World Health Organization

EXECUTIVE BOARD **EB140/PSR/2**
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PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

WHO headquarters, Geneva
Monday, 23 January 2017, scheduled at 14:00

Chairman: Dr R. BUSUTTIL (Malta)

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SECOND MEETING

Monday, 23 January 2017, at 14:30

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1. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 6 of the agenda (document EB140/6)

The REGIONAL DIRECTOR FOR EUROPE said that the agenda for the sixty-sixth session of the Regional Committee for Europe had been drawn up with due consideration for the alignment of the work of the regional and global governing bodies. Governance reform remained a priority and was being implemented through the Standing Committee of the Regional Committee for Europe's subgroup on governance, which was considering how to decrease the number of regional strategies and action plans and avoid duplication of activities at the global level. The Regional Committee for Europe had taken note of the recommendations of the open-ended intergovernmental meeting on governance reform. Regional implementation of the Framework of Engagement with Non-State Actors was being coordinated with implementation at the global level.

While the new approach to health emergencies was commendable, the funding gap was worrying. Technical capacity remained the greatest concern, and must be ensured in a balanced manner across the three levels of the Organization, including through investment in the country focus strategy. The main priority in the Region was implementation of Health 2020, the European health policy framework. A new platform had been established to bring together the health, education and social policy sectors, which supplemented the Region's cross-sectoral work on environment and health, and health and finance. A regional road map for achieving the Sustainable Development Goals would build on national development plans. At its sixty-sixth session, the Regional Committee had adopted the strategy and action plan for refugee and migrant health in the Region.

The representative of NEW ZEALAND said that it could be useful for regional reports to identify potential capacity to lead global policy development initiatives, with a view to moving away from the idea that all major projects must be led from headquarters and making use of regional offices' capacity to lead global projects in an inclusive manner.

The representative of THAILAND said that he wished to draw attention to the particular emphasis that had been placed on physical exercise during the sixty-ninth session of the Regional Committee for South-East Asia. Morning exercise sessions attended by participants, including ministers, the Regional Director and the Director-General, had boosted the profile of physical activity in his Region.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that the report provided a useful overview of the relationship between regional and global priorities and enabled the various regions to learn from each other's experiences, successes and challenges.

The REGIONAL DIRECTOR FOR THE AMERICAS recalled that, at its sixty-eighth session, the Regional Committee for the Americas had adopted a resolution on the Framework of Engagement with Non-State Actors, underscoring the commitment of PAHO Member States towards the implementation of the Framework. The Regional Committee had also considered, among other things,

the PAHO Health Emergencies Program, which was in line with the WHO Health Emergencies Programme.

The Region had received certification for the elimination of measles, while plans of action to eliminate malaria and 10 neglected infectious diseases had been adopted by the Regional Committee. The prevention and control of HIV and other sexually transmitted infections had been discussed and 17 Member States had announced their readiness for verification of the elimination of mother-to-child transmission of HIV and syphilis. The Strategy for Arboviral Disease Prevention and Control had been adopted in the wake of the outbreak of Zika virus disease in the Region. The definition of resilient health systems and a policy document on access to and rational use of strategic and high-cost medicines had been discussed. A strategy for universal health coverage that would include migrants had been approved.

The REGIONAL DIRECTOR FOR AFRICA said that, at its sixty-sixth session, the Regional Committee for Africa had been updated on WHO reform at the regional level, known in the African Region as the Transformation Agenda. That Agenda involved, among other things, the development of technical key performance indicators to improve the results focus of activities in the Region, and would be independently evaluated. Technical items under discussion in the Regional Committee had included health security, the implementation of the International Health Regulations (2005) and the adoption of a regional strategy for health security and emergencies. The process of joint external evaluation had been embraced in the Region, and several Member States in the Region were preparing for that evaluation process.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the Regional Committee for South-East Asia, at its sixty-ninth session, had discussed WHO reform from the programme, governance and management perspectives. Emphasis was being placed on deliverables and results and the Regional Committee had noted the reduction in the number of technical items on its agenda. Some 32 Regional Committee resolutions had been dealt with, and the session had been paperless. Managerial reform efforts were appreciated, including management and compliance dashboards, and programme review missions to countries across the Region to identify best practices and areas for improvement in administration and programme management. The robust process for the development of the draft Proposed programme budget 2018–2019 had been welcomed, in particular the identification of priorities at the country level and their alignment with global commitments, and efforts on accountability, transparency and risk management. The financial implications of a reduced budget for poliomyelitis activities following transition efforts had been considered.

Ministerial round table meetings had been held on the 2030 Agenda for Sustainable Development and its Sustainable Development Goals, and on strengthening health systems to address noncommunicable diseases at the primary health care level. Antimicrobial resistance, implementation of the International Health Regulations (2005), ending preventable maternal and child mortality, addressing neglected tropical diseases, and health emergencies had also been discussed.

The Board noted the report.

2. POST OF DIRECTOR-GENERAL: Item 4 of the agenda

Options for the conduct of the election on the basis of paper-based voting: Item 4.3 of the agenda (document EB140/4)

The CHAIRMAN proposed that item 4.3 of the agenda should be discussed in three stages, namely consideration of: the draft decisions on paper-based voting at sessions of the Board and at the Health Assembly, as contained in document EB140/4; the practical aspects of the voting process at sessions of the Board; and the modalities of the interviews of short-listed candidates.

It was so agreed.

The LEGAL COUNSEL presented document EB140/4, which outlined the reasons for using a paper-based voting system, options for improving the efficiency of that system to reduce the time taken to complete one round of voting from three hours to 80 minutes, and a list of the requisite amendments to or suspensions of the Guiding Principles for the Conduct of Elections by Secret Ballot and Rules of Procedure of the World Health Assembly. The Board was invited to consider the two draft decisions contained in EB140/4: draft decision 1 on the use of a paper-based voting system; and draft decision 2, in which the Board was invited to choose whether it wished to recommend that the Health Assembly should: (a) amend the Guiding Principles and Rules of Procedure to incorporate the changes for future use; or (b) suspend certain parts of them to allow for a temporary change in procedure.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed disappointment that an electronic voting system could not be applied. The proposals outlined in document EB140/4, however, could be accepted on the condition that due consideration would be given to the security of the ballot. In draft decision 2, she supported a temporary suspension under option (b), rather than a permanent amendment, of the Rules of Procedure, with a view to maintaining momentum for the development of an electronic voting system.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that he supported the options to improve efficiency. The Guiding Principles and Rules of Procedure should be amended for future use, in accordance with draft decision 2, option (a).

The representative of NEW ZEALAND said that, while he agreed that an electronic voting system would be preferable and that efforts to develop such a system should continue, the Guiding Principles and Rules of Procedure should be amended in accordance with draft decision 2, option (a), rather than temporarily suspended.

The representative of THAILAND said that he preferred paper-based voting and supported draft decision 2, option (a).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she would accept the majority opinion.

The CHAIRMAN invited the Board to adopt draft decision 1 on the use of a paper-based voting system for nomination of the Director-General, contained in paragraph 29 of document EB140/4.

It was so decided.[1]

The CHAIRMAN said that, in the light of the foregoing consensus on amending, rather than suspending, the Rules of Procedure, he wished to invite the Board to adopt draft decision 2, option (a), contained in paragraph 29 of document EB140/4.

It was so decided.[2]

The CHAIRMAN drew attention to the procedures for paper-based voting that had been used in the past, as set out in document EB140/4, paragraphs 15–26, and document EB140/INF./1, and proposed that the Board should proceed as outlined in those documents. He proposed that two tellers should be appointed to assist with vote counting for the short-listing and nomination. He asked Ms Heidi Botero Hernández (Colombia) and Ms Benjaporn Niyomnaitham (Thailand) to serve as the tellers. In line with previous practice, paper ballots would be printed, and after use shredded, in the middle of the room, in front of the Board members. For each successive round of voting, new ballots would be printed on the Chairman's instruction.

With respect to the modalities of the interviews of short-listed candidates, the candidates' presentations would proceed as set out in document EB140/4, paragraphs 27 and 28. He suggested that the question and answer session held during interviews should be carried out according to the revised procedure that had been circulated to Board members in a letter and which took into account Board members' views. Under that revised procedure, each Board member would be given five tokens marked with the name of their Member State. Each token would be a different colour, with one colour for each candidate. Each candidate's colour would be drawn by lot at the same time as the order for the short-listed candidates' interviews. Following each candidate's oral presentation, Board members would be given time to write down a question. Members wishing to ask a question would be requested to place the coloured token corresponding to the candidate being interviewed in one bag. Once all the tokens had been collected by the ushers, the Chairman would draw one token by lot and the representative of the Member State drawn would subsequently be called upon to ask his or her question in any of the official languages of WHO. The process would be repeated until the allotted 30 minutes of the question and answer session had expired. The 30 minutes would begin with the reading of the first question. Board members would be allowed one minute to ask the question and would be permitted to ask one question only, and would be requested not to ask questions that had already been answered in the candidate's presentation or in response to a previous question. During the 30-minute question and answer session, the candidate would be allowed three minutes to answer a question. Two sets of traffic lights would be used. One would signal the duration of the question and answer session, while the other would signal the one minute allotted to Member States to ask questions and the three minutes for the candidate's response. If there were not enough questions to fill the allotted 30 minutes, the candidate could give an additional presentation until the 30 minutes were exhausted.

It was so agreed.

[1] Decision EB140(1).

[2] Decision EB140(2).

3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda

Health emergencies: Item 7.1 of the agenda

- **WHO response in severe, large-scale emergencies** (document EB140/7)
- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document EB140/8)
- **Research and development for potentially epidemic diseases** (document EB140/9)
- **Health workforce coordination in emergencies with health consequences** (document EB140/10)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda

- **Draft global implementation plan** (document EB140/14)

The CHAIRMAN recalled that the Board had agreed to consider item 7.1 of the agenda together with the first part of item 7.4 of the agenda.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's first report to the Board. She described the main functions of the Committee, as outlined in paragraph 2 of its report, and said that the WHO Health Emergencies Programme had already: improved rapid detection of and response in recent outbreaks; more structured responses to humanitarian crises; and more professionalized incident management. The Committee had mainly focused its assessment on eight thematic areas. Noting the common structure across the three levels of the Organization, she said that regional offices were aligning their health emergency structures, but that implementation of the Programme at the country level should proceed more quickly. Progress had been made in recruitment at the regional level, particularly in the African Region and Eastern Mediterranean Region, and at headquarters, but there was a need to recruit personnel for health emergency posts quickly at the country level. Optimizing and streamlining recruitment would help to achieve a better balance across the Organization's three levels. WHO representatives and incident managers needed relevant and adequate training and support, in order to respond appropriately to emergencies. WHO had adopted a new common incident management system that had been used successfully during the recent outbreaks of Zika virus disease and yellow fever, and the system could be adapted to different contexts.

She welcomed the WHO Protocols for Risk Assessment, Grading of Emergencies and Incident Management and the second edition of the Emergency Response Framework, which would be available at the end of January 2017. The Committee advised the WHO Health Emergencies Programme to work closely with appropriate counterparts, and recognized the successful rapid disbursement of the WHO Contingency Fund for Emergencies. However, while national governments were key partners, partnerships with non-State actors at the country level should be cultivated, within the Framework of Engagement with Non-State Actors. The Committee was pleased with the progress made in advancing the Global Health Cluster and Global Outbreak Alert and Response Network. Specialized initiatives related to emergency medical teams and the growing number of disease- and hazard-specific, clinical and laboratory networks were also noted. Recognizing the importance of the International Health Regulations (2005), she expressed satisfaction that the Programme had completed joint external evaluations in 27 countries across all six regions. The Committee would review the extent to which the joint external evaluation tool was suitable for its purpose.

The Committee had noted with concern that only 56% of the US$ 485 million required for the biennium 2016–2017 had been received as at December 2016, and the Chair called on Member States to honour their commitments. The WHO Health Emergencies Programme should strengthen its resource mobilization capacity, diversify its donor portfolio and pursue innovative financial strategies. She commended the successful and innovative fundraising efforts of the WHO representative in the Syrian Arab Republic, which had been made under difficult circumstances. That model for fundraising at the country level would help country offices to fund the posts planned under the Programme. The Secretariat should proactively highlight the successes of the Programme and strongly promote investment. Unless Member States and donors increased their financial commitments, funding shortfalls would severely constrain WHO's ability to respond to future health emergencies and implement the Programme. She recognized the commitment of staff working at the country level, particularly those in difficult circumstances. In addition to the commitment of the Secretariat, Member State engagement and commitment, both political and financial, was essential for the Programme's success.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with her statement. Sustainable health security could only be ensured through the full implementation of the International Health Regulations (2005) and strong health systems. She recognized the Secretariat's role in leading the WHO Health Emergencies Programme, enabling effective emergency responses and providing technical leadership to increase preparedness and resilience. Commending the common incident management system, she said that the full implementation of the Programme would require work at the regional and country levels, aligned with the work of the Global Health Cluster and emergency medical teams.

Recognizing that the Programme was underfunded, the European Union and its Member States requested that the Secretariat should prepare a five-year strategic plan that would set out the funding requirements for the Programme as a whole, including how the WHO Contingency Fund for Emergencies would be sustained. That strategic plan should: demonstrate what gains would be made as governance improved; include scenarios that allowed for flexibility; and make an economic business case for enabling the Programme to respond to emergencies in a timely, sustainable and holistic manner, with clear lines of decision-making and accountability, and in coordination with humanitarian partners. Such a plan should set out the financial commitments required from Member States.

The recent process of developing an Ebola vaccine could be used as a template for the development of new medical countermeasures, and she urged the Secretariat to galvanize multisectoral support for such initiatives. She welcomed the blueprint for research and development preparedness and rapid research response, and called on the Secretariat to facilitate the exchange of data and samples, as that should be a priority.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she hoped that the Independent Oversight and Advisory Committee would be empowered to deliver robust solution-focused recommendations, and asked whether the Committee had received adequate support from the Secretariat and was able to freely express its concerns. She shared some of the Committee's concerns, in particular with regard to the WHO Contingency Fund for Emergencies. It was disappointing that many Member States had not invested satisfactorily in that much-needed and valuable Fund, and that some Member States and donors were not permitting their funding for health emergencies to be used to replenish it. An official replenishment plan for the Fund was needed. WHO had to have the funds available to be able to respond effectively in health emergencies. She urged Member States and partners to make financial contributions, as the United Kingdom had, in line with the "no-regrets approach" advocated in the report.

The representative of the NETHERLANDS said that the Committee's report deserved a structured follow-up. He asked whether it would be feasible for future reports to be delivered sufficiently in advance of sessions of the Board or at the Health Assembly to allow the Director-General and the Executive Director of the WHO Health Emergencies Programme to respond in writing. He urged the Secretariat to improve the implementation of the Programme across the three levels of the Organization, and asked the Committee to provide a more detailed assessment of the work to be done.

The representative of the DOMINICAN REPUBLIC said that countries in the Region of the Americas would continue to require technical and financial support to strengthen risk management and response to natural disasters. The research and development road maps to tackle potentially epidemic diseases were only partially defined at the country level, and the lack of agreements on sharing resources between partners led to the duplication and fragmentation of work; for example, during the recent regional chikungunya vaccine trial, bilateral cooperation had been insufficiently coordinated among participating Member States. Given that research and development results were not always widely available or critically reviewed by national authorities, they were not readily integrated into national policies.

The representative of the UNITED STATES OF AMERICA, commending the WHO Health Emergencies Programme, asked when permanent changes would be seen in the field. WHO should continually seek to optimize emergency response, learning from past experience, and leveraging new efficiencies from leading and coordinating emergency preparedness, prevention and response. The Global Health Security Agenda and the joint external evaluation tool were critical for increasing accountability and partnerships to implement fully the International Health Regulations (2005). He welcomed WHO's leadership of the Global Health Cluster. Recalling that adequate resourcing was essential for the success of the WHO Health Emergencies Programme, he commended the recruitment of 24 full-time Global Health Cluster coordinators. As staff working under the Global Polio Eradication Initiative had frequently been the first responders in emergency situations, WHO should consider the impact on emergency response of transition planning as the Initiative's staff and budget were phased out. WHO should participate actively in that transition planning, as good performance would be crucial for increasing donor support. He urged WHO to develop new ways of communicating with donors and Member States about the Programme, namely regarding progress made, challenges being faced and proposed solutions to those challenges.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region in reference to document EB140/8, said that the deployment of WHO representatives with experience of working in emergency situations and the establishment of the common incident management system had had a positive impact on public health in the Region. She applauded the Member States that had completed joint external evaluations and urged more Member States to do the same. She encouraged WHO to move away from emergency response and focus on preparedness and prevention, and on strengthening national health systems. In that context, Member States should: harmonize policies and procedures in the context of the One Health approach; implement the common integrated management system; prioritize risk mapping; fully implement the International Health Regulations (2005); and establish national and regional emergency response teams. She recommended that the African Public Health Emergency Fund should be linked to other contingency funds and funding mechanisms and advocated the strengthening of collaboration with other partners in the Global Health Cluster. She urged WHO to strengthen its resource mobilization capacity and diversify its donor portfolio.

The representative of the RUSSIAN FEDERATION said that the Committee should adopt a more critical approach and should focus on identifying the best ways to implement the WHO Health

Emergencies Programme. Although independent external evaluation was important, he disagreed with the importance attached to joint external evaluation and said it was not useful for the Committee to review the suitability of this tool. Similarly, as the Alliance for Country Assessments for Global Health Security had not been endorsed by all Member States, the Committee should rather use its limited time to produce specific recommendations for WHO.

The representative of THAILAND said that the joint external evaluation tool would facilitate transparent and accountable capacity development. Active engagement by regional and country offices and other partners and national implementation of the International Health Regulations (2005) would help to develop emergency response capacity in Thailand. Her Government had approved a US$ 100 000 contribution to the South-East Asia Region Emergency Fund. Equal research and development partnerships, implementation of agreements on the manufacture of and access to essential medical products, and intellectual property management mechanisms were needed. WHO should strengthen the Global Outbreak Alert and Response Network and work with existing regional and subregional networks to improve coordination.

The representative of VIET NAM said that health emergencies were becoming more intense and more frequent, requiring effective national, regional and global responses. He welcomed the proposed coordination across the three levels. Member States should strengthen national surveillance systems and build a network of emergency operations centres in order to coordinate its emergency response effectively. Joint external evaluation was essential to identify core capacities required to address public health emergencies. Strengthening the role of National IHR Focal Points would facilitate timely information sharing. The Secretariat should coordinate the work of development partners at all three levels of the Organization, and provide technical support to Member States where required.

The representative of CHINA recognized progress made under the WHO Health Emergencies Programme in its eight key areas. The common integrated management system had produced positive results during recent outbreaks of Zika virus disease and yellow fever. Health security was a priority, and the Government of China had worked closely with WHO to respond to recent outbreaks and epidemics. Health emergency care and assistance plans would strengthen national response capacities. Within the framework of the International Health Regulations (2005) and at the advice of the Committee, the Chinese Government would continue to work with WHO and its Member States to safeguard health security.

The representative of COLOMBIA said that WHO should continue efforts to align coordination and response to emergencies using a multihazard approach in order to deal with different regional and local contexts more effectively. During the recent outbreak of Zika virus disease, the provision of information on the evolution and consequences of the disease had been vital and the declaration of a public health emergency of international concern had facilitated resource management and emergency response activities in Colombia. Progress had to be made on implementing WHO's global observatory on health research and development, to facilitate information exchange and guide decision-making. Support should be provided to Member States to build national preparedness and response capacity, and train health care workers. Improved secure digital platforms for information and data sharing would increase the effectiveness and efficiency of emergency response.

The representative of NEPAL said that the WHO Health Emergencies Programme's focus on building capacity at the country level would facilitate more comprehensive and prompt emergency responses. The health sector should develop and test comprehensive emergency preparedness and response plans clearly linked to the relevant plans of other sectors. In addition, stronger emphasis should be placed on dovetailing plans to strengthen health systems and enhance their resilience to emergencies. The 2015 earthquake in Nepal had demonstrated the need to focus on post-disaster

recovery strategies to rebuild health systems weakened by natural disasters. The Programme should assist countries in developing that capacity. He also recommended that the Secretariat should explore innovative financing options to ensure adequate funding for the Programme.

The representative of MEXICO said that emergency responses could be improved by implementing the research and development blueprint. Data and sample sharing ensured equitable access to possible treatment, in accordance with international standards; and generic standards should be developed for priority diseases to facilitate coherent monitoring, prevention and control. Technology sharing supported research and development activities, enabling low- and middle-income countries to tackle potentially epidemic diseases. WHO should continue to align its preparedness and response activities with those of other humanitarian actors and Member States. It was important to strengthen coordination while recognizing Member States' different organizational and coordination mechanisms. WHO should scale up its production of norms and guidelines and provide linkages between Member States and international organizations. He called on the Secretariat and Member States to maintain and, where appropriate, increase budgets for preparedness and response and operational costs for the implementation of the WHO Health Emergencies Programme and the United Nations Plan of Action on Disaster Risk Reduction.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that WHO had to fulfil its leadership role in the coordination of health emergencies. A well-coordinated initial response would mean that the acute phase of an emergency would be concluded swiftly. Effective and efficient planning and coordination would enable remaining resources to be redirected to stabilization, development and resilience activities. It was important to move away from reactive interventions, and seek to increase emergency preparedness, involving local communities, through monitoring and alert systems. The WHO Contingency Fund for Emergencies, and other similar funds, were crucial but had to be fully funded.

The representative of TURKEY said that the WHO Health Emergencies Programme implementation plan should be shared with country offices. He was sure that funds for the Programme could be swiftly raised. He highlighted the significance of the common incident management system.

The representative of CANADA said that regular communication with Member States regarding WHO's work in outbreaks and emergencies was critical in order to strengthen humanitarian response and ensure adequate resources for the implementation of the WHO Health Emergencies Programme. She therefore supported the Committee's recommendation to diversify the donor portfolio with a view to mobilizing resources. The Organization should consider how it would prioritize resources, including the WHO Contingency Fund for Emergencies, while the Programme remained underfunded.

The representative of KUWAIT said that priority should be given to strengthening the workforce and building capacity at the regional level. It was also important to address regional capacity for emergency and post-emergency response. She was concerned at the lack of financing for the WHO Health Emergencies Programme and expressed the hope that a budget plan would be drawn up for the following years. Member States' contributions should be earmarked at a regional level. Kuwait, for example, was currently contributing funds to help the response to emergency situations in the Middle East.

The representative of ALGERIA said that maintaining a strategic focus on emergency prevention and preparation was a sustainable investment. While national efforts to mobilize resources for emergencies in particular should be stepped up, underfunding at all levels should be addressed and knowledge exchange in that regard would prove beneficial. He drew attention to the African Public

Health Emergency Fund and the national emergency fund that had been set up in his country; the latter had raised a large sum of money for that purpose.

The representative of SWEDEN said that she was concerned by the shortage in funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies. Sweden had participated to that end and she encouraged other Member States to contribute.

The representative of PAKISTAN said that aligning health emergencies preparedness and response and allocating appropriate human resources remained a challenge; the latter would require human resources to be identified at the global and regional levels. The Committee's next report should address the strengthening of local health systems, particularly in countries at risk of health emergencies. Given current financial constraints, the Committee should consider harnessing funding from philanthropic sources. Research and development should be prioritized to ensure that decision-making was evidence based.

The representative of the CONGO, speaking on behalf of the Member States of the African Region in reference to document EB140/7, said that he recognized the scope of health emergencies in his, and other, regions. While commending the recent containment of Ebola virus disease and yellow fever, he expressed concern at reports of Zika virus disease and vectors of such viruses in Cabo Verde. Preparedness and response plans in the African Region should be strengthened based on analyses of risk assessments, and the capacity to implement the International Health Regulations (2005) and resources had to be mobilized in that regard. The WHO Contingency Fund for Emergencies should replace the African Public Health Emergency Fund to prevent duplication of donor efforts. The Board should recommend to the Health Assembly the strengthening of regional and country offices in order to decentralize health emergencies response. Cross-border initiatives towards emergency preparedness, prevention and response should be strengthened; and simulations should be carried out at the national level.

The representative of LIBYA said that all Member States had a responsibility to contribute resources and to cooperate closely in order to address complex emergency situations. He expressed the hope that in-depth studies would be conducted by competent experts to set priorities and identify the support needed. The status of emergencies in the Middle East should be upgraded given the gravity of the conflicts and the forced displacement of populations in that region. The Libyan Government had insufficient financial and human resources to assist the large numbers of migrants entering the country as a result of conflict.

The representative of ERITREA, speaking on behalf of the Member States of the African Region in reference to document EB140/9, said that the Secretariat should complete the research and development road maps for the remaining 10 priority pathogens with epidemic potential (that for Middle East respiratory syndrome coronavirus having been completed), and give due consideration to those pathogens relevant to the African Region. The findings of vulnerability assessments and mapping of epidemic diseases conducted in the Region should be used to develop research and development blueprints and road maps. Health threats in the Region should be tackled and solutions should be affordable for at-risk populations. There should be an enabling environment for data and sample sharing, in line with the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization. Capacity building for laboratory services would facilitate the rapid detection of priority pathogens and clinical trials of new vaccines and therapies. Innovative resource mobilization for Member States' research and development in respect of potentially epidemic diseases should be encouraged.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region in reference to document EB140/10, said that the Regional Office for Africa had made significant progress regarding health workforce coordination in emergencies with health consequences, including the signing of a collaboration framework agreement with the Center for Disease Control and Prevention in Africa and the provision of support for the West African Regional Center for Disease Control and Prevention, with a view to building a regional health workforce. International efforts to tackle emergencies and improve the well-being of populations were being undermined by shortages in human resources. A joint regional meeting of the WHO Health Emergencies Programme, the Global Outbreak Alert and Response Network and regional partners had been organized for 2017 to deal with health workforce emergence coordination, and aimed to encourage Member States to support resource mobilization for emergency preparedness and response, and to engage with health institutions and potential partners to build health workforces.

The representative of GERMANY[1] said that she supported the proposal that the Committee's next report should be submitted before the Health Assembly in May 2017, and that the Secretariat should prepare a written response. She welcomed efforts to align health emergency preparedness and response and to coordinate with partners of the Global Health Cluster. She expressed concern regarding the funding shortfall for the WHO Health Emergencies Programme. As her Government was a donor to the Programme and the WHO Contingency Fund for Emergencies, she supported an increase in the WHO budget in order to secure sustainable financing for that Programme.

The representative of SPAIN[1] said that the WHO Health Emergencies Programme should contribute to making WHO's leadership more effective, building capacity in Member States and facilitating effective emergency response. Spain participated in the Global Outbreak Alert and Response Network and trained teams under the framework of the European Medical Corps. While efforts should be made to rationalize and prioritize spending, funding for health emergencies preparedness and response should be guaranteed under WHO's programme budget.

The representative of NORWAY,[1] while welcoming the recruitment of 24 Global Health Cluster coordinators, said that he was concerned by the continuing problems regarding the competence of WHO representatives, and the logistics and security preparation for Global Outbreak Alert and Response Network personnel, particularly since those shortcomings had previously been identified during the Ebola virus disease outbreak and response. Human resources, including personnel for the Global Outbreak Alert and Response Network, should be deployed urgently and recruitment processes had to be fit for purpose. WHO had to learn from previous emergency situations, and work closely with its partners, including the GAVI Alliance.

The representative of EGYPT[1] said that the lack of clarity on the classification of emergencies in the Committee's report could lead to confusion regarding lines of authority in such situations. Insufficient recruitment at country level was alarming, and priority should be given to filling posts in country offices. Implementing the core capacities under the International Health Regulations (2005) should also be a priority. Given the funding shortfall, he asked how resources would be allocated between operational response and building International Health Regulations (2005) core capacities. He recognized that joint external evaluations remained voluntary. The existence of other initiatives to assess the implementation of International Health Regulations (2005) core capacities could lead to a duplication of work, and should be overseen by WHO.

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

The representative of AUSTRALIA [1] said that he agreed with the need to accelerate the implementation of the WHO Health Emergencies Programme at the country level, and prioritize the recruitment of staff for country offices. WHO should invest in systemic planning to ensure the effective use of resources. The benchmarking of staffing profiles against those of peer organizations and humanitarian agencies would be a useful exercise. In the light of plans to expand the Global Outbreak Alert and Response Network, he requested further information regarding the differences in the roles of that Network, emergency medical teams and the Organization's operational capacity. He commended the Director-General's ongoing commitment to provide support to all countries in achieving and maintaining the core capacities under the International Health Regulations (2005) and welcomed the progress made by countries that had already completed joint external evaluations. Compliance with the International Health Regulations (2005) was critical if Member States were to be capable of providing an effective response to emerging global health threats. He expressed concern that the Programme was underfunded and encouraged Member States to contribute thereto.

The representative of ANGOLA[1] said that WHO had provided targeted support to various States facing humanitarian crises, to help to control disease outbreaks. Many emergency situations could only be managed through preventive inter-State actions in cooperation with the Secretariat. The recent yellow fever outbreak in Angola had been brought under control with support from WHO and other partners. International technical cooperation should focus on research and development in the African Region with a view to preventing health emergencies and combating falsified and counterfeit medical products.

The representative of JAPAN[1] said that it was important to ensure a balanced distribution and recruitment of personnel across the three levels of the Organization, and that priority in that respect should initially be given to the African Region and the Eastern Mediterranean Region. Expressing concern at the lack of funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies, he said his Government had made significant financial contributions to both the Programme and the Fund . The Fund was crucial in ensuring a rapid response to health emergencies and must be funded and replenished in a sustainable manner. WHO should ensure an appropriate balance between its normative and operational functions, and between the management of disease outbreaks and the health consequences of humanitarian situations. He called on the Health Assembly to consider matters raised by the Committee, and said that information on any improvements made should be contained in the Committee's next report. The Committee should continue to monitor the Programme and make candid recommendations.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Federation supported the harmonization of the various health emergencies mechanisms. She supported WHO's development of research and development road maps for 11 priority pathogens with epidemic potential and recommended that the scope of those road maps should be expanded to tackle barriers to the use of new technologies on the ground. Multisectoral responses to health emergencies should be country specific and should empower local communities and strengthen national capacities. She commended the development of the guidance for managing ethical issues in infectious disease outbreaks.

The representative of ITU said that information and communication technology was essential to the achievement of the Sustainable Development Goals. Among other initiatives, ITU had collaborated with WHO to develop national eHealth strategies and co-found the Commission on Information and

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

Accountability for Women's and Children's Health, and had provided assistance to victims of natural disasters.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, responding to the request for a strategic plan that included analysis and a set of scenarios, recalled that the Committee's mandate was derived from decision WHA69(9) (2016) on the reform of WHO's work in health emergency management, and the Director-General's report on that subject (document A69/30), and also from decision WHA69(14) on implementation of the International Health Regulations (2005). It would not go beyond that agreed mandate. In that regard, she recalled that the Committee's report reflected the work undertaken in four months in the light of the agreement by Member States to begin implementation of the WHO Health Emergencies Programme on 1 July 2016 and to complete the transition of existing staff into the new structure by 1 October 2016. She also recalled that Member States had agreed on the need for a single, common results framework and, in decision WHA69(14), on the need to consult the regional committees.

The Committee received good support from the Secretariat at all three levels, as required for its operation. It had a duty to do everything possible to prevent devastation in health emergencies. The Committee would strive to deliver its next report on time, although that would depend on the assessments conducted. A number of meetings had been scheduled with Member States and with all regional directors. The joint external evaluation tool had been recommended by the Committee, not designed by it. The Director-General was responsible for consulting regional committees on the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The African Region had already adopted the joint external evaluation tool. The Committee wanted to ensure that the Programme was implemented under the Organization's leadership in partnership with others. The joint external evaluation was indeed voluntary, but it was important to see how effective it was and to ensure that activity on the ground was taken into account in the evaluation.

A MEMBER OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, supported by another MEMBER, said that the Committee members strived to remain neutral and independent, and were able to speak out on the basis of their findings.

The DIRECTOR-GENERAL said that the Committee had scheduled a face-to-face meeting to finalize the evidence collected from interviews with country offices and Regional Directors, and to determine whether the WHO Health Emergencies Programme had been implemented in a fair and transparent manner. The next Committee report would be issued four weeks before the Seventieth World Health Assembly, and the Secretariat would provide a response to that report three weeks before that Health Assembly. The Secretariat could prepare a five-year strategic plan, including scenarios and an economic business case, which could be issued six weeks before the 142nd session of the Board in January 2018.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that she supported the proposed timeline for the strategic plan.

The DIRECTOR-GENERAL said that Member States should adopt a country focus and ensure the implementation of core capacities under the International Health Regulations (2005). The Secretariat would strengthen capacity in country offices and provide additional staff training. Cultural change in countries and for WHO staff was needed, as was preparedness. Collaboration with non-health ministries and heads of State was essential to tackle health emergencies. The WHO Health Emergencies Programme had a major funding gap, and Member States were encouraged to increase

their financial contributions to the core budget, appeals and the WHO Contingency Fund for Emergencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern about the length of the timeline for the strategic plan, as some Member States might experience challenges in achieving the necessary levels of financial commitment in the absence of a robust economic case and an explanation of how that financing fitted into a broader vision for WHO. The Secretariat should propose an interim measure that would provide Member States with information on the work already carried out and a long-term view, and that allowed for an economic case to be built in order to increase financial commitments.

The DIRECTOR-GENERAL proposed that, during the development of the five-year plan, the Secretariat should report regularly to Member States in order to share its assessments, obtain feedback and refine the process. The suggested time frame was required to allow for governing bodies processes.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that work on the economic business case was in process. The blueprint for research and development preparedness and rapid research response was a critical tool. Agreement had been reached with other relevant departments in headquarters on 11 priority pathogens with epidemic potential and the related implementation plan was under way. A new data-sharing policy had been published in 2016. The WHO Contingency Fund for Emergencies had proven effective in 11 emergencies to date and the options for its replenishment would be explained in the five-year strategic plan.

He agreed that a country focus was important and that a new country business model was needed, which would improve operations and allow for greater fundraising at the country level. Such a model would require significant new financing at the country level. The retention of posts at headquarters for the WHO Health Emergencies Programme, to avoid disrupting the Programme, could give the impression that more posts had been filled at headquarters than at the country or regional levels. In fact, 75% of planned posts under the Programme were at the regional or country levels and around 90% of new posts had been recruited at the regional and country levels. A preliminary assessment of the capabilities of senior staff had been conducted internally and with other United Nations organizations.

Communication would be improved in terms of the sharing of progress, success stories and challenges, both internally and externally. Regarding the links between prevention, preparedness, recovery and response, it was paramount to work on the entire spectrum of activities spanning those areas. Work was being carried out to ensure stronger collaboration with health-systems departments, in particular on strengthening health systems in fragile contexts. Emphasis had been placed on national capacity-building, including for National IHR Focal Points, and with respect to emergency operation centres and local models. He agreed with comments on the importance of adopting a multisectoral approach and a focus on national capacity building, and said that progress was being made in that direction, particularly with respect to One Health programmes and emergency medical teams.

The CHAIRMAN took it that the Committee wished to note the report contained in document EB140/8.

It was so agreed.

(For the continuation of the discussion on item 7.1 and on the first part of item 7.4, see the summary record of the third meeting, section 3.)

The meeting rose at 17:40.

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