



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
SPECIAL SESSION ON THE
COVID-19 RESPONSE
GENEVA, 5 and 6 OCTOBER 2020

DECISION

SUMMARY RECORDS

GENEVA
2020

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

A special session on the COVID-19 response was held using a hybrid format at WHO headquarters, Geneva, on 5 and 6 October 2020. The present volume contains the decision and the summary records of the Board's discussions. The list of members and other participants is contained in document EBSS/5/DIV./1 Rev.1.

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 5. Closure of the session
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¹ As adopted by the Executive Board at the first meeting (5 October 2020) of its fifth special session.

² During the opening of the special session of the Executive Board on the COVID-19 response, Member States were also invited to consider the adoption of special procedures.

LIST OF DOCUMENTS

EBSS/5/1 Rev.1	Provisional agenda ¹
EBSS/5/1 (annotated)	Provisional agenda (annotated)
EBSS/5/2	Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response
EBSS/5/3	Update from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response
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EBSS/5/DIV./1 Rev.1	List of members and other participants
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¹ See page vii for the agenda adopted by the Board.

PART I
DECISION

DECISION

EBSS5(1) Special procedures to regulate the conduct of hybrid sessions of the Executive Board

The Executive Board, having considered the report on opening of the session: special procedures,¹ decided:

- (1) to adopt the special procedures to regulate the conduct of hybrid sessions of the Executive Board set out in the Annex to this decision;
- (2) that the aforementioned special procedures shall apply to the fifth special session of the Executive Board, to be held on 5 and 6 October 2020, which will be a hybrid session.

ANNEX

SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF HYBRID SESSIONS OF THE EXECUTIVE BOARD

RULES OF PROCEDURE

1. The Rules of Procedure of the Executive Board shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Executive Board's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 63 of the Rules of Procedure of the Executive Board.²

ATTENDANCE AND QUORUM FOR THE EXECUTIVE BOARD

2. Members of the Executive Board (or another delegate of the Executive Board member's delegation) will, where possible, be physically present in Geneva for the purposes of the session.

3. Attendance by members of the Executive Board who, for any reason, cannot be physically present in Geneva for the purposes of the session, as well as other members of their delegations, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and other participating intergovernmental organizations, shall be provided for through secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the session remotely. Attendance by non-State actors in official relations with WHO shall be through videoconference or other electronic means allowing representatives to hear other participants.

¹ Document EBSS/5/4.

²This will affect notably the relevant provisions of the following Rules of Procedure of the Executive Board as they appear in the 49th edition of Basic documents: Rule 51 (show of hands vote) and Rules 56-61 (secret ballot and elections).

4. It should be noted that virtual attendance of members of the Executive Board shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE EXECUTIVE BOARD

5. Members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and other participating intergovernmental organizations wishing to take the floor should signal their wish to speak. Individual statements by members of the Board will be limited to three minutes. Individual statements by all Member States not represented on the Board and Associate Members will be limited to two minutes. Individual statements by Observers, the invited representatives of United Nations and other participating intergovernmental organizations, will be limited to one minute. Regional and group statements will be limited to four minutes.

6. Members of the Executive Board shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes. Member States not represented on the Board and Associate Members shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than two minutes. Regional and group statements made by means of pre-recorded videos will be limited to four minutes. Pre-recorded video statements should be submitted in advance of the opening of the session, namely, by Friday 2 October at 18:00 (CET). The video statements received in this way will be broadcast at the hybrid session in lieu of a live intervention and will form part of the official records of the session.

7. Any member of the Executive Board wishing to raise a point of order or exercise a right of reply in relation either to an oral statement or to a pre-recorded video statement made at the hybrid session should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to an oral statement or to a pre-recorded video statement made at the hybrid session shall be exercised at the end of the relevant hybrid meeting.

8. It is understood that all participants in the session may submit written statements in accordance with the guidelines on written statements for Member States.¹ Written statements so submitted, however, shall not form part of the official records of the session.

REGISTRATION

9. Online registration will follow normal practice. Additional information is provided in the Circular Letter.

MEETINGS

10. All meetings of the Executive Board shall be held in public, unless otherwise decided by the Executive Board. Hybrid public meetings of the Board shall be broadcast on the WHO website, in line with usual practice.

SUBMISSION OF PROPOSALS FOR RESOLUTIONS AND DECISIONS

11. It should be noted that Rule 32 of the Rules of Procedure of the Executive Board shall continue to apply, whereby proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced no later than 48 hours prior to the opening of the session.

¹ See decision EB146(17) (2020).

DECISION-MAKING

12. All decisions of the Executive Board taken in hybrid meetings should, as far as possible, be taken by consensus. In any event, given the hybrid nature of the session, no decision shall be taken by secret ballot; nor should any decision be taken by a show-of-hands vote, unless a member of the delegation of each member of the Board is physically present in Geneva at the meeting at which the vote is taken.

13. In the event of a vote, it is understood that delegates physically present in Geneva for the purposes of the session are deemed to be duly authorized to speak and vote on behalf of their respective delegations.

14. In the event of a roll-call vote, and in line with normal practice, should any delegate, whether physically present or virtually connected, fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation concerned shall be recorded as absent.

LANGUAGES

15. It should be noted that, Rule 26 of the Rules of Procedure of the Executive Board shall continue to apply, whereby speeches made in an official language shall be interpreted into the other official languages.

PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE

16. The special procedures to regulate the conduct of hybrid sessions of the Executive Board set out above shall apply *mutatis mutandis* to hybrid meetings of the Programme, Budget and Administration Committee of the Executive Board, taking into consideration the composition of the Committee, with the following exceptions: deliberations of the Programme, Budget and Administration Committee in the hybrid meetings shall be based on consensus; only Member States and observers as identified in decision EB146(5) may attend meetings of the Programme, Budget and Administration Committee; and regarding speaking by observers, in exceptional cases where the Chair determines that the efficient and effective conduct of the Committee's business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.

(First meeting, 5 October 2020)

PART II

SUMMARY RECORDS

SUMMARY RECORDS

FIRST MEETING

Monday, 5 October 2020, at 12:20

Chair: Dr H. VARDHAN (India)

1. OPENING OF THE SESSION: Item 1 of the provisional agenda (document EBSS/5/4)

Opening of the session

The CHAIR declared open the special session of the Executive Board, which, in the context of the pandemic of coronavirus disease (COVID-19), the Board had agreed would take place using a hybrid format. He welcomed all participants, in particular the new Board members: Ms Caroline Edwards (Australia), Dr Enrique Paris Mancilla (Chile), Dr Franck C.S. Anthony (Guyana), Dr Janil Puthuchery (Singapore) and Dr Faical Ben Salah (Tunisia).

Organization of work

The CHAIR invited the Board to consider the special procedures to regulate the conduct of the hybrid sessions of the Executive Board, contained in document EBSS/5/4. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

Election of Vice-Chair

The CHAIR drew attention to a proposal by the Member States of the Region of the Americas to elect Dr Anthony (Guyana) as Vice-Chair of the Executive Board, replacing Ms Volda Lawrence (Guyana), who was no longer able to serve in the role. He took it that the proposal was acceptable to the Board.

It was so agreed.

2. ADOPTION OF THE AGENDA AND METHOD OF WORK: Item 2 of the provisional agenda (documents EBSS/5/1 Rev.1 and EBSS/5/1 (annotated))

The CHAIR said that the Director-General had convened the special session in accordance with Rule 6 of the Rules of Procedure of the Executive Board, with a view to taking the measures necessary to ensure the full and effective implementation of the terms of resolution WHA73.1 (2020) on the COVID-19 response.

¹ Decision EBSS5(1).

The agenda was adopted.¹

The representative of GERMANY, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the fifth special session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

The representative of AUSTRIA said that it was unfortunate that there had been no special session on the COVID-19 pandemic earlier in the year, given that the Board should be taking an active leadership role and guiding Member States through the pandemic. He called on the Chair to convene a retreat session exclusively for Board members so that they could focus on matters relating to the COVID-19 response and look at ways to strengthen the Board's core governance role.

3. UPDATE ON IMPLEMENTATION OF RESOLUTION WHA73.1 (2020) ON THE COVID-19 RESPONSE: Item 3 of the agenda (document EBSS/5/2)

The DIRECTOR-GENERAL invited the Board to stand in silence to honour those who had died due to COVID-19.

The Board stood in silence.

The DIRECTOR-GENERAL said that it was important to remember that not all countries had been affected by, or had responded to, the COVID-19 pandemic in the same way. However, it was clear that, across all regions, strong leadership, clear and comprehensive strategies, consistent communication, and an engaged, empowered and enabled population had been key factors in tackling the pandemic. From the outset, WHO had worked tirelessly to support countries in their response to the COVID-19 pandemic. In the African Region, for example, it had worked to expand testing capacity, with all countries able to conduct tests by mid-June 2020. WHO had also distributed millions of tests to more than 150 countries worldwide, playing a key coordinating role. WHO had published more than 400 guidance documents for a range of audiences and provided free training on COVID-19 to millions of people, through 133 courses in 41 languages accessible via its online training platform, which would serve as a proof of concept for the new WHO Academy. The groundbreaking WHO COVID-19 Partners Platform, linking more than 600 partners and 74 donors, had also helped to match Member States' needs with the resources available. In addition, operational and technical support missions had been deployed to more than 130 countries, and 177 countries and territories had received medical supplies thanks to WHO's efforts. To date, more than 12 000 patients had been enrolled in the WHO Solidarity clinical trial.

WHO had been working with partners to accelerate research and development for COVID-19 and ensure the fair distribution of related diagnostics, therapeutics and vaccines. The Access to COVID-19 Tools (ACT) Accelerator was delivering tangible results in that regard. The previous week, WHO had

¹ See page vii.

reached an agreement with its partners to make 120 million new rapid tests available to low- and middle-income countries, and the Organization had also taken swift action to secure critical supplies of dexamethasone for patients in low-income countries. In addition, COVAX, the vaccines pillar of the ACT-Accelerator, was supporting the development of nine vaccines, with more in the pipeline, and discussions were under way for more countries to become involved in the COVID-19 Vaccine Global Access (COVAX) Facility, which already represented more than two-thirds of the world's population.

Everything that had been achieved so far was largely thanks to the collective efforts and strengths of WHO and its partners across the United Nations system and beyond, and to the expertise and funding provided by Member States. The WHO transformation process had also enhanced the Organization's agility and responsiveness. The newly formed Science Division, for instance, had brought together researchers from around the world to identify priorities, initiated the Solidarity clinical trial and provided quality assurance for WHO's scientific publications and guidance, while the new Division of Emergency Preparedness had developed the COVID-19 Partners Platform and was supporting national COVID-19 intra-action reviews. The pandemic was a powerful demonstration of how the triple billion targets were interlinked and why it was so important to invest in health systems.

Reiterating the Organization's commitment to accountability and continuous improvement, he said that he looked forward to learning from the findings and recommendations of the reviews conducted by the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. He welcomed the suggestions made by certain Member States on how to strengthen the global emergency preparedness and response system and encouraged other Member States to put forward their ideas. The Organization would also take into account the United Nations Human Rights Council process of universal periodic review as part of its efforts to create a more robust system of peer review and mutual accountability. An investigation had been launched into the reports of alleged sexual exploitation and abuse by people who had identified themselves as working for WHO in the Democratic Republic of the Congo, and more information on that investigation would be made available in due course.

Over the coming months, the three main priorities in tackling the COVID-19 pandemic would be: to use the ACT-Accelerator to its full potential and address its funding shortfall, which stood at US\$ 34 billion, with US\$ 14 billion needed urgently in 2020; to continue making use of the tools available to overcome the pandemic; and to ensure global solidarity since it would only be possible to beat the pandemic if all Member States worked together. He expressed his appreciation for the tireless efforts of health workers around the world.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), noting the significant differences in the epidemiology of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) both across and within countries and the tragic milestone of one million reported deaths from COVID-19, said that it was estimated that around 10% of the global population had been infected by the virus, which meant that the vast majority of people remained at risk. WHO was in a strong position to achieve the goals set out in its COVID-19 Strategic Preparedness and Response Plan. That was in part owing to the WHO transformation process, which had put countries and communities at the heart of response efforts and had led to the creation of organizational divisions and other initiatives that had played a key role in tackling the COVID-19 pandemic. Furthermore, the Organization had fully implemented its Emergency Response Framework and made use of its internal surge capacity, with over 360 technical staff members directly supporting the response and hundreds more involved indirectly. In addition, close to 2000 consultants had been hired, with 1500 deployed at the country level and the remaining 500 working either at the international or the regional level.

To date, more than 170 Member States had developed COVID-19 national preparedness and response plans that were aligned with WHO's Strategic Preparedness and Response Plan, thanks in large part to the leadership and engagement of WHO's regional directors. In addition, 111 Member States had engaged with the COVID-19 Partners Platform to plan or coordinate their response or request resources. WHO's Strategic Preparedness and Response Plan had received close to US\$ 1.5 billion in funding from

more than 70 donors, with 90% of that amount used to support activities at the regional and country levels. WHO had also worked with the United Nations Foundation to launch the COVID-19 Solidarity Response Fund, which had so far raised US\$ 224 million from close to 560 000 individuals, companies and philanthropic institutions.

In terms of United Nations-wide coordination, the United Nations Crisis Management Team, which was chaired by WHO, had met 27 times and established nine workstreams. A preliminary review of the Team's work had recently been completed and a more in-depth review would be carried out in due course. WHO was also working closely with the United Nations Development Coordination Office, the Inter-Agency Standing Committee and other partners to support Member States in their response. Furthermore, the Global Health Cluster had played a major role in protecting the vulnerable, particularly in countries affected by humanitarian crises, and in tailoring public health and social preparedness and response actions to low-capacity and humanitarian settings.

Drawing on its core strength as a technical and normative agency, as well as its international network and strong national ties, WHO had been able to rapidly gather evidence and produce a wealth of guidance documents on all aspects of COVID-19 preparedness and response and maintaining essential health services. Those documents were constantly reviewed and updated in the light of new evidence and adapted by regional and country offices. The Science Division had played a key role in ensuring that high-quality guidance was provided in a timely manner, as had the newly established Publication Review Committee.

WHO continued to collate, validate, analyse and disseminate data concerning new daily cases and deaths. Those data were routinely published through a wealth of regional and country-specific reports and dashboards as well as globally via the WHO COVID-19 dashboard. The WHO Unity studies on sero-epidemiology provided Member States with information about the key drivers of COVID-19 transmission. To date, Unity study protocols were being implemented by 50 Member States, 58% of which were low- or middle-income countries, further underscoring the need to focus on impact at the country level in line with Thirteenth General Programme of Work, 2019–2023.

In terms of technical support, laboratory capacities had been strengthened around the world through the provision of testing products and training. Even though resources were often limited, regional offices had conducted 106 technical support missions to provide further assistance to Member States where needed, particularly with regard to surveillance and laboratory expertise, highlighting the vital role that regional offices and platforms had played in response efforts. Substantial operational support had also been provided to countries through the Global Outbreak Alert and Response Network, which had deployed 143 experts in 2020, and the emergency medical teams network, which had conducted 50 international medical missions and supported or provided training to 670 local medical teams.

It was essential to manage the COVID-19 infodemic and ensure that WHO remained an authoritative and reliable source of information on the subject. WHO had worked closely with the United Nations Under-Secretary-General for Global Communications on the "Verified" initiative to ensure that verified facts about the COVID-19 pandemic flooded the digital space. The WHO Information Network for Epidemics (EPI-WIN) platform had been deployed to promote the adoption of healthy behaviours during the pandemic and to mitigate the risk of harm from misinformation and disinformation by offering access to timely, accurate and clear information and advice relating to COVID-19 from trusted sources. The Collective Service, a new partnership for strengthening risk communication and community engagement in public health and humanitarian emergencies, was also being used to gather data on the general public's perceptions of and insights into the COVID-19 response and health messaging, with a view to amplifying the voice of communities and taking their views into account in the response decision-making process.

The United Nations COVID-19 Supply Chain System had been crucial in standardizing technical specifications and supporting Member States to define their needs, helping to smooth out major market distortions, enhance the delivery of quality-assured supplies, and ultimately reduce mortality. A newly formed global network of engineering and architectural companies from around the world had also been assisting countries in designing and adapting health facilities in the light of the pandemic. In terms of

protecting essential health services, the Secretariat was working in partnership with many Member States to develop technical and operational guidance on how to maintain high-quality essential services during the pandemic. More work would be done in that regard in the coming weeks and months.

Global research and development had risen to the challenge of COVID-19, thanks largely to the ACT-Accelerator, which was driving unprecedented collaboration around the world. The WHO Solidarity trial, which involved 12 000 patients across 500 participating sites, was a good illustration of the benefits of WHO's broad approach to research and development; it had already changed clinical practice, ruled out several unsuccessful treatments and confirmed other successful treatment options. There were plans to use that same platform for candidate vaccines in due course.

Working with FAO, OIE and UNEP, WHO had issued guidance on how to reduce the risk of transmission of emerging zoonoses in traditional food markets and would shortly publish further guidance on how to improve the safety of traditional food markets. It had also been working closely with the Chinese authorities to identify the zoonotic origin of SARS-CoV-2. An advance team of experts had been deployed to China in July 2020, and WHO had subsequently drawn up a list of candidates to join the upcoming international expert mission; that list had been submitted to the Chinese authorities, and other preparations for the mission were also under way.

While progress had been made in a number of areas, funding remained a major challenge, especially when it came to financing immediate scale-up needs and the longer-term costs of distributing vaccines. Knowledge of the virus needed to be backed by good governance, strong policy, coordination, financing, coordinated research, coherent strategies and access to data, health care, and the tools that had proved effective against COVID-19. The focus going forward should be on continuing to prepare for and respond to the pandemic, ensuring equitable access to COVID-19 tools and products and strengthening health systems in the short and medium term. Those activities needed to be addressed in line with the Thirteenth General Programme of Work, 2019–2023, and adopted across the wider United Nations system in order to achieve the Sustainable Development Goals and other related targets.

The representative of CHILE outlined the multisectoral approach taken by his Government to respond to the COVID-19 pandemic in accordance with WHO guidance. His Government had joined the COVAX Facility, was providing epidemiological data to WHO in line with the International Health Regulations (2005), and was coordinating with other Member States in the region. In addition, his Government had drafted a document containing recommendations from a number of Member States on how to enhance global pandemic preparedness and response capacities and improve the global health system in order to strengthen WHO's work. The document, which had been supported by Bolivia (Plurinational State of), Ecuador, Peru and Uruguay, had been submitted to the Director-General, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Panel for Pandemic Preparedness and Response for consideration. He hoped that it would serve as a basis for future discussions and recommendations.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries, North Macedonia, Montenegro and Albania, as well as the Republic of Moldova, aligned themselves with his statement. He noted that it was important for the Board to fulfil its constitutional role by reviewing the progress made in implementing resolution WHA73.1 and providing guidance for and oversight of the work of the Secretariat. He welcomed the report and the progress made in investigating the zoonotic source of the virus and called for the planned expert mission to China to be deployed rapidly. The European Union, which had helped to establish and co-hosted the ACT-Accelerator, had advocated for the inclusion of a health systems strengthening connector pillar to ensure that COVID-19 vaccines, diagnostics and therapeutics could be properly distributed within countries. The European Union would continue to demonstrate global solidarity by increasing its funding to help to contain the virus in the most fragile and vulnerable contexts, including in humanitarian settings. He attached great importance to the outcome of the evaluations of the COVID-19 response and expected the final reports to be independent, evidence-based and of the highest possible quality.

Despite the pandemic, it was important to continue working towards universal health coverage and healthier populations, in keeping with the Thirteenth General Programme of Work, 2019–2023, and the 2030 Agenda for Sustainable Development. Going forward, there was a need for greater preparedness and efforts to enable WHO to fulfil its mandate of ensuring global health security. All Member States should work to strengthen WHO by increasing their political support, technical cooperation and sustainable financing. Accountability, compliance with the International Health Regulations (2005) and addressing structural challenges were key elements in that regard.

Noting that WHO reforms needed to focus on the role of Member States and the Secretariat, he proposed that the European Union should launch an inclusive process to consider the reform-related recommendations in close cooperation with the evaluation and review mechanisms and bearing in mind resolution EB146.10 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), which was due to be adopted by the Health Assembly at its resumed Seventy-third session. The aim leading up to the 148th session of the Executive Board should be to start building consensus among WHO Member States on concrete ways to strengthen WHO's role in global health emergency preparedness and response, with a focus on actions that could be implemented in the short term. It was important not to wait for the crisis to pass before considering such reforms, as that could lead to the process being neglected.

The representative of ARGENTINA said that her Government had been taking part in the WHO Solidarity clinical trial on therapeutics, was supporting global initiatives such as the ACT-Accelerator and the COVAX Facility, and had expressed an interest in participating in the Solidarity trial for COVID-19 vaccines. Her Government was involved in the phase 3 clinical trials for three candidate vaccines, and a laboratory in her country would be involved in producing one of those vaccines for countries in the region. Her Government had also taken steps to strengthen prevention, detection and response capacities at the national level. Noting that WHO had played a crucial coordination and technical role in the pandemic response, she reiterated her Government's commitment to global solidarity and called on the international community to share collective responsibility for tackling the pandemic.

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic should not cause setbacks on other public health efforts. It was essential for all Member States to provide accurate, complete and timely information on outbreaks and potential health emergencies, as required by the International Health Regulations (2005). His Government had worked closely with other G7 countries to develop a road map for WHO reform with recommendations on how to strengthen WHO by increasing its accountability, transparency and overall effectiveness, and by promoting Member States' shared accountability. He welcomed all good faith efforts made by Member States, who shared the same goal of reforming WHO, tackling the COVID-19 pandemic and preparing for future outbreaks. It was critical that all Member States received regular and timely updates on WHO's work to identify the zoonotic source of SARS-CoV-2 and route of introduction to the human population, including the terms of reference for field missions. That would ensure that all Member States were engaged in the process and could be confident about its outcomes. He expressed support for the proposal made by the representative of Austria for the Board to hold a retreat session. A strong Executive Board was vital to increase the transparency, accountability and effectiveness of the entire Organization.

The representative of AUSTRALIA commended WHO's Division of Pacific Technical Support for leading a coordinated response to strengthen capacities in the Indo-Pacific region. Focusing on the COVID-19 response should not lead to an increase in other health risks: efforts should be made to promote strong health systems that supported health care workers, addressed the health needs of the most vulnerable, including indigenous and older persons, and ensured access to high-quality services including those focused on noncommunicable diseases and palliative care. In that respect, WHO's support for the continued safe functioning of health systems was of fundamental importance.

Noting with concern that 30% of the critical positions within the WHO Health Emergencies Programme had not been filled, she said that it was crucial to ensure that the Programme was sustainably financed and had a skilled workforce. A more sustainable and coordinated global approach to funding was needed to support emergency response activities. WHO's work on the ACT-Accelerator was commendable, and her Government had joined the COVAX Facility and contributed to the Gavi COVAX Advance Market Commitment. She encouraged WHO, OIE and FAO to work closely to identify the zoonotic source of the virus and to ensure that their guidance would reduce the risk of pandemics resulting from human and animal interaction. Transparency in that regard was critical, and she looked forward to learning more about the composition and programme of work of the international expert mission to China. WHO needed to continue to ensure a collective response to the COVID-19 pandemic, strengthen preparedness and prevention, and be as transparent as possible in its work.

The representative of AUSTRIA said that an objective evaluation of WHO's response to the pandemic would be key to informing future actions. He looked forward to the briefing by, and constructive dialogue with, the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response in that respect. Noting that the Board played a vital role in providing guidance on the evaluation process, he said that it was essential to ensure that the evaluation process was transparent and that all Member States were given the chance to contribute. He welcomed the weekly virtual Member State briefings and stated that the transparency and excellent communication demonstrated by the Regional Office for Europe served as an example of best practice in crisis management.

WHO was currently being politically weakened at a time when it was trying to focus on the COVID-19 response. The potential withdrawal of a strong Member State would lead to a considerable reduction in the Organization's resources. He asked the Secretariat to share the findings and recommendations of the task force that had been set up to consider the financial consequences of that potential withdrawal.

He said that it could not be denied that WHO and the Director-General had responded well and in a timely manner at the start of the pandemic. However, he expressed concern about the progress made on ensuring that COVID-19 vaccines were a global public good and on the related intellectual property matters. He also raised concerns about the managerial capacities of Gavi, the Vaccine Alliance, in ensuring global access to vaccines and the lack of global leadership on travel restrictions, which was hurting international trade and the travel industry. While the Director-General had worked hard to provide the relevant information, that could not serve as a substitute for consultation with the Organization's governing bodies.

The representative of ROMANIA, outlining the measures taken at the national level to contain the virus, said that it was important to evaluate the COVID-19 response thus far and learn from that experience in order to prepare for the challenges to come. He welcomed the creation of the Independent Panel for Pandemic Preparedness and Response, which would help to strengthen Member States' preparedness and response capacities. The Board should be actively involved in any decisions arising out of the evaluation process. Appropriate consultation with Member States and a transparent dialogue would strengthen WHO's credibility. His Government would continue to show solidarity by contributing to efforts to ensure global access to safe and effective COVID-19 vaccines, such as the ACT-Accelerator and the COVAX Facility.

The representative of the RUSSIAN FEDERATION said that, in the context of resolution WHA73.1 and the need for mass mobilization to prevent, contain and stop the transmission of COVID-19, barriers should be removed to rapid and equitable access to the necessary safe, effective and quality medicines and medical products. Recognizing the role of WHO as the coordinator of international efforts to respond to COVID-19, she called for the Organization's role in international cooperation in health care to be further strengthened. The comprehensive measures taken by WHO to overcome the pandemic showed that it had acted in a timely and professional manner. She recognized the progress made on the implementation of the WHO's Strategic Preparedness and Response Plan and

welcomed WHO initiatives to consolidate international efforts, particularly the WHO Solidarity clinical trial and ACT-Accelerator.

Unsubstantiated accusations made by States against WHO, including of the concealment of important information in the early stages of the pandemic, were unacceptable. International cooperation in health care should not be politicized. Steps to undermine WHO harmed multilateral efforts to control the pandemic and should be condemned in the evaluation of the WHO-coordinated international health response. The Executive Board should carefully analyse the legal, procedural, administrative, financial and other consequences of the withdrawal of the United States of America from WHO, and make the appropriate decisions.

Her Government had provided financial support and expertise to WHO from the start of the COVID-19 pandemic, taken action to prevent the spread of the virus, developed innovative medicines and the first vaccine for COVID-19, and had requested that vaccine's inclusion on the list of medicines approved for use in emergency situations. Member States should be provided with a plan for the impartial, independent and comprehensive evaluation, that included proposals on procedure and the drafting of conclusions.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, praised WHO for its leadership in coordinating the COVID-19 response and for involving all stakeholders through the various COVID-19 platforms and mechanisms that had been established. The WHO COVID-19 Partners Platform, in particular, had ensured that Member States received technical and financial support in drawing up their national COVID-19 response plans. Thanks to WHO's support, all Member States in the African Region currently had laboratories with the necessary testing capacities. He called on WHO to step up its support so that Member States could increase their core capacities in line with the International Health Regulations (2005).

He urged WHO to continue working with all stakeholders to address the economic and development-related consequences of the pandemic, especially in countries with limited resources or with less resilient health systems. The guidance on maintaining essential health services had helped numerous African countries to press ahead with other important health programmes, including for universal health coverage. He called for greater investment in health systems, an increase in development aid and enhanced international cooperation on resource mobilization. There also needed to be greater international cooperation when it came to intellectual property and technology transfer for the production of COVID-19 products and equipment, which should be distributed to all countries in an equitable and transparent manner. The pandemic had revealed the inequalities both across and within countries, and he called on WHO to advocate for greater support for economies in difficulty, particularly through debt cancellation mechanisms. He called for global solidarity and stressed the importance of meeting all the requirements of resolution WHA73.1.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the economic, social and political impacts of the pandemic were a major concern. The issues of COVID-19 fatigue and misinformation needed to be effectively addressed, as they were contributing to the renewed rise in the number of cases in the region, as was the slow progress on scaling up key measures such as testing and contact tracing. More support was needed from WHO to help to strengthen Member States' technical and response capacities, particularly in countries where more rapid response teams and supplies were needed.

Seven countries in the region were engaged in the phase 3 clinical trials of COVID-19 candidate vaccines. It would be essential to ensure the fair and equitable distribution of COVID-19 vaccines to all health workers and all countries in the region, especially those with a greater number of vulnerable populations exposed to famine, natural disasters, political conflicts and other disease outbreaks. He also urged WHO to increase its support to Member States to ensure that essential health services could be maintained. He reiterated his commitment to working with other Member States and emphasized the need to put political and other differences aside in order to respond effectively to the pandemic.

The representative of CHINA welcomed the update on the implementation of resolution WHA73.1 and the global situation, and expressed appreciation for the work on WHO's Strategic Preparedness and Response Plan. The efforts to strengthen cooperation among United Nations organizations and other multilateral organizations was also welcome, as were the steps taken by WHO to help countries to respond to the COVID-19 pandemic through the core capacities under the International Health Regulations (2005), including by making platforms and emergency medical team networks available to support countries in need.

All stakeholders should support WHO's efforts to develop standardized products and technical guidelines in response to COVID-19, and its work to counter misinformation, false information and malicious activity on the Internet. Her Government had always been transparent and responsible when fulfilling its international obligations, and continued to provide financial support for the implementation of resolution WHA73.1, maintain close communication with all levels of the Organization and participate in a number of scientific endeavours on the prevention and control of COVID-19. The current situation was a cause of concern, since the northern hemisphere was entering a period with a high incidence of respiratory disease. All stakeholders should support WHO to play a leading role in overcoming the pandemic, and strengthen their cooperation to meet the challenges ahead.

The representative of SUDAN said that the COVID-19 pandemic had hindered efforts in his country to deliver integrated primary health care and universal health coverage. Disruptions to routine services had resulted in delays in poliomyelitis case detection and a significant drop in immunization coverage, which had led to a poliomyelitis outbreak in his country. He urged WHO to take steps to support his Government in controlling the current outbreak and strengthening reproductive, maternal, newborn, child and adolescent health services. The negative consequences of the pandemic had been compounded by floods that had devastated his country; he called for global solidarity and support in responding to that crisis and in building a road map for post-pandemic recovery.

Welcoming the efforts made to ensure the accelerated development, effective regulation and optimal allocation of vaccines, he said that solidarity and a focus on country-specific needs should be central components of the COVAX Facility. Noting the tremendous challenges faced by the health workforce in his country, he called on WHO, at all three levels of the Organization, to support the development of policies and other efforts to strengthen the health workforce, including for emergency response, and coordination mechanisms. It was important to ensure emergency preparedness in developing countries by strengthening capacities and mobilizing appropriate resources.

The representative of ISRAEL expressed support for the informative weekly Member State briefings. His Government was proud to be part of the COVAX Facility and supported the goal of ensuring fair and equitable access to COVID-19 vaccines. Member States needed to work together to ensure that the Facility operated in a fair, comprehensive, efficient and timely manner. While the independent evaluation process was essential for ensuring accountability, it was important to ensure efficiency and avoid duplication between the work of the review committees involved. There also needed to be more frequent opportunities for inclusive consultations with Member States. He hoped that the Secretariat would facilitate discussions on the global allocation framework for COVID-19 vaccines and the WHO reform process.

The representative of BANGLADESH, outlining the measures taken at the national level to respond to the COVID-19 pandemic, called on WHO to continue to advocate for equitable and affordable access to COVID-19 medicines and vaccines. The pandemic had exposed gaps in efforts to build an effective and robust global health system, and stronger international partnerships were needed to support low- and middle-income countries in that regard. He called on WHO to assess the effects of COVID-19 on mental health and to help Member States in addressing that issue. The pandemic should not divert attention and resources away from long-term development needs and the 2030 Agenda for Sustainable Development. Priority should still be given to ensuring universal health coverage and nutrition for all.

The representative of BOTSWANA, outlining the key aspects of his country's COVID-19 response, welcomed WHO's guidance and support in maintaining essential health services and the Organization's close monitoring of the pandemic's impact on the delivery of essential health services. Resources and policies needed to focus on strengthening health systems, particularly in settings where resources were limited. He expressed appreciation for the WHO's work to ensure equitable access to affordable diagnostics, therapeutics, medicines and vaccines for COVID-19 and was confident that the Secretariat would continue working closely with Member States in that regard. His Government stood ready to continue collaborating with the Secretariat, other Member States and global health partners in response to the COVID-19 pandemic.

The meeting rose at 15:00.

SECOND MEETING

Monday, 5 October 2020, at 16:05

Chair: Dr H. VARDHAN (India)

1. UPDATE ON IMPLEMENTATION OF RESOLUTION WHA73.1 (2020) ON THE COVID-19 RESPONSE: Item 3 of the agenda (document EBSS/5/2) (continued)

The representative of GHANA expressed support for the call for Member States to act in accordance with the International Health Regulations (2005) and welcomed the initiatives designed to contain and control the coronavirus disease (COVID-19) pandemic. He encouraged Member States to sign up to the Access to COVID-19 Tools (ACT) Accelerator initiative and thereby support WHO's role as the catalyst and coordinator of the global COVID-19 response. At the national level, the measures taken by his Government in response to the pandemic included adopting a clear communication strategy, implementing a phased lockdown and expanding testing and contact tracing programmes.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government would substantially increase its flexible funding to WHO, 30% of which would be linked to reforms, including for pandemic preparedness and response, and he called on other Member States to do likewise. In that context, he wished to know what progress had been made on reform efforts, such as introducing an intermediate-level public health alert and a universal periodic review system, and how Member States could support that work. WHO should prioritize the collection of scientific evidence to improve its response to COVID-19 and future outbreaks, and regularly update Member States on such efforts. His Government had pledged £571 million to COVAX, the vaccines pillar of the ACT-Accelerator, £500 million of which would directly support developing countries' access to vaccines. He would welcome information on how WHO would lead efforts to ensure the continued delivery of essential health services in the next stages of the pandemic. His Government was deeply concerned about recent allegations of sexual exploitation and abuse made against WHO staff members responding to the outbreak of Ebola virus disease in the Democratic Republic of the Congo. He welcomed the Director-General's commitment to investigating the allegations and to ensuring that WHO's systems for preventing such incidents were fully put into effect.

The representative of TUNISIA commended WHO for its coordination of the global COVID-19 response and for the partnerships and other instruments it had established in that regard; she was particularly grateful for the support provided to countries with limited resources. Noting her willingness to work with countries to establish a cooperative, multilateral response framework, she said that her Government had co-drafted United Nations Security Council resolution 2532 (2020), which was aimed at strengthening cooperation to overcome the challenges of the crisis.

The representative of the REPUBLIC OF KOREA said that his Government had been actively participating in the ACT-Accelerator, including the ACT-Accelerator Facilitation Council and the COVID-19 Vaccine Global Access (COVAX) Facility. The recent inclusion of a rapid antigen test developed in his country in WHO's Emergency Use Listing for in vitro diagnostics detecting severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had been an important step in ensuring access to diagnostic tools. He hoped that discussions on ensuring the equitable distribution of essential COVID-19 health technologies would continue. He also called for further discussion on the creation of a multiple-level alert system for health emergencies and on solutions to ensure that people could

continue to travel for humanitarian and economic purposes during pandemics. He looked forward to receiving a detailed update on the implementation of resolution WHA73.1 (2020) at the 148th session of the Executive Board and the Seventy-fourth World Health Assembly.

The representative of ISRAEL, speaking on behalf of Australia, Chile, Japan, New Zealand, the Republic of Korea, Singapore, Switzerland and the United Kingdom of Great Britain and Northern Ireland, said that she supported vaccine multilateralism and the goal of ensuring affordable, fair and equitable access to safe and effective COVID-19 vaccines for all. She commended WHO for its collaboration with the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance, and welcomed the establishment of a global allocation framework and mechanism for COVID-19 vaccines. She wished to know whether parts of the framework would be further developed, and if so, how Member States would be involved in that process. It would similarly be useful to learn how the methodology for risk assessment in phase two of the allocation mechanism would be devised and agreed upon, ensuring both the transparency and relevance of threat and vulnerability indicators, and what the composition and mandate of the mechanism's governance bodies would be. She also requested further information on what steps would be taken to avoid duplication in governance structures across the COVAX Facility initiative and how COVAX Facility shareholders and Gavi COVAX Advance Market Commitment eligible economies would be involved in the design of the allocation mechanism. She proposed holding a dedicated interactive session on the global allocation framework with COVAX Facility shareholders and Gavi COVAX Advance Market Commitment eligible economies, and looked forward to receiving further information on how the vaccine allocation mechanism would be put into operation.

The representative of INDIA said that his Government had implemented a national action plan to ensure equitable access to health care during the COVID-19 pandemic and had provided medicines and medical supplies to around 150 countries. Preparedness and response at the global level were crucial for global health security. COVID-19 had exposed weaknesses in global preparedness and response systems, including those of WHO, which needed to be strengthened through international collaboration. WHO must be ready to respond to emerging public health concerns, issue timely warnings, use all the provisions of the International Health Regulations (2005), propose interventions and guide countries to effectively address future pandemics. To that end, his Government expected proactive, decisive and evidence-based guidance from WHO. Member States had a collective responsibility to make WHO stronger and more accountable in the interest of future generations. It was essential that WHO establish a robust mechanism for affordable and equitable access to COVID-19 vaccines, diagnostics and therapeutics.

The representative of TONGA, speaking on behalf of the Pacific island States, thanked the WHO Regional Director for the Western Pacific for his invaluable support during the COVID-19 pandemic. She said that while 14 Pacific island States remained free of COVID-19 transmission, a precautionary approach to opening borders had been adopted given the lower thresholds for exceeding national health system capabilities across the Pacific island States.

Outlining the actions taken at the national level to ensure effective treatment and testing of COVID-19, she said that her Government had been working on engaging and empowering the population and building sustainable partnerships throughout the pandemic. It had taken steps to ensure that health services, particularly in the area of noncommunicable diseases, were not disrupted, while strengthening the broader health care system to better respond to future outbreaks and continuing to work towards universal health coverage. In respect of the global COVID-19 response, Member States should not be intimidated by the challenges of misinformation; they should continue to uphold the highest professional and ethical standards to protect the most vulnerable members of society.

The representative of INDONESIA said that WHO should promote global solidarity and cooperation, including across the United Nations system. It was critical to empower local health authorities and pursue efforts that ensure equitable and affordable access to COVID-19 tools in a timely

and transparent manner. Such efforts would promote global ownership of the ACT-Accelerator and COVID-19 Technology Access Pool and help to remove existing barriers affecting the production of COVID-19 tools and their supply chains. WHO should encourage and facilitate the scaling up of national capacities to produce COVID-19 tools that met national and regional needs. To better prevent, detect and respond to health emergencies, Member States should reaffirm their commitment to implementing WHO health protocols and the International Health Regulations (2005). In that regard, he supported the evaluation of countries' core capacities and the use of peer reviews as a way of building stronger and more effective early warning systems and compliance mechanisms. Action should also be taken to strengthen global solidarity and enhance stakeholder engagement.

The representative of KENYA said that his Government had taken a whole-of-government and whole-of-society approach to ensuring risk communication and community engagement and the prompt detection, prevention and control of COVID-19 cases. He requested the Director-General to provide an update on the steps taken to develop options for scaling up the manufacture of COVID-19 diagnostics, therapeutics, medicines and vaccines, and called for greater support from WHO for low- and middle-income countries. The Director-General must continue to uphold transparency and equity in WHO's decision-making processes and use existing governance structures to promote ownership of those processes. He reaffirmed his support for WHO and multilateralism.

The representative of FINLAND said that the pandemic had tested national leadership, WHO, the United Nations system, and global solidarity as a whole. She hoped that the new and transformative models of cooperation would have a lasting impact on global health. Cooperation was essential to share information, pool resources and expertise, strengthen evidence-based decision-making and protect vulnerable people. The pandemic had demonstrated the importance of investing in disease prevention and health promotion, health systems strengthening, essential health services and social protection. All Member States should recognize the economic benefits of protecting the health of their populations and work to ensure that they had the appropriate health emergency legislation, structures and plans in place.

The representative of SINGAPORE said that the WHO press and Member State briefings had been useful in keeping the world informed, providing transparency and inspiring confidence. As a member of the ACT-Accelerator Facilitation Council and co-chair of the Friends of the COVAX Facility, his Government strongly supported vaccine multilateralism and the goal of ensuring affordable, fair and equitable access to safe and effective COVID-19 vaccines for all. Effective outcomes in all pillars of the ACT-Accelerator were critical to overcoming the pandemic. He remained in favour of a collective, international COVID-19 response coordinated by WHO.

The representative of GUYANA thanked the Secretariat for its timely technical updates, guidelines and resources, which had helped his Government to strengthen its COVID-19 response. He welcomed the ACT-Accelerator target of providing two billion COVID-19 vaccine doses to high-, middle- and low-income countries by the end of 2021, and was pleased that through its COVAX Advance Market Commitment, Gavi, the Vaccine Alliance, would be assisting developing countries in accessing the vaccines. His Government looked forward to further collaborating with WHO and other partners on response efforts.

The representative of COLOMBIA said that his Government stood ready to support the strengthening and transformation of WHO to improve preparedness for future health emergencies. He underlined the importance of continued technical support from WHO in the development and dissemination of guidelines and technical documents. His Government was actively participating in the WHO Solidarity clinical trial and ACT-Accelerator but recognized the significant challenges that remained in ensuring equitable access to vaccines and therapeutics, the provision of essential health services and primary health care, and epidemiological surveillance. In responding to the pandemic, WHO should not ignore its other strategic priorities. The pandemic had provided an opportunity for

Member States to put health services at the centre of their economic, social and financial policies and to build more resilient health systems. Global solidarity would be critical in that regard.

The representative of JAMAICA¹ said that response measures in her country had included increased investment in the health sector, particularly in terms of medical supplies and testing, and financial support for vulnerable groups. She commended WHO for its transformation efforts and for raising critical funds for the COVID-19 response. All Member States should support multilateral efforts to accelerate the development of, and ensure equitable access to, affordable and effective COVID-19 vaccines.

The representative of THAILAND,¹ expressing concern about Member States' decreasing recognition of WHO's normative work, said that the Organization had to find ways to rebuild trust. WHO, through its country offices, should support Member States in providing accurate and timely information to the public. The crisis had provided an opportunity to motivate Member States to invest in health systems strengthening and universal health coverage.

The representative of ZAMBIA¹ said that her Government had implemented a multisectoral COVID-19 response plan with the technical support of WHO and had set up an emergency fund for the initial procurement of essential supplies, including personal protective equipment. Shortages of essential supplies in low- and middle-income countries could undermine efforts to prevent COVID-19 transmission. To overcome the crisis, adequate financing and full implementation of all pillars of the ACT-Accelerator would be essential, as would support for WHO's leadership role.

The representative of NORWAY¹ said that international collaboration and solidarity were crucial in overcoming COVID-19. As co-chair of the ACT-Accelerator Facilitation Council, his Government was committed to mobilizing support with other countries and partners. Expressing concern about the ACT-Accelerator's funding shortfall, he said that investing in COVID-19 prevention would help to save millions of lives and reduce financial burdens. His Government had joined the COVAX Facility and had invested in the COVAX Advance Market Commitment to ensure low-income countries' access to vaccines. He called for Member States to work together in their response to the pandemic.

The representative of TURKEY¹ appreciated WHO's efforts to strengthen capacities and support Member States in complying with the International Health Regulations (2005). Her Government welcomed the establishment of the Independent Panel for Pandemic Preparedness and Response. Care should be taken to ensure that WHO's evaluation did not hinder its COVID-19 response efforts or demotivate its staff members. She proposed that 2021 should be designated as the year of the international health workforce in the light of health workers' tireless efforts and invaluable commitment to the COVID-19 response.

The representative of NEW ZEALAND¹ expressed support for international cooperation and WHO's normative guidance. She appreciated the support provided to Pacific island States and the Organization's leadership and collaboration under all pillars of the ACT-Accelerator, especially in respect of ensuring equitable access to essential COVID-19 health technologies. Her Government welcomed the establishment of the Division of Emergency Preparedness and the work under way to ensure Member States' readiness to receive and deliver vaccines, in particular, remote countries with small populations like those in her region of the Pacific. She asked whether the Secretariat foresaw any adjustments to the focus or aims of the Division of Emergency Preparedness based on lessons learned from the pandemic.

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

The representative of GEORGIA¹ said that his Government's COVID-19 response had included increased testing, epidemiological surveillance and training for health workers in early diagnosis and infection control. To ensure access to safe and effective COVID-19 vaccines, his Government had engaged with Gavi, the Vaccine Alliance, and joined the COVAX Facility. He further noted that the Russian Federation's occupation of Abkhazia and the Tskhinvali region had prevented his Government from responding to the pandemic in those regions.

The representative of SOUTH AFRICA¹ thanked WHO for deploying experts to work with front-line workers and national teams in his country. Recognizing the strategic, political, financial and policy-related challenges of the pandemic, his Government had been working to support innovative health interventions and identify funding schemes. He called for more collaboration in promoting the local production of diagnostic tools, life-saving medicines and supplies in lower-resource settings and underlined the importance of the health systems connector pillar of the ACT-Accelerator. Maintaining progress towards achieving the Sustainable Development Goals and strategic priorities of the Thirteenth General Programme of Work, 2019–2023, was also vital. The pandemic had demonstrated the importance of international solidarity, cooperation and multilateralism and the critical need for funding and other resources to strengthen countries' health systems. He encouraged high-income countries to follow the example of the United Kingdom of Great Britain and Northern Ireland and contribute to the ACT-Accelerator, while also continuing to fulfil their other health-related funding commitments.

The representative of BRAZIL¹ said that the pandemic had demonstrated the need for stronger multilateral institutions, including WHO. WHO reform should be led by Member States, promote collaboration, transparency, accountability and efficiency, and drive efforts to improve national health systems, universal health coverage and access to affordable medicines and other medical products. The reform road map circulated by the United States of America, and co-sponsored by her Government, was a good basis for raising the standards for collective action. She supported the proposal to hold an Executive Board retreat and suggested that it should be held in an open-ended, hybrid format so that all interested parties could participate.

The representative of MEXICO¹ said that his Government had carried out preparedness and response activities in line with the International Health Regulations (2005), WHO guidelines, and the principles of transparency and accountability, without disrupting international trade. Thanking WHO for its technical guidance, he called on the Organization to continue providing technical recommendations through formally established channels, since communicating such information through open press briefings could generate confusion and contribute to disinformation. He underscored the importance of WHO's work in creating multilateral mechanisms based on international solidarity and cooperation to ensure fair, equitable and timely access to health supplies and a COVID-19 vaccine, which should be a global public good.

The representative of URUGUAY¹ said that her Government had taken numerous steps to respond to the pandemic, including by implementing a contact tracing system, partially closing borders, prioritizing home-based primary health care, and adopting specific measures to protect health workers and vulnerable groups. Her Government had joined various multilateral initiatives to improve global preparedness for and response to future pandemics and ensure equitable access to medical products.

The representative of CANADA¹ said that an equity-based and gender-responsive approach was critical to overcoming the pandemic. Welcoming WHO's leadership in accelerating equitable access to COVID-19 health technologies, she noted that her Government had made significant commitments to the COVAX Facility. WHO's role in developing the global allocation framework was central to the Facility's success; her Government looked forward to participating in the development of the framework's diagnostic and therapeutic components. Efforts to identify the zoonotic source of

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

SARS-CoV-2 and the route of introduction to the human population, and particularly the planned expert mission to China, would form a crucial part of preventing future pandemics. Expressing concern about recent allegations of sexual exploitation and abuse made in the Democratic Republic of the Congo, she expected action to be taken to hold those responsible accountable, support the victims and address the failures of existing systems designed to prevent sexual exploitation and abuse.

The representative of BELARUS,¹ recognizing WHO's leadership and coordination role in tackling the pandemic, called for measures to further strengthen the Organization and its mechanisms for responding to health care challenges. Member States should share experiences, as called for in resolution WHA73.1 and demonstrated by the Governments of China and the Russian Federation. His Government had begun clinical trials of the Sputnik V vaccine developed in the Russian Federation. He called on WHO to continue to support Member States' response efforts.

The representative of SWITZERLAND¹ said that a transparent, solid and sustainable budget was a prerequisite for building a strong WHO. She expressed concern that only a few vague ideas for the programme budget 2022–2023 had been presented during the 70th session of the Regional Committee for Europe. To make informed decisions regarding the programme budget, Member States should be given sufficient time and provided with the necessary documents as quickly as possible. Her Government had been supporting research and development as well as the production of, and equitable access to, COVID-19 diagnostics, therapeutics and vaccines through the ACT-Accelerator.

The representative of ALGERIA¹ commended WHO for its leadership in overcoming the pandemic. His Government encouraged all stakeholders to adhere to the requirements of resolution WHA73.1, in particular the call for universal, timely, and equitable access to, and fair distribution of, all quality, safe, efficacious and affordable essential health technologies and products required in the response to the pandemic. He welcomed the mechanisms set up under the ACT-Accelerator and looked forward to learning more about how they would ultimately be structured and run. The Secretariat and its partners should continue to regularly and transparently inform Member States about new diagnostics, clinical trials and vaccine candidates and their inclusion in the WHO Emergency Use Listing for in vitro diagnostics detecting SARS-CoV-2 so that the corresponding risks and benefits could be evaluated.

The representative of DENMARK¹ reaffirmed his Government's support for international cooperation on health matters. Underscoring the need for a strong WHO, he welcomed the independent evaluation of the COVID-19 response and highlighted the importance of using the lessons learned to better handle and prevent future global health threats. A greater balance had to be struck between the global expectations of WHO and its actual capacities. To deliver on the international community's expectations, WHO required sustainable funding. His Government was planning to double its voluntary contributions to the Organization. Member States should not lose sight of the WHO's overall mandate and role. WHO's capacities should be safeguarded so that the Organization remained able to carry out and develop its other core functions, pursuant to the WHO Constitution.

The representative of JAPAN¹ said that response efforts should be guided by the principle of leaving no one behind. His Government had provided more than US\$ 1.54 billion to international response efforts during the crisis, including approximately US\$ 76.4 million to WHO's Strategic Preparedness and Response Plan to support Member States with vulnerable health systems. His Government had been supporting the development of innovative medical products and equitable and affordable access to diagnostics, therapeutics and vaccines through the ACT-Accelerator. He welcomed the review of the functioning of the International Health Regulations (2005) during the COVID-19 response and hoped that all Member States would fully engage in relevant discussions. The challenges

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

of controlling the spread of COVID-19 on cruise ships should be examined to respond more effectively to health emergencies in the future.

The representative of PERU,¹ noting the weaknesses in global health emergency preparedness and response systems, said that the recommendations resulting from the review process should lead to concerted multilateral action. Drawing on the lessons learned, Member States should strive to reach consensus through WHO's governing bodies to strengthen the Organization, improve pandemic preparedness and response, and uphold the implementation of the International Health Regulations (2005). She highlighted the importance of multilateralism in strengthening international health governance and global efforts towards universal health coverage. She hoped that multistakeholder efforts to develop COVID-19 vaccines and therapeutics would yield results for the benefit of all. The 2030 Agenda for Sustainable Development was essential to overcoming the challenges of the current multidimensional crisis.

The representative of SPAIN¹ said that her Government had made great efforts to ensure health for all, in line with its commitment to promoting universal health care. It had approved an early response plan to enhance diagnostic capacities and strengthen the national health system, and intended to conduct additional rounds of its study into the prevalence of SARS-CoV-2 in Spain. Her Government had also adopted new technologies to combat the spread of COVID-19, such as the "Radar-COVID" contact-tracing app, and had been participating in international initiatives to find a safe and effective COVID-19 vaccine and ensure its fair and equitable distribution worldwide. It stood ready to engage in coordinated efforts to end the pandemic.

The representative of CUBA¹ said that health care protocols and new medicines developed in Cuba had led to the recovery of a high percentage of COVID-19 patients in the country. Her Government was also involved in clinical trials for a COVID-19 vaccine. Following requests from various governments, her Government had provided support to a number of countries in their COVID-19 response efforts. She valued WHO's leadership role in overcoming the pandemic and welcomed calls to strengthen the Organization's governance, transparency and accountability so that WHO would be better prepared to respond to future health emergencies. Highlighting the importance of global solidarity and cooperation, she expressed her Government's willingness to continue working with other Member States in response to the crisis.

The representative of MYANMAR¹ said that, while his Government had taken timely preventive action to cope with the first wave of the pandemic, the second wave presented a significant challenge. It was important to strengthen collaboration to ensure timely, equitable and affordable access to COVID-19 vaccines for all. The COVAX Facility, in which his Government participated with the support of the Gavi COVAX Advance Market Commitment, brought great hope in that regard, especially for low- and middle-income countries. He welcomed the ACT-Accelerator and the new commitments made during the United Nations General Assembly by governments, international organizations and the private sector to scale up the ACT-Accelerator with a view to ending the pandemic.

The observer of PALESTINE said that efforts had been made to respond to COVID-19 in the occupied Palestinian territory despite the restricted movement of people, ambulances and mobile testing clinics. He thanked WHO for providing technical support to the occupied Palestinian territory, including east Jerusalem and commended the Organization for its collaboration with other agencies within the United Nations system and partners such as Gavi, the Vaccine Alliance. Access to vaccines was critical to protect vulnerable populations; multilateralism and solidarity were essential in protecting health for all.

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

The observer of GAVI, THE VACCINE ALLIANCE said that as part of efforts to ensure accelerated and equitable access to COVID-19 vaccines for low- and middle-income countries, the Gavi board had approved up to US\$ 150 million in initial funding to support readiness planning and provide technical assistance and cold chain equipment. That funding would be supported by contributions from low- and middle-income countries themselves. She thanked Member States for recognizing COVID-19 vaccines as global public goods. To guarantee access to vaccines for all, she called for support in meeting the Gavi COVAX Advance Market Commitment target of US\$ 2 billion by the end of 2020 and at least an additional US\$ 5 billion by the end of 2021.

The representative of IAEA said that since the start of the pandemic, 124 IAEA member States and three non-member States had requested support from her organization in using real-time reverse transcription polymerase chain reaction tests for the detection of SARS-CoV-2. IAEA had also provided detection guidance to 259 medical and veterinary laboratories in line with WHO recommendations and had convened a series of webinars to provide COVID-19-related advice to health workers in nuclear medicine, radiology and radiation oncology. Partnerships and coordinated support were essential to IAEA's work, and as a member of the United Nations Crisis Management Team, IAEA had ensured that all equipment and materials procured for its member States were in line with United Nations response efforts. IAEA would continue to collaborate with all stakeholders to develop an integrated, holistic approach to preventing and controlling zoonotic diseases.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that colleagues from the Division of Emergency Preparedness had been working with staff members from other departments to ensure that countries had the capacities to receive, transport and deliver vaccines, taking into account the significant challenges they faced, particularly with regard to vaccine hesitancy. WHO would also work to provide support for the ACT-Accelerator in that regard. The creation of the Division of Emergency Preparedness was part of the Organization's efforts to go beyond responding to health emergencies and supporting Member States. By investing in readiness and preparedness, response efforts would become less frequent and costly.

The International Health Regulations (2005) did not prevent Member States from imposing travel restrictions to and from other Member States. Countries imposing travel restrictions were only required to provide public health justifications to WHO, implement such restrictions for a minimal period of time, and seek to reduce the impacts on travel and trade. For WHO to act as an arbitrator between Member States regarding public health-related travel measures, the Secretariat would require substantial resources and WHO would need a mandate that went beyond its current one under the Regulations. WHO's role in the imposition of travel measures was being examined by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. The Committee would also be offering advice to WHO's governing bodies regarding the feasibility of an intermediate level of alert, and how it could be designed, implemented and monitored.

The global allocation framework for COVID-19 vaccines was based on the processes, methodologies and working agreements developed under the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework). Many teams that had been working on the PIP Framework had also been collaborating on and applying their experience to the development of the allocation framework.

He was pleased that a number of Member States had completed formal intra-action reviews of their COVID-19 response. Highlighting the importance of those reviews, he said that guidelines and support from the Secretariat were available for Member States interested in conducting such evaluations.

The CHIEF SCIENTIST said that the Secretariat had been working with many expert groups in developing its recent technical guidelines and had followed standard procedures to ensure the quality and thorough review of literature in a timely manner. The Secretariat hoped to review countries' implementation of the guidelines and would work closely with Member States to improve implementation. The Secretariat was grateful to all participants of the WHO Solidarity trial on therapeutics and to the Member States that had expressed interest in the vaccine clinical trial. The goal

of that trial was to efficiently test as many vaccine candidates as possible to ensure the availability of a variety of effective and safe vaccines.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change), responding to comments on the need to scale up testing capacities, recalled that WHO had included two rapid antigen tests in the WHO Emergency Use Listing for in vitro diagnostics detecting SARS-CoV-2. He drew attention to the agreement reached by ACT-Accelerator partners to make 120 million tests available at a discounted price of US\$ 5 per unit, but noted that there remained challenges in respect of financing and technology transfer. The Secretariat was in the process of building a management team for the COVAX Facility to ensure it had the necessary management capacity. The Secretariat's priority was to ensure access to effective and safe vaccines, while also increasing capacity and optimizing price.

Regarding the ACT-Accelerator funding shortfall, he said that a large portion of that missing amount would be put towards strengthening country readiness. He appreciated Member States' recognition of the Secretariat's work on the global allocation framework and allocation mechanisms for vaccines, therapeutics and other COVID-19 products, and underlined the need for continued financing of the Gavi COVAX Advance Market Commitment. The Secretariat would continue to hold weekly COVID-19 briefings and was willing to take additional steps to share information with Member States as necessary.

He expressed gratitude to all Member States that had contributed to the ACT-Accelerator, in particular by providing funding, and thanked the co-chairs of the ACT-Accelerator Facilitation Council, Norway and South Africa, for the tremendous support and guidance they had provided to the Secretariat. He looked forward to working with them to address the issues raised by Member States.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat had continued to work throughout the pandemic on all pillars of the Thirteenth General Programme of Work, 2019–2023, which had reached an implementation rate of 85–90%. The Secretariat hoped to maintain the health gains achieved by collaborating with Member States virtually to ensure continued capacity-building and technical support.

In response to the significant disruptions to essential health services and public health programmes, the Secretariat had conducted the global pulse survey on the continuity of essential health services during the COVID-19 pandemic as well as specific surveys on the management of communicable diseases including HIV, tuberculosis and malaria, noncommunicable diseases, mental health, and immunization. The Secretariat had launched a programme in collaboration with regional and country offices to support Member States in restarting disrupted health initiatives. It had also introduced a knowledge platform to monitor the delivery of essential health services and had prepared 550 normative guidance products, including on the use of personal protective equipment, patient safety, food safety and the reopening of schools.

To make health systems more resilient, the Secretariat had been taking action via the ACT-Accelerator to ensure the delivery of newly developed COVID-19 vaccines, therapeutics and diagnostics and had been identifying ways to fill the gaps in Member States' health systems, particularly in respect of primary health care. Those efforts had been supported by WHO's Special Programme on Primary Health Care and the Universal Health Coverage Partnership.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for their commitment to finding a global solution to ensure equitable access to COVID-19 health technologies. Several WHO departments, as well as Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, had been collaborating on the global allocation framework and mechanism for COVID-19 vaccines, taking care to avoid duplication in their work. The Secretariat had been working on a proposal to create a joint allocation task force composed of staff members from WHO and Gavi, the Vaccine Alliance, which would be responsible for preparing allocation proposals. An independent advisory group would validate the proposals and regularly report to the COVAX Facility Shareholders Council.

The Secretariat was planning to conduct a dry run of the two vaccine allocation phases in November and December 2020. Details about phase two would only be available once the Secretariat knew more about the vaccine's characteristics, how many vaccines would be available, how the Secretariat would work with Member States to address their needs and preferences, and how the policy recommendations from the Strategic Advisory Group of Experts on immunization would be formulated. The Secretariat would consult with Member States when developing indicators and criteria to assess the threat of COVID-19 in countries and their vulnerability.

She welcomed a discussion on the operationalization of the global vaccine allocation mechanism as it related to the COVAX Facility. The Secretariat had been working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaaid and the Wellcome Trust on a draft proposal for an allocation mechanism for therapeutics, and would present the draft proposal for comments during Member State briefings.

The DIRECTOR-GENERAL welcomed the proposal to hold an Executive Board retreat and encouraged suggestions on how the weekly Member State briefings could be formatted to better meet Member States' needs. The pandemic served as an opportunity for Member States to enhance their health systems and national institutions and had provided momentum to strengthen multilateral institutions like WHO. Owing to WHO's successful delivery of training during the pandemic, the Secretariat had set a target of training 240 million health workers in more than 41 languages. He was pleased at the inter-agency collaboration and the commitment that had been shown in working towards the ACT-Accelerator's objectives, and expressed the hope that the initiative would continue to be strengthened and used. For the global vaccine allocation framework to be successful, political commitment and consensus were essential. To meet the goal of delivering vaccines in all countries, political leaders had to convince people that using the vaccine effectively would speed up countries' economic recoveries, saving not only lives, but also livelihoods. He hoped that in fighting the pandemic, all Member States would make genuine commitments to achieving universal health coverage and translate those commitments into action.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, rejected the accusation made by the representative of Georgia, and condemned the attempt to politicize the work of WHO's governing bodies. Claims of an occupation of the sovereign States of Abkhazia and South Ossetia were unfounded. The representative of Georgia should refrain from making provocative statements that did not constructively contribute to the COVID-19 response.

The representative of GEORGIA,¹ speaking again in exercise of the right of reply, said that the Russian Federation had been exercising control of Abkhazia and the Tskhinvali region as an illegal occupying power. Owing to its borderization and denial of medical evacuation, the Russian Federation was responsible for approximately 15 COVID-19-related deaths recorded by her Government in those regions.

THE REGIONAL DIRECTOR FOR AFRICA said that, given the challenges faced by Member States in her Region in accessing testing equipment, the actual figures were probably higher than the reported 1.2 million cases of COVID-19 and 26 000 lives lost in the African Region. The pandemic had provided an opportunity to strengthen capacities and to build on the experience gained in previous epidemics. She supported the call made by Burkina Faso on behalf of the 47 Member States of the African Region to demonstrate global solidarity through debt cancellation and to ensure equity across and within countries in the distribution of COVID-19 health technologies. In the light of the significant challenges faced by Member States in the Region in terms of primary health care and health system performance, the Regional Office for Africa had been working with Member States to promote readiness to deploy vaccines and other technologies once they were available and to deliver essential health services. She stressed the need to address complacency and vaccine hesitancy and to encourage

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

communities to take on board practices that prevent COVID-19 transmission. She looked forward to working with the Director-General in investigating the allegations of sexual exploitation and abuse made in the Democratic Republic of the Congo and said that her Regional Office had been improving platforms for whistle-blowers, communities and women in the field. She welcomed the efforts to ensure that WHO would exercise zero tolerance for sexual abuse and exploitation.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN REGION said that the pandemic had challenged international multilateralism and had revealed cracks in Member States' health care systems and preparedness and response capacities. Several countries in his Region were experiencing disruptions to essential health services and an increase in COVID-19 cases. The underreporting of information by some countries, limited testing capacities and constraints in providing personal protective equipment for health workers had also posed challenges. To slow the transmission of COVID-19, leadership, a whole-of-society and whole-of-government approach, vigilance, and community engagement were essential. Response efforts should be evidence- and science-based. He was pleased that many countries in his Region had been contributing to global efforts to find a safe and effective vaccine, which must be made accessible to vulnerable populations regardless of political affiliation or economic status. COVID-19 could only be controlled through global coordination, collaboration, commitment and solidarity.

The REGIONAL DIRECTOR FOR EUROPE thanked the Member States of his Region for endorsing the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” in September 2020. The Regional Office had been supporting the response to COVID-19 by maintaining contact with Member States and ensuring tailored support, strengthening partnerships with the European Commission, the Cooperation Council of Turkic-speaking States and the Eurasian Economic Union, and pressing ahead with WHO's transformation to ensure that the Organization was fit for purpose. The newly convened Pan-European Commission on Health and Sustainable Development had been formed to rethink policies in the light of pandemics and to consider how society had changed as a result of the current COVID-19 pandemic and the impact that would have on investment in health and social care. That Commission would work closely with the Independent Panel for Pandemic Preparedness and Response. He reiterated his Region's commitment to working with the other WHO regions, as required.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that her Region's response to COVID-19 had been guided by the values set out in resolution WHA73.1. Member States in her Region had acted with speed, scale and solidarity to control and suppress the virus, empower individuals and communities to stay safe and healthy, and strengthen and maintain essential health services in line with WHO's Strategic Preparedness and Response Plan. The recently adopted WHO South-East Asia Region's Declaration on Collective Response to COVID-19 highlighted the commitment of the Region's Member States to maintaining essential health services, ensuring the occupational safety of health workers, strengthening health information systems, updating health technologies, and promoting research on COVID-19, despite intense fiscal pressure. Scaling up emergency risk management had been a regional flagship priority since 2014, and evidence of that could be seen in the COVID-19 response in the Member States of her Region, including at the subnational level. The equitable and transparent allocation of COVID-19 vaccines should be a key priority, and she emphasized the need for global solidarity in overcoming the pandemic.

The meeting rose at 19:00.

THIRD MEETING

Tuesday, 6 October 2020, at 12:15

Chair: Dr H. VARDHAN (India)

- 1. UPDATE FROM THE CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE, THE CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE AND THE CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME:** Item 4 of the agenda (document EBSS/5/3)

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE, speaking in turn to present their report, said that, since their appointment, they had been leading an impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to coronavirus disease (COVID-19), as set out in resolution WHA73.1 (2020). From their experiences as heads of government and from tackling past disease outbreaks, they recognized that robust health systems were required to cope with the current pandemic, as well as future diseases that had the potential to spread in the same manner as COVID-19. Health systems should not focus on any specific pathogen but rather should provide access to general health services through universal health coverage.

The terms of reference for the Independent Panel, which were available on the Panel's website, had been drafted with support from advisers and the Panel's secretariat, taking into account comments by Member States. The Independent Panel would work closely with the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and had already made contact with those bodies.

The Panel members had been appointed in accordance with the criteria circulated to Member States. They were independent and provided a balance of skills in relevant areas. The members included experts who had helped to investigate the initial clusters of COVID-19, and comprised seven women and six men. The Panel's work would also draw on the knowledge and expertise of Member States, the wider health and scientific communities, and civil society. The Panel's secretariat included people with diverse skillsets from around the world and was housed separately from the WHO Secretariat to ensure its independence. It was financed exclusively by assessed contributions from Member States and reported directly to the Panel's Co-Chairs.

The initial virtual meeting of the Independent Panel had been held on 17 September 2020. All Panel members had attended and had expressed their deep commitment to evaluating the WHO-coordinated international health response to the COVID-19 pandemic and putting forward recommendations for the future. The recommendations made would be practical, offer course correction as the pandemic continued and contribute to better preparedness for the next potential pandemic.

Enquiries would focus on three main themes. The first was change for the future: developing a vision of a robust, strengthened international system that was equipped to support effective pandemic preparedness and response. The second was reviewing the present: analysing the response to the pandemic, from its initial phase to the present moment. The third was learning from the past: focusing on the lessons of the current and previous disease outbreaks to inform the Panel's understanding of the global spread and impact of COVID-19. The Panel would also seek to understand the response by WHO

and relevant institutional and national responses. A detailed programme of work would be released shortly.

Methods of work had also been discussed at the initial meeting. A variety of research mechanisms would be used, with work being guided throughout by the Panel members' commitment to impartial truth-seeking. In order to collaborate with the Review Committee and the Independent Oversight and Advisory Committee and avoid the duplication of work, the Panel was analysing the three bodies' respective scopes, compositions and timelines.

The Panel was committed to transparency and would meet every six weeks with a clear agenda and documents based on its programme of work. Meeting reports would be shared and monthly briefings would be held for Member States. Member States were invited to submit to the Independent Panel information on their experiences of the COVID-19 pandemic and suggestions of how to move forward. Submissions would be made public to stimulate learning and knowledge-sharing. Details of the process for receiving input from other stakeholders and the general public would be provided in due course.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE recalled that the Review Committee had been convened by the Director-General in accordance with resolution WHA73.1 and would make technical recommendations to the Director-General on the functioning and possible amendment of the International Health Regulations (2005). The evaluation of the functioning of the Regulations would cover: outbreak alerts and verification; information-sharing and communication; international coordination and collaboration; the convening of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 and the declaration of a public health emergency of international concern, including the need for an intermediate level of alert; additional health measures relating to international travel; the implementation and reporting of core capacities required under the Regulations; and the progress made towards the implementation of the recommendations issued by previous review committees. The Review Committee worked within its terms of reference and comprised 22 experts who had been selected from the roster by the Director-General, with due consideration given to geographic and gender representation, and was supported by a dedicated secretariat.

The Review Committee had held four closed virtual meetings and one open meeting, which had been attended by representatives from Member States, the United Nations and other intergovernmental organizations, and non-State actors. It would continue to meet weekly and would hold open meetings monthly. Member States could provide their input at the open meetings and by contacting the secretariat of the Review Committee. So far, the Committee had received a large number of questions about their terms of reference. The three Committee subgroups, focusing respectively on the areas of preparedness, alert and response, would meet weekly to consider those questions and assess how specific articles of the Regulations had been implemented, and whether the issues identified related to a lack of implementation or to the actual provisions of the Regulations. The current focus was to identify the additional documentation and personnel required to conduct interviews, and to review the submissions received from Member States, which were crucial to the Committee's work. Given the early stage of deliberations, there were not yet any findings to report to the Board. Efforts to coordinate the work of the Review Committee with that of the Independent Panel and the Independent Oversight and Advisory Committee had already begun.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme recalled that, following the outbreak of Ebola virus disease, the Independent Oversight and Advisory Committee had been founded at the same time as the WHO Health Emergencies Programme, in order to scrutinize WHO's implementation of its internal reform process and the ongoing management of health emergencies. There were currently six members of the Independent Oversight and Advisory Committee serving their third term, and two more members were due to join shortly. All members served in their personal capacity, without accepting any instruction from authorities within or outside WHO.

Since its establishment in 2016, the Independent Oversight and Advisory Committee had held 25 statutory meetings and had carried out numerous interviews and consultations and ten field visits. The monitoring framework and milestones set out in the Director-General's report on reform of WHO's work in health emergency management¹ had been updated as the WHO Health Emergencies Programme had evolved. All meeting reports and the matrix used to track progress were published on the Committee's website. The Committee's findings and observations had been presented to WHO's governing bodies in seven reports, which in February and March 2019 had provided advice on promoting diversity and improving staff morale within the WHO Health Emergencies Programme.

The Committee's interim report on WHO's response to COVID-19 from January to April 2020 provided a number of observations on the functioning of the structure and the processes established under the WHO Health Emergencies Programme during that period. It was noted in the report that it would be useful to assess the Organization's performance and identify lessons for the future. In that regard, she welcomed resolution WHA73.1 and the establishment of the Independent Panel and the Review Committee. The Independent Oversight and Advisory Committee was working closely with those bodies and remained committed to providing an impartial, independent and comprehensive evaluation, as requested by Member States. Efforts had been made to avoid disrupting the ability of WHO to respond effectively to the pandemic during the conducting of the review, which had been informed by WHO briefings, desk reviews, and interviews with staff members and external global health experts.

The COVID-19 outbreak had evolved rapidly. In the context of an imperfect and evolving understanding of the disease, which was not unusual, WHO had demonstrated leadership in its response. The Director-General had engaged with heads of State and the WHO Secretariat had worked with existing bodies and established new initiatives and partnerships with various stakeholders. The leadership role of WHO within the United Nations system in health emergencies had been strengthened, and internal communication, decision-making and coordination across all three levels of the Organization had improved.

The Secretariat had activated the incident management system to coordinate the response to the outbreak on 1 January 2020. Nonetheless, there had initially been a gap between WHO's aspiration to lead, and its ability to do so in the heat of a crisis, due to limits on its workforce capacity. While some WHO recommendations were challenging to implement, particularly in low-resource settings and for certain vulnerable populations, efforts had now been made to address the social and economic implications of recommending isolation and social distancing. It had been noted in the interim report that WHO's precarious financial situation had impeded strategic planning and human resources management. The Committee recommended that Member States should review WHO's financing to ensure that the WHO Health Emergencies Programme could play a key role in global health emergencies.

Evidence from desk reviews indicated that information about severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had initially been provided in accordance with the International Health Regulations (2005). The WHO Health Emergencies Programme had first published the available information on the WHO website on 5 January 2020 and had alerted all National International Health Regulations Focal Points the same day. Since 21 January 2020, WHO had been providing situation reports on COVID-19, and epidemiological data had been placed in the public domain and updated regularly. Travel advice had first been issued on 10 January 2020. A public health emergency of international concern had been declared by WHO on 30 January 2020. The urgency with which Member States took action based on that declaration varied, raising the question of whether Member States viewed such a declaration as being sufficiently clear. The consideration of that issue by the Review Committee was therefore welcome.

Input provided to the Independent Oversight and Advisory Committee suggested that COVID-19 data reporting under the International Health Regulations (2005) needed further improvement, since the variable quality of country reports made it difficult to conduct comparable analyses of outbreak and

¹ Document A69/30.

readiness patterns. The Secretariat should further streamline the reporting process and support countries to strengthen their reporting capacities.

With regard to the joint external evaluation tool, there was no clear link between the score under that tool and a country's preparedness and response to the COVID-19 pandemic. The tools and frameworks for national and international preparedness should be reviewed. WHO should continue to coordinate the work of the global research community, facilitate multinational vaccine and medicine trials, and ensure equitable access to vaccines and therapeutics.

The actions taken by WHO's Secretariat in the context of the COVID-19 pandemic were grounded in its duties and responsibilities under the Regulations, and its performance must be reviewed in the light of Member States' adherence to those Regulations. Greater global solidarity and stronger multilateral cooperation would be needed during the next phases of the pandemic. The Independent Oversight and Advisory Committee would continue to provide oversight of the performance of the WHO Health Emergencies Programme and would submit its next report to the resumed Seventy-third World Health Assembly. Future areas of focus would include the WHO transformation agenda and the Secretariat's work to support Member States in strengthening the core capacities required by the International Health Regulations (2005).

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries, North Macedonia, Montenegro and Albania, as well as the Republic of Moldova, aligned themselves with his statement. He had high expectations of the Independent Panel in terms of its impartiality, independence, comprehensiveness and the quality of its work, and looked forward to all three review mechanisms, namely the Independent Panel, the Review Committee, and the Independent Oversight and Advisory Committee, working together to inform future decision-making. Those evaluations should enable lessons to be learned from a pandemic for which Member States should have been better prepared, and should provide suggestions to improve WHO's work and collective health emergency preparedness and response. Member States would be responsible for guiding the Secretariat's translation of the review mechanisms' findings into policy actions, and thus effectively and sustainably strengthening the global health architecture.

The European Union supported the proposal to consider introducing an intermediate level of alert for public health emergencies, but the expertise of the Secretariat and the review mechanisms would be needed with regard to its definition, consequences and implementation. The Board should discuss how to increase Member States' accountability for preparedness, perhaps through a periodic review mechanism – as proposed recently by the African Union – or by strengthening WHO's access to information. Emphasis must be placed on the development of unified health data collection at all levels. He supported the strengthening of the tripartite cooperation between WHO, FAO and OIE to foster a One Health approach. The independent members of the review mechanisms should not be afraid to tell uncomfortable truths, challenge Member States or question current modes of operation, and should show boldness and vision.

The representative of AUSTRIA noted that the evaluations by the Independent Panel and the Review Committee were essential to the future work of a strong WHO. Member States needed to play an active role in organizational reforms, including those resulting from the review mechanisms, as guided by the Executive Board. He asked for information on the Pan-European Commission on Health and Sustainable Development's position on the handling of the COVID-19 pandemic, and whether the Independent Panel would draw international lessons from its findings.

National and local governments had responded to the COVID-19 pandemic using the existing paradigm and based on little knowledge of SARS-CoV-2. Mistakes in diagnosis, testing and treatment had had severe consequences. While knowledge of the virus had increased, the response to COVID-19 must be examined without restraint. The proportionality of the measures taken, including national and international restrictions on the movement of people and goods, economic shutdowns and the disruption of health care, education and social and cultural life, should be examined in the context of the rule of law and core human rights values. While all stakeholders had responded in good faith, it was important

to seek insight into how WHO and national, regional and local governments could react more meaningfully, based on the principle of proportionality, to the next global health crisis.

The representative of ROMANIA said that building trust and transparency would strengthen the position of WHO as the leading agency fighting the COVID-19 pandemic. The Independent Panel would offer improvements capable of strengthening the support that the Secretariat provided to Member States.

The representative of the REPUBLIC OF KOREA, speaking on behalf of the Support Group for Global Infectious Disease Response comprising Kenya, Mexico, Morocco, Peru, Singapore, the Republic of Korea, Turkey and the United Arab Emirates, expressed appreciation for the Chairs of the three review mechanisms. The Support Group had been launched during the Seventy-third World Health Assembly as a Geneva-based and action-oriented group of like-minded countries seeking to improve and support the global response to, and preparedness for, infectious diseases, including COVID-19, based on the lessons learned from the current and past health emergencies. The Support Group's areas of interest included: advocating multilateral efforts in global health governance and engaging in global discourse to improve and implement the International Health Regulations (2005); helping to equip WHO and other health organizations; advocating fair, equitable and affordable access to quality tests, treatments and vaccines; sharing experiences and best practices relevant to health emergency preparedness and response; and minimizing disruptions in cross-border trade, the movement of people, and global supply chains of essential medicines and the provisions required to tackle infectious diseases. All countries sharing those common aspirations were invited to join the Support Group.

The representative of AUSTRALIA said that the COVID-19 pandemic had demonstrated the importance of strong global systems when seeking a collective response. However, health was also a local issue, and her Government supported the development and implementation in the Indo-Pacific region of specific actions to combat the pandemic and strengthen health systems.

Evidence-based, practical and ambitious recommendations from the Independent Panel would strengthen WHO's ability to prevent, mitigate and respond to future pandemics. She supported the terms of reference for the Panel, and its commitment to engagement with Member States throughout the evaluation process. The evaluation should lead to a more independent and authoritative Organization. Strengthened implementation of the International Health Regulations (2005) should include robust monitoring and evaluation mechanisms. The universal periodic review of the United Nations Human Rights Council provided a useful model in that regard. Consideration should be given to increasing the transparency of deliberations in the International Health Regulations (2005) Emergency Committee. WHO needed stronger alignment across the global, regional and country levels, with the capability to respond to health emergencies on the ground. The functions of the WHO Health Emergencies Programme should be appropriate and sustainably financed. The risk of disease transmission from animals to humans should be reduced and the One Health approach implemented globally and locally.

Further consideration of how the Board could engage more strategically in the process was welcome, and she looked forward to discussion of the proposals and contributions made so far, to which her Government would contribute, including by providing national input informed by domestic experiences and lessons learned.

The representative of SINGAPORE noted the delicate balance to be struck by WHO in assisting the work of the three review mechanisms while continuing to coordinate and support international efforts to respond to COVID-19. The Independent Panel should focus on fact-finding, making recommendations regarding the ongoing COVID-19 pandemic, and strengthening global preparedness for the next pandemic. The primary focus should be on WHO, but also include other partners and stakeholders. Member States must be involved in the review of the International Health Regulations (2005), since the Regulations were only as strong as the commitment of Member States to embrace that mandate and their obligations. In line with the findings of the Independent Oversight and Advisory Committee's interim report, it would be opportune to reassess WHO's role in issuing travel advisories during a pandemic, since such a mandate required the backing of Member States.

The representative of the UNITED STATES OF AMERICA, expressing appreciation for the organized and clear approach of the Independent Panel, said that the Panel should report its findings – even if preliminary – in advance of the Seventy-fourth World Health Assembly so that Member States could find consensus on governance and other mechanisms and ensure that WHO’s toolkit was up to date. Furthermore, Board members should be briefed prior to the Executive Board meetings in November 2020 and January 2021, in order to facilitate substantive discussions on how to address the issues identified by the Panel. He welcomed the progress made by the Panel to date, and the confirmation that all three review mechanisms were collaborating. The action taken by the Regional Office for the Americas to strengthen governance and the oversight role of its governing bodies, developed by working with Member States, could prove instructive for the Independent Panel and WHO.

The representative of CHINA welcomed the swift establishment of the Independent Panel and expressed appreciation for the open and transparent manner in which it planned to conduct its work and the attention given to ensuring balance among its members with respect to expertise, geography and gender. He expressed concern regarding the challenges faced by WHO in respect of functional authorization and financing. The Secretariat should further improve the index to the International Health Regulations (2005) and the methods for evaluating core capacities so that targeted measures could be taken to further support countries with weaker health systems. The three review mechanisms should further enhance their transparency and inform Member States of their work in a timely manner.

The representative of OMAN, speaking on behalf of the Coalition for a Universal Health Protection Architecture comprising Botswana, Nepal, Oman and Switzerland, emphasized the need for a coherent, universal approach to health protection. The Ministers of Health of the member countries of the Coalition had committed to acting as champions of universal health protection architecture in their respective WHO regions. The Coalition would support WHO in its leadership role, noting the importance of multilateral cooperation and adopting a coordinated approach at times of crisis.

The representative of TONGA expressed concern that, despite the well-balanced approach taken by the three review mechanisms, their outcomes would not take into consideration the specific situation of micro-populations in the Pacific. The small populations and weak health systems of some Pacific islands would place entire nations at risk of eradication if the response to the pandemic was too slow. The perspective from the Pacific should be considered by all three bodies, in order to ensure that their recommendations would be relevant and practical in the context of Member States with weak health systems.

The representative of INDIA said that, while robust and resilient national health systems were important in the context of a global pandemic, it was equally important to have a robust, agile and prompt response from WHO. The Independent Panel should perform a critical analysis of the response to the pandemic and point out deficiencies in current structures and gaps in pandemic preparedness and response; it had an opportunity to usher in far-reaching and creative reforms to enhance operational efficiency in that regard. She noted the multiple reports submitted by Independent Oversight and Advisory Committee and its many field visits. Information should be provided on the follow-up to the Independent Oversight and Advisory Committee’s interim report on WHO’s response to COVID-19.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the work of the Independent Panel held great value, and would allow the knowledge garnered so far from the response to the COVID-19 pandemic to be used to improve the response in the stages of the pandemic yet to come. The Panel should prioritize the formulation of recommendations on working together to strengthen WHO and the collective ability to respond to future disease outbreaks. The increased visibility of the Organization brought greater scrutiny and expectations; there was a short window in which to modernize WHO through organizational and emergency reforms. The outcomes of the Panel’s work should be comprehensive, credible and ambitious, and capitalize on the global appetite for action, while its recommendations should be grounded in the latest scientific evidence.

Given the potentially unlimited amount of information available to the Panel, a scientific advisory group should be established to provide impartial and consistent advice across the required range of technical areas, and to speed up the collection and analysis of the best available evidence, thereby providing a solid basis for the Panel's recommendations. The Co-Chairs should comment on that proposal and describe their intended methodology for prioritizing and handling the wide range of information that would be received by the Panel. Her Government remained committed to engaging with the evaluation process.

The representative of INDONESIA said that the evaluation of the international framework for tackling emerging infectious disease outbreaks should be focused on establishing a more robust global response to the ongoing COVID-19 pandemic and future health emergencies. Efforts to harmonize work among the three review mechanisms should continue, with a view to developing effective and comprehensive recommendations. Consideration should be given to the introduction of an intermediate level of alert as a means of strengthening the early warning system for public health emergencies. Lessons learned from the COVID-19 pandemic and previous pandemics should provide the basis for improving future practices. The three review mechanisms' recommendations should consider strategies and best practices that would enable governments and other stakeholders to save lives and protect livelihoods while promoting development. The mechanisms for ensuring the provision of other essential health services during health emergencies needed to be strengthened. The Global Health Security Agenda played an important role in accelerating the implementation of the International Health Regulations (2005) and promoting the effective multilateral cooperation that was increasingly critical in the context of the COVID-19 pandemic. The three review mechanisms should consider the contributions made by the Global Health Security Agenda, and the possible development of a new framework to ensure a more robust response to future health emergencies.

The representative of ARGENTINA said that transparency in the development of basic monitoring and response capacities was essential to collective implementation of the International Health Regulations (2005). She welcomed the technical guidance documents and instruments relating to COVID-19 published thus far, specifically with regard to resuming non-essential international travel. The work of the Review Committee was extremely important, and she looked forward to the future open meetings of that body. She recognized that the members of the Independent Panel had been selected based on skills, experience and knowledge of the international system. The current pandemic would not be the last global health emergency, and the work of the three review mechanisms was therefore urgent and essential.

The representative of GHANA, speaking on behalf of the Member States of the Africa Region, said that the breadth of skills and expertise represented on the three review mechanisms would ensure that they were able to carry out their important work.

He urged more meaningful engagement by the Independent Panel with Member States, particularly low- and middle-income countries and small island developing States. He called on the Panel to remain focused and limit its work to the provisions of resolution WHA73.1; the present three themes of work outlined were too expansive and should be re-examined. The Independent Oversight and Advisory Committee's final report should include an assessment of the skills mix and diversity of the WHO Health Emergencies Programme's workforce and an assessment of the COVID-19 supply chain. He looked forward to receiving further progress reports prior to the submission of the outcome documents at the Seventy-fourth World Health Assembly.

The representative of the RUSSIAN FEDERATION stressed the importance of following the guidance on the evaluation set out in resolution WHA73.1, and for review mechanisms of any pandemic or outbreak response to follow internationally recognized standards and principles. The views of all Member States should be considered when setting up any such evaluation. It was therefore regrettable that, since consultations had not been sufficiently inclusive, the geographical region of Eastern Europe and Central Asia was not represented on the Panel. The Panel's terms of reference should be

re-examined, prior to their endorsement by Member States, in order to take into account key issues that had been excluded. Clarification was required in respect of how experts would contribute to the Panel. It was essential that the Panel's impartiality and professionalism was beyond reproach.

The representative of KENYA called for increased international assistance to help low- and middle-income countries build the core capacities required by the International Health Regulations (2005) and recommended strengthening the capacity of emergency committees under the Regulations with respect to declaring a public health emergency of international concern and issuing related recommendations on travel and trade. The three review mechanisms should be adequately resourced and provide regular progress updates, and should work within the scope of their respective terms of reference.

The representative of GRENADA said that he looked forward to receiving regular updates from the review mechanisms. Small island developing States had unique vulnerabilities and stories in the context of facing the COVID-19 pandemic threat alongside dealing with the challenge of seasonal hurricanes, and as such they should have play a more active role in the review mechanisms. The transparency displayed by the Director-General and the review mechanisms was noted, since transparency and solidarity were key elements of the global COVID-19 response.

The representative of BANGLADESH said that the Independent Panel's impartial, independent and comprehensive evaluation should highlight the collaborative nature of the international response to COVID-19. The Panel should consider, in particular, the contribution made by WHO to the response in low- and middle-income countries, including measures to strengthen health systems and ensure people's health and well-being. When identifying the gaps and challenges faced by States in responding to the pandemic, the Panel should focus on the situation in vulnerable countries and countries with weak health systems. The Independent Panel's recommendations should not only improve capacity for global pandemic preparedness and response, but also contribute to the early detection of potential future pandemics.

The representative of BOTSWANA commended the diversity of the members of the Independent Panel and its commitment to avoiding duplication in the work of the three review mechanisms. The Panel should consult Member States at all stages of the evaluation process and must maintain its independence and impartiality. The COVID-19 response should build on successes in overcoming past disease outbreaks and further strengthen the WHO Health Emergencies Programme. Member States should support WHO's leadership role in advancing global health security through building resilient public health systems that were able to prevent, detect and respond to infectious disease.

The representative of CHILE urged the three review mechanisms to ensure that their recommendations were practical, in order to help boost States' capacity to respond to public health emergencies of international concern. She supported proposals to establish a review mechanism similar to the universal periodic review of the Human Rights Council, and to introduce an intermediate level of alert for health emergencies. Her Government had submitted suggestions to the review mechanisms, emphasizing the need to strengthen the measures that could be adopted by States to support the most vulnerable groups affected by the COVID-19 pandemic.

The representative of SUDAN said that the initial decision to direct all medical resources to the COVID-19 response had hindered the provision of routine essential health care services; the Sudanese health care system needed reinforcement in order to provide COVID-19 surveillance and contact tracing measures while also tackling a poliomyelitis outbreak and recent flooding. The international community must adopt a flexible funding strategy to provide realistic and timely support to developing countries to tackle COVID-19 and maintain essential health services. The Access to COVID-19 Tools (ACT) Accelerator would enable States to better combat the COVID-19 crisis, with particular support given to vulnerable Member States. She called on Member States and WHO to share best practices from the

COVID-19 pandemic to ensure that efficient approaches were implemented and health systems were better prepared for future health emergencies.

The representative of FINLAND encouraged the three review mechanisms to continue their dialogue and exchange of information in order to avoid any duplication of efforts. The independent and impartial nature of the Independent Panel should be welcomed, but there was a need to consider the roles of all relevant stakeholders. She asked how the Board would ensure that any recommendations issued would be implemented. The review mechanisms should consider the ideas contained in resolution EB146.10 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005). Any lessons learned should also be applied to existing mechanisms, including the next version of the joint external evaluation tool. It had become clear that health was a political choice, and thus there was a need for an economy of well-being that included resilience to future crises.

The representative of COLOMBIA welcomed efforts to begin the process of evaluating the WHO-coordinated international response to COVID-19. His Government was ready to share its experience in that regard. The three review mechanisms should provide specific recommendations, with appropriate technical support to facilitate their implementation. Cooperation and solidarity were needed to strengthen International Health Regulations (2005) implementation and emergency response capacity, under the technical leadership of WHO. Some Member States required technical support to facilitate compliance with the Regulations, and the many challenges facing Member States in terms of epidemiological surveillance needed to be addressed quickly and effectively.

The representative of THAILAND¹ noted that the COVID-19 response had revealed the contribution of communities and non-State actors to health responses, which was not reflected in the International Health Regulations (2005). She proposed replacing the binary concept of a public health emergency of international concern with an incremental mechanism; using and establishing multilateral dispute settlement mechanisms – such as those provided for under Article 56 of the International Health Regulations (2005); and ensuring the involvement of community and non-State actors in the systems that govern implementation of the Regulations, in order to strengthen disease surveillance. Member States' experiences with COVID-19 would improve the Regulations and their implementation. A new approach to the Regulations was needed to enhance readiness for future pandemics.

The representative of BELGIUM¹ said that, although WHO had never transformed as quickly as during the COVID-19 pandemic, and should be congratulated on that achievement, he welcomed the consideration of outstanding issues by the three review mechanisms. The evaluations conducted must be thorough and independent; furthermore, they should be sufficiently consultative and evidence-based. The Independent Panel should consider whether recommendations made by the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 had been effective and justified, considering the level of knowledge of COVID-19 in January 2020. He also asked how much had been budgeted for the review process and whether that amount was sufficient. His Government had made a flexible contribution of €4 million to support WHO in strengthening health systems in vulnerable countries.

The representative of BRAZIL¹ said that, in line with resolution WHA73.1, the impartial, independent and comprehensive evaluation should be undertaken in consultation with as many Member States as possible and be as transparent as possible, in order to guarantee the most meaningful impact. Since effective implementation of the International Health Regulations (2005) was essential to an adequate response to national and international public health emergencies, the outcomes of the review process should include the formulation of better evaluation and monitoring mechanisms and the

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

promotion of international cooperation to enhance national capacities in that regard. Any recommendations must be fit for implementation by Member States and the Secretariat.

The representative of NORWAY¹ said that he looked forward to reviewing the evaluation reports. Every action taken by the Board should strengthen WHO's ability to fulfil its mandate and improve the international community's capacity to respond to current and future health emergencies. He expressed appreciation for the recommendations already made by the Independent Oversight and Advisory Committee. The International Health Regulations (2005) should be reviewed once the COVID-19 pandemic was sufficiently under control. The Director-General's ability to make evidence-based decisions without political influence must be safeguarded. Investing in universal health coverage would help to prevent future outbreaks from becoming large-scale crises.

The representative of NEW ZEALAND¹ stressed the importance of the evaluations, and of learning lessons from the current pandemic so that it would not be repeated. Emergency response was easier when national preparedness measures were already in place. The journey to improve global pandemic prevention, preparedness and response capacity would be long, but the review process would help Member States to build back better. Echoing the comments made by the representative of Tonga regarding representation on the three review mechanisms, she said that all Member States should be consulted during the review process. It should be borne in mind, however, that some Governments may struggle to participate owing to the health impacts of the COVID-19 pandemic. Thus, she asked the Chairs of the three review mechanisms how they would ensure that the views of the widest possible range of Member States would be taken into account.

The representative of SLOVAKIA¹ said that emphasis should be placed on improving unified complex data collection across the whole population, including vulnerable groups, in order to ensure proper preparedness and response to disease pandemics. She expressed support for an analysis of the social determinants of health as a part of public health measurement, and of mental health, psychosocial support and access to palliative care. Those elements were also key to evaluating the COVID-19 response. The evaluation process should also review information security platforms, diagnostic and clinical guidelines, and recommendations issued on the basis of emerging evidence or good practice.

The representative of CANADA¹ noted that close collaboration between the three review mechanisms would be critical and that it would be helpful to develop a map of those connections. He looked forward to receiving the Independent Panel's programme of work, with details of how that body would fulfil its mandate. The Panel should prioritize the areas of enquiry that would have the biggest impact on strengthening the current response and preparing for future pandemics, including how to better leverage WHO expert networks and resources to support the timely development, issuance and updating of WHO guidance; how to enhance information-sharing within the global community, including WHO's role in providing travel and trade advice. The Panel should also prioritize the conducting of a strategic and operational review of the International Health Regulations (2005) monitoring and evaluation framework to ensure that it was fit for purpose and supported capacity-building. He called on the three review mechanisms to integrate a gender lens into their work and consider how Member States could ensure that their outbreak preparedness and response measures were more gender responsive.

The representative of MEXICO¹ stressed the importance of working together to improve emergency preparedness and response and to make WHO effective in coordinating international health matters. Since the recommendations and results of the three review mechanisms would guide the adoption of future emergency response measures, their work should be complementary and make the most of the technical and political skills of each group. The results of previous review mechanisms, such as the Global Preparedness Monitoring Board and the WHO reform process, should be taken into

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account. The evaluation should be impartial and transparent and ensure that Member States and the Secretariat would be able to clearly follow up on any recommendations issued. The evaluation of compliance with the International Health Regulations (2005) should include a detailed analysis of the impact of the response on international coordination, and an analysis of the positive and negative impacts of the drastic measures taken in response to COVID-19.

The representative of JAPAN¹ said that, while he appreciated the broad scope of the Independent Panel's review, certain elements might require a more meticulous approach. Those elements should be identified, alongside the method of review and the practical use of any evaluation outcomes. The role of the Panel alongside the other reviewing mechanisms should be identified. There were many lessons to be learned from the global public health response in the light of the impact of unprecedented factors, such as asymptomatic patients and the dynamic nature of international travel on the one hand, and the technology to quickly share information and accelerate collaboration in diagnostics and treatment on the other hand. The Panel, together with the Review Committee and the Independent and Oversight Advisory Committee, should provide recommendations for a practical and comprehensive way forward. The Panel had a vital role to play in WHO reform and should reframe the pandemic as an opportunity to review pandemic preparedness and response in a fair, independent and robust manner.

The representative of SPAIN¹ emphasized that multilateral cooperation and solidarity were essential into the search for solutions to the current global pandemic. The Organization had a central role to play and must be strengthened and adequately funded. In that regard, her Government was increasing the amount and flexibility of its contributions to WHO. It was important to strengthen the WHO Health Emergencies Programme, build a global reserve of emergency health materials, ensure better coherence between the components of the global health system, and facilitate better implementation of the International Health Regulations (2005). She welcomed the proposal to create new alert levels prior to the declaration of a public health emergency of international concern. The joint external evaluation tool was fundamental and WHO should propose visits to Member States. There was a moral imperative to guarantee equitable access to vaccines, diagnostic tools and treatments for COVID-19, and, in that regard, her Government would continue to support the ACT-Accelerator. She expressed support for the One Health approach, and urged greater cooperation between FAO, WHO and OIE. She highlighted the importance of the Climate Action Summit and the proposed international alliance to promote safe sport in the context of the COVID-19 pandemic.

The representative of CUBA¹ expressed support for the comments made regarding the inadequate representation of some regions on the Independent Panel, and the need to include a technical component. Existing gaps in low- and middle-income countries with weak health systems should be taken into account to ensure that any recommendations would effectively contribute to improvements. A transparent and multilateral approach was essential. The International Health Regulations (2005) were a valuable instrument in responding to pandemics, but the implementation of certain principles could be better defined, including coordinated actions, policies to protect vulnerable populations, global access to medicines and vaccines, and economic response measures. The Review Committee's recommendations must be adequately implemented in order to ensure the relevance of the Regulations. All measures should reflect the principles of cooperation and solidarity.

The representative of SWEDEN¹ took note of the ongoing reviews and agreed that better compliance with the International Health Regulations (2005) and a strengthened WHO Health Emergencies Programme would improve the response to global health challenges. She encouraged the Independent Panel to use its expansive mandate to evaluate the broader effects of the measures implemented during the pandemic on societies and public health. Existing knowledge gaps should be examined to determine the tools needed at the country level. While a focus on increased global health

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

security was important, work to help Member States develop strong and resilient health systems should continue.

The CO-CHAIR OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE thanked Member States for their support and noted the call for the three review mechanisms to work in a complementary manner. She similarly noted the call for technical and evidence-based input in order to draw on national expertise, and expressed her commitment to regular and full consultation with Member States. The Independent Panel's next report should recognize gaps in national and international preparedness prior to the COVID-19 pandemic, and would be practical, robust, contextualized and able to be readily implemented.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme thanked Member States for their positive feedback. WHO was shaped by the performance of its Member States and Secretariat, and an honest evaluation was therefore important to build on the lessons learned. She noted the concerns expressed in relation to how best to ensure that the Committee's recommendations would be implemented. The Committee's next report would therefore include an assessment of the progress made by the WHO Health Emergencies Programme in putting into effect the recommendations issued by the Committee over the past four years. The Committee remained committed to maintaining its independence, and would continue to work closely with Member States, the Secretariat and other key stakeholders as well as the other review mechanisms in the exercise of its functions.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE took note of the helpful comments made by Member States and confirmed that the Review Committee would continue to work closely with the other review mechanisms. The Review Committee's recommendations would seek to strengthen the International Health Regulations (2005) and promote global responsibility to control future outbreaks and pandemics.

The DIRECTOR-GENERAL thanked Member States for their guidance and the Chairs of the review mechanisms for their hard work. The evaluation process had begun, and he recalled that the Independent Oversight and Advisory Committee had already published an interim report on WHO's response to COVID-19. He emphasized the importance of regular assessment, and the timely implementation of any resulting recommendations. The Secretariat was already implementing recommendations issued during the transformation of WHO. The Secretariat was prepared to learn from the new review mechanisms, as should the world, in order to guard against a repeat of the current COVID-19 pandemic.

Concerning the Independent Panel, he reiterated that he had appointed the two high-level Co-Chairs of the Panel and empowered them to appoint other members and hire a Secretariat, in order to ensure the Panel's independence and credibility. Furthermore, the Panel was funded through assessed contributions, thereby avoiding any donor influence. He had consulted a random selection of Member States regarding the appointment of the Co-Chairs, as it would have been impractical and time-consuming to consult every Member State.

He assured the Board that WHO was ready to learn from the evaluation process and evolve as an Organization. As Director-General, he remained committed to continuous and constant improvement within the Organization in order to better serve the world. That had been true prior to the COVID-19 pandemic and would continue to be the case. Member States and the Secretariat would continue to work together to that end.

2. CLOSURE OF THE SESSION: Item 5 of the agenda

The CHAIR expressed support for the proposal, made during the first meeting by the representative of Austria, to hold an Executive Board retreat. Further consultations would be held once it seemed feasible to hold such an event.

The DIRECTOR-GENERAL thanked Member States for their contributions to the fifth special session of the Executive Board and reiterated his support for the proposed Executive Board retreat.

Turning to the COVID-19 response, he recalled that understanding of SARS-CoV-2 had increased, although there remained some knowledge gaps. Investment in tools and technology to combat COVID-19 was essential, and that was the reason for launching the ACT-Accelerator, one purpose of which was to further vaccine development. That investment would require political commitment from the world's leaders, as would efforts to ensure the equitable distribution of vaccines. Some Member States would also need support for their economic recovery, and thus further political commitment and solidarity would be required.

After the customary exchange of courtesies, the CHAIR declared the fifth special session of the Executive Board closed.

The meeting rose at 15:40.
