EXECUTIVE BOARD
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PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO headquarters, Geneva
Tuesday, 24 January 2017, scheduled at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

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FOURTH MEETING

Tuesday, 24 January 2017, at 14:30

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

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, called on WHO to finalize the draft global implementation plan that was to be submitted to the Health Assembly in 2018. The joint external evaluation tool had been incorporated into the regional strategy for health security and emergencies 2016–2020. He asked the Secretariat to support Member States in all six areas of action contained in the draft global implementation plan.

The representative of BAHRAIN said the areas of action contained in the draft global implementation plan should be fully implemented, with priority being given to the needs of countries with high vulnerability and low capacity. She emphasized the importance of providing support to States Parties under area of action 1, noting that linking core capacity building with health systems strengthening would require additional cooperation. It was vital that monitoring, evaluation and reporting should be improved under area of action 3. The recommendations made by the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response should be fully taken into account when improving event management under area of action 4. The Secretariat should promote the timely sharing of scientific and technical information and data from public health clinical examinations.

The representative of THAILAND expressed support for the joint external evaluation tool, which ensured transparency and international accountability. WHO should support regional and transregional networks that facilitated disease surveillance and response to public health emergencies. Finally, the WHO Health Emergencies Programme should strengthen event management capacity at border-crossing points.

The representative of COLOMBIA said that that Member States should continue to undertake self-assessment, including joint external evaluations, and fulfil their annual reporting requirements.

The efforts of those Member States fully implementing the International Health Regulations (2005) should be recognized, and WHO should provide incentives for other Member States to do so. It was vital that information security and intellectual property should be protected when promoting information sharing, and he called on the Secretariat to clarify the scope of the planned real-time web-based platform for reporting and information sharing mentioned under area of action 4 in the draft global implementation plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova aligned themselves with her statement.

The draft global implementation plan was welcome, although it was less substantial than had been expected. While it was right to prioritize countries with high vulnerability and low capacity, all countries should implement core capacities, especially relating to health security, under the International Health Regulations (2005), with the support of WHO. Implementation of the International Health Regulations (2005) in the European Union was supported through its framework on health security. She said that she supported the development of a five-year global strategic plan, which should be ambitious but realistic, and adequately resourced. A bottom-up approach was required in developing related national action plans which integrated universal health coverage, and should incorporate joint regional actions.

She asked for clarification regarding the implementation of the new monitoring and evaluation framework for the International Health Regulations (2005), with particular regard to external evaluations; coordination across the three levels of WHO; and the role of other actors and initiatives. The joint external evaluation tool would contribute to the development of tailored national action plans for the implementation of the International Health Regulations (2005). In addition, WHO should provide targeted technical support to strengthen countries' public health capacities. WHO's Strategic Partnership Portal, if maintained, could help raise financial and in-kind contributions. WHO regional offices should support and strengthen the National IHR Focal Points network through training and guidance. The planned real-time web-based platform for reporting and information sharing and the scientific advisory group of experts should be aligned with the WHO Health Emergencies Programme incident management system and the procedures for public health emergencies of international concern. She noted the requirements relating to additional health measures, as contained in area of action 5 of the draft global implementation plan, but sought clarification on the higher levels of authority for non-compliance cases referred to in paragraph 28(b) of document EB140/14.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that significant progress should be made on the five-year global strategic plan before the proposed deadline of 2018. The prioritization of support to countries with high vulnerability and low capacity was welcome, but would require collaborative, cross-sector, sustainable and country-led approaches to the implementation of the International Health Regulations (2005). She commended the joint external evaluations, which had proven useful in the United Kingdom, as they ensured that needs were identified and national planning was supported. The WHO Strategic Partnership Portal was also useful, but had to be accurate and up to date. She commended efforts made in the African Region to strengthen regional capacity on disease preparedness, with integrated disease surveillance and response and a real-time strategic information system.

The representative of the NETHERLANDS said that the draft global implementation plan should focus more on concrete actions. Implementation of the International Health Regulations (2005) should not wait until the adoption of a five-year strategic plan in 2018. Joint external evaluations were a crucial tool, and WHO should monitor follow-up to evaluations that had taken place. Having previously requested an extension for the implementation of core capacities under the International

Health Regulations (2005), the Government of the Netherlands had achieved full implementation in October 2016.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said the draft global implementation plan would be a useful tool, but that a more detailed and action-oriented plan had been expected. It did, however, provide a good balance between existing provisions of the International Health Regulations (2005) and elements that could improve overall implementation and management of disease outbreaks. She welcomed the proposed monitoring and evaluation framework, and Member States' commitment to the joint external evaluation tool. She supported the prioritization of countries with high risk and low capacity, and noted that States Parties could collaborate under Article 44 of the International Health Regulations (2005). She also commended the proposals in the draft plan on information sharing and the establishment of risk assessment tools. National IHR Focal Points required standard operating procedures that took national contexts into account to empower Member States to meet their obligations under the International Health Regulations (2005).

The representative of the RUSSIAN FEDERATION said that it was difficult to evaluate the effectiveness of the draft global implementation plan because it seemed to be a list of targets without concrete actions, expected outcomes or indicators. Some concerns raised in regional committees had not been taken into account, in particular regarding WHO's role in implementing the plan, improving monitoring and evaluation and the funding and operation of the joint external evaluation tool. Referring to paragraph 8 of the draft plan, he said that it would be better if external partners contributed resources directly to WHO rather than creating counterproductive parallel initiatives. He asked whether there was a reason for the Secretariat's proposals.

He stressed the need for broad discussion and approval of the proposed five-year global strategic plan, as well as new tools for monitoring, evaluation and reporting, before they were launched. He asked for clarification regarding the voluntary nature of the joint external evaluations, as the Annex to the draft plan referred to the need to carry out evaluations in more than 30 countries by the end of 2017.

Therefore, he requested the Secretariat to organize additional discussions on the draft global implementation plan and to submit a report to the Seventieth World Health Assembly with specific measures, expected outcomes and indicators. In future, measures contained in the draft plan should not be linked directly to the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, as those recommendations had been relevant in the context of the response to the Ebola virus disease, but had fulfilled their purpose. His Government nonetheless supported efforts to implement the International Health Regulations (2005) and would continue its voluntary contributions in that regard.

The representative of CANADA encouraged Member States to volunteer to undergo a joint external evaluation, which was a core component of the proposed monitoring and evaluation framework. It was important to develop national action plans that were flexible and tailored to individual country needs in order to address gaps in core capacities; in some situations a regional plan might be more appropriate in order to ensure the efficient use of scarce resources.

The representative of PAKISTAN, highlighting his country's experience of the joint external evaluation tool, said that a global pool of experts should be established for the joint external evaluations. There were a number of challenges to be addressed when developing a national five-year action plan on implementation of the International Health Regulations (2005) in relation to adoption of the One Health approach, incident management, human resource capacity and resource mobilization.

The representative of ZIMBABWE[1] said that mobilization of financial resources should be a standalone area of action, as a lack of funding severely hindered efforts to adopt a multisectoral approach. Furthermore, the draft global implementation plan should have clear operational goals and one-, three- and five-year reviews should be undertaken. He expressed support for the joint external evaluation tool, which should result in support to address the gaps identified. The draft plan should emphasize the role of the affected country in the management of public health events; strengthening integrated disease surveillance and response would continue to be critical for early detection, reporting and control of potential outbreaks. Further explanation was needed on a number of issues, including how cases of non-compliance would be addressed, the meaning of "reviewing criteria" in paragraph 28(a) in the draft implementation plan, and how newly established WHO policies and mechanisms would ensure accessibility and affordability of vaccines and medicines developed as a result of data sharing during an emergency situation.

The representative of SWITZERLAND[1] stressed that in order for the International Health Regulations (2005) to be implemented as rapidly as possible, it was vital to ensure that WHO had the necessary means and resources and for Member States to receive tailored support. Turning to the draft global implementation plan, she said that areas of action 5 and 6 required further consideration: non-compliance with WHO temporary recommendations prevented accurate communication with the population and reduced the credibility of national and international authorities. Rapid sharing of scientific information was key to the development of adequate and effective measures; both WHO and national authorities needed to establish platforms in that regard.

The representative of PANAMA[1] said that better communication was needed between WHO and relevant actors in order to ensure transparency, the effective use of available financial resources, and full implementation of the draft global implementation plan. In light of the increase in numbers of transcontinental migrants, more efforts were needed to strengthen Member States' core capacities, with emphasis on cross-border coordination and collaboration, and active cooperation with regional and country offices.

The representative of JAPAN[1] highlighted the importance of effective global partnerships, WHO leadership and country ownership for strengthening core capacities, which had not yet been implemented in many Member States. Universal health coverage helped to enhance preparedness at the country level, and further coordination between relevant organizations, including WHO and the World Bank, was vital. When responding to large-scale infectious disease emergencies, a coordinated multisectoral response in line with the International Health Regulations (2005) was needed; the Inter-Agency Standing Committee system-wide (Level 3) activation procedures for infectious disease events agreed upon by the Principals of that Committee were particularly important in that regard. The next step would be to test those procedures through exercises.

The representative of INDONESIA[1] said that the importance of active involvement of Member States and collaboration with multiple sectors, non-State actors and international partners should be taken into account in the draft global implementation plan. In addition, the joint external evaluations would contribute to the proper implementation of the International Health Regulations (2005).

The representative of BANGLADESH[1] emphasized the importance of strong monitoring and evaluation, effective coordination among Member States, the appropriate allocation of technical and financial resources, and increased efforts at the national level to the success of the draft global

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implementation plan. Drawing attention to the significant progress made in Bangladesh on implementation of the International Health Regulations (2005), he called for continued technical assistance and guidance from WHO and other relevant partners to enable that work to be completed.

The representative of INDIA[1] said that it was important to recognize Member States' different levels of development and the effect that had on their capacity and available resources to meet health challenges. Mechanisms to provide financial and technical support were therefore required. Regarding the joint external evaluations, it was important that safeguards were put in place to address concerns about the scope of the evaluations, which should not be a precondition for the receipt of financial and technical support. Careful consideration was also needed of issues related to transparency, independence, data security and donor funding.

The representative of ARGENTINA[1] said that although WHO should play a leading role in risk assessment during a public health event, the Organization's role in strengthening existing mechanisms at the country level should not be underestimated. Care should be taken, when setting up a new scientific advisory group of experts to assess infectious disease-related risks, to avoid duplication of work. The final version of the draft global implementation plan should include details of the participatory process to be followed to establish a standard procedure for the monitoring and management of additional health measures. Lastly, it was important to continue to improve mechanisms and processes for information sharing.

The representative of AUSTRALIA[1] welcomed the focus on supporting the core capacities under the International Health Regulations (2005) in the context of broader health system strengthening efforts, and supported the prioritization of assistance for countries with high vulnerability and low capacity, noting that more consultation was needed on areas of action 5 and 6. Strong leadership, investment in global and regional partnerships, and sustainable financing would be essential to achieve the goals of the draft global implementation plan and WHO should continue to work closely with relevant stakeholders, including development banks, to ensure that efforts were complementary and leveraged WHO's comparative advantage. He urged Member States to make use of the joint external evaluation tool, noting that Australia had made a commitment to undertake an assessment using the tool in late 2017.

The representative of BRAZIL[1] recalled that the International Health Regulations (2005) were legally binding, and as such any alterations to essential elements of that document should take the form of amendments rather than recommendations. A number of questions related to the draft global implementation plan remained unanswered in areas such as compliance, monitoring and evaluation, and particularly peer and external assessments. Rather than provide operational details, the document should provide policy guidelines on areas such as monitoring and evaluation and data sharing. Although the draft plan had been considered by the regional committees, many of their proposals had not been incorporated. Therefore, a second discussion of the document by the regional committees would be useful.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that epidemic preparedness and response started and ended with communities; recent outbreaks had demonstrated that without community-driven efforts to prevent, detect and respond to infectious disease threats, government efforts could be delayed. Therefore, she encouraged WHO to highlight the integral role of communities and community-based organizations in

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its guidance. Moreover, core capacities under the International Health Regulations (2005) at the community level should also be strengthened.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that more robust implementation of the International Health Regulations (2005) was essential to the reforms under the new WHO Health Emergencies Programme and to stronger global health security, and he noted that Member States had expressed significant interest in joint external evaluations. The draft global implementation plan was a work in progress, and feedback from the regional committees had been taken into account.

He noted that the draft global implementation plan should be relevant for all, with an initial focus on countries with high vulnerability and low capacity, and that it should be closely linked to emergency preparedness and health system strengthening. Any peer assessment was critical, but was only a starting point for building national capacity. WHO should maintain its leadership role while developing relevant partnerships under the One Health approach.

The role of National IHR Focal Points was key, and would be strengthened. In the event of disputes between two or more States Parties, the Director-General was the first authority to whom States Parties could submit disputes for resolution; in cases of disputes between States Parties and WHO, the matter would be submitted to the World Health Assembly. In terms of coordination, the joint external evaluations secretariat was fully operational. In 2016, 28 joint external evaluations had been completed and 37 would be conducted in 2017; thus he recognized both the Organization's ambition and the work it was doing. He reiterated the voluntary nature of the joint external evaluations.

The WHO Secretariat would seek to include Member States' suggestions for improving timelines, indicators, and desired outcomes in the strategic plan. Finally, he said that Member States could find clarification of action area 5 in paragraph 28 of the draft global implementation plan and Article 43 of the International Health Regulations (2005).

The CHAIRMAN took it that the Board wished to request the Secretariat to take into account the comments and suggestions made during the discussion when preparing the final draft global implementation plan to be submitted to the Seventieth World Health Assembly for discussion.

It was so agreed.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/10.

The representative of FRANCE called on WHO to continue its efforts to improve workforce coordination in emergencies and add the European Medical Corps and other regional and national reserves to the emergency response roster, which should also define the operating rules, mobilization mechanisms, and criteria for use of such reserves. WHO should provide plans and tools to improve internal and external coordination of the health workforce. The planned expansion of the Global Outreach and Response Network was commendable, but the process for alerting and deploying experts and Network partners should be formalized. The Network should use the National IHR Focal Points network to mobilize national institutions, rather than approaching them directly.

The representative of the RUSSIAN FEDERATION said that the need for effective coordination of the health workforce during emergencies had become particularly evident during the Ebola virus disease outbreak. As the Organization had no emergency capacity of its own, it could and should rely on the resources of Member States. To be most effective, health workforces for emergencies needed to be identified and validated in the inter-crisis period. In that regard, WHO should conduct more outreach. The progress made in verifying emergency medical teams was

welcome. WHO should work with Member States to identify and certify emergency mobile laboratories. Considerable efforts had been made to ensure coordination at the global level, but the importance of regional coordination in emergency response should not be overlooked, as help from neighbouring countries might be the fastest to arrive. More efforts should be made to establish regional partnerships. He expressed support for the Global Outreach and Response Network.

The representative of GERMANY[1] welcomed progress at the global level, in particular the temporary expansion of the Inter-Agency Standing Committee, to be known as IASC+, and its Level 3 activation procedures, noting that training in that regard would be required for staff in the field. She welcomed the recruitment of 24 health cluster coordinators, and encouraged WHO to share its coordination experience with partners. Registration of type 1 emergency medical teams should not be delayed. She indicated that her country was committed to supporting the multidisciplinary public health rapid response teams that would complement the emergency medical teams, under the coordination of the Global Outbreak Alert and Response Network. A simulation exercise to identify issues and shortcomings in health crisis management would be carried out with health ministers in May 2017, under the auspices of Germany's Presidency of the G20.

The representative of the UNITED STATES OF AMERICA said that he welcomed the progress made in coordinating the response to health emergencies under the Global Health Emergency Workforce, but asked the Secretariat how it would promote coordination in responses to all types of hazards, including infectious diseases, through partnerships and networks. He recommended that the Secretariat establish a central leadership for the Global Health Emergency Workforce to define working methods in different types of emergencies; strengthen coordination between the Global Health Emergency Workforce and the Inter-Agency Standing Committee; and further define how elements of the Global Health Emergency Workforce, such as standby partnerships and the emergency medical team initiative, would be aligned with the WHO Health Emergencies Programme. Finally, he asked what additional changes would be made to support the Global Health Cluster.

The representative of SWITZERLAND[1] asked for additional information on progress made regarding the pandemic preparedness and response supply chain and the possibilities for public–private partnerships. Given the burden of due diligence imposed on field staff by the Framework for Engagement with Non-State Actors, she asked whether progress had been made in that regard. She called for solutions to better protect health structures and workers against attack, in compliance with international humanitarian law.

The representative of BENIN[1] said that emergency response efforts were handicapped by shortages of human resources, in particular in the health workforce. Appropriate structures and systems should be put in place to meet the needs of those affected by health emergencies, and particular attention should be paid to information management. Depending on the type of emergency, various skill sets would be needed to develop and distribute new vaccines and other goods, prevent and control infectious diseases, and relaunch essential services. The effective implementation of coordination policies would facilitate cooperation at the regional, national and international levels.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that the collection of data on attacks on health facilities, workers and patients was of growing importance, as such attacks were increasing, especially during conflicts. He thanked WHO

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for its leadership in disseminating such information, which required the cooperation of regional and country offices and Member States.

The representative of UNICEF expressed support for a collective response to humanitarian and health crises. Together with WHO and other partners, UNICEF was strengthening capacity to respond to health crises through its Health Emergencies Preparedness Initiative. She welcomed the recently adopted Inter-Agency Standing Committee Level 3 activation procedures for infectious disease events.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) agreed that although the Inter-Agency Standing Committee system-wide Level 3 activation procedures for infectious disease events were an important first step, training would be required for them to be effective.

Within the global health emergency workforce, health cluster coordinators worked primarily in humanitarian situations, emergency medical teams in natural disasters, and the Global Outbreak Alert and Response Network in infectious disease outbreaks. Coordination was therefore complex and areas of work often overlapped as situations developed; therefore, no one formula was universal. In some contexts, WHO should rely on national emergency operation centres to manage responses, while large-scale events required the leadership of WHO or the Global Health Cluster.

A multi-year strategic plan was being developed to address many of the issues being faced by the Global Health Cluster, including its role in advocacy. Of the 24 new health cluster coordinators to be recruited, 20 had already been identified. The scope of emergency medical teams was increasingly moving beyond direct clinical care to national capacity building and targeted trauma response in areas of conflict. The role of the Global Outbreak Alert and Response Network was to be expanded, to include rapid response public health teams, and that would include adopting peer-review and quality assessment initiatives. In addition, WHO's role in supply and logistics was being reviewed in the context of the work of other United Nations organizations and partners, and the results of that review would be reported in 2017.

The Board noted the report.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/9.

The representative of CANADA said that her country's commitment to public health and support for the blueprint for research and development preparedness and rapid research response was evidenced by its efforts to develop a vaccine and therapeutic treatment for Ebola virus disease. She said that she supported the holistic approach adopted by the Organization for addressing the challenges faced during disease outbreaks. The Secretariat should indicate how it proposed to develop global norms for sharing data and results during health emergencies, and whether those norms would be reviewed and endorsed by Member States.

The representative of BAHRAIN said that platforms for information exchange were an essential component of the research and development blueprint that needed to be accessible to all countries, especially those that did not have their own research capacity. It was important to build institutional capacity for research and development in developing countries.

The representative of CHINA noted that the ninth Global Conference on Health Promotion had taken place in China in November 2016. Since potential epidemics often originated in developing countries, strengthening their research and development capacities should be a central principle of the research and development blueprint. In 2016, a Chinese emergency medical team had completed the classification process and been verified by the Secretariat.

The representative of the RUSSIAN FEDERATION expressed support for WHO's coordinating role with regard to potentially epidemic diseases. Parallel multilateral initiatives, while important, were subsidiary instruments. She noted the need to reduce the delay between the onset of a public health emergency and the arrival on the market of effective diagnostic tests, vaccines and medicines. Two Ebola vaccines had been registered in the Russian Federation in 2015, and efforts to design diagnostic, preventive and therapeutic products for the most dangerous pathogens were also under way.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the research and development blueprint, which should cover product development and operational research for epidemics, due to the critical relationship between those two areas. Putting in place structures for a rapid research and development response to potential epidemics and those that materialize was essential; discussions on British funding for the research and development blueprint were at an advanced stage and her country stood ready to provide input. She asked how the Secretariat was looking for additional funders for the research and development blueprint, and how it was ensuring smooth collaboration and effective competition, while avoiding unnecessary duplication of activities.

The representative of the UNITED STATES OF AMERICA said that the research and development blueprint should remain focused on reducing delays between the identification of a potential outbreak and the deployment of interventions. Although the Organization's efforts to coordinate research in disease outbreaks should be supported, he expressed concern about extending the role of WHO beyond its capacity. The Secretariat should coordinate and provide information to facilitate research agenda-setting by stakeholders and work with Member States and research entities, particularly on clinical trials, rather than define the research and development agenda. The Secretariat should clarify how it would clearly differentiate between the roles of providing guidance and conducting research.

More information should be provided on the development of a capacity-building tool relating to Standard Material Transfer Agreements. He urged the Secretariat to ensure that processes and procedures were in place for evaluating medical countermeasures during future emergencies, given that research conducted during outbreaks should be held to the same standards as other clinical research. More information should be provided on the research and development blueprint's workstreams and its engagement in the Global Research Collaboration for Infectious Disease Preparedness, the Coalition for Epidemic Preparedness Innovations, and other relevant bodies.

The representative of NORWAY[1] said that WHO played a crucial normative role in vaccine development and implementation and an important facilitating role for other vaccine research and development initiatives. She welcomed the establishment of the Coalition for Epidemic Preparedness Innovations.

The representative of JAPAN[1] said that, as a board member of the Coalition for Epidemic Preparedness Innovations, the Government of Japan contributed US$ 25 million a year to that initiative. He called on Member States and partners to join the Coalition and asked the Secretariat to provide continuous technical guidance on research and development for epidemic preparedness.

The representative of SWITZERLAND[1] said that, in light of new global initiatives, such as the Coalition for Epidemic Preparedness Innovations and the Global Antibiotic Research and

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Development Partnership, and the overlap of certain diseases, it was important for the Secretariat to facilitate synergies and promote effective coordination between the three workstreams of antimicrobial resistance, neglected tropical diseases and diseases with epidemic potential.

The representative of INDIA[1] said that Member States needed to carefully assess the implications of WHO assuming the role of an operational agency in addition to its standard-setting role, including the budgetary implications. The research and development blueprint should be aligned with the broader WHO research and development agenda. Health research and development should be needs-driven and evidence-based and guided by the core principles of affordability, effectiveness, efficiency and equity. He asked for more details of the proposed public health financial model for supporting research and product development on priority emerging pathogens. He expressed concern that the Secretariat's report did not explicitly recognize the realignment of product prices with research costs as an essential component of that model. The Coalition for Epidemic Preparedness Innovations, of which India was a member, should be closely aligned with the research and development blueprint and address issues related to product prices, access to therapeutics and intellectual property.

The representative of BRAZIL[1] said that he supported the call to broaden discussion of the research and development blueprint to take into account intellectual property issues related to access to medicines and their pricing and affordability, and delinkage. In that connection, the recommendations deriving from the United Nations Secretary-General's High-Level Panel on Access to Medicines should be taken into consideration.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, stressed the need to ensure prompt medical interventions following identification of an outbreak in order to save lives. It was critical to prioritize funding for the development and implementation of tools, including the required regulatory and procurement systems. He called on the Secretariat and Member States to accelerate progress and looked forward to working with relevant stakeholders.

The representative of the WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES, speaking at the invitation of the CHAIRMAN, said that acupuncture should be included in the provision of emergency medical services for the relief of symptoms such as pain and anxiety. In a crisis, his federation could offer to deploy qualified medical professionals to support emergency medical teams.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO's primary role was as the leading standard-setting organization in the area of health. Research and development funds should benefit low- and middle-income countries; capacity-building for countries at risk should ensure equitable access to research and development information; transparency should be guaranteed regarding private sector involvement in the Coalition for Epidemic Preparedness Innovations; and ethical standards should be upheld during clinical vaccine trials. She urged Member States to ensure that the focus of resource mobilization was not only on crises but also on strengthening health systems, especially in low- and middle-income countries, as the most sustainable approach to the prevention of health emergencies.

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

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that breast-milk substitutes were often systematically deployed in emergencies, disregarding the lifeline that breastfeeding could constitute for starving infants. WHO could play a key role in reversing that situation by promoting emergency preparedness protocols to improve long-term food security. Such protocols should limit the emphasis placed on product-based, short-term solutions and apply strict criteria to the purchase and distribution of breast-milk substitutes, when required. Training should be conducted to raise awareness of breastfeeding and the risks of substitutes.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Secretariat was committed to ensuring that research on potentially epidemic diseases went beyond research and development for medical counter-measures and included epidemiological research and community-based (qualitative) research, such as the activities on Zika virus infection in the context of the WHO Research and Development Blueprint. Cognizant of the fact that it could not cover all epidemiological or community-based research, WHO was committed to working in close cooperation with other organizations, under the auspices of a global coordination framework. He congratulated several Member States for their commitment to the development of vaccines against diseases with epidemic potential. The Secretariat was engaged in consultations with various stakeholders on the establishment of a capacity-building tool to determine fair conditions for sample and data sharing. A statement on the sharing of epidemiological data had been published on the Organization's website in 2016.

Approximately US$ 700 million had been raised for the Coalition for Epidemic Preparedness Innovations. Coordination with the Coalition included advocating, from WHO's position as an observer on the Coalition board, for policies that prioritized access, affordability and open innovation, in line with recommendations by the Consultative Expert Working Group on Research and Development: Financing and Coordination; prioritizing pathogens on which the Coalition should focus its efforts, which included Middle East respiratory syndrome coronavirus, Lassa and Nipah viruses; setting up target product profiles; and consulting with Member States on effective regulatory pathways for emergency review of vaccines against epidemic diseases. The research and development blueprint was a cross-cutting WHO initiative which would remain under the oversight of the Member States. The Secretariat was committed to reporting on results and seeking Member State guidance on further priorities. Lastly, he thanked the United Kingdom for its contributions to the research and development blueprint.

The Board noted the report.

Antimicrobial resistance: Item 7.2 of the agenda (documents EB140/11 and EB140/12)

The CHAIRMAN drew attention to a draft resolution on improving the prevention, diagnosis and clinical management of sepsis proposed by Australia, Austria, Colombia, Costa Rica, Estonia, Germany, Ireland, Jamaica, Japan, Luxembourg and Switzerland, which read:

> The Executive Board,
>
> PP1. Having considered the report on improving the prevention, diagnosis and clinical management of Sepsis;[1]
>
> PP2. Concerned that sepsis continues to cause every year approximately six million deaths worldwide, most of which are preventable;

[1] Document EB140/12.

PP3. Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

PP4. Considering that sepsis has a unique and time-critical clinical course which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

PP5. Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, access to improved sanitation and water availability and other infection prevention and control best practices;

PP6. Recognizing that while sepsis itself cannot always be predicted its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

PP7. Recognizing the need to improve measures of prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, insufficient laboratory services as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

PP8. Noting that healthcare associated infections represent a common pathway through which sepsis can lead to an increased burden on the healthcare resources;

PP9. Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services and timely access to healthcare including intensive care services, with reliability in the delivery of the basics of care including intravenous fluids and the timely administration of antimicrobials where indicated;

PP10. Acknowledging that:

(i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;

(ii) the Global Action Plan on antimicrobial resistance[1] adopted by resolution WHA68.7 (2015) as well as resolution WHA67.25 (2014) urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;

(iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;

(iv) in the absence of appropriate and timely clinical management including effective antimicrobials sepsis would be almost universally fatal;

(v) ineffective or incomplete antimicrobial therapy in sepsis and more generally related to infections may be a major contributor to the increasing threat of antimicrobial resistance; and

(vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines;

PP11. Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality which urged Member States, inter alia, to integrate cost-effective new vaccines into national immunization programmes in countries where it is feasible;

PP12. Recognizing the importance of strong functional health systems which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

PP13. Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

[1] Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

PP14. Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September[1] in many countries, to raise awareness regarding sepsis,

OP 1. URGES Member States:[2]

(1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in healthcare settings according to international guidelines, through health promotion and health services;

(2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;

(3) to continue in their efforts to reduce antimicrobial resistance, and promote the appropriate use of antimicrobials in accordance with the Global Action Plan on Antimicrobial Resistance[3] including development and implementation of comprehensive antimicrobial stewardship activities;

(4) to develop and implement standard and optimal care and strengthen medical counter measures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;

(5) to increase public awareness of sepsis through health education, including on patient safety, to ensure prompt initial contact between affected persons and the healthcare system;

(6) to develop training for all health professionals on infection prevention and patient safety and the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term "sepsis" in order to enhance public awareness;

(7) to promote research aimed at innovative means of diagnosing and treatment of sepsis across the lifespan;

(8) to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;

(9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities[4] held every year on 13 September in Member States;

OP 2. REQUESTS the Director-General

(1) to draw attention to the public health impact of sepsis including by publishing a report on sepsis, describing its global epidemiology and impact on the burden of disease

[1] See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

[2] And, where applicable, regional economic integration organizations.

[3] Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

[4] See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems by the end of 2018;

(2) to support Member States as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

(3) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable treatments of sepsis in developing countries while taking into account relevant existing initiatives;

(4) to report to the Seventy-third World Health Assembly, through the Executive Board, on the implementation of this resolution.

The financial and administrative implications of the draft decision for the Secretariat were:

Resolution: Improving the prevention, diagnosis and management of sepsis	
A.	**Link to the General Programme of Work and the Programme budget**
1.	**Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.** Twelfth General Programme of Work, 2014–2019, category 3, outcome: increased access to interventions for improving health of women, newborns, children and adolescents; category 4, outcome: policies, financing and human resources are in place to increase access to people-centred, integrated health services; category 5, outcome: increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics. Programme budget 2016–2017, outputs: 3.1.1; 3.1.2; 3.1.4; 3.1.6; 4.2.3; and 5.2.2.
2.	**Please provide a short justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.** Not applicable.
3.	**Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.** 4.5 years
B.	**Budgetary implications for implementation of additional deliverables**
1.	**Current biennium − estimated, additional budgetary requirements, in US$ millions:** None
(i)	**Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US$ millions:** – **How much are the resources available to fund the proposed resolution in the current biennium?** US$ 0.40 million (in-kind staff contribution across regional offices and WHO headquarters). – **How much would the financing gap be?** US$ 1.68 million. – **What are the estimated resources, not yet available, if any, which would help to close the financing gap?** Zero.

2. 2018–2019 (if required): estimated budget requirements, in US$ millions:

US$ 4.63 million.

Level	Staff	Activities	Total
Country offices	0.00	1.20	1.20
Regional offices	1.35	0.48	1.83
Headquarters	1.20	0.40	1.60
Total	**2.55**	**2.08**	**4.63**

3. Future bienniums beyond 2018–2019 (if required) − estimated budgetary requirements, in US$ millions:

US$ 4.63 million.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina and Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She welcomed the political declaration of the United Nations high-level meeting on antimicrobial resistance. She urged the United Nations Secretary-General to establish the ad hoc inter-agency coordination group as described in United Nations General Assembly resolution A/RES/71/3 to provide practical advice on effective action to address antimicrobial resistance as a matter of urgency and ensure that it was operational in early 2017. She invited the Director-General to provide an update on progress made by the ad hoc inter-agency coordination group and on the planned next steps with the new Secretary-General. Work on a global development and stewardship framework should be expedited and take into account the One Health approach. The Secretariat should present a road map with deliverables and deadlines for its development prior to the Seventieth World Health Assembly. She encouraged all Member States to establish national action plans on antimicrobial resistance. The Secretariat and Member States should strengthen efforts to prevent infections that might lead to sepsis and momentum should be maintained to achieve the objectives set out in the Secretariat's report on antimicrobial resistance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that antimicrobial resistance could only be tackled with a clear delivery and leadership role for WHO. It was critical to establish the ad hoc inter-agency coordination group as promptly as possible. She encouraged further work to raise awareness of the antimicrobial resistance of the pathogens in HIV infection, tuberculosis and malaria and proposed that joint efforts be undertaken with other agencies, such as the International Drug Purchase Facility, to leverage expertise. She urged the Organization to ensure close collaboration with FAO and OIE in all projects based on the One Health approach and to intensify efforts to prevent infections that could result in sepsis.

The representative of CANADA outlined some of the actions taken by her Government to address antimicrobial resistance. It was vital to develop a common vision of the One Health approach among Member States and ensure fair and equitable access to antimicrobial medicines. A gradual or phased approach to the implementation of a global development and stewardship framework would take into account the need to remain flexible in light of national plans and priorities.

The representative of MEXICO drew attention to the different responses to antimicrobial resistance by Member States, due to differences in health system capacities and inter-agency coordination. Member States needed to demonstrate multisectoral efforts and commitment, and should be supported by relevant international organizations. Training for health staff on detection, prevention

and control should be strengthened. It was necessary to step up research into new antimicrobial medicines, explore alternative methods such as traditional medicine, study cause-and-effect relationships, and examine the presence of antibiotics in wastewater and their potential transmission to drinking water. Health regulation provisions on the development, use and disposal of antimicrobial medicines for application in human and animal health and agriculture should be revised. Governments and other stakeholders should make a commitment to securing adequate and sustained financing for such actions. Member States should hold discussions on the outstanding issues relating to the global action plan on antimicrobial resistance, including a global development and stewardship framework, and draft a text for submission to the World Health Assembly. Consistency should be ensured in discussions in other multisectoral forums on the international response to antimicrobial resistance, in order to underscore the multisectoral aspect of the One Health approach and the work led by WHO, FAO and OIE.

The representative of the NETHERLANDS commended the progress made through tripartite collaboration on antimicrobial resistance between WHO, FAO, and OIE and said that all United Nations organizations should accelerate their work on tackling antimicrobial resistance, which was a joint effort. In light of the adoption of the global action plan and the political declaration, a true multisectoral approach should be taken.

The representative of CHINA said that his Government had implemented a national plan on antimicrobial resistance, and encouraged other Member States to do the same and to implement the relevant WHO and United Nations General Assembly resolutions. He called for strengthened cooperation between ministries of health and ministries of agriculture, the release of relevant information on surveillance, and guidance for health professionals on the rational use of antimicrobial medicines. WHO should sustain technical support for Member States and help developing countries to establish surveillance systems, provide staff training on antimicrobial resistance and enhance their capacity to combat the problem. The Organization should adopt measures to facilitate communication among the regions.

The representative of TURKEY said that, since sepsis was an increasingly important issue, it would be expedient to revise and reconsider national plans on infectious diseases. He proposed that, in operative paragraph 1(5) of the draft resolution, the words, "to increase public awareness of sepsis" should be replaced with "to increase public awareness of protection from infectious disease", because it would be more useful to inform the public of general preventive measures.

The representative of VIET NAM said that his Government had been the first in the Western Pacific Region to implement a national action plan on antimicrobial resistance. Countries such as Viet Nam would benefit from collective support at the global level. WHO should undertake extensive consultations on a global development and stewardship framework, with the participation of Member States, to ensure consideration of the specific contexts and needs of countries and the highest possible level of stakeholder accountability.

The representative of BAHRAIN said that there was an urgent need to control the unrestricted use of antibiotics to prevent the emergence of antibiotic-resistant bacteria. It was essential to implement the global action plan and develop options for establishing a global development and stewardship framework.

The representative of the PHILIPPINES said that her Government had created the Inter-Agency Committee on Antimicrobial Resistance, chaired by the Department of Health, with support from WHO, FAO, and OIE; during its first summit in 2015, stakeholders had expressed support for implementation of the national multisectoral action plan on antimicrobial resistance. Her Government

had also initiated the development of an ASEAN declaration to combat antimicrobial resistance. Other political leaders and forums should make similar high-level declarations and promote multisectoral awareness-raising and support.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that a broad-based, urgent and concerted response was needed to address the growing threat of antimicrobial resistance to human and animal health and agriculture, particularly in developing countries. Access to high-quality, new and affordable medicines, vaccines and diagnostic tools should be prioritized, particularly for HIV/AIDS, malaria and tuberculosis, in order to ensure uniform progress. He emphasized the importance of greater investment in research and development and technology transfer. Suggestions on how to achieve the five strategic objectives of the global action plan would be welcome. Sufficient technical and financial support for the development, implementation and evaluation of national action plans should be ensured, in order to enable Member States to meet the relevant deadlines.

The representative of the CONGO highlighted the issues faced by developing countries in combatting antimicrobial resistance, including the delay in sharing new molecules that were discovered and used in developed countries, the increasing ineffectiveness of insecticides and vector repellents used to protect against communicable diseases, and increasing resistance to antiviral medicines. WHO should therefore ensure that all Member States were able to adopt and implement national action plans on antimicrobial resistance, support Member States in improving the management of medicines and promote the dissemination in the field of guidelines on anti-infective medicines in collaboration with FAO. He proposed that, after the fifth preambular paragraph of the draft resolution, the following text should be added: "Considering that forms of septicaemia associated with nosocomial infections are severe, hard to control and have high fatality rates;", and that in the tenth preambular paragraph, an additional subparagraph should be added to read: "immunocompromised patients are most at risk from very serious forms of septicaemia".

The representative of JAMAICA said that the emergence of resistant organisms was a cause of concern in lower- and middle-income countries in particular. Given the inappropriate use of antibiotics in the health, agriculture and other sectors, and the unregulated sale of such drugs, a One Health approach was therefore crucial to managing that global problem. The development and implementation of national action plans must be accelerated. Increasing understanding of antimicrobial resistance among the general public and in particular health care workers, was critical. Support for public awareness campaigns must continue. WHO, FAO and OIE should work with other partners to finalize a global development and stewardship framework to fight antimicrobial resistance. He expressed support for the draft resolution.

The representative of the RUSSIAN FEDERATION said that she had advocated for a focus in the political declaration on prevention, the development of alternative treatments and timely methods of diagnosis. Developing innovative treatments was particularly important, not only to deal with existing resistant strains of pathogens, but to ensure that the pathogens did not develop resistance to new treatments. The development of new vaccines was also essential. She would submit, in writing, proposed amendments to the draft resolution, with a view to bringing it into line with the wording of the political declaration, and requested that the Russian Federation be added to the list of sponsors of the draft resolution.

The representative of THAILAND said that although fewer than half of WHO Member States had embarked on the development of a national action plan on antimicrobial resistance, action without planning was preferable to planning without action. Addressing antimicrobial resistance in the treatment of HIV infection, tuberculosis and malaria should be a priority at the country level. With

regard to the draft resolution, in the tenth preambular paragraph, the words "sepsis and more generally related to infections" should be replaced by "in infections including sepsis". In the eleventh preambular paragraph, the words "and affordable" should be inserted after "cost-effective". In operative paragraph 1(1) the words "through health promotion and health services" should be deleted. At the beginning of operative paragraph 1(8), the words "to apply and make best use of the ICD system to establish the prevalence and profile of sepsis and AMR, and" should be added.

The representative of SWEDEN said that momentum must be maintained in the implementation of the global action plan; efforts, including Secretariat assistance, to develop national plans of action should be commended. National plans must be in implementation by the time of the Seventieth World Health Assembly. Global surveillance was crucial to fully understanding the impact of antimicrobial resistance on public health, economies and societies as a whole. The Public Health Agency of Sweden had been designated as the WHO collaborating centre for antimicrobial resistance containment and Sweden would host the second high-level technical meeting on antimicrobial resistance surveillance for local and global action. He urged all Member States to address the global threat posed by antimicrobial resistance, and to push for action in the governing bodies of FAO and OIE, to ensure a One Health approach.

The representative of the DOMINICAN REPUBLIC said that his country was relying on WHO support to integrate and manage antimicrobial resistance in the treatment of tuberculosis, malaria and HIV infection, to monitor nosocomial infections, and to formulate an intersectoral response between ministries and other bodies to determine the potential impact of veterinary public health on antimicrobial resistance. WHO should mobilize resources in a transparent manner, through the Health Emergencies Programme, to ensure full implementation of the global action plan.

The representative of NEW ZEALAND underscored the added value of work such as the Review on Antimicrobial Resistance commissioned by the Government of the United Kingdom in advocating for national action plans and garnering sufficient political engagement, funding and support for their implementation. Implementation of the draft resolution could be facilitated by aligning its contents, where appropriate, with action on antimicrobial resistance and the work of other relevant programmes.

The representative of FIJI said that the challenges identified in Fiji's national action plan on antimicrobial resistance remained relevant and stemmed from limited public awareness of the threats posed by antimicrobial resistance, lack of effective surveillance and difficulties in translating strategic goals into practical action where antimicrobials were prescribed. He said that he welcomed the development of a stewardship framework to fight antimicrobial resistance and thus promote collaboration between WHO, FAO and OIE, which should be extended to the work of those organizations at the country level. In light of the increasing burden of noncommunicable diseases, he drew attention to concerns about the potential inappropriate use of antimicrobials to treat sepsis arising as a complication of diabetes. Antimicrobial resistance was a global challenge. Developed countries should take the lead in encouraging responsible stewardship of antimicrobial use, while developing countries should build their capacity to monitor and detect resistance to antimicrobials. He expressed support for the intent of the draft resolution, yet questioned the extent to which the recommendations represented realistic expectations for resource-constrained countries.

The representative of the UNITED STATES OF AMERICA said that it was time to move from concern to action and focus on surveillance and response, infection control, stewardship and the development of new vaccines and infection control techniques. WHO should work with the Executive Office of the United Nations Secretary-General to establish an ad hoc inter-agency coordination group to provide strong leadership and coordination for all stakeholders involved in the fight against

antimicrobial resistance. He welcomed the draft resolution. Improved sepsis prevention was essential, and links should be made with antimicrobial resistance and surveillance, since they would guide empirical antimicrobial regimens for suspected sepsis and optimize antibiotic management. Attention should be paid to de-escalating antibiotic treatment where appropriate. Sepsis interventions were complementary to antibiotic stewardship efforts, both of which were intended to improve patient care and safety.

The representative of COLOMBIA said that the United Nations high-level meeting on antimicrobial resistance had been a significant step in raising awareness about the threats associated with antimicrobial resistance and promoting an intersectoral approach to addressing the challenges. WHO support was essential to ensure that all Member States could step up their research into antimicrobial resistance and implement public information campaigns. He expressed support for the draft resolution.

The CHAIRMAN requested that all further proposals to amend the draft resolution on improving the prevention, diagnosis and management of sepsis should be submitted to the Secretariat in writing, in order that a revised draft could be produced.

The representative of FRANCE said that her delegation wished to propose a draft decision under item 8.1 of the agenda, on human resources for health.

The CHAIRMAN recalled that in line with the Rules of Procedure of the Executive Board, draft decisions or resolutions should have been submitted by the close of the first day of the session. If there were no objections, however, the proposed draft could still be accepted.

It was so agreed.

(For continuation of the discussion, see the summary record of the seventh meeting, section 2.)

The meeting rose at 17.40

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