PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

WHO headquarters, Geneva
Monday, 28 January 2019, scheduled at 09:00

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

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SEVENTH MEETING

Monday, 28 January 2019, at 09:15

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

STRATEGIC PRIORITY MATTERS: Item 5 of the agenda (continued)

Universal health coverage: Item 5.5 of the agenda (continued)

• Primary health care towards universal health coverage (document EB144/12) (continued)

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed regret that the three draft resolutions proposed under agenda item 5.5 had not been combined into a single draft resolution. She stressed the importance of WHO reaffirming its commitment to the Sustainable Development Goals, including Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and of remaining committed to the full achievement of universal health coverage. The latter could not be achieved without effective governance, financing and health service delivery, and access to commodities, competent health workforces and health monitoring. Furthermore, health protection and promotion and disease prevention were essential, and sexual and reproductive health and rights should be included in primary health services.

The representative of SRI LANKA said that the 2018 Declaration of Astana on primary health care should be harnessed as an advocacy tool, in the same way as the 1978 Alma-Ata Declaration on primary health care. Vulnerable populations, in particular migrant populations, should be covered by the Declaration of Astana and its implementation should involve review of the WHO Global Code of Practice on the International Recruitment of Health Personnel and advocacy of capacity-building for human resources in primary health care. The use of eHealth would help to reduce the need for human resources and make health systems more efficient. Universal access to medicines was important to universal health coverage; WHO could play a major role in ensuring an uninterrupted supply of essential drugs at low cost to developing countries. Member States must have adequate funding to implement the Declaration of Astana.

The representative of BAHRAIN said that countries should adjust their health systems to focus on primary health care and to promote the role of family physicians. Member States needed support to improve their primary health care systems and to train more health care workers. She agreed that the Executive Board should focus its discussions on the process for taking into consideration the commitments of the Declaration of Astana in the preparations for the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage.

The representative of ISRAEL said that, while scientific progress was essential to promoting global health, human-delivered primary health care remained relevant, especially in the face of a growing noncommunicable disease burden. Accessible, safe, quality primary health care was the backbone of any strong, sustainable and effective health system, and thereby of universal health coverage. Universal health coverage required not only investment by countries and international organizations, but also political will, cooperation between countries and innovative solutions.
The representative of MEXICO said that primary health care was essential to ensuring people’s health and well-being and that stronger, high-quality health systems would also be a valuable tool in achieving the Sustainable Development Goals. It was important to take advantage of new technologies, medicines, vaccines, diagnostic tests, and information and surveillance systems to better serve individuals, families and communities. He commended WHO on including primary health care as a main pillar of the Thirteenth General Programme of Work, 2019–2023.

The representative of TURKEY said that Member States must consider people’s different health needs and address the social determinants of health. Member States should agree on what did not constitute primary health care and assess whether the health needs of all people, including refugees and migrants, were being met. In its advocacy role, WHO should emphasize the importance of investment in primary health care and ensure that the topics of primary health care and universal health coverage were included in the agendas of other organizations of the United Nations system.

The representative of COLOMBIA said that reducing inequalities in health was crucial to achieving universal health coverage and managing health at the local level was key to reducing inequalities in remote areas. It was therefore important to take a new approach to universal health coverage by making use of modern technologies and allocating predictable, sustainable resources, as well as strengthening primary health care and addressing the social determinants of health through a multisectoral approach. Primary health care must be adapted to everyday challenges and to different communities and territories.

The representative of the PLURINATIONAL STATE OF BOLIVIA1 said that the international community must step up its efforts to promote access to high-quality and affordable medicines and vaccines, in line with the Sustainable Development Goals.

The representative of the PHILIPPINES1 said that the provision of culturally sensitive services was key to ensuring effective primary health care, especially for vulnerable groups and underserved communities. His Government was cognizant of the power of vulnerable populations being involved in community development, but acknowledged that ongoing investment in staff training would be needed for members of those communities to become leaders, social workers and health workers. He supported the call to consider how human resource capacity and management could feed into primary health care reforms.

The representative of SWITZERLAND1 said that, to ensure the continuum of primary health care services, health workers should be qualified, trained and well-managed and work closely with communities. Member States should begin preparing for the challenges that would arise from demographic and social change. Strong health systems required long-term financing; balancing the provision of essential services against limited funding remained a major issue. Member States should engage in more global dialogue on the quality of health systems, particularly in the area of patient safety. Universal health coverage should include provision in emergencies.

The representative of SPAIN1 emphasized the increasing importance of an effective primary health care system, which was essential to achieving universal health coverage and would guarantee the fundamental right to health and ensure health system sustainability. It was especially important in the

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
context of ageing populations, chronic diseases, new treatments and health technologies. New primary health care technologies could improve the accessibility, quality and sustainability of health systems.

The representative of GUATEMALA\(^1\) welcomed efforts towards achievement of the Sustainable Development Goals, including international cooperation to improve access to health services, especially among rural populations. He thanked the Government of Taiwan\(^2\) for its contribution to projects in Guatemala to expand maternal health services and improve access to medicines.

The representative of MOROCCO\(^1\) expressed his Government’s commitment to the Declaration of Astana and to achieving universal health coverage. He looked forward to the forthcoming High-level Meeting of the General Assembly on Universal Health Coverage.

The representative of NICARAGUA\(^1\) said that it was important to work together and recognize that everyone had the right to health. For that reason, it was regrettable that Taiwan\(^2\) was absent from the current proceedings, particularly as 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.

The representative of TOGO\(^1\) supported the view that primary health care constituted a driver for achieving universal health coverage and the health-related Sustainable Development Goals. All stakeholders must therefore engage in effective multisectoral action. The renewal of primary health care would require special attention to be paid to health service organization, human resource development – including increasing the number of community health workers – implementation of the reference and counter-reference system, and the monitoring of health care providers at all levels. Health systems could be improved by capitalizing on the work undertaken to mobilize and educate populations during health emergencies to improve their resilience and tackle antimicrobial resistance.

The representative of KAZAKHSTAN\(^1\) thanked Member States for their ongoing support for primary health care and the investments made by their governments to strengthen primary health care and ensure healthier populations, longer lives and the well-being of all. He encouraged the Executive Board to recommend that the Seventy-second World Health Assembly should adopt the draft resolution on primary health care towards universal coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN\(^1\) said that, despite some important achievements since the Alma-Ata Declaration, primary health care provision remained insufficient, with differences between and within countries; more investment was required. He urged the Secretariat to support Member States in operationalizing the outcomes of the Declaration of Astana in line with the Sustainable Development Goals, which would require the cooperation of Member States and relevant stakeholders.

The representative of BELGIUM\(^1\) said that, although governments were responsible for implementing universal health coverage, WHO played a vital role that went beyond monitoring implementation. He asked how WHO would link the different areas of work based on the six building blocks of a health system to achieve maximum impact with limited resources. He commended the

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

\(^2\) World Health Organization terminology refers to “Taiwan, China”.

establishment of a working group in the WHO European Region to examine the economics of primary health care, as the cost-benefit ratio of primary health care was not always sufficiently recognized.

The representative of CANADA\(^1\) said that the health of women, children and adolescents, including sexual and reproductive health and rights, was a key part of basic quality health services. She supported the position outlined in the Declaration of Astana that primary health care should reflect social progress, notably regarding human rights, inclusivity, gender equality and the need to eliminate stigma and discrimination. Health systems and primary health care should be gender-responsive; gender equality and the empowerment of women was an effective way to improve health and well-being for all, reduce extreme poverty and build a more peaceful, inclusive and prosperous world. Her country supported international efforts to extend universal health coverage, while recognizing that individual countries would take different approaches according to their priorities and contexts.

The representative of SINGAPORE\(^1\) welcomed the Declaration of Astana and its renewed focus on primary health care systems, which were critical to achieving universal health coverage. Indeed, such systems offered a high return on investment, allowing people to receive care closer to home and empowering individuals to tackle the causes of ill health at an earlier stage.

The representative of ECUADOR\(^1\) said that, although globalization, technological development and research had led to great advances, other barriers to universal health coverage had arisen, and overcoming those barriers required political will. The role of Member States in policy-making was key, and it was time to act in the interests of a shared vision of universal health coverage based on health for all, in line with the 2030 Agenda for Sustainable Development.

The representative of LUXEMBOURG\(^1\) encouraged the development by WHO, UNICEF and other key partners of an operational framework to ensure effective implementation of the Declaration of Astana. The country-centred approach adopted by WHO should bring results over the medium- and long-term and ensure that adequate resources could be mobilized at the national level, guided by human rights principles and with the coordination of all relevant stakeholders. He requested further information on the forthcoming High-level Meeting of the General Assembly on Universal Health Coverage.

The representative of the REPUBLIC OF KOREA\(^1\) agreed that primary health care was key to achieving universal health coverage and the health-related Sustainable Development Goals. Her Government was committed to implementing the Declaration of Astana, sharing best practices and engaging in discussions on how to adopt a people-centred approach and improve the population’s health.

The representative of SOUTH AFRICA\(^1\) welcomed the Declaration of Astana, noting that primary health care was key to achieving the Sustainable Development Goals and the objectives of the Thirteenth General Programme of Work. Lessons should be learned from the successes and failures of the Alma-Ata Declaration. Effective primary health care services depended on access to medicines, health promotion and prevention services and adequate financial and human resources.

The representative of the RUSSIAN FEDERATION\(^1\) said that universal health coverage was a founding principle of is country’s health care system. Achieving universal health coverage required strong primary health care and sustainable financing. His Government was committed to ensuring the

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
best attainable health for all at all ages and welcomed the adoption of the Declaration of Astana as a guiding document on access to health care.

The representative of INDIA\(^1\) said that, despite the remarkable progress made towards universal health coverage, a major part of the world’s population still lacked essential health services. Primary health care should integrate traditional and complementary medicine and exploit the full potential of new technologies. It should be based on a continuum-of-care model with a two-way referral system. The role of the private sector should be carefully considered and the effectiveness and appropriateness of different models, frameworks and mechanisms documented. The commitments made in the Declaration of Astana should be transformed into immediate action by Member States through sustained political commitment and with the full support of the Secretariat at all levels. When implementing the Declaration, stakeholders should align their actions and support with national priorities.

The representative of BOTSWANA\(^1\) reiterated that a cornerstone of primary health care remained the integration of community health workers into health systems, thereby enabling communities to take responsibility for their own health.

The representative of ZIMBABWE\(^1\) said that, to ensure a robust health workforce, which was a vital component of primary health care, health personnel should be provided with decent working environments and tools and appropriate compensation. Greater support should be provided for community health workers, and steps should be taken to ensure access to medicines, vaccines and diagnostic tools and services, including making full use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).

The representative of PERU\(^1\) reaffirmed his Government’s commitment to primary health care as the best way to achieve universal health coverage and ensure healthy lives and well-being for all.

The observer of the HOLY SEE, noting with interest the call for a renewal of primary health care in the Declaration of Astana, repeated the message delivered by Pope Francis on Universal Health Coverage Day in 2018 that all individuals had the right to access to health care as a means of fostering the value of justice and the common good.

The observer of PALESTINE requested that the WHO Office in Jerusalem should provide the support needed to increase the provision of health care throughout the territory without leaving anyone behind.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that scaling up the health workforce to achieve universal health coverage would require a comprehensive action plan that took into account education, employment and migration. The creation of interprofessional teams and the inclusion of young people were crucial. It was regrettable that the role of young people had not been fully recognized in preparations for the High-level Meeting of the General Assembly on Universal Health Coverage. All relevant stakeholders, including future health professionals, should be a part of forthcoming initiatives.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that ensuring primary health care provision required a comprehensive and integrated approach that was closely linked with health promotion, prevention,

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
specialized care and rehabilitation. Primary health care should ideally be delivered by multidisciplinary teams led by physicians. He encouraged WHO to continue advocating for investment in human resources for health. To overcome the shortage of health workers, countries should provide decent working conditions to attract and retain health professionals, especially in rural areas.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that universal health coverage could not be achieved without integrating oral health services. Countries should therefore evaluate and reconfigure their health care systems to better meet the oral health needs of their citizens. The outcome document for the High-level Meeting of the General Assembly on Universal Health Coverage should explicitly acknowledge oral health as a key component of primary and universal health coverage.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, said that making bigger and smarter investments in health to achieve universal health coverage meant integrating sexual and reproductive health and rights from the beginning, including campaigning for an end to female genital mutilation and gender-based violence. It was concerning that the proposed draft resolution on primary health care towards universal health coverage did not yet address the needs of women and adolescents, sexual and reproductive health and rights, or gender equality.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that minimum standards of water, sanitation and hygiene must be recognized as core components of primary health care and effective health systems, and strong multisectoral coordination mechanisms should be established, ensuring adequate financing to deliver all aspects of universal health coverage. The High-level Meeting of the General Assembly on Universal Health Coverage should set out concrete actions for a multisectoral approach, including the engagement of the water, sanitation and hygiene sector.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, called on governments to integrate primary health care as the foundation of their health systems. Adequate resources must be allocated to the primary care workforce to ensure decent work and fair pay, and quality education, recruitment and retention strategies. The Declaration of Astana should be people-centred, in line with the 2016 framework on integrated people-centred health services.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that governments must be more ambitious in their efforts to strengthen primary health care. It was essential to ensure that the most underserved populations had access to quality health care and that health systems could respond to the social determinants of health, including sexual health and gender-based violence. The goal of achieving universal health coverage was only possible if women and girls had access to the means and tools to make their own reproductive decisions, and if harmful social and cultural norms that hindered access to health services, particularly for vulnerable groups, were addressed.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that renewed primary health care services must ensure that underserved populations were able to access essential health services. Governments should follow a life course approach to health care, prioritizing services for children and young people and identifying gaps in provision. The Secretariat must support countries in implementing comprehensive primary health care, with age-appropriate, evidence-based and cost-effective services. It was vital to provide adequate training, equipment and technology to community health workers. The Nurturing Care Framework must be highlighted in the draft operational framework for primary health care.
The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that, to provide a strong foundation for universal health coverage, Member States should: ensure a life course and people-centred approach to primary health care, with robust referral networks; promote a One Health approach at the High-level Meeting of the General Assembly on Universal Health Coverage; and guarantee the involvement of people living with cancer and noncommunicable diseases in the development of services.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that, having had experience as the mother of a life-limited child, she was acutely aware of the need for nurses trained in palliative care, equipment and medicines in the community, and of support for the family members of those receiving palliative care.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that renewed primary health care required people-centred systems that systematically promoted public participation and accountability. To address health determinants, the health community must recognize the importance of multisectoral coordination to tackle issues like malnutrition, violence, early child development and noncommunicable diseases. She called for the development of integrated, horizontal health strategies and investment in the non-traditional planning and coordination skills needed to achieve them.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that reliable evidence had shown that privatization and public–private partnerships negatively affected accessibility and quality of care. She therefore urged Member States to insist on an operational framework that specified that governments should bear the principal responsibility for health care provision and governance, and to pay greater attention to regulating the role of the private sector in health care. Primary health care should be provided primarily through public institutions.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the Secretariat had an obligation to warn Member States of the risks of inappropriate commercial involvement in health care provision. It was concerning that so little attention was paid to safeguarding against conflicts of interest.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the WHO guideline on health policy and system support to optimize community health worker programmes should be endorsed by the Executive Board and progress in its application should be reported to the World Health Assembly every three years, together with other resolutions relating to the health workforce, in line with resolution WHA69.19 (2016).

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) said that the Secretariat had implemented a programme to strengthen support to Member States in identifying and developing benefits packages, which included activities to advance universal health coverage and support capacity-building. The draft operational framework for primary health care, developed by the Secretariat in collaboration with UNICEF, would be aligned with the proposed global action plan for healthy lives and well-being for all, which was being discussed by 12 United Nations bodies.

The DIRECTOR-GENERAL said that Member States’ genuine commitment to universal health coverage was evident and there was a clear consensus that primary health care was central to universal health coverage. The Secretariat was establishing a large team, with members from different
departments, to work towards uniting the Secretariat in the common goal of achieving comprehensive primary health care, which should be people-centred and community-owned.

He had been impressed by the commitment of Pope Francis to universal health coverage. The Secretariat would work with other faith-based organizations and religious leaders to advance the universal health coverage agenda.

Despite the concerns of some delegates, it was important to note that collaboration with the private sector was essential to achieving the Sustainable Development Goals. The international community had committed to working with the private sector when it had endorsed the Goals in September 2015. It was, however, important to address conflicts of interest.

The Secretariat was committed to gender mainstreaming and was making considerable efforts in that regard; nonetheless, it was a joint responsibility and required action at all levels.

The representative of CHINA, speaking in exercise of the right of reply and supported by the representative of the RUSSIAN FEDERATION,1 said that some representatives had made irresponsible remarks in relation to Taiwan,2 which were irrelevant to the agenda and to which he resolutely objected. Taiwan was part of China, as recognized by international law and the broad consensus of the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make use of meetings of the WHO governing bodies to challenge that principle. The Member States in question should observe the rules of WHO meetings.

(For further discussion and adoption of a resolution, see the summary record of the seventeenth meeting, section 2.)

Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 5.2 of the agenda (document EB144/8)

The CHAIRMAN said that, before commencing discussion of the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Director-General would provide the Board with an update on the response to current outbreak of Ebola virus disease.

The DIRECTOR-GENERAL said that the current Ebola virus disease outbreak in the Democratic Republic of the Congo was the most complex yet. Fighting the disease in an active conflict zone represented an unprecedented challenge, and the area affected was almost three times the size of Switzerland and difficult to access.

He had visited the Democratic Republic of the Congo several times since the start of the outbreak. In October 2018, he had travelled with the United Nations Under-Secretary-General for Peacekeeping Operations to meet with the Prime Minister of the Democratic Republic of the Congo and his cabinet, the Mayor of Beni, civil society leaders, WHO partners and WHO responders. Another of his visits had been in response to a telephone call he had received in November 2018 from the coordinator of the WHO Beni response, which had been punctuated by the sound of heavy gunfire. Instead of asking to be evacuated, the coordinator had merely asked for more protection so that his team could continue its work. Increased protection had been granted, and responders on the ground were currently working with greater ease, although the situation remained volatile.

Great progress had been made in the fight to control the outbreak: thanks to technological advances, some 333 people had survived the virus. In early January 2019, he had undertaken another

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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”.
visit to the affected provinces to show solidarity with colleagues and assess the situation. So far, the spread of the disease into neighbouring provinces had been avoided. The response to the outbreak was a fine example of the United Nations delivering as one. The current priority was to strengthen infectious disease prevention and control in all affected areas. To that end, WHO staff had been working with traditional and community leaders, mindful of the need to ensure the safety of all responders. It was also important to look beyond the emergency response. As the populations affected were very mobile, it had been necessary to ensure that neighbouring health zones would be able to respond quickly. Moreover, workers in neighbouring countries had been vaccinated. The outbreak was not over, and he was committed to WHO staying the course. His request was simple: that Member States should continue to provide WHO with the resources it needed to end the outbreak.

The REGIONAL DIRECTOR FOR AFRICA said that the outbreak of Ebola virus disease in the Democratic Republic of the Congo was an example of an acute public health emergency requiring collective and synergistic action from WHO, Member States and all relevant stakeholders. Both rural and urban transmission hotspots had been identified, and several factors made the response more challenging. First, many health facilities in the country had bad infection prevention and control. By combining traditional and modern health practices within the same location, they risked becoming super spreaders of the virus. Secondly, the populations affected by the outbreak were culturally and linguistically diverse, which rendered communication more difficult. Thirdly, as people relied on mobility for their livelihoods, contact tracing and vaccination were not straightforward. Individuals were likely to visit multiple health facilities if they fell ill while travelling, which increased their risk of spreading the disease.

In the light of those complications, WHO was tailoring its response. At-risk health facilities were being monitored and receiving staff training in addition to incentives to encourage best practices. The Organization was supporting community-led efforts to carry out key interventions such as contact tracing, surveillance, reporting of deaths and proactive messaging on the use of therapeutics and the ring vaccination strategy. The International Federation of Red Cross and Red Crescent Societies, the International Committee of the Red Cross, UNICEF, WHO and others were working together to support local authorities. Feedback was being systematically collected, analysed, and incorporated into the response, and community leaders were being encouraged to visit Ebola virus treatment centres to address the concerns of local people.

Currently, over 6000 contacts spread over 15 health zones covering approximately 125 000 square kilometres of land were being followed. Active case finding had been intensified, and some 450 monitoring alerts per day were being investigated. Approximately 69 000 contacts and contacts of contacts had already been vaccinated, including 21 000 front-line workers. Under the leadership of the national reference laboratory in Kinshasa, six testing facilities had been established in Kinshasa, Goma and various centres in North Kivu. Given the acute risk of the disease crossing national borders, WHO currently had 250 staff members working in neighbouring countries. Consequently, an increased number of alerts had been investigated, and large numbers of travellers were being screened at points of entry. For the first time, an Ebola virus disease prevention tool was available in non-affected areas: the vaccination of front-line workers in the high-risk nearby countries of Uganda, Rwanda, Burundi and South Sudan.

WHO and its partners had implemented a “one response” plan, under the exceptional leadership of the Ministry of Health, which had streamlined funding and strengthened coordination. The outbreak was concurrent with outbreaks of multiple other diseases, including vaccine-derived type 2 poliovirus, measles and monkey pox, and those affected by the armed conflict had a variety of health needs. Despite the persistent insecurity, she was confident that WHO could end the outbreak and improve the critical care capacities of the Democratic Republic of the Congo and the surrounding countries.

Lastly, 38 Member States of the African Region had responded to the call to conduct joint external evaluations of their core capacities under the International Health Regulations (2005), and 24 of those were mobilizing resources to fill the gaps identified. She appealed for international support to
supplement the domestic funding that governments were investing in such work, so that countries would be in a better position to deal with outbreaks in the future.

The representative of GERMANY asked how the Secretariat envisaged funding the response to the outbreak beyond January 2019. He sought clarification of whether money had been borrowed from the WHO Contingency Fund for Emergencies to cover the reported shortfall of US$ 12 million in the budget of the current strategic response plan. He requested further information on the proposed date of release of the new strategic response plan, its time frame and its funding.

The representative of IRAQ welcomed progress made in the African Region on strengthening the core capacities required by the International Health Regulations (2005). However, he expressed concern that only 86 countries had undertaken a joint external evaluation and that less than a quarter of Member States had completed national action plans for health security. He wondered whether steps to accelerate progress and partnerships with the World Bank would help to improve the funding situation for countries implementing national action plans. He also asked the Secretariat for its view on the Independent Oversight and Advisory Committee’s recommendation to streamline the process and prioritize short-term planning while developing an investment strategy with medium- and long-term goals.

The representative of the UNITED STATES OF AMERICA sought more information on how WHO was combining efforts to resolve the Ebola virus outbreak in the Democratic Republic of the Congo with its efforts to address other difficulties in the areas affected, such as the vaccine-derived type 2 poliovirus outbreak.

The representative of JAPAN announced that his Government had prepared an additional contribution of US$ 22 million for the WHO Contingency Fund for Emergencies, which was pending parliamentary approval, to support WHO activities and health emergencies, including the response to the Ebola virus disease outbreak.

The representative of FINLAND said that, given the extremely demanding work in the field, engagement with partners and stakeholders with a wide range of expertise at the local, regional and global levels was essential. However, national public health preparedness was also crucial for success. She posed the question of how best to encourage countries to prioritize public health preparedness and development banks to finance such capacity-building. WHO had a clear role and responsibility as the health sector leader in responses to humanitarian crises among the organizations of the United Nations system. She requested the Organization to design, in collaboration with its partners, a process to support countries in capacity-building.

The representative of the REPUBLIC OF KOREA requested further details on the efficacy of the vaccinations being used in the field and in particular of the ring vaccination strategy. He asked when the world could expect a fully licensed Ebola virus disease vaccine.

The representative of the RUSSIAN FEDERATION asked whether WHO intended to use other medicines in the fight against the Ebola virus outbreak. The Russian Federation, for example, had two nationally licensed vaccines. Her country also had mobile teams that had proved themselves internationally with extensive field work experience in combating epidemics. She asked whether WHO intended to make use of such resources from the Russian Federation or any other countries.

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked the Government of Japan for supporting the WHO Contingency Fund for Emergencies. In response to the questions raised by Member States, he confirmed that the funding gap of around US$ 12 million in the current strategic response plan had been bridged using the WHO Contingency Fund for Emergencies. In addition, the United Kingdom had provided interim funding of US$ 3.8 million. The new strategic response plan would be completed and would include a request for approximately US$ 120 million to cover six months, to be released within a matter of days.

The vaccine currently being used had undergone efficacy trials but was still in the process of being licensed. In the meantime, the manufacturer would continue to produce batches of vaccine for use on an investigational basis. He expressed confidence that enough vaccine would be produced to support the ring vaccination strategy. Modelling suggested that ring vaccination was more effective and more efficient than mass vaccination. Other candidate vaccines existed, but none were licensed, and none had associated efficacy trials. WHO had met with several different agencies with vaccines and was considering study protocols, but those would be subject to regulatory and ethical approval.

Broader investment in public health preparedness was needed, as robust emergency response and resilient health systems were two sides of the same coin. Drawing on an example from the Democratic Republic of the Congo, he said that 80% of transmission in the city of Beni had occurred inside the health system, where workers were inadequately protected and trained. On issues of integration of health, he said that mass drug administration for malaria under the leadership of the Government had been successful, and over 300 000 people had been treated for malaria during the concurrent outbreak. However, the question remained of how to strengthen the immunization programme and care for pregnant women and children. Tragically, many more children under 15 years had been infected during the current Ebola virus outbreak than during any other, largely due to health-seeking behaviour.

Multiple calls for assistance had been made to partners around the world and many had responded. Calls were still being put out, and he would be pleased to discuss possibilities with the Russian Federation. He emphasized the need for a stronger epidemic response workforce around the world, and for a managed process, so that governments could successfully coordinate the help offered.

He agreed that the joint external evaluation process of national action plan development should be accelerated. Plans had been put in place to do so in close collaboration with the World Bank and other development banks. Technical capacity was available to support countries in that regard; the difficulty was sustainable funding.

The REGIONAL DIRECTOR FOR AFRICA said that Member States of the African Region, after initial reluctance, had joined the process to evaluate their core capacities and were learning how to take the next step of ensuring that resources were mobilized to implement their national action plans. The Regional Office for Africa was in discussions with the African Development Bank about financing. Heads of State in the Region were also involved, and the Regional Director was working closely with the African Union Commission and Africa Centres for Disease Control and Prevention, which played a role in providing technical support, advocacy and information to Heads of State.

A flagship programme on universal health coverage was being implemented at the country level in collaboration with the WHO Health Emergencies Programme. Work was being carried out to develop tools to ensure that national action plans incorporated the needs of the WHO Health Emergencies Programme to avoid indefinite reliance on international funding and ensure that the Programme was covered by domestic funding. She expressed her determination to build on multisectoral engagement in joint external evaluations by involving ministers of finance and identifying strategies to follow up on the work already accomplished.
At the regional level, the Harmonization for Health in Africa mechanism was coordinating work on outbreaks and discussing collaboration on advocacy. All partners in the mechanism had acknowledged the disorganizing effect of outbreaks on other health issues.

The meeting rose at 12:45.