they were on self-assessment, the country progress reports produced were largely unreliable, underlining the need for independent external assessments. The efforts to develop a new approach to monitoring and assessment of core capacities that would more realistically identify shortcomings, pave the way for country action plans and facilitate the mobilization of resources for financing such plans were therefore welcome. For its part, the Regional Committee for the Eastern Mediterranean had established a regional commission with responsibility for conducting independent assessments of the implementation of core capacities under the Regulations.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the low levels of implementation and enforcement of the Regulations attested to the low level of priority given, in many cases, to health systems strengthening and preparedness. To ensure high levels of protection from serious cross-border threats to health, urgent action was required in four main areas. First, governments must, with WHO technical assistance, build capacity and coordinate efforts for detecting, preventing and responding to health threats. Second, international support should be provided, notably to countries most at risk. Third, standardized, transparent and reliable instruments were needed to identify and measure gaps in capacities with WHO regional and country offices having a clear implementation assistance role. Fourth, WHO must finalize the reform of its emergency functions and ensure Organization-wide alignment in health system strengthening. Full compliance with the Regulations was essential, and WHO should continue to provide strong leadership in prevention, detection and response.

The representative of JAPAN noted with satisfaction, in the light of the apparent international consensus that the Ebola virus disease outbreak had resulted from insufficient implementation of the Regulations, that the Review Committee had not suggested amending the Regulations at present, but to focus on their implementation. More robust compliance with the Regulations and initiatives such as the Global Health Security Agenda would help to strengthen the preparedness of the international community in the coming years.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the WHO African Region, requested Member States, WHO and partners to show greater commitment to implementing the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, and to accelerate the implementation of the Regulations. Strengthening capacities to facilitate implementation of the Regulations was essential, and she called for the identification and implementation of priority actions, and for the provision of adequate resources at the national level. Emphasis should be placed on addressing shortcomings in national response systems identified using the independent evaluation tool. Regional offices should participate actively in follow-up monitoring, and a clear role for regional committees should be identified. Surveillance and early warning systems must be strengthened, as should capacity for responding to chemical and radiological events. The list of countries accepting a certificate of vaccination against yellow fever for life would be welcome. States that were strongly committed to implementing the Regulations but lacked the means to do so effectively should be supported, and the Secretariat might require additional staffing to that end.

The representative of the RUSSIAN FEDERATION expressed support for the proposal concerning an additional external assessment of some countries' readiness to withstand public health emergencies. Such a procedure should, however, be undertaken voluntarily, possibly using representatives of countries that had already implemented the Regulations with WHO participation. WHO's website should include information on positive experience in the implementation of the Regulations, and a template would make it easier for countries to alert WHO of public health emergencies in a timely manner. In order to build national capacities, countries in need should be given material, technical and scientific assistance. While he welcomed the work of the Review Committee, any changes to the Regulations must be considered carefully by all Member States and made in accordance with established procedures.

The representative of the REPUBLIC OF KOREA said that the 2015 outbreak of Middle East respiratory system coronavirus (MERS-CoV) in the Republic of Korea had demonstrated the importance of strong preparedness and response systems for emerging infectious diseases. Government collaboration with WHO had prevented cross-border spread of the virus, and he trusted that the joint mission report containing technical recommendations would be a useful resource for other Member States.

The representative of CHINA trusted that WHO would continue to provide technical guidance and financial support to help Member States build core capacities. Her country, which would be pleased to share its experience with others in such areas as surveillance, early warning and assessment, hoped that WHO would assemble experts to provide further support for sustainable capacity-building.

The representative of the UNITED STATES OF AMERICA said that, while significant progress had been made, essential health infrastructure and resources for implementing the Regulations were still lacking in many at-risk countries. The Review Committee's recommendations must not be ignored, as many of those of the 2011 Review Committee had been. Assessment of country capacity was the single, most important step in promoting accountability and cooperation, and his country therefore strongly supported external, objective and transparent assessment providing for more effective prevention, detection and response. The development of an external evaluation tool should be supported.

The representative of SWEDEN said that the Regulations and strong health systems were the basis for addressing health threats. Sweden was pleased that the Review Committee had identified lack of implementation as the weakness rather than the Regulations themselves, and noted the importance of learning from past experience.

The representative of FRANCE called for the development of a large-scale training programme with respect to the Regulations. The use of innovative tools, such as e-learning and virtual simulation platforms would help focal points and others with a vital role in implementation to acquire the necessary skills. France welcomed the concept note on a new approach to monitoring and assessment, and would support the holding of a consultation with Member States before the next session of the Health Assembly to elaborate evaluation modalities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of the Netherlands, said that it was essential to ensure that the implementation of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity did not affect countries' sharing of pathogen samples. Given the Protocol's all-hazards approach, it was highly relevant to the implementation of the International Health Regulations (2005). The successful Pandemic Influenza Preparedness (PIP) Framework could serve as a model for fast access and equitable benefit sharing. She requested the Secretariat to undertake an analysis of how the Protocol might affect pathogen sharing and of relevant public health implications, and provide a report to Member States.

The representative of CANADA supported the four areas proposed for further exploration, noting with satisfaction that the Review Committee had not considered it necessary to amend the Regulations at present. He highlighted the importance of strengthened collaboration for implementation of the Regulations and was pleased that G7 health ministers had decided to address public health emergencies as a priority. The new WHO approach to core capacity monitoring should include quantitative and qualitative indicators allowing countries to demonstrate annual progress. Canada supported an independent external evaluation component, which should take into account potential linkages with other tools, and trusted that more information on the new monitoring framework, including details of associated costs, frequency and coordination mechanisms, would be provided at the Sixty-ninth World Health Assembly.

The representative of THAILAND, speaking on behalf of the Member States of the WHO South-East Asia Region, said that the 2015 self-assessment of core capacity carried out by nine countries in the Region had indicated a number of key improvements. However, further work was required regarding core capacities for the management of chemical and radio nuclear hazards, and she requested the Director-General to help the Region to address such challenges and implement the International Health Regulations (2005).

The representative of BRAZIL said that the full implementation of the Regulations needed to be accelerated, and that several important elements highlighted by the influenza A(H1N1) pandemic and the Ebola virus disease response, as specified in the recommendations of the previous and current Review Committees, should be improved. To strengthen national core capacities, WHO should implement a voluntary independent assessment with objective measurable indicators developed in consultation with Member States, which would provide all stakeholders with clear and realistic information on gaps and needs, and would serve as a basis for the provision of technical and financial support.

The representative of NEPAL highlighted the specific challenges in achieving the core capacities faced by Member States with porous borders, and requested WHO to take a practical approach to address such issues.

The representative of EGYPT, while expressing support for the proposed independent evaluation, said that cooperation with governments was essential for a clear and transparent assessment that reflected the real situation on the ground. The assessment tools needed to be completely objective, and a minimum set of clear indicators was required to evaluate core capacities. WHO should provide greater technical support and development partnerships, where required, in order to assist Member States in ensuring the necessary compliance. Support should also be provided by those Member States with the means to do so. He noted that an assessment conducted after 2014 in Egypt concerning avian influenza A(H5) had shown a change in the country's status from high-medium to low risk.

The representative of PAKISTAN said that Member States needed to understand the importance of the Regulations. The lack of capacity in many Member States in terms of health communication, particularly concerning health-risks, should be addressed as a priority to avoid confusion and panic in affected countries. Robust evaluation mechanisms should be established, and the WHO Eastern Mediterranean Region considered independent assessments, rather than self-assessment, as the best way to evaluate preparedness. A joint assessment with the Global Health Security Agenda should also be encouraged in relevant countries. National focal points played a vital role, and their selection was important. WHO should help to make the Regulations a national priority, not just a health priority.

The representative of ALBANIA said that standardized procedures, a well-structured command and control system, and more resources at all levels of WHO were required to ensure preparedness and response to health threats. He welcomed the establishment of a unified WHO programme to address all hazards, which was the approach already taken in the WHO European Region. Coordination and preparedness were essential for good response, and WHO and its partners should continue to provide support to build the core capacities required. He underscored major impediments, such as lack of funding and limited technical capacities, and encouraged WHO to take action towards minimizing weaknesses throughout the full emergency cycle.

The representative of the PHILIPPINES said that compliance by Member States with the Regulations needed to be ensured by prioritizing the strengthening of core capacities. Resources were required to raise awareness, strengthen health systems, encourage communities to become active partners in managing outbreaks, and ensure local management of partnerships for emergencies. All countries were responsible for improving and contributing to the evolution of the Regulations. Efforts to increase understanding should be promoted, including by supporting training, and the Regulations should be used as a repository of information to address calculated risks and avoid potential problems and complications.

The representative of NEW ZEALAND, noting the importance of necessary resources for compliance, said that the focus should be on the quality of the wider health system underpinning a country's capacity to address emerging health threats. WHO's support should depend on the underlying health infrastructure in Member States, since development of the national health infrastructure was the best way to enhance international public health security. Consideration might be given to another self-assessment checklist allowing countries to determine whether they should invest in health infrastructure funding and training and apply for a joint external evaluation, or whether they were ready for international assessment.

The representative of ARGENTINA requested WHO to follow up on the concern raised at the Sixth-eighth World Health Assembly regarding the use of unjustified additional health measures that affected travel and international trade and stigmatized the most vulnerable countries. While he supported the four major areas recommended and the creation of technical subcommittees, further discussion was required on the monitoring mechanism for the Regulations and its relation to the

institutional strengthening of WHO. The regional committees should be included, and responsibilities and indicators should be clearly identified to ensure accountability. Given that WHO could only issue recommendations regarding the Regulations, it should consider the legal implications of a mechanism that involved adopting decisions with obligations for Member States, and the need for legislative adherence. Funding was vital to ensure that WHO had the full operational capacity to respond to emergencies, and to improve its coordination and response. He expressed reservations about adopting a mechanism that granted disciplinary powers, including for the external assessment of national core capacities. Any alternative external evaluation should be voluntary and not the only means of monitoring the implementation of the Regulations. The Executive Board should propose an agenda or road map for 2016 to the Health Assembly, containing principles, indicators and timelines.

The representative of the DOMINICAN REPUBLIC said that, while all Member States should carry out a self-assessment, they did not all have the level of development to implement the Regulations in full. A strategy providing for gradual implementation should therefore be introduced. He outlined a number of steps taken by the Dominican health authorities to strengthen core capacities for surveillance and response.

The representative of GERMANY¹ said that the G7 had pledged to support 76 countries from three regional groups in implementing the Regulations and building core capacities over the following five years. The initiative, which would be conducted in close cooperation and coordination with WHO, would respond to country needs, build on existing in-country expertise and partnerships, programmes and projects, and form part of an overall health systems strengthening agenda.

The representative of COLOMBIA¹ said that the new approach to monitoring and assessment of core capacities offered an opportunity to identify and address the areas requiring further efforts to ensure greater capacity for the implementation of the Regulations. Cooperation among Member States, support from the Secretariat and the dissemination of best practices should be strengthened. The Regulations needed to be implemented strictly before being amended, and their application should be continuously assessed. An action plan should be developed and funds mobilized to ensure that the recommendations were implemented within a reasonable time frame.

The representative of NORWAY¹ highlighted his country's collaboration with other Member States to assess and strengthen core capacities, and its work with WHO to synthesize the assessment tools developed and tailor them to specific national needs. The successful experience of joint assessment missions in two countries was being fed back to WHO and others. Norway encouraged the use of long-term twinning programmes and other initiatives to strengthen public health infrastructure, including the development of core capacities.

The representative of FINLAND¹ said that in order to strengthen health systems, including core capacities, gaps needed to be identified and understood by governments and relevant sectors, particularly the finance sector. She welcomed the recommendations on the need to establish a system for objective external assessments of country capacities, and welcomed the action taken by the Secretariat in that regard. Finland had volunteered to undergo an external assessment using the joint external evaluation tool. Timely access to information on pathogens and emerging epidemics was essential, and WHO should address the urgent issue of access to seasonal influenza viruses. Potential delays in the control of international health threats in relation to the implementation of the Nagoya

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Protocol were a concern, and Finland would welcome further information from the Secretariat on how the Protocol could affect pathogen sharing.

The representative of KENYA,¹ having noted that self-assessment had been instrumental in helping countries identify and address gaps in their health capacities, welcomed the proposal to develop a new approach to monitoring and assessment of core capacities. WHO should continue working with initiatives, such as the Global Health Security Agenda, to ensure objective assessment, and with the World Organisation for Animal Health to identify links between the Organisation's assessment tool and the WHO's external evaluation tool. WHO and its partners should continue to strengthen the capacities of countries to implement the Regulations and ensure that global public health security remained high on national and international agendas.

The representative of AUSTRALIA¹ said that his country supported the independent assessment of core capacities and looked forward to participating in the broader Global Health Security Agenda. Australia agreed that there was a need for greater transparency in evaluation instruments, and called for a single tool that focused on needs assessment and capacity building. A prioritized, costed plan should be developed in order to channel financing effectively, including in partnership with the World Bank, and Australia would welcome a progress report from the Secretariat in that regard. Australia also supported the request by the representatives of the United Kingdom of Great Britain and Northern Ireland, the Netherlands and Finland for the Secretariat to undertake an analysis of the potential impact of the Nagoya Protocol on the sharing of pathogens, and provide a report on that subject to Member States. The Pandemic Influenza Preparedness Framework might serve as a good model of how to find an equitable balance between the sharing of pathogens and the sharing of benefits.

The representative of BANGLADESH¹ welcomed progress made by Member States in building and demonstrating core capacities and noted the use of a regional action plan in the WHO South-East Asia Region to ensure compliance with the Regulations. While Bangladesh had made considerable progress in implementation, weaknesses remained in the emergency preparedness and response system due to limited awareness of the Regulations among stakeholders and the need to strengthen physical structures at points of entry. Requirements concerning a new evaluation tool should not be too rigid, so that countries were not required to divert attention from other important health agendas. Lastly, he called on WHO to provide technical assistance in capacity building.

The representative of PANAMA¹ said that practical and effective decision-making, accountability and transparency were required to strengthen capacities in countries, regional offices and at headquarters. Increased surveillance was essential, as was the establishment of local, regional and global mechanisms to facilitate communication, ensure suitable action in response to national circumstances, and raise awareness of the Regulations as a global health protection instrument. Funding and technical capacities were crucial to ensure compliance with the Regulations. An inclusive decentralized approach to defining the assessment mechanisms was needed, which would allow for risk-management during specific periods.

The representative of INDIA¹ said that, while the four major areas recommended by the Committee were comprehensive, information should be provided on the recommendations from the previous 2011 Committee that had not been implemented and the reasons why. The current Committee's recommendations must be within the legally-binding framework of the Regulations, and he would welcome clarification as to whether the proposed external assessment complied with the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Regulations. Provision of the required technical and financial resources should continue to be addressed as a matter of priority.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the situation had scarcely changed since the assessment that the world was ill-prepared for a severe pandemic or for any similarly global, sustained and threatening public health emergency set out in the report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 (document A64/10). The Ebola virus disease outbreak had indicated problems with many aspects of response to an epidemic. The unresolved key challenges to the functioning of the Regulations should be addressed in the interests of public health, while recognizing that Member States held collective responsibility for protecting global health and implementing the Regulations.

The representative of VIET NAM¹ supported the findings and recommendations of the Review Committee and noted the importance of full implementation of the Regulations. In order to improve implementation, strengthened regular and emergency information-sharing among national focal points should be encouraged. WHO should continue to support Member States in capacity building, and Member States with strong capacities and systems should work closely with the Organization and other countries to share their experience. The new programme for health emergency management would help to strengthen systems and processes associated with the Regulations.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION welcomed the acknowledgement by the Review Committee that border spaces and cross-border mobility should also be considered as part of endeavours to prevent and respond to communicable diseases and other health threats. The concept in the Regulations of points of entry should be expanded, and border spaces was equally applicable to coastlines. Core capacities should be integrated within primary health care systems, notably in border communities, to ensure awareness of human mobility and to increase detection. Significant investment was needed to understand better how people moved and to map spaces with heightened health risks. Multisectoral partnerships and bilateral cooperation could help to mitigate the risk of disease outbreaks stemming from human mobility and minimize the negative impact on trade and economic activities.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that community-based disease monitoring and event surveillance were key to effective early alert and action. The Ebola virus disease outbreak had shown the importance of supporting communities to respond to public health threats, interrupt the transmission of infectious diseases and care for those affected. It was therefore crucial to engage with local civil society organizations before a crisis occurred, and to include them as key partners in national crisis management systems.

The representative of the INTERNATIONAL TELECOMMUNICATION UNION said that his Organization's Plenipotentiary Conference in October 2014 had highlighted the importance of the information and communication technology sector in dealing with the threat of Ebola virus disease and had adopted a resolution on using information and communication technology to break the chain of health-related emergencies. In response to the Ebola crisis, ITU had deployed mobile satellite equipment to affected governments and had released an information-sharing app for organizations and the public. Future action would include a means of connecting remote areas to medical experts and further development of eHealth for noncommunicable diseases.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the initiative to strengthen the application of the Regulations, noting that the Ebola virus disease outbreak in West Africa had shown the failure of the Regulations to prevent, detect and address the outbreak of infectious disease. The emphasis on surveillance and detection of infectious diseases with pandemic potential was short-sighted; the risk of outbreaks of neglected diseases with high morbidity and mortality should not be ignored. Priorities should be led primarily by the health needs of the population. An independent evaluation would help to ensure accountability and transparency and should be evaluated against the country's response to smaller outbreaks that did not constitute international health threats. Member States should be willing to delegate responsibility, including by agreeing to peer evaluation. WHO's reform would help the Organization play its essential role in ensuring that patients remained at the centre of the international health agenda and that decisions were made on the basis of scientific evidence, free of economic and political interests.

The CHAIR OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE agreed that the focus should be on implementing the Regulations rather than on revising them. He noted the points raised by the representative of India and of the need to study further links with the Nagoya Protocol.

The EXECUTIVE DIRECTOR AD INTERIM, OUTBREAKS AND HEALTH EMERGENCIES, noted the emphasis that Member States placed on full implementation of the Regulations in connection with the new programme. The joint external evaluation tool would be piloted in the following months and regional training provided, and the findings would form part of the report on the new approach to monitoring and evaluation, which included self-assessment. Discussion was under way on a new emergency programme and on ensuring that the preparedness emphasis, in the area of implementation, was placed on high-vulnerability, low-capacity countries and on high-impact interventions. The Secretariat would be pleased to undertake an analysis of the impact of the Nagoya Protocol, as directed by the Board. Responding to South Africa, he said that 48 countries had informed the Secretariat of their readiness to accept a certificate of vaccination against yellow fever for life; the list would be published online.

The CHAIRMAN took it that the Board could agree that the Secretariat should undertake an analysis of how the Nagoya Protocol might affect the sharing of pathogens and potential public health implications, and to submit a report to the Executive Board at its 140th session.

It was so decided.

2. COMMUNICABLE DISEASES: Item 9 of the Agenda

2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): Item 9.1

- **Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised** (Documents EB138/27, and EB138/55)

Preparedness, surveillance and response: Item 8 of the Agenda (resumed)

WHO response in severe, large-scale emergencies: Item 8.4 (Document EB138/23)

The CHAIRMAN recalled that the Board had agreed to hold a joint discussion on items 9.1 and 8.4 of the Agenda.

The SPECIAL ENVOY OF THE UNITED NATIONS SECRETARY-GENERAL ON EBOLA said that the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, which comprised 19 high-level experts, had been established by the Director-General in July 2015. It had met eight times, and considered the role of WHO in supporting people and nations affected by outbreaks and emergencies. In its resolution on global health and foreign policy: strengthening the management of international health crises (A/RES/70/183), the United Nations General Assembly had emphasized that, while Member States had primary responsibility for strengthening their capacity in public health to prevent, detect and respond rapidly to outbreaks and crises, WHO had a key role in supporting national efforts. That role involved helping with coordination; ensuring access to expertise in scientific analysis, assessment and in risk management; assisting in the provision of authoritative public information and communication about risks, outbreaks and the health aspects of emergencies; working with political leaders to make decisions in response to accidents and emergencies; and doing everything possible to ensure access to essential health care and public health services in outbreaks and emergencies.

In order to provide that assistance, the Organization needed to offer the best expertise in the world. Everyone at WHO involved in outbreaks and emergencies should be able to deal with the health aspects of all kinds of emergencies. Staff should have special skills in tackling high risk pathogens, managing outbreaks and emergencies through innovative approaches, providing operational support and ensuring adequate early funding. WHO must be predictable and dependable in all circumstances, and health professionals must act with impartiality placing the most vulnerable at the heart of their work.

WHO would be able to perform well only if it had the staff and resources it needed to work with Member States at the local level. The Advisory Group had therefore suggested establishing an Organization-wide unified WHO programme for outbreaks and emergencies with an emphasis on supporting countries and applying best practices across the Organization. The proposed unified programme would have one line of accountability, one system for financing, and adequate financial resources for its work. New, specially designed, business processes would be introduced and one set of benchmarks would ensure that performance standards were the same across the Organization. The establishment of a single Organization-wide programme would entail a profound transformation and should be undertaken within existing structural constraints. The aim was to decentralize in a manner that was predictable and standardized, and that prioritized excellence. The result would be joined-up work and integration across the Organization, not merely cooperation, enabling WHO to make a real difference where it mattered. Clarity about responsibility for decision-making was crucial for governments, donor, partners and nongovernmental organizations to work effectively with WHO. A successful, unified programme providing for accountability, clear lines of authority and responsibility, and appropriate systems would ensure that it could never again be said that WHO had failed. Noting WHO's unique, essential role in outbreaks and emergencies, he appealed to the Board to seize the opportunity to focus on what needed to be done for WHO to get things right as the reforms progressed, and not to be distracted by possible implications for various authorities or individuals within the Organization.

The representative of KUWAIT, speaking on behalf of the Member States of the WHO Eastern Mediterranean Region, said that many of the recommendations of the Advisory Group would promote the Organization's required response capacity, as well as its trustworthiness, efficiency and adaptability. He favoured the introduction of a unified and adequately resourced health emergencies programme across all three WHO levels but stressed the need to discuss the methodology for implementing those recommendations in the interest of achieving the desired outcomes, as well as the need to ensure that the design of the new programme allowed for capacity building at each of those

levels. Key considerations to that end included the pivotal role of the Executive Director in working with regional offices to provide optimal support to crisis-affected countries, emergency preparedness strengthening, and measures to prevent duplication of efforts and conflicting responsibilities. The opportunity was now ripe for strengthening the three levels of the Organization and rebuilding for the better.

The representative of MALTA, speaking on behalf of the European Union and its Member States, expressed concern about the report set out in document EB138/55. The proposed programme required a clearer design, a unified budget and ambitious timeline, and should place greater emphasis on strong partnerships, risk assessment, accountability and clear lines of authority.

WHO should use the World Humanitarian Summit to advocate for reform of WHO's emergency capacities and to re-establish its legitimacy within the humanitarian system. The organizational culture needed to be changed to one of rapid response, with a clear understanding of specific roles and responsibilities at all three levels of the Organization during emergencies and outbreaks. Independent risk assessment was crucial, and he advocated the establishment of an independent oversight body with an advisory, consultative and monitoring role reporting to the Executive Board and the World Health Assembly. Funding for the new programme should be provided for in the Programme budget 2018–2019, with the financing from different available funding mechanisms indicated. He welcomed the development of the WHO Research and Development Blueprint; WHO should establish a list of priority pathogens, develop relevant guidelines and address issues of liability.

The representative of the UNITED STATES OF AMERICA said that the recommendations of the Advisory Group, if fully implemented, would put the Organization on track to restore its credibility and effectiveness as the lead global actor on infectious disease outbreaks and health emergency response. The establishment of a single unified emergency programme and chain of accountability, with the roles and responsibilities of each part of the Organization clearly articulated, was essential. Regional and country offices should be given a central role, including in operations and response.

The representative of CANADA endorsed the "One WHO" approach. The specific roles and responsibilities of the management structure at all three levels should be set out clearly; ultimate accountability should rest with the Director-General, supported by an effective and regionally inclusive structure. Rapid and clear information sharing between all levels of the Organization and with WHO's key partners must become the new norm. He welcomed the creation of an independent oversight body reporting to the Executive Board and requested that it provide regular reports on the road map for change, including measurable indicators of progress and expected milestones.

The representative of LIBERIA, speaking on behalf of Member States of the WHO African Region, said that WHO should clarify the role of headquarters, regional offices and country offices in order to improve coordination during disease outbreaks. There was a need to align the cluster approach with national coordination mechanisms. Strengthening capacity for emergency response at the country level and ensuring successful implementation of the International Health Regulations (2005) should remain a priority. Linkages with other emerging regional initiatives should be encouraged, as should strengthened partnerships with United Nations agencies and others based on their comparative advantages.

The representative of BRAZIL said that the action required to strengthen WHO's leadership in emergency management would necessitate high-level political commitment and proper funding. Brazil recognized the need to implement new mechanisms at all three levels of the Organization and establish a unified WHO programme for outbreaks and emergencies with an achievable number of deliverables. A global health emergency workforce database could facilitate the rapid deployment of staff. Brazil

also supported the establishment of proper mechanisms for prioritization and for funding the development of improved tools to counter deadly pathogens and new threats.

The representative of THE GAMBIA stressed that the Ebola crisis had elicited a prompt response from regional offices and national authorities, enabling an action plan for the region to be quickly developed. However, an influx of stakeholders from all areas had led to a lack of coordination. Emphasizing that the difficulties encountered should not be attributed to a lack of political will, he explained that issues of internal security, sovereignty, communication and transportation had rendered the International Health Regulations (2005) very difficult to implement. In addition, WHO recommendations had gone unheeded.

The representative of CHINA said that the broader scope of work covered by the proposed programme for health emergency management would enable a shift from emergency response to full-cycle risk management. Such systemic change would take time and must proceed in a well-organized fashion. WHO should strengthen health emergency response mechanisms, especially by providing technical support to developing countries. China stood ready to contribute to that goal, including through the sharing of experience.

The representative of NEPAL, speaking on behalf of the Member States of the WHO South-East Asia Region, said that vast improvements in emergency preparedness had followed the tsunami of 2004. The South-East Asia Regional Health Emergency Fund had proven a useful mechanism for mitigating the impact of many emergencies, including the 2015 earthquake. Experience had shown the importance of effective information management, coordination of partners and foreign medical teams. In the reform of emergency management practices, it was important to learn from past lessons, focus on countries and decentralize WHO support, including by establishing clearly defined roles for regional and country offices.

The representative of NAMIBIA said that a dedicated team should be established to spearhead the development of the new unified WHO programme for health emergency management. While he welcomed the major elements of the programme, communication and decision-making processes required further clarification. Clear terms of reference and mechanisms of engagement across the three levels of the Organization should be developed, as should a culture of collaborative leadership and teamwork. The operational costs of the new programme should be met by ring-fencing funding from assessed contributions, and an additional funding stream should be created for development and capital expenditure costs. Lastly, he noted that the WHO Contingency Fund for Emergencies, which could provide a third funding stream, remained underfunded.

The representative of JAPAN said that human resources management reform should be a key component of the new WHO programme to ensure the selection of competent personnel, particularly at the country level. Issues of authority, responsibility and timing required clarification, particularly for higher grade emergencies that were likely to involve more stakeholders. The commitment of the international community must be sustained, instead of peaking at times of emergency and waning shortly afterwards.

The representative of SWEDEN said that the assessment of the Ebola virus disease response was an opportunity to optimize the design of the new WHO programme for health emergency management, giving WHO the capacity for rapid response and the ability to serve as an efficient crisis manager. To that end, independent risk assessments and a unified, coherent structure would be required, with a single line of command. There must be a clear understanding of who would perform which tasks, where and how, at all three levels of the Organization and of the responsibilities and lines of command between the different levels and functions. A clear understanding of who would initiate

independent risk assessments was also necessary. Lastly, she wished to know how WHO would ensure that implementation of the International Health Regulations (2005) was integrated into the emergency programme, while also building its own capacity to fulfil its role as coordinator of the Global Health Cluster. She would welcome a progress report at the open-ended meeting of Member States in March 2016, and the submission of a fully revised report to the Sixty-ninth World Health Assembly in May 2016.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the WHO African Region, said that the response of the global community as a whole to the Ebola virus disease outbreak had been inadequate. Countries must have strong, resilient health systems for emergency response, which would be able to withstand the pressure of epidemics. To that end, it was important that Member States should be able to secure adequate resources to invest in health systems strengthening, universal health coverage, and International Health Regulations (2005) core capacities strengthening. The 2030 Agenda for Sustainable Development would provide a unique context in which to address such issues. The WHO African Region supported the proposal to create a new programme for health emergency management. The programme should be based on a “One WHO” approach, which functioned seamlessly at the three levels of the Organization. A piecemeal reshaping would not be adequate. Further clarity on the timeline for implementing the programme, the chain of accountability and the progress made, would be appreciated. Lastly, the African Region welcomed the WHO Research and Development Blueprint.

The representative of PAKISTAN said that the projected budget for setting up the new programme for health emergency management should not be underestimated. It was essential to build the new programme on existing structures, using the experience acquired at the three levels of the Organization. Any efforts to send assistance from outside must be carefully planned with those on the ground, who had the necessary local knowledge and could liaise with government and assess the situation. The lessons learnt from past experience must be applied; evidence-based approaches were particularly important. Emergencies impacted on all areas of the health system, and must therefore be tackled not only by emergency responders, but also by health systems experts. Providing emergency response training for WHO experts in crucial issues for displaced persons, including the treatment of noncommunicable diseases and mental health disorders, and maintaining immunization services and antenatal care, would therefore enhance the capacity of the new programme.

The representative of KAZAKHSTAN said that it was clear that WHO played an effective leadership role and coordinated the work of its partners. While it was difficult to predict when and where an emergency might arise, it was clear that research and development should be scaled up and preparedness enhanced, in order to strengthen the Organization’s capacity to respond. Greater resources were required to enable WHO to act effectively. Partners should be mobilized to ensure a rapid, coordinated response. An independent oversight body should be established to function within the new comprehensive programme for health emergency management, and to ensure that WHO would be better placed to face emergency situations in future.

The representative of JORDAN asked whether the new health emergencies programme would promote the centrality of operational measures and implementing decisions of the Executive Director and overlook the role of decentralization in the work of the regional offices, which were best placed to know about the cultures and health workers in the local environment. Experience had furthermore shown that emergency responses were more effective if initiated with adequate financial support at the regional or local level. Care must also be taken to ensure that the programme entailed no duplication of the efforts of regional and local offices and likewise no dilution of their responsibilities, which must be clearly defined.

The representative of EGYPT said that in establishing the new programme for health emergency management, clear lines of responsibility must be drawn at the three levels of the Organization. Decentralization was essential for effective and successful intervention in urgent situations. A requirement for staff on the ground to report to WHO headquarters could lead to conflicting responsibilities at the three levels of the Organization, which could impede the effectiveness of the response to emergency situations. She requested further clarification on the role of the proposed “hubs” and their relation with the emergency operation centres to be established in the WHO Regional Offices for Africa and the Eastern Mediterranean. Effective intervention would require a unified mechanism for long-term planning using evidence-based risk assessments and based on alignment between the three levels of the Organization. The capacity of country and regional offices should be strengthened, since country offices in particular were the first line of defence in emergency situations. The mobilization of adequate and sustained financial and human resources was also crucial to bolster the response. Regarding financing, the US\$ 60 million required for the proposed Phase 1 and early Phase 2 activities should be released immediately to strengthen the financial and human resources of country and regional offices dealing with protracted crises.

The representative of the REPUBLIC OF KOREA said that a strong global mechanism for information sharing must be established to tackle emerging infectious diseases. Priority infectious diseases should be identified, cooperation among stakeholders should be strengthened, and an enabling environment for research and development should be established. Efforts should be made to further shape the process for selecting and implementing appropriate financial models.

The representative of SAUDI ARABIA emphasized the need to build on existing structures at the three WHO levels, with a focus on the weakest link in the response, namely field workers on the ground. He commended the technical support provided by WHO and its Regional Office for the Eastern Mediterranean to his country in its efforts to combat MERS-CoV, an experience that had improved its preparedness for dealing with public health issues and emergencies. Other lessons learned concerned the importance of working with ministries and others in order to tackle zoonotic diseases, the need to conduct regular health risk assessments, invest in scientific research and communicate effectively with all sections of the local and international community.

The representative of CONGO said that as a country that had dealt with Ebola virus disease outbreaks, Congo was aware of the importance of the international community’s commitment when tackling such crises. Health systems must be strengthened to prevent further outbreaks, and research and development for the production of vaccines and other medical products must be regulated in line with intellectual property standards. A harmonized approach between the three levels of WHO was essential and the key role of local and regional efforts in controlling future epidemics should be recognized.

The representative of THAILAND expressed appreciation for the work done by WHO and its partners with regard to Ebola virus disease research and vaccine development. The Director-General should develop further the WHO Research and Development Blueprint since Ebola virus disease would continue to strike in the absence of an effective vaccine. National surveillance, prevention and control measures should be strengthened, particularly through adherence to the International Health Regulations (2005). Despite the efforts of the global community to respond to infectious disease outbreaks, thus far there had been a serious shortfall in humanitarian assistance, which must be rectified.

The representative of FRANCE said that Member States, as well as WHO, had a responsibility to ensure adequate surveillance and respond to epidemics in a timely manner. Management of epidemics and the implementation of the International Health Regulations (2005) were closely linked

and should be addressed in tandem. The role of WHO as the driver and coordinator of the international response to health emergencies, particularly as coordinator of the Global Health Cluster, should be strengthened. While she would welcome a unified WHO programme for outbreaks and emergencies, the proposed programme was too vague to meet Member States' expectations. A clear line of command at all levels was essential, as was coordination. Health security could only be improved in the long term by continuous investment in strong and resilient health systems.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO underscored the importance of a unified WHO presence, at all stages of an infectious disease outbreak, such as the recent outbreak of Ebola virus disease in West Africa. During the acute, emergency phase, when panic tended to prevail, the Organization had a crucial coordinating role to play, to ensure a coherent response. Later, when the worst was over, WHO must continue, through its regional and country offices, to contribute to surveillance and monitoring. Lastly, in order to recover, and prevent future outbreaks, WHO had a fundamental role to play in health systems strengthening at the national level, to ensure that health systems were well equipped to prevent and control future outbreaks.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the time had come to use the lessons learnt from the Ebola virus disease outbreak to make fundamental changes to WHO emergency preparedness and response. The proposals contained in the Director General's report provided a good start, but must be further developed to respond to the recommendations made by the Advisory Group. Total commitment to a single, unified programme across the three levels of the Organization was essential, with one budget, one workforce, and a single line of authority headed by the Director General. Transparency, accountability and independence were essential, with strong, independent oversight and a continued commitment to partnership. When clear leadership, lines of authority, transparency and commitment were manifest, resources from Member States would follow. She would welcome regular reports and a prioritized action plan with clear timelines and benchmarks.

The meeting rose at 17:50.

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