

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**WHO headquarters, Geneva
Tuesday, 23 January 2018, scheduled at 14:30**

Chairman: Dr A. HAFEEZ (Pakistan)

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FOURTH MEETING

Tuesday, 23 January 2018, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

STRATEGIC PRIORITY MATTERS: Item 3 of the agenda (continued)

Draft thirteenth general programme of work 2019–2023: Item 3.1 of the agenda (documents EB142/3, EB142/3 Add.1 and EB142/3 Add.2) (continued)

The DIRECTOR-GENERAL, responding further to the points raised, acknowledged the importance of gender mainstreaming and said that it should feature strongly in the draft thirteenth general programme of work. Regarding sexual and reproductive health and rights, the language used in the draft programme of work was the same as that used for the related Sustainable Development Goals. The focus should be on action and implementation, rather than on language. He therefore recommended that the current language should be retained in order to avoid any further delays in effecting work in that area. Addressing the comments made regarding the insufficient emphasis on breastfeeding and its role in providing the basis for a long and healthy life, he said that the importance of breastfeeding would be highlighted in the revised version of the draft programme of work.

With regard to the Global Polio Eradication Initiative transition process, a strategy and plan had been developed and would be further refined, in collaboration with Member States, for consideration at the Seventy-first World Health Assembly. As the level of funding for polio programmes was significant, the potential impact of its withdrawal on WHO operations and programmes in other areas must be minimized. During the transition period, the amount of polio funding being used for other related programmes – such as vaccination programmes – would be estimated, so that those programmes could be continued and any critical gaps left by the decrease in polio funding could be addressed.

The CHAIRMAN said that he understood that the Secretariat would amend the draft programme of work, taking into account the comments made, and would issue a revised draft resolution.

It was so agreed.

The CHAIRMAN invited the members of the Board to submit proposed amendments to the Secretariat in writing. The revised version of the draft thirteenth general programme of work and the revised draft resolution would be distributed the following day.

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

WHO reform: Item 3.2 of the agenda (document EB142/7 Rev.1)

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee welcomed the value-for-money approach and WHO's commitment to increased efficiency and cost savings. The concept of value for money focused on impact and outcome, rather than output and process, and should apply to WHO's financial and human resources alike. Member States had agreed that, although cost savings and efficiencies were important objectives, the quality of programme

delivery should be the principle focus of the Organization. The Committee welcomed WHO's commitment to equity and ethics in addition to economy, efficiency and effectiveness. It had noted and shared the concern expressed by the Independent Expert Oversight Advisory Committee regarding the risk of over-institutionalizing a value-for-money approach. The concept of value for money was concerned primarily with making the best use of available resources in order to achieve the greatest sustainable development impact. There had been agreement that the implementation of the value-for-money approach should be accompanied by strengthened accountability. Use of the approach in the prioritization of existing work programmes had also been discussed. The value-for-money approach would be piloted and the results reported to Member States. The Committee had recommended that the Executive Board should note the report by the Director-General.

The representative of THAILAND said that WHO needed to improve value for money and health impacts. Staff at all levels of the Organization should be equipped with the skills to impart WHO's soft power and social capital to achieve its goals at low cost. The Director-General and his leadership team should consider how they could be role models for healthy behaviours. Previously, fruit had been provided to participants at Executive Board sessions during meeting breaks and the timetable of meetings had ensured a balance between work, rest and physical activity. He suggested that the Director-General should reinstate those practices.

The representative of IRAQ said that WHO reform and the WHO transformative agenda were closely connected. Issues related to WHO reform, which had been extensively discussed at past Health Assemblies, should be integrated into the draft thirteenth general programme of work 2019–2023, which in turn could serve as a driver of reform.

The representative of BRAZIL noted with satisfaction that the report not only addressed the principles of economy, efficiency and effectiveness, but also recognized the importance of equity and ethics. He requested further information on the interplay of those five principles, especially in situations where they might come into conflict. He looked forward to seeing how elements such as cross-sectoral work and cost assessment would be applied to new actions and initiatives as part of the proposed strategy and implementation plan for value for money in WHO. It was essential that efforts to improve efficiency should not create additional bureaucratic hurdles. Although the focus on maximizing health impacts while ensuring value for money was welcome, the core mission and purpose of the Organization, namely to save lives, should not be forgotten. His Government looked forward to further discussion on the proposed strategy and implementation plan.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that value for money was a key business concept and it was appropriate for the Secretariat to adopt such a focus in resource-constrained times. She underscored the recommendation of the Independent Expert Oversight Advisory Committee to avoid over-institutionalizing the value-for-money approach.

The representative of FRANCE welcomed the shift towards an organizational culture driven by results, but which ensured that the principles of equity and ethics continued to guide the Organization's actions. However, the need to ensure accountability was not sufficiently developed in the proposed implementation plan. He requested examples demonstrating that value-for-money actions would not compromise the quality of the Organization's output. More detailed information on the outcome of the consultations and sessions mentioned in the report was also needed. He requested further clarification of the financial links with other funds, in particular the recent financing agreement between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, amounting to US\$ 50 million.

The representative of JAPAN welcomed the value-for-money approach, but cautioned that measuring value for money in normative and standard-setting work was not an easy task. For example, although the revision of the International Statistical Classification of Diseases and Related Health Problems was one of the most important functions of WHO, it would be difficult to measure its direct benefit. He therefore asked the Secretariat to provide more precise information on how the value-for-money principle would be applied in the prioritization of the Organization's normative and standard-setting work.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that several focus areas of the Transformation Agenda of the WHO Secretariat in the African Region could provide useful lessons for the Organization, including on restructuring country offices to make them more fit for purpose and enhancing accountability for results. The Secretariat should also draw on lessons learned from governance reforms, with a view to drafting concrete recommendations on improving the work of the governing bodies. He urged the Secretariat to support countries to develop systems to gather good quality information to measure tangible outputs. Regional and in-country consultations should be organized to enable Member States to conceptualize the value-for-money approach, taking into consideration the different dimensions of value for money.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the value-for-money approach and its integration into the draft thirteenth general programme of work. Senior WHO staff should ensure that mechanisms were in place to foster a strong value-for-money culture. That could include requiring that new WHO funding proposals contained an assessment of their value for money in comparison with alternative options. She urged the Secretariat to: further develop the actions listed in the proposed implementation plan, including the decision-making tool; work with staff to ensure that such actions were fit for purpose; and report on progress made at the Seventy-first World Health Assembly.

The representative of the UNITED STATES OF AMERICA¹ said that WHO must continue to focus on streamlining its work across all levels of the Organization and improving the efficiency of its management, planning and programmes, particularly in view of the proposed empowerment of country offices. WHO's main asset was its advantage in health compared to other organizations; that should be highlighted in the proposed implementation plan, the guiding principles and the priority-setting process. He requested the Secretariat to further develop the concept of establishing strong value propositions at the programme inception and implementation stages. The focus of programme design and implementation should be on improving the health of those who depended on the Organization. WHO must foster a culture within the Organization focused solely on evidence-based interventions. Equity and ethics were core principles guiding the work of WHO but were not helpful in evaluating value for money. Therefore, to evaluate performance, he recommended using the three key dimensions of economy, efficiency and effectiveness. The focus on accountability was welcome and must be mainstreamed at all levels of the Organization to strengthen the case for WHO funding.

The representative of INDONESIA¹ agreed with the importance of implementing a value-for-money approach, which should be integrated into the planning process for country and regional offices. He called on the Secretariat to prioritize programme implementation over management activities in its programme budget.

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

The representative of ECUADOR¹ said that, although optimizing resources was desirable and necessary, she was concerned to see that human and financial resources had been grouped together in the same category. Clarification was needed as to how the Organization would ensure that the application of the principles of economy, efficiency and effectiveness would not have an adverse impact on working conditions and employment practices within WHO. Further explanation was also needed of how the principles of ethics and equity would not override efficiency considerations. Greater consultation with Member States was needed both in global strategic priority-setting, in order to take account of national circumstances, and in revising the country cooperation strategies. While the proposal to incorporate the value-for-money rationale into funding proposals for donors was a good initiative in principle, its impact and performance would need to be evaluated so as not to create unnecessary bureaucracy. Measures to enhance efficiency and effectiveness must not impact WHO's work in key areas, and social and environmental costs must also be taken into account.

The representative of SOUTH AFRICA¹ said that one way to increase efficiency would be to improve communication between the Secretariat and Member States. Too much consultation took place at headquarters, whereas not all Member States were represented in Geneva, and of those that were, many did not have large enough delegations to participate in consultations and negotiations. Documents were often issued without sufficient time for them to be received and read in capitals, which prevented some Member States from participating in discussions and providing feedback.

The representative of GERMANY¹ said that transforming WHO into a modern organization would require an increased focus on its staff. He therefore regretted that human resources reform was not on the agenda of the current session of the Board, and hoped that an inclusive discussion on staff mobility and ensuring a motivated workforce could take place through the meetings of the governing bodies, possibly in May 2018.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring), thanking participants for their comments, said that achieving value for money within WHO was a major cultural change that would not happen overnight. The draft thirteenth general programme of work 2019–2023 would be at the centre of that change, as it contained meaningful, measurable targets and results that would serve as a foundation. He assured Member States that there would be no negative impact on the quality of services. The Secretariat did not plan to establish a new value-for-money department and would ensure minimum bureaucracy. Responding to points raised, he said that May 2018 would be too early for the Secretariat to report back on its efforts; it was preferable to wait until tangible results had been achieved. Inclusion of the equity and ethics principles was the product of brainstorming sessions with regional offices; the value-for-money framework was therefore specific to WHO and worth exploring despite its potential complexities. The principles of ethics and equity would indeed not override those of economy, efficiency and effectiveness.

The Board noted the report.

Public health preparedness and response: Item 3.3 of the agenda (documents EB142/8, EB142/9 and EB142/10)

The CHAIRMAN drew attention to the report of the Independent Oversight and Advisory Committee contained in document EB142/8, the report on WHO's work in health emergencies contained in document EB142/9, which the Board was invited to note, the draft five-year global

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

strategic plan to improve public health preparedness and response 2018–2023 contained in Annex 1 to document EB142/10, which the Board was invited to consider, and the proposed draft decision contained in Annex 2 thereto.

A MEMBER OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme said that, despite significant progress in various areas, many staff members were still not fully aware of the details of the WHO Health Emergencies Programme or the related changes within WHO. The Organization must therefore promote transparent and proactive communication at all levels, particularly with regard to the Programme's strategic vision, structure, function and deliverables.

Important challenges remained that limited WHO's performance in outbreaks and emergencies. She outlined a number of the Committee's recommendations, including measures to: make funding more sustainable; address inconsistencies in financial authority across the regions; familiarize staff with the revised standard operating procedures; and improve human resources capacity. The lack of a fully integrated, harmonized global supply chain management system must be urgently addressed. WHO should implement emergency measures under the Framework of Engagement with Non-State Actors. Increased corporate investment and organizational capacities in field security were also needed to address the high levels of security risk faced by staff working in emergency situations.

She applauded WHO's response to multiple emergencies over the past year despite limited resources. However, problems with administration, human resources and business processes were hampering the Programme's capacity to excel. The Programme could not succeed without a proper administrative architecture and functioning standard operating procedures, and she encouraged Member States to provide the Secretariat with the necessary support to fulfil the demands placed on the Programme.

The representative of the NETHERLANDS said that the obstacles and constraints outlined in the report by the Independent Oversight and Advisory Committee required urgent attention and timely follow-up from the Secretariat. He asked the Director-General how he planned to respond to the recommendations of the Independent Oversight and Advisory Committee and requested that, in future, the Committee should issue its report early enough for the Secretariat to include its response, which would make the Board's debate on the issue more effective.

The representative of TURKEY said that WHO should take into account the shortcomings highlighted in the report by the Independent Oversight and Advisory Committee and address them in a timely manner. The WHO Health Emergencies Programme could draw on his country's considerable experience of working with WHO and a range of partners during health emergencies and linking emergency response to universal health coverage, as part of its health systems strengthening agenda. Regarding the global shortage of emergency health workers, WHO should make use of foreign medical teams to help to achieve the Director-General's goal of mobilizing response capacity within 72 hours, and more Member States should be encouraged to participate in the system.

The representative of MEXICO thanked Member States for their spirit of solidarity following the earthquakes in her country the previous year. Her Government would continue to support countries experiencing health emergencies and national disasters via information sharing under the International Health Regulations (2005). She highlighted the importance of community participation during emergencies; local people's knowledge, behaviour and customs could greatly influence outcomes. Her Government was committed to maintaining the core capacities required under the Regulations and to supporting WHO's general programme of work.

The representative of the DOMINICAN REPUBLIC said that WHO needed to focus on its capacity to maintain regular, transparent and proactive communication channels with all audiences,

which would enhance its credibility and facilitate the alignment of efforts with resources to prevent and respond to emergencies. He welcomed plans to ensure the availability of human resources at the strategic and operative levels. It was important to encourage health ministries to establish agreements with training providers that would ensure health workers had the necessary skills to respond effectively to disasters. The preparedness of health systems to deal with emergencies and disasters was closely linked to their capacity to prevent and contain outbreaks and epidemics. The WHO Health Emergencies Programme should therefore help States Parties to ensure compliance with the International Health Regulations (2005).

The representative of BAHRAIN expressed support for the recommendations of the Independent Oversight and Advisory Committee. WHO should provide support to help Member States to: enhance country preparedness; improve the response capacity of national public health emergency operations centres; implement the requirements of the International Health Regulations (2005); and develop national action plans for public health preparedness and response, which in turn would support Member States' efforts to achieve universal health coverage and the health-related Sustainable Development Goals.

The representative of IRAQ said that there was a need to strengthen WHO country offices to enable them to work more closely with health authorities in order to ensure a joint response to emergencies. It was also important to: build institutional and human resources capacity; ensure efficient management at the country level; work with other organizations to ensure better investment of resources; improve post-emergency response; and conduct regular and sustainable joint monitoring and evaluation. The International Health Regulations (2005) played a key role in the prevention of outbreaks and in emergencies.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, urged the Secretariat to make available to Member States the documentation on the recently established global coordination mechanism for research and development to prevent and respond to epidemics, including the terms of reference and operating procedures. The expansion and country-level focus of the WHO Health Emergencies Programme must not conflict with other WHO programmes and strategies. He expressed support for the recommendations of the Independent Oversight and Advisory Committee regarding the need to strengthen and streamline the due diligence process, including the development of a risk register for non-State actors to expedite the issuance of funding to country-level partners in the context of emergencies.

The draft five-year global strategic plan to improve public health preparedness and response 2018–2023 should reflect the need to mobilize resources to facilitate implementation of the International Health Regulations (2005), with a focus on linking core capacities with health systems strengthening within the framework of universal health coverage. He asked the Secretariat to expedite the recruitment of skilled staff at the regional and country levels. The implementation of the draft five-year global strategic plan should take into consideration other similar initiatives being undertaken both within WHO and by other organizations and partners at the regional level, such as the recently established Africa Centres for Disease Control and Prevention. He expressed support for the draft decision contained in Annex 2 to document EB142/10.

The representative of the CONGO expressed concern regarding the effectiveness of WHO's actions in countries with weak health systems, for example where poor sanitary conditions and other determinants led to health emergencies and epidemics. In spite of the establishment of National IHR Focal Points, the implementation of measures required under the International Health Regulations (2005) remained inadequate. It was essential to strengthen the response to cross-border epidemics and emergencies; current actions tended to be restricted to localized measures at the national level and were difficult to mobilize.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that successful implementation of the WHO Health Emergencies Programme required an appropriate administrative architecture and standard operating procedures across the Organization. In that context, he welcomed the proposal made by the Director-General to establish a global health reserve workforce.

Although progress had been made with regard to the joint external evaluations under the International Health Regulations (2005), further efforts were needed to accelerate the development and implementation of national action plans, with a particular focus on funding.

He endorsed the draft five-year global strategic plan, and noted the need to invest in preparedness measures by developing resilient health systems that were able to cope with outbreaks. In general, he supported the draft decision but requested further emphasis to be placed on the need for WHO and other partners to provide support to Member States to develop, fund and implement national action plans, based on the results of joint external evaluations, in line with a multisectoral approach and under the supervision of high-level national authorities.

In the Eastern Mediterranean Region, a number of States were moving into the early recovery phase. It was thus a suitable time to focus on the transition from short-term humanitarian support to long-term health systems strengthening.

Speaking as the representative of Pakistan, he said that the draft five-year global strategic plan would provide guidance and direction at the national level for the implementation of core capacities and prevent morbidity and mortality associated with disease outbreaks. His Government had already implemented measures to strengthen public health preparedness and response. Further advocacy work was needed to ensure that policy-makers prioritized preparedness, planning and the allocation of financial resources. Technical support from WHO had a positive impact on health security, contributing to social and economic stability. He encouraged all stakeholders to use WHO's Strategic Partnership Portal in order to enhance coordination on global health security.

The representative of CANADA said that successful implementation of the WHO Health Emergencies Programme was contingent on the effective implementation of the requisite processes and systems. WHO must undertake a harmonized organizational transformation agenda. Measures were urgently required to strengthen systems to improve staff security and develop flexible contractual arrangements, drawing on the best practices of the Inter-Agency Standing Committee. She expressed support for the draft five-year global strategic plan and supported continued annual reporting to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment reporting tool. She welcomed the continued momentum with regard to capacity-building under the Regulations and use of the joint external evaluation process to improve public health preparedness and response, and highlighted the importance of linking those efforts with health systems strengthening. She encouraged the Secretariat to work with Member States to develop guidance and tools to support the deliverables outlined in the draft five-year global strategic plan, drawing on their experience in implementing the Regulations.

The representative of the UNITED REPUBLIC OF TANZANIA said that a multisectoral approach was needed to accelerate implementation of the International Health Regulations (2005) and enhance global health security, extending beyond the health sector and incorporating the broader concept of "planetary health security", which covered human health, animal health and environmental sustainability. To enhance coordination, facilitate the sharing of information and foster synergies, stakeholders should use WHO's Strategic Partnership Portal. He expressed support for the draft decision.

The representative of JORDAN said that public health preparedness, especially in countries such as Jordan that hosted a large number of refugees, was of paramount importance. The refugee crisis had been linked to outbreaks and epidemics, including of poliomyelitis. It was therefore

necessary to enhance emergency preparedness, with support from WHO and other international organizations.

The representative of BRAZIL said that seamless organizational transformation, as outlined in the draft thirteenth general programme of work 2019–2023, could provide solutions to the administrative obstacles facing the WHO Health Emergencies Programme. He requested a response from the Secretariat regarding the references in the report by the Independent Oversight and Advisory Committee to the lack of information and insufficient accountability in the supply chain.

The representative of ITALY said that, at a time of unprecedented global migration, States and their health systems must be prepared to cope with large-scale migration and guarantee the right to health for all. They must uphold their obligations under the International Health Regulations (2005) to ensure effective disease surveillance and reporting, and enhance their capacity to investigate, manage and respond to outbreaks. Access to care for vulnerable groups was particularly important, since their health could deteriorate quickly. An intersectoral approach and cooperation between countries would be the key to managing migration and health effectively.

The migration challenges faced by several Member States in the WHO European Region had inspired the adoption, in 2016, of the Strategy and action plan for refugee and migrant health in the WHO European Region, which focused on policy development, health information and evidence, technical support, advocacy and communication, and which could serve as an example to other regions. To ensure more effective management of migration and health, particular attention should be paid to ensuring access to health care, vaccines, safe water and food, and guaranteeing decent quality of life for migrants. Common approaches should be fostered and universally recognized definitions of “undocumented” and “economic” migrants should be agreed. Migrant health should be integrated into health system operations and planning as a matter of course, rather than being considered an emergency. Enhanced data collection, information sharing, exchange of best practices and intercountry coordination would be essential.

The representative of SWAZILAND said that, given the growing threat of cross-border transmission of communicable diseases, the comprehensive implementation of the International Health Regulations (2005) was crucial. WHO must ensure direct, rapid and unhindered communication with all National IHR Focal Points to enable a swift exchange of information and response to epidemic outbreaks. The Republic of China on Taiwan¹ was located at the crossroads of international travel in Asia and thus vulnerable to cross-border transmission of pathogens. Excluding it from global health debate could potentially undermine the right of its people to health and deprive the global health community of its valuable experience and expertise.

The representative of VIET NAM said that she welcomed the progress made in the implementation of the WHO Health Emergencies Programme. In its own effort to promote emergency preparedness, the Government of Viet Nam had established several public health emergency operations centres, in line with WHO guidance. To meet future challenges and enable an effective emergency response, business processes needed to be upgraded. Information sharing, communication and resource mobilization at the country level should be improved, and standard operating procedures for health emergencies should be developed and validated.

The representative of the PHILIPPINES expressed support for the draft five-year global strategic plan and the accompanying draft decision. WHO’s continued support for Member States in

¹ World Health Organization terminology refers to Taiwan, China.

building, maintaining and strengthening the core capacities required by the International Health Regulations (2005) was appreciated. Voluntary joint external evaluations, regional surveillance systems and the revised annual self-assessment reporting tool would help Member States to integrate core capacities into their national health systems, exchange information on emerging diseases and measure progress more effectively, thereby promoting accountability.

The representative of THAILAND said that it was unfortunate that the deliverables and indicators for monitoring implementation of the draft five-year global strategic plan had not been available for discussion in the Regional Committee for South-East Asia or through web-based consultation. Deliverables and indicators must reflect, among others, common challenges such as the capacity of National IHR Focal Points, cross-border strategies, trust-based horizontal networks and the deployment of human resources. WHO should convene a comprehensive consultation focusing on clear, concrete and time-bound deliverables and indicators prior to the Seventy-first World Health Assembly. It would further be useful to devise a regular, independent, transparent and objective assessment mechanism to evaluate country performance.

The representative of COLOMBIA said that a strong WHO and technical support for Member States were crucial to improving the response to public health emergencies of international concern. Joint external evaluations under the International Health Regulations (2005) were a useful tool to identify ways of improving national response capacity. Equipping countries to address health emergencies must be a priority. Incentives, such as technology and knowledge transfers and support for epidemiological research, should be provided to encourage full implementation of the International Health Regulations (2005). Information security mechanisms should also be identified to facilitate information exchange while respecting national data protection legislation. In a complex global economic environment, innovative strategies for international cooperation were needed to help States Parties to meet their obligations under the Regulations.

The representative of JAPAN, noting the challenges to the full implementation of the WHO Health Emergencies Programme, as identified by the Independent Oversight and Advisory Committee, asked what WHO intended to do to close the funding gap in the Contingency Fund for Emergencies. He praised the clear indicators and timelines to monitor the implementation of the draft five-year global strategic plan, but requested that the roles and responsibilities of Member States and the Secretariat be defined more clearly. In strengthening its support for States Parties for the implementation of the International Health Regulations (2005), WHO could consider expanding its collaboration with the World Bank. Health emergency preparedness was an important component in achieving universal health coverage and should be integrated into roadmaps and national health strategies. Given the growing risk of cross-border spread of infectious diseases, no region should be left behind.

The representative of JAMAICA said that he welcomed the draft five-year global strategic plan and the request to the Director-General to provide the necessary financial and human resources for its implementation. Member States from the Caribbean region wished to participate as evaluators in joint external evaluations, which would provide them with insightful information to improve their own core capacities. The existing monitoring tools for assessing core capacities should be maintained alongside any new frameworks developed to evaluate implementation of the global strategic plan.

The representative of NICARAGUA¹ said that globalization had increased the threat of cross-border transmission of communicable diseases and the absence of any country from the global health network would undermine global health security. Since committing to the implementation of the International Health Regulations (2005) in 2009, Taiwan² had engaged constructively with WHO on matters related to implementation of the Regulations and had thus contributed to improving global emergency preparedness and response.

The representative of HONDURAS¹ said that the WHO Health Emergencies Programme had contributed significantly to improved monitoring of and response to public health events in his country. Member States relied on continued WHO support to incorporate the provisions of the International Health Regulations (2005) into their national health plans. Mechanisms needed to be established to facilitate communication between National IHR Focal Points and national health institutions to enable timely information exchange on outbreaks and thereby facilitate early responses.

The representative of AUSTRALIA¹ said that urgent action should be taken to implement the recommendations made by the Independent Oversight and Advisory Committee, in particular with regard to improved communication and reporting. He commended WHO's critical leadership role and ongoing commitment in helping Member States to prepare for and respond to health security threats, reiterating the need for the full implementation of the International Health Regulations (2005) as a foundation for global health security. His delegation fully supported the draft five-year global strategic plan. Echoing the Independent Oversight and Advisory Committee's call for donors to provide flexible funding through multiyear partnerships, he informed the Board of the Australian Government's pledge to provide US\$ 20 million in unearmarked funding over the course of five years to support the Health Emergencies Programme. He urged others to follow suit in order to ensure the future financial sustainability of the WHO Health Emergencies Programme.

The representative of the UNITED STATES OF AMERICA¹ said that business processes, administrative systems and operational procedures for emergency response needed to be streamlined. He wished to know how WHO ensured that the Emergency Response Framework was applied consistently across countries and regions. Field visits conducted by the Independent Oversight and Advisory Committee were useful and should include challenging settings. He supported the proposal to make the emergency dashboard available to the donor community and public audiences. The corporate investment case paper, once finalized, should be shared with Member States.

Commending WHO's increased field presence to address critical gaps in responses to outbreaks, he requested information on lessons learned from recent responses and administrative improvements to the WHO Health Emergencies Programme. WHO should conduct rigorous after-action reviews, with input from external experts, and should continue to work with all partners to incorporate into emergency contexts topics set forth in WHO's research and development blueprint for action to prevent epidemics. The draft five-year global strategic plan provided a strong platform for implementation of the International Health Regulations (2005). Member States should consider the role of sectors other than health when discussing budgets and financing for health security. Human and financial resources should be mobilized to improve laboratory biosafety in the context of the Regulations. In a world of disease threats that defied borders, debates on public health preparedness

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

² World Health Organization terminology refers to Taiwan, China.

and response should be inclusive. Taiwan¹ should therefore be granted observer status to the Seventy-first World Health Assembly.

The representative of EL SALVADOR² said that addressing global public health threats required collective action by the entire international community that was inclusive and universal, leaving no one behind. Her delegation therefore supported the request by the Republic of China on Taiwan¹ to participate in the Seventy-first World Health Assembly as an observer.

The representative of GERMANY¹ requested additional information on the effectiveness of health emergencies operations at the country level and lessons learned through after-action review. She also requested further information on WHO's operational approach in conflict-affected settings and how it fulfilled its role as the lead organization in the global health cluster under the Inter-Agency Standing Committee. Details on the organization of country-level cooperation and the division of labour among different partners and stakeholders would be appreciated. A list of those cooperation partners, the actions undertaken and challenges encountered would be useful. Additional details would also be appreciated on the use of resources from the Contingency Fund for Emergencies.

To further improve the functioning of the WHO Health Emergencies Programme, Organization-wide communication should be enhanced and the emergency dashboard should be made available to external audiences. Joint external evaluations and the development of national action plans for health security, in line with national health strategies, were important for health systems strengthening. Human resource planning, recruitment and management remained a key challenge. In that connection, she enquired about the rationale behind the staff distribution proposed. The finalization of a sustainable strategy for replenishing the Contingency Fund was crucial and her Government, as the Fund's largest contributor, urged others to contribute as well. The proposed options for procurement should be further elaborated. Additional information was needed on the WHO emergency medical teams initiative.

The representative of the REPUBLIC OF KOREA¹ welcomed the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and its recommendations. Acknowledging the critical role played by the WHO Health Emergencies Programme, she expressed concern with regard to persistent gaps in human resources planning and recruitment for the Programme at all three levels of the Organization.

The representative of INDONESIA¹ said that measures should be taken to facilitate risk assessment and reporting of potential public health emergencies, especially those involving highly vulnerable Member States. WHO's criteria for classifying an event as a public health emergency must be clearly understood. Given the limitations of the core capacity monitoring framework and the low level of compliance with reporting requirements, a global strategic plan for the implementation of the International Health Regulations (2005) was urgently needed, as were new tools for assessing implementation. She requested information on the status of the concept note on the development, monitoring and evaluation of functional core capacity for implementing the Regulations, and said that the draft five-year global strategic plan should focus more on providing support for national processes, such as joint external evaluations and simulation exercises.

¹ World Health Organization terminology refers to Taiwan, China.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of HAITI¹ said that the Regulations constituted an effective way of sharing information and expertise on epidemics and outbreaks. Taiwan² had important experiences to share with regard to implementation of the International Health Regulations (2005) and should be invited to participate as an observer in the Seventy-first World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that although WHO's performance in health emergencies was improving, it was not always consistent and could be enhanced further. Coordination with partners, and particularly UNICEF – as the lead organization in the water, sanitation and hygiene cluster – should be a priority. The lack of sustainable funding for the WHO Health Emergencies Programme was a concern; WHO must present a solid investment case for the Programme and a strategy for replenishing the Contingency Fund for Emergencies. Member States and donors must step forward with funding.

WHO and its partners were responsible for ensuring that the global humanitarian and health emergency architecture continued to evolve in line with the changing needs on the ground. With that in mind, she asked what lessons had been learned from the less than optimal cooperation between WHO and UNICEF – as related cluster leads – in responding to the humanitarian crisis in Yemen and how their collaboration would be improved. She also wished to know what would be done to meet the significantly increased global demand for the cholera vaccine. Lastly, with regard to implementation of the International Health Regulations (2005), joint external evaluations were a vital tool for identifying opportunities to strengthen national health systems.

Mr Davies took the chair.

The representative of SWITZERLAND¹ welcomed the draft five-year global strategic plan and expressed support for the related draft decision. The Ebola virus disease outbreak had demonstrated the importance of building the core capacities required by the International Health Regulations (2005), particularly in countries with weak health systems. With regard to strengthening compliance with the Regulations, technical guidance from WHO that took account of States Parties' varying levels of implementation would bring tangible benefits. In particular, more technical advice and support was needed on international air traffic.

The representative of INDIA¹ said that he welcomed the establishment of the global coordination mechanism for research and development to prepare for and respond to epidemics and requested further information on how the mechanism would operate. He proposed that for future meetings, the title of the agenda item should be changed to “public health emergency preparedness and response”, given that the item dealt exclusively with health emergencies. Inadequate financing for the WHO Health Emergencies Programme remained a major concern, in particular the lack of flexible funding and the shortfall in resources for the Contingency Fund for Emergencies. Country and regional offices should be given sufficient resources and flexibility for contingency planning.

The representative of NIGERIA¹ expressed her Government's appreciation to WHO for its support in dealing with the unprecedented number of outbreaks that had occurred in Nigeria in 2017 and said that she welcomed the recent inclusion of Lassa fever on the list of priority diseases for the blueprint for research and development preparedness and rapid research response. Additional national

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

² World Health Organization terminology refers to Taiwan, China.

and international resources should be mobilized to support the development and application of national action plans aimed at implementing the International Health Regulations (2005).

The representative of CHILE¹ said that highly vulnerable countries required particular support from WHO to implement the International Health Regulations (2005). Strengthening the global network of National IHR Focal Points would improve communication between States Parties and WHO. The joint external evaluation process was particularly valuable for identifying weaknesses in the implementation of the Regulations and areas where greater support was required.

The representative of the RUSSIAN FEDERATION¹ said that the draft five-year global strategic plan did not contain any clear measures to be taken or timelines for States Parties, or any indication of resource implications or anticipated outcomes. It merely comprised three pillars for Secretariat action and therefore did not warrant formal endorsement through a decision of the World Health Assembly. The draft had not been prepared in line with the requirements of decision WHA70(11) (2017), as comprehensive consultations had not been held in all six regional committees. Furthermore, the joint external evaluation had not been agreed by all Member States. The voluntary nature of the joint external evaluation was questionable, since it would be used by the World Bank for the allocation of resources for pandemic preparedness. Formal mention of the joint external evaluation should therefore not be made in WHO documents, in particular the decisions and resolutions of the governing bodies. The Russian Federation could not endorse the draft decision. He suggested that the Executive Board should instead take note of the report and that a new draft decision should be prepared for consideration by the Seventy-first World Health Assembly.

The representative of PERU¹ said that his Government had made a firm commitment to implementing the International Health Regulations (2005) and had taken steps to ensure compliance with its provisions. WHO's renewed focus on health protection and universal health coverage was particularly welcome, as a resilient health system was the most effective way to prevent an outbreak from becoming an epidemic.

The representative of CHINA¹ welcomed the draft five-year global strategic plan and the draft decision thereon, but called for more support to be given to fragile and vulnerable States Parties in building the core capacities required by the Regulations. Over the coming five years, the global strategic plan should be subject to an ongoing revision process to ensure that States Parties' progress in implementing the Regulations was duly taken into account. That approach would ensure that support provided in the areas of preparedness and response remained relevant and flexible.

The observer of PALESTINE, referring to the report by the Director-General on public health preparedness and response, said that no mention had been made of the emergency situation in the occupied Palestinian territory and other countries in the Eastern Mediterranean Region, which had long been experiencing humanitarian crises. The situation in the occupied Palestinian territory should be included in future reports on health emergencies. The designation used for his territory in WHO documentation should be "occupied Palestinian territories".

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that community-driven efforts were fundamental to supporting governments in epidemic preparedness and response. He welcomed the importance attached in the draft five-year global strategic plan to community involvement and partnerships with non-State actors

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at the community level. Nevertheless, the core capacities required by the International Health Regulations (2005) should be expanded at the community level. Rapid identification and declaration of health emergencies were also important; donors were encouraged to support early response actions.

The representative of the NETHERLANDS said that he welcomed the work done by the WHO Health Emergencies Programme, despite persistent funding challenges. He expressed concern that in all types of health emergencies and crises, thousands of women and girls of reproductive age were in dire need of sexual and reproductive health services. More attention should be given to sexual and reproductive health and rights in the draft thirteenth general programme of work 2019–2023. The Government of the Netherlands had contributed US\$ 5.5 million to WHO to fund sexual and reproductive health services in the global health cluster response to the humanitarian crises in Bangladesh, the Democratic Republic of the Congo and Yemen.

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 and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine and Georgia aligned themselves with her statement. She welcomed the draft five-year global strategic plan and in particular the link between building the core capacities required under the International Health Regulations (2005) and health systems strengthening. New voluntary monitoring and evaluation instruments would help to identify priorities and could provide valuable input to the development of national action plans for health security and implementation of the International Health Regulations (2005); WHO's support was essential in that context. Cooperation and coordination between countries, regional organizations and WHO regional offices were vital.

The representative of BRAZIL welcomed the draft five-year global strategic plan, in particular its recognition of the importance of consultation and country ownership. Monitoring and evaluation of progress in the implementation of the International Health Regulations (2005) were essential to ensure continuous improvement of implementation activities at the country, regional and global levels. He asked how the Secretariat would use the information obtained by the monitoring and evaluation tool to inform country cooperation activities. However, he pointed out that use of the tool would be neither obligatory for, nor advantageous to, Member States when accessing funding or technical support.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed support for the draft five-year global strategic plan and welcomed its focus on building and maintaining resilient health systems; framing core capacities as essential public health functions; building country ownership; and prioritizing countries with high vulnerability and low capacity. He also welcomed the ongoing work to revise the annual self-assessment reporting tool and supported expert-level consultation on the results. The proposed additional voluntary instruments were crucial in order to step up national implementation of the International Health Regulations (2005). WHO should enhance its support to countries in leveraging financing, partnerships and technologies to support implementation of the Regulations. The Organization must also ensure that response activities and investments during health emergencies were linked to long-term preparedness and health systems strengthening, including sustainable development of core capacities. WHO must continue to play a leading role in the development of an implementation plan for the follow-up work. He supported the draft decision.

The representative of the NETHERLANDS said that effective implementation of the International Health Regulations (2005) was crucial to ensure global health security. Comprehensive reporting by States Parties on the implementation of the Regulations was also essential. In that regard, he was concerned that many States Parties did not submit reports to WHO; consequently, there was a

lack of information on the challenges encountered and a greater reliance on external evaluations. He requested the Secretariat to prepare a more in-depth report containing strategic conclusions on implementation of the Regulations and identifying the challenges and risks in cases where implementation was insufficient, for consideration by the Seventy-first World Health Assembly.

The representative of FIJI expressed support for the three pillars of the draft five-year global strategic plan. Small island developing States faced particular challenges in responding to health emergencies; regional pooling of resources could enable such countries to implement the core capacities required under the International Health Regulations (2005), with WHO playing a key convening role. With regard to the monitoring and evaluation tool, she suggested the inclusion of an indicator on the number of training courses conducted, rather than just on the number of meetings held, as well as an indicator on strengthening national public health emergency operations centres. Support should be provided to Member States in implementing the three proposed voluntary assessment instruments. Implementation of the Regulations required a whole-of-government approach, with health security forming a key component of overarching national security strategies. She supported the draft decision.

The representative of NEW ZEALAND, referring to the objective under pillar 2 of the draft five-year global strategic plan to establish and maintain relevant technical advisory groups of experts, asked whether the Secretariat had considered the value of existing technical expert advisory groups and whether new groups were needed. With regard to the objective of maintaining a strong network of National IHR Focal Points by holding regular regional and global meetings, she wished to know whether the Secretariat had considered other ways in which countries could share lessons learned, for example through the Health Security Learning Platform. Regarding the deliverables, timelines and indicators to monitor implementation of the draft five-year global strategic plan, she asked whether the Secretariat had considered modifying the focus of the indicator framework towards outcome or impact indicators, rather than on monitoring outputs.

The representative of ARGENTINA¹ said that the monitoring and evaluation framework for implementation of the International Health Regulations (2005) and the draft five-year global strategic plan should be dealt with in two separate documents; both documents should be considered and approved by the governing bodies. The proposed new monitoring and evaluation instruments and procedures for submitting reports should be considered by Member States. He called for greater clarification of and harmony between the objectives, deliverables and indicators contained in the draft five-year global strategic plan. It was important to strengthen the network of National IHR Focal Points, to continue to hold meetings and to carry out regional and global training activities.

The meeting rose at 18:10.

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