

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

**WHO headquarters, Geneva
Tuesday, 24 January 2017, scheduled at 09:00**

Chairman: Dr R. BUSUTTIL (Malta)

CONTENTS

	Page
1. Staffing matters	
Appointment of the Regional Director for the Eastern Mediterranean	2
Expression of appreciation to the outgoing Regional Director for the Eastern Mediterranean	3
2. Post of Director-General (continued)	
Nomination of candidates (continued)	4
3. Preparedness, surveillance and response (continued)	
Health emergencies: (continued)	
• WHO response in severe, large-scale emergencies (continued)	4
Implementation of the International Health Regulations (2005) (continued)	
• Draft global implementation plan (continued).....	4

THIRD MEETING

Tuesday, 24 January 2017, at 11:00

Chairman: Dr R. BUSUTTIL (Malta)

1. STAFFING MATTERS: Item 15 of the agenda

**The meeting was held in open (private) session from 09:00 to 11:00,
when it resumed in public session.**

Appointment of the Regional Director for the Eastern Mediterranean: Item 15.1 of the agenda (document EB140/45)

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the following resolution adopted by the Board while the meeting had been held in open (private) session:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of the World Health Organization;
Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its sixty-third session,

1. APPOINTS Dr Mahmoud Fikri as Regional Director for the Eastern Mediterranean as from 1 February 2017;
2. AUTHORIZES the Director-General to issue to Dr Mahmoud Fikri a contract for a period of five years from 1 February 2017, subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Fikri as follows: "You will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant."

The CHAIRMAN congratulated Dr Fikri on his appointment and conveyed the Board's best wishes for success in his post.

At the invitation of the CHAIRMAN, Dr Fikri took the oath of office contained in Staff Regulation 1.10 and signed his contract.

The REGIONAL DIRECTOR-ELECT FOR THE EASTERN MEDITERRANEAN said that it was a great honour to be appointed Regional Director. He thanked Member States and the Executive Board for giving him the opportunity to contribute to the health and well-being of the people of the Eastern Mediterranean Region and paid tribute to the efforts of the outgoing Director, Dr Ala Din Alwan. He also thanked the Director-General and the Secretariat for their support.

¹ Resolution EB140.R1.

He said that he was committed to working with the Member States of the Eastern Mediterranean Region to ensure that the challenges they faced were addressed in a timely and efficient manner. As Regional Director, his priorities would include tackling emergencies, strengthening health systems, controlling communicable and noncommunicable diseases, reducing maternal and child mortality and addressing inequities by focusing on the social determinants of health. Particular attention would be given to eradicating poliomyelitis in the Region, supporting human resources development, and ensuring universal health coverage in all countries of the Region. Regional and country offices would be made more responsive to the needs of Member States through the promotion of transparency, the better utilization of available resources and the greater delegation of authority to technical staff. He would also seek to foster greater collaboration with other United Nations organizations, development partners and non-State actors.

The DIRECTOR-GENERAL congratulated Dr Fikri on his appointment, welcoming his list of programmatic priorities and his commitment to managing resources in an accountable and transparent manner, which was in line with the main objectives of WHO reform.

Expression of appreciation to the outgoing Regional Director for the Eastern Mediterranean

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the following resolution adopted by the Board while the meeting had been held in open (private) session:¹

The Executive Board,

Desiring to express its appreciation to Dr Ala Din Alwan for his services to the World Health Organization;

Mindful of Dr Ala Din Alwan's lifelong, professional devotion to the cause of international health, and recalling especially his five years of service as Regional Director for the Eastern Mediterranean;

Recalling resolution EM/RC63/R.8, adopted by the Regional Committee for the Eastern Mediterranean, which designates Dr Ala Din Alwan as Regional Director Emeritus,

1. EXPRESSES its profound gratitude and appreciation to Dr Ala Din Alwan for his invaluable and longstanding contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

The DIRECTOR-GENERAL thanked Dr Ala Din Alwan for his leadership and contribution to the work of the Organization in many areas, and wished him every success in his future endeavours.

The representative of PAKISTAN, welcoming the incoming Regional Director for the Eastern Mediterranean and wishing him success, highlighted some of the contributions made by his predecessor, who had taken office at a challenging time for both the Region and the Organization. He had worked tirelessly on the priority areas he had identified, promoting health in the Region and beyond and striking a balance between emergency response and routine operations. Convinced of the benefits of investing in human capacity, he had spearheaded efforts to strengthen public health in a range of areas. Not only had he been a great public health leader, he had also been a personal inspiration to many.

¹ Resolution EB140.R2.

The representative of KUWAIT congratulated the incoming Regional Director on his appointment and expressed appreciation to his predecessor. The Eastern Mediterranean Region continued to present many challenges, and his country would support the new Regional Director in any way it could.

The representative of the UNITED STATES OF AMERICA said that his country would support the incoming Regional Director in working to build a strong, effective, transparent and accountable Regional Office. He commended the outgoing Regional Director, who had served with distinction and made significant changes to strengthen and reform the work of the Regional Office in challenging times.

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

Nomination of candidates: Item 4.1 of the agenda (document EB140/INF./1)

The CHAIRMAN, announcing the result of the open (private) meeting at which the Executive Board had decided on the shortlist of five candidates for nomination for the post of Director-General, said that it was a tribute to the Organization that the post had attracted so many highly competent and distinguished individuals. The task of drawing up a shortlist had been particularly difficult. He read out the names of the candidates on the shortlist in alphabetical order:

Dr Tedros Adhanom Ghebreyesus
Dr Flavia Bustreo
Professor Philippe Douste-Blazy
Dr David Nabarro
Dr Sania Nishtar.

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

Health emergencies: Item 7.1 of the agenda (continued from the second meeting, section 3)

- **WHO response in severe, large-scale emergencies** (document EB140/7) (continued)
- **Research and development for potentially epidemic diseases** (document EB140/9) (continued)
- **Health workforce coordination in emergencies with health consequences** (document EB140/10) (continued)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda (continued from the second meeting, section 3)

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

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/7.

The representative of CANADA, noting the progress made in the area of emergency reform, said that the success of the Organization's efforts to that end would be judged by their impact in the field. In the face of the increasing risks faced by medical personnel and humanitarian workers engaged in medical duties in emergency situations, she welcomed the collection of data on attacks against medical staff and facilities, in line with United Nations Security Council resolution 2286 (2016), and called for such attacks to cease. It was essential for all parties to conflict to comply with international humanitarian law obligations. She further welcomed the joint statement issued by WHO and other members of the United Nations Inter-Agency Standing Committee calling for immediate, unconditional and safe humanitarian access to those affected by the Syrian crisis.

The representative of the NETHERLANDS, welcoming the Organization's work in health emergencies and the new WHO Health Emergencies Programme, condemned recent attacks on humanitarian and health care workers and asked what the Organization was doing to protect such workers. Greater attention should be paid to sexual and reproductive health and rights in emergencies. Commending the Organization's efforts to control Zika virus disease, he asked whether an exercise on lessons learned was under way. Given the financial shortfalls described in the report contained in document EB140/7, he asked what the operational consequences would be if new funding for the WHO Contingency Fund for Emergencies and specific appeals was not forthcoming.

The representative of the PHILIPPINES expressed satisfaction with the new WHO Health Emergencies Programme, especially its grading process, which supported appropriate and effective responses to emergencies, and with the Organization's work to improve the coordination of emergency response among stakeholders in all sectors and at all levels. The adoption of the incident management approach was important in delineating the specific roles of all concerned. Her country had already begun to implement an incident management system and had undertaken capacity-building activities for responders and for local and national officials. With WHO support, it was also strengthening its national emergency management teams. Among other things, training had been provided in strategic risk assessment and vulnerability analysis. The importance of research and evidence in improving policies and emergency response programmes could not be overstated.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the new WHO Health Emergencies Programme, said that it was important to maintain momentum and bring about the improvements at the country level that were necessary to achieve the desired future response capabilities. He asked whether all departments at WHO headquarters were actively supporting the Programme and were ready to respond to its leadership in the event of an emergency, and whether leadership was clear for all levels and types of emergencies. He emphasized the importance of the WHO Contingency Fund for Emergencies and of a replenishment plan.

The representative of KUWAIT said that political instability, armed conflict and violence had undermined health in many parts of the Eastern Mediterranean Region, including among displaced persons. Furthermore, the targeting of health sector personnel and infrastructure continued to pose a major challenge in many countries in the Region. He called for the implementation of United Nations Security Council resolution 2286 (2016).

The representative of FIJI, referring to tropical cyclone Winston that had hit Fiji in February 2016, said that even Grade 1 emergencies could have significant health, social and economic repercussions in small countries. His Government was extremely grateful for the generous support it had received, including the emergency assistance provided by WHO and other United Nations organizations. WHO had proven itself to be a capable partner in emergency situations and its willingness to learn lessons from past emergencies was encouraging.

The representative of CHINA commended WHO's timely and effective responses to emergencies in 2016. Public health sectors, particularly in developing countries, faced difficulties in enhancing their surveillance and information sharing capacities. He said that his Government would continue to support the WHO Contingency Fund for Emergencies and participate actively in global public health emergency response work.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, said that, in 2016, the WHO Regional Office for South-East Asia had provided technical and financial support through the South-East Asia Regional Health Emergency Fund to Bhutan, the Democratic People's Republic of Korea, Indonesia, Myanmar and Sri Lanka in the wake of emergencies. The Regional Office had adopted the prescribed structure of the WHO Health Emergencies Programme, and had reviewed and prioritized the regional activities related to the Programme, as well as country preparedness. Noting that of all WHO regions, the South-East Asia Region bore one of the highest burdens of emergencies, he highlighted the need for additional financial resources in order to provide adequate support to the Member States of the Region.

The representative of the UNITED STATES OF AMERICA, commending the progress made by WHO in responding to recent outbreaks and other health emergencies, welcomed the recent implementation of structural changes within the Organization and asked when permanent changes would be apparent in the field. It was essential to inform Member States about efforts made by the Executive Director and regional directors to refine the new WHO Health Emergencies Programme in the light of lessons learned. It was of paramount importance that WHO should play an active, leading role in coordinating responses to large-scale, complex health emergencies. The Organization must continue to prioritize such work and leverage the new preparedness, prevention and response efficiencies resulting from implementation of the Programme. He welcomed the implementation of the incident management system. The Global Health Security Agenda and the joint external evaluation tool were critical to enhancing accountability, strengthening partnerships and promoting compliance with the International Health Regulations (2005). The availability of sufficient resources would be critical to the success of the Programme; the Secretariat must assess the impact on health emergency response capacity of changes to the budget and staff numbers resulting from the Global Polio Eradication Initiative transition process. He called on the Secretariat to communicate more effectively with donors and Member States on the progress achieved and challenges faced.

The representative of BELGIUM¹ said that the report provided little information on the core missions of WHO in emergency situations, namely: assessing threats and needs; supporting health ministries in coordinating the response; monitoring health situations; and leading and coordinating the Global Health Cluster. In future reports on this agenda item, it would be useful to have more information on WHO's role as Global Health Cluster coordinator, such as whether it had developed effective relationships, held regular coordination meetings and agreed priorities with all relevant stakeholders, and whether it was able to obtain the information necessary to monitor emergencies. The provision of such information would allow Member States to fulfil their oversight role.

The representative of ZIMBABWE¹ said that it was regrettable that funding gaps were curtailing the ability to respond effectively to those in need. Threats to health workers, the destruction of health facilities, and the blocking of access to areas in need, particularly in conflict zones, hampered the work of WHO and its partners. It was nevertheless encouraging to observe that surveillance by a variety of means continued to inform response planning. WHO's incident management system appeared to be having positive results, and it was to be hoped that timely and focused responses would continue to

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

improve health outcomes and reduce the risks to WHO's reputation. The Inter-Agency Standing Committee approach should be fully exploited to address factors that had a positive or negative impact on WHO's ability to respond to emergencies.

The representative of GERMANY¹ said that he supported the suggestions made by the representative of Belgium with regard to the content of future reports on the agenda item. WHO should act in situations in which it had a comparative advantage, avoid duplication of efforts and remain neutral at all times. It should also make available transparent information on the contributions of its partners, in order to promote the best use of available resources. Bearing those points in mind, although Germany was currently expanding its cooperation with WHO in humanitarian contexts – in addition to supporting the Organization's work in Ukraine, it was developing its cooperation with the WHO Health Emergencies Programme in Iraq and Nigeria – it was choosing the projects with care and monitoring them closely.

The observer of PALESTINE said that WHO should continue to support efforts to build the Palestinian health system, especially during emergencies. Referring to document EB140/7, he asked the Secretariat to replace the designation "West Bank and Gaza Strip" with the official name "occupied Palestinian territory".

The representative of BRAZIL¹ said that it was important for WHO to continue helping countries to strengthen their national health systems, in particular with respect to human resources, laboratory capacities for surveillance and vector control, and research and development. Although WHO had declared that the outbreak of Zika virus disease was no longer a public health emergency of international concern, it had supported his country's decision to maintain the outbreak as a national emergency. WHO should continue to articulate the need for collaboration and resource mobilization, especially for those with malformations of the nervous system as a consequence of infection with the virus, for care networks and for the development of vaccines. While it was understandable that emergencies should be emphasized at WHO through a programme designed to meet the challenges faced by the Organization in recent years in relation to the International Health Regulations (2005) and its public health mandate, funding remained an issue that Member States had to discuss, in order to ensure that resources were not lacking or diverted from other, equally critical core areas and missions.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed concern at the safety of health care workers in health emergencies. WHO should strengthen its global leadership role in surveillance and data collection and take steps to prevent health care workers from becoming the target of attacks. Noting that governments, international organizations, the private sector and civil society bore a shared responsibility to provide the necessary resources, she called on Member States to examine their role in closing the funding gap. Greater recognition of the critical role of young people in health emergencies was essential.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the number and severity of emergencies and the increasing number of health care workers and facilities targeted in conflict situations. Those involved in conflict situations must protect civilians and health care capacities and respect the ethical obligation of health personnel to treat all patients. He called for the full dissemination and implementation of the ethical principles of health care in times of armed conflict and other emergencies and urged governments to fulfil their obligations under international humanitarian law. He commended the

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

countries that had committed resources to new treatment and isolation centres in regions most heavily burdened by new epidemics. WHO should assess the timeliness and effectiveness of international interventions. In addition, governments should include disaster medicine training as part of university and postgraduate courses. Member States must accept experienced and qualified foreign physicians without discrimination, and should develop and test ethical disaster management plans for clinical care and public health.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that in two situations in 2016 – the yellow fever outbreak in Angola and the Democratic Republic of the Congo, and the acute nutritional crisis in north-east Nigeria – lack of clarity about medical leadership responsibilities between national and international health authorities and over-reliance on surveillance mechanisms at the expense of concrete response capacity had resulted in unnecessary suffering and deaths. Member States should support effective WHO leadership in the response to health emergencies and bolster WHO's local capacity through expedited and prioritized recruitment at the country level. The incident management system should be adapted to community needs and harness local capacity. Member States should also encourage WHO in its efforts to establish the blueprint for research and development preparedness and rapid research response so as to ensure that the products developed were affordable, effective and equitably accessible.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked the regional offices for their collaboration in implementing the new WHO Health Emergencies Programme and expressed particular appreciation for the work of WHO staff and partners in delivering services on the ground in often fragile and insecure conditions.

Responding to the points raised, he said that the increased targeting of health conveyances, workers and facilities was of grave concern; better data collection on relevant incidents, sustained advocacy and engagement with all parties to conflicts were crucial for their protection. WHO currently relied heavily on the broader United Nations system to support its security capacity and that of its partners. Establishing full security provisions was costly and time-consuming; greater investment was needed to enable the Organization to ensure the safety of its staff, facilities and partners in increasingly complex operational environments.

Preliminary lessons learned from the ongoing response to the Zika virus disease outbreak included the critical importance of collaboration and leadership with PAHO and of the WHO Contingency Fund for Emergencies. Where strong regional and country capacity existed, decentralized decision-making in the implementation of the incident management system had proven effective, with headquarters taking the lead in the development of technical guidelines, coordination, establishment of strategic and operational plans, and implementation of the blueprint for research and development preparedness and rapid response research.

He was optimistic that funding for the new WHO Health Emergencies Programme would be forthcoming, since Member States had agreed on the reform. Without sufficient funding, the Organization would be unable to: fully implement a robust global detection and surveillance system for new events; play its full leadership role concerning the International Health Regulations (2005) and emergency preparedness; or transform itself into a cutting-edge institution for management of infectious diseases.

Joint external evaluations were voluntary and embedded in the broader monitoring and evaluation framework. Internal collaboration with WHO technical departments was strong. Decisions regarding Grade 3 emergencies were taken at the highest level of the Organization, although a degree of flexibility was retained with regard to Grade 2 emergencies; keeping decision-making as close to the ground as possible had proved to be effective. He thanked China for its support for the WHO Contingency Fund for Emergencies. Middle- and low-income countries played a critical role in health event detection, surveillance and preparedness. Field-level staffing was critical and deployment was

under way. Turning to lessons learned, he explained that a new framework was currently being implemented that included learning in real time, as part of after-action reviews and through more formal evaluations. He confirmed that no voluntary contributions had been diverted to the WHO Health Emergencies Programme at the central level and that the use of voluntary contributions was fully in line with long-term trends and proportions.

The Board noted the report contained in document EB140/7.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/14.

The representative of MEXICO expressed support for the draft global implementation plan for the International Health Regulations (2005). His country was committed to identifying the best strategies to carry out that plan, working with others at the international level to tackle global threats. He emphasized the importance of comprehensively monitoring how the Regulations were being implemented. Voluntary evaluation mechanisms, particularly the joint external evaluation tool, must be clearly structured and aligned with the provisions of the Regulations and agreed by Member States. In terms of budgeting, the Organization's resources must be allocated efficiently and transparently.

The representative of the DOMINICAN REPUBLIC expressed support for the draft global implementation plan and for the actions outlined, including for improving event management and risk assessment – areas in which her country was still building capacity. WHO should strengthen its role in helping States Parties to the International Health Regulations (2005) evaluate and build their core capacities, the establishment of which would also facilitate disaster risk reduction. WHO should also mobilize resources, including for the provision of training and information sharing at the country level.

The representative of the UNITED STATES OF AMERICA expressed support for the development of a five-year global strategic plan to improve public health preparedness and response and looked forward to participating in that process. In order to maintain the current momentum, the implementation of recommendations from joint external evaluations and the International Health Regulations (2005) country planning process must continue and be accelerated while the global strategic plan was being prepared. He commended the efforts of WHO and its regional and country offices in their rapid response to countries' resounding interest in undergoing joint external evaluations. Support should be provided to enable countries to close any gaps in preparedness, and reports on evaluations must be published promptly to facilitate follow-up. Multisectoral engagement, including from outside the health sector, was crucial to the implementation of the International Health Regulations (2005). With regard to area of action 5, he strongly encouraged WHO to engage with sectors other than health in determining a process to address additional health measures taken by countries. He expressed support for area of action 4 and recommended the development of hazard assessment procedures to prioritize the rapid sharing of assessment results with countries.

The representative of CHINA expressed support for the objectives, timelines and measures contained in the draft global implementation plan. The five-year global strategic plan should take into consideration the differences in governance and public health capacities among countries. Action to improve the monitoring and evaluation of and reporting on core capacities should aim to help countries to enhance their core capacities; WHO should play a leading role in that process. Voluntary external evaluations should be conducted by experts from different countries and the results published in a transparent and timely manner. The Western Pacific Region had proved to be particularly vulnerable to public health emergencies and needed additional support.

The representative of VIET NAM agreed with the recommendations concerning the development of the draft global implementation plan. He expressed support for the joint external evaluations and had no objection to areas of action 5 and 6 of the draft global implementation plan. His Government was committed to complying with the process of adapting any additional health measures under the International Health Regulations (2005); however, support from WHO and other development partners would be needed in that regard. He suggested that the draft global implementation plan should categorize countries based on their level of core capacities under the International Health Regulations (2005), in order to tailor the support provided to the needs of individual countries. His country was committed to maintaining and strengthening its core capacities and would assist in the implementation of the International Health Regulations (2005) at the global, regional and national levels.

The meeting rose at 12:30.

= = =