

SECOND MEETING**Tuesday, 17 May 2011, at 09:20****Chairman:** Dr W. AMMAR (Lebanon)**TECHNICAL AND HEALTH MATTERS:** Item 13 of the Agenda**Implementation of the International Health Regulations (2005):** Item 13.2 of the Agenda (Documents A64/9, A64/10, A64/10 Add.1 and A64/10 Add.2)

Dr FINEBERG (Chair of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009) recalled that the International Health Regulations (2005) made provision for a review of their implementation in 2010. The pandemic of influenza A (H1N1) 2009 virus infection had intervened, however, presenting the first “stress test” since the Regulations had entered into force in 2007. As agreed by the Executive Board at its 126th session,¹ the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 had been established to examine the functioning of the Regulations, assess the role and performance of WHO in responding to the pandemic, and define lessons for the future. The Review Committee, consisting of 25 members from 24 countries, had held four meetings open to representatives of Member States and the media, along with various discussions restricted to its members. Its report to the Director-General had been forwarded to the Health Assembly in document A64/10.

The Review Committee had sought from the outset to base its findings, conclusions and recommendations on evidence obtained from a variety of sources, including experts, officials and observers. It had held interviews with WHO staff members and had been provided with access to WHO's internal documents, including confidential material, that had a bearing on pandemic events. It had also reviewed the scientific literature, reports from countries and other documentation.

In the Review Committee's view, five factors had shaped the response to the pandemic: the core values of public health; the unpredictable nature of influenza; the way in which the threat of avian influenza A (H5N1) had shaped general pandemic preparedness; WHO's dual role as a moral voice for health in the world and as an organization that served its Member States; and the limitations of systems that were designed to respond to geographically-focal, short-term emergencies, rather than a global, sustained, long-term event such as a pandemic.

He stressed two findings of the Review Committee's report: influenza A (H1N1) 2009 had satisfied the definition of a pandemic, based on degree of spread of infection; and no evidence had been found of commercial influence on decision-making at WHO in connection with the pandemic. He drew attention to the three summary conclusions of the Review Committee, set out in paragraphs 16 to 18 of document A64/10, and the 15 recommendations that followed.

The experience of pandemic (H1N1) 2009 had provided an example of decision-making in conditions of uncertainty and great pressure, requiring a combination of technical expertise and the exercise of political responsibility. Bringing those two elements together in ways that took full advantage of the knowledge of experts without distorting political decision-making was a continuing challenge. He stressed the importance of advance preparation and building capacity to function in emergency conditions, neither of which could be successfully managed once an emergency was already under way. The Review Committee had enjoyed the luxury of retrospection, whereas decisions

¹ See document EB126/2010/REC/2, summary record of the second meeting, section 2.

in the event of an emergency must be made in real time, without knowing how events would unfold. Communication and public understanding were the bedrock of successful public health interventions.

Mr TUITAMA LEAO TUITAMA (Samoa) commended the commissioning of the independent review and welcomed the comprehensive and professional assessment provided by the Review Committee and its excellent recommendations. The International Health Regulations (2005) had enhanced global preparedness in the face of emerging public health threats. The situation would be further improved if core capacity requirements were met and the full potential of the Regulations realized.

Samoa, which had lost 22% of its population to the 1918 influenza pandemic, knew only too well the consequences of a lack of preparedness. Its experience with pandemic (H1N1) 2009 had made clear the value of the Regulations. National IHR focal points and information-sharing networks had allowed for a more effective response to the public health emergency represented by the pandemic.

The findings of the Review Committee reaffirmed the independence and value of WHO and tools such as the Regulations for countries like Samoa. He urged WHO to consider the Review Committee's conclusions seriously, in particular with regard to the problems faced by many countries in meeting core-capacity requirements and deadlines. Barriers to compliance must be identified as countries worked to meet the 2012 deadline. Lessons could be learnt on both sides. The definition of core capacity was an important issue. Although much effort had been devoted to developing tools and guidelines to support Member States in assessing their core capacities, the value of such tools was greatly diminished if they were not made available promptly.

Mr EL MENZHI (Morocco) welcomed the implementation of the International Health Regulations (2005), which had enabled Member States to be better prepared for influenza pandemics. He expressed appreciation to WHO and the Review Committee for their successful contributions in that regard. Lessons were still being learnt from pandemic (H1N1) 2009, during which many developing countries had been unable to access antiviral medicines and vaccines, despite WHO's support. If the Review Committee's recommendations were followed, the world would be better placed to tackle public health emergencies of international concern. The draft resolution (document A64/10 Add.1) was acceptable but a paragraph should be added requesting the Director-General to provide support to Member States in implementing the recommendations made by the Review Committee.

Ms HALTON (Australia) expressed appreciation to the Director-General for commissioning the review of the handling of pandemic (H1N1) 2009, which had been open, transparent and thorough. All who had participated in the global response or tackled domestic challenges were aware of the difficulties of dealing with a crisis of such magnitude, especially the strains on individuals. She welcomed the report of the Review Committee.

Australia had played an enthusiastic role in initial work on the International Health Regulations (2005), a fundamental instrument for global health security. Implementing a new instrument was a learning process requiring an open attitude to improvements. Her country would remain an advocate for the Regulations and would continue to work to maximize the benefits thereof. Expressing support for the Review Committee's recommendations, she requested further discussion of the contingency fund for public-health emergencies (recommendation 13) and how best it might be operated.

Mr FOURAR (Algeria) expressed support for the recommendation to create a contingency fund for public-health emergencies and suggested that countries should establish similar funds at national level. Algeria had a fund for emergencies, largely financed from tobacco tax revenue, that had been used to cover the country's response to pandemic (H1N1) 2009.

Dr AGOUDAVI (Togo), outlining his country's activities to implement and raise awareness of the International Health Regulations (2005) in accordance with its obligations as a State Party, said that the Regulations had been taken into account in the adoption of technical guidelines on integrated disease surveillance. When the Regulations had been applied in response to pandemic (H1N1) 2009, Togo had been one of the first African countries to benefit from vaccines. He expressed appreciation to the Secretariat for its technical assistance but requested that such assistance be strengthened in support of training staff in all departments involved in implementing the Regulations and preparing national implementation plans. He welcomed the report of the Review Committee.

Dr OBARA (Japan) expressed appreciation for the support provided to Japan by Member States and the Secretariat following the March 2011 earthquake. In the wake of the disaster, Japan had submitted reports to WHO, in accordance with the International Health Regulations (2005), on issues such as food and drinking-water containing radioactive substances as a result of the accident at the Fukushima Daiichi nuclear power plant. Collaboration with the International Food Safety Authorities Network on food containing radioactive substances was also important. WHO's global dissemination of reliable scientific information had been appreciated, particularly in the light of some media overreaction, and Japan would therefore continue to report information to Member States and the Secretariat as necessary through mechanisms such as WHO's Event Information Site for IHR National Focal Points.

In order for the Regulations to function optimally, all Member States should be prepared to implement them without geographical or time gaps. She looked forward to seeing improvements in the level of development of core capacities, in line with the recommendations of the Review Committee, and her Government would continue to monitor the situation closely.

Dr BRENNEN (Bahamas), welcoming the conclusions and clear recommendations of the Review Committee, underlined the unpredictability of influenza pandemics. In order to reduce morbidity and mortality, public health authorities must continue to focus on prevention, erring on the side of safety. WHO had an important role as a global moral voice to promote public health measures, while supporting recommendations made by public health officials to political leaders and policy-makers on the basis of core public health values through advocacy.

The Bahamas continued to support the emphasis placed on establishing systematic approaches to surveillance and early warning systems, particularly in developing island nations and in the light of human resource constraints, especially where health-care worker migration remained a concern. The intent of the International Health Regulations (2005) had been visionary, but meeting core-capacity requirements was a challenge for some countries. It was imperative for the Secretariat to support countries in making the best use of their resources to achieve that goal.

The Review Committee had highlighted the issues restricting the global response to influenza pandemics and other potentially vaccine-preventable pandemics and epidemics, such as the core-capacity requirements not yet met by many Member States. The Review Committee's recommendations aimed to fill gaps in both implementation of the Regulations and global pandemic preparedness and response. The underlying strength of a Member State's health system played a key role in its readiness to respond as expected.

Discussion relating to the recommendation to establish a contingency fund for public health emergencies should centre on possible contribution mechanisms, bearing in mind that those countries most likely to require assistance were often those least able to meet additional financial obligations.

He applauded the work that had been done to strengthen national capacity, but highlighted the importance of ensuring that training programmes for human resource development were provided equitably across all WHO regions. The Bahamas had benefited from training opportunities and looked forward to participating in the third IHR implementation course.

His country continued to monitor its progress towards implementing the Regulations. Developing core capacities at points of entry was hampered by human resource constraints, and he

requested additional resources for enhancing capacity to detect and respond to chemical and radionuclear events. Given that recent economic problems could delay work towards full implementation of the Regulations, consistent support from WHO was appreciated.

Dr HWOAL (Iraq) said that the International Health Regulations (2005) formed a foundation for public health partnerships. They served as a basis to strengthen partnership between countries for information exchange and response to epidemics, as could be seen from the report, especially in relation to pandemic (H1N1) 2009. Some successes had been recorded in surveillance and applying the Regulations. The experience of pandemic (H1N1) 2009 had proved that partnerships were functioning, but information needed to be exchanged effectively, and systematic regional measures should be taken in order to ensure timely responses to similar future events. Lessons had been learnt from pandemic (H1N1) 2009, particularly in terms of the need to establish regional surveillance systems, which should also cover comprehensive access. Databases had been created, allowing knowledge to be strengthened and serving as a basis for developing health systems and improving prevention. The experience of pandemic (H1N1) 2009 had furthered understanding of the basis for evaluating epidemiological exchange based on events and for carrying out observations at regional level. It had also favoured scientific advances in early detection and the avoidance of disease transmission.

Dr KUARTEI (Palau) expressed appreciation for the report of the Review Committee. He urged WHO to continue to follow the principles of consistency and transparency and to ensure that proper procedures and consistent terminology were used so as to facilitate the full and effective implementation of the Regulations for all partners.

Professor AHMED (Bangladesh), welcoming the report of the Review Committee, said that the International Health Regulations (2005) contributed significantly to global public health. However, more States Parties must report their implementation status: only 68% of responding countries had assessed their core capacities under the Regulations and only 58% had developed national plans.

The reports submitted revealed a lack of core capacities to detect, assess and report potential health threats, which would leave Member States unable to meet the 2012 deadline. The Review Committee had recognized that the implementation of the Regulations continued to present serious challenges and that some countries might not be able to meet core capacity requirements for surveillance and response by the deadline set. WHO should consider moving the deadline and should provide countries with technical assistance to fulfil their obligations.

The state of implementation of the Regulations in the South-East Asia Region was favourable. Provisions relating to chemical and radionuclear hazards displayed the lowest implementation rates. Despite its limited resources, Bangladesh had made good progress. Following a national assessment of country core capacities in 2009, a draft workplan for implementing the Regulations had been prepared. The Government had taken steps to designate points of entry. A second assessment of core capacities had begun in April 2011, and various important documents, such as guidelines and standard operating procedures, had been drafted.

He expressed concern that country capacities were not yet sufficient to tackle the mounting threats posed by avian influenza A (H5N1), pandemic (H1N1) 2009, the urgency of emerging and re-emerging diseases, and capacity building at points of entry. Financial, human and material resources in the health sector were inadequate to mitigate such problems. He requested the Secretariat to mobilize additional resources to support Member States in further developing their capacities to provide the best protection possible.

Dr RUSLI (Malaysia) said that the importance and uniqueness of the International Health Regulations (2005) as a global framework for managing public health emergencies of international concern had been highlighted by pandemic (H1N1) 2009 and recent events in Japan. Although there

had been improvement in some core-capacity areas, progress lagged in others. He drew particular attention to core capacities related to points of entry, one of the main concerns covered by the Regulations. Responses at points of entry were of recognized importance in preventing or delaying the spread of diseases, but it was also important to respond to diseases “exiting” a country. He urged States Parties to the Regulations and WHO to pursue an approach based on evidence or risk assessment in establishing response procedures at points of entry.

He welcomed the establishment of informal working groups to map country-specific yellow fever risk and to examine WHO's criteria for disinsection of departing conveyances.

Dr AL HAJERI (Bahrain) said that Bahrain had made good progress in applying the International Health Regulations (2005) and combating pandemic (H1N1) 2009 thanks to its infrastructure for surveillance and early detection. It was working with various stakeholders and in 2010 had established a multisectoral and multidisciplinary committee for implementation of the Regulations, which conducted surveillance and took action in emergency situations. Among other things, the Ministry of Health had formed a working group to monitor application of the Regulations, an action plan had been prepared for capacity building on surveillance, and shortcomings had been identified in several areas. Legislation had been drafted in relation to the Regulations and a mechanism on zoonoses had been put in place. She supported the draft resolution.

Mr LARSEN (Norway) welcomed the report of the Review Committee and endorsed its conclusions and recommendations, including those relating to crisis management and response by WHO. It was reassuring that there had been good reason to declare a pandemic, based on information available at the time, and that the Review Committee had found no evidence of commercial interest influencing decision-making within WHO. Nevertheless, he agreed that procedures for establishing expert committees should be improved in order to ensure transparency and avoid conflict of interest. The recommendations for improving preparedness and response were helpful to both Member States and the Secretariat, particularly in view of the conclusion that the world was ill-prepared to respond to a severe influenza pandemic or similar sustained global public health emergency. He therefore welcomed the important agreement reached in the Open-Ended Working Group of Member States on Pandemic Influenza Preparedness. A framework including standard material transfer agreements would significantly advance pandemic preparedness.

With regard to the draft resolution, he sought clarification about the scope of follow-up to the recommendations of the Review Committee. If follow-up applied to recommendations on both the functioning of the Regulations and pandemic (H1N1) 2009, he would support the draft resolution.

Dr MELNIKOVA (Russian Federation) welcomed the reports of the Director-General and the Review Committee. The former gave a good overview of progress made towards implementing the International Health Regulations (2005). Some countries had taken big strides in harmonizing legislation, training staff, strengthening national laboratory capacity, and improving epidemiological surveillance and health protection, whereas others still faced obstacles. Nevertheless, the fact that countries were able to use the monitoring mechanism and indicators to assess and build capacity was a positive step for all concerned. The evaluation had identified areas where more work was needed by all countries, particularly with regard to points of entry and chemical and radionuclear events.

Pandemic (H1N1) 2009 had been the first real test of the effectiveness of the Regulations. The Review Committee had drawn predominantly positive conclusions about their functioning during the pandemic and WHO's response to the global threat it had posed. The various shortcomings identified should be examined carefully in order to learn lessons and take necessary measures to increase future preparedness for pandemics and other public health emergencies. She endorsed the Review Committee's conclusions and recommendations, which should be followed up.

The Russian Federation supported WHO's activities to build the capacities of countries with limited resources, including provision of financial resources and technical expertise to establish

laboratory networks in Africa and Central Asia. Training activities on implementing the Regulations were being planned at Russian research institutes for experts and interested countries, particularly within the Commonwealth of Independent States. Such an approach would promote international development and help to strengthen regional capacity to tackle infectious diseases. She supported the draft resolution.

Dr GOUYA (Islamic Republic of Iran), welcoming the work of the Review Committee, underlined the value of the International Health Regulations (2005) as a regulatory tool for expanding the core capacities of all Member States to prevent and control public health emergencies of international concern. Although pandemic (H1N1) 2009 had threatened global public health, it had also presented an opportunity for countries to assess their preparedness, weaknesses and core capacities in a range of areas. The Regulations should be taken seriously and capacities should be built through the Secretariat's support to all Member States, especially developing countries, to ensure better responses to future pandemics and other emergency situations.

Outlining his country's activities to implement the Regulations since their entry into force, he drew attention to certain challenges. More technical support was needed from WHO to strengthen core capacities. Subregional collaboration should be established in order to strengthen capacities at points of entry on borders between Member States located in different WHO regions. WHO should foster collaboration with related international agencies, such as FAO and OIE. Support was needed for training courses on the Regulations. WHO should support efforts to harmonize surveillance capacities and activities between neighbouring Member States.

Dr SAID (Brunei Darussalam) expressed appreciation for WHO's work on the checklist for monitoring progress in building the core capacities required under the Regulations, including measures for evaluating the experiences of Member States in order to enhance the tools for such monitoring. Efforts to encourage the participation of all States Parties in the self-assessment questionnaire should also be pursued given the approaching 2012 deadline for compliance with obligations under the Regulations. The reported variations in achievement of the eight core capacities for tracking implementation reflected the differing challenges facing Member States. On that score, his country was among those that lagged behind with respect to the provisions relating to chemical and radionuclear hazard types, and he called for WHO's continuing support and technical guidance as it strove to achieve the required capacities.

Mr HOHMAN (United States of America) said that the recommendations of the Review Committee would significantly improve universal application of the Regulations. It was for Member States to fulfil their obligations in that regard through open and transparent information-sharing concerning outbreaks of disease. To that end, the Secretariat should continue to seek their feedback in order to further enhance the utility and usability of information-sharing systems such as the Event Information Site, while bearing in mind the need to maintain security and confidentiality. Successful and timely implementation of the Regulations likewise depended on the establishment of sustainable systems to develop, enhance and maintain core competencies such as disease detection, laboratory diagnosis and disease control. In that regard, the Global Influenza Surveillance Network had proved critical to limiting the global impact of the pandemic (H1N1) 2009 virus.

Similarly important was the collaboration and support outlined in Article 44 of the Regulations. The Secretariat was therefore encouraged to continue its work to identify and address areas of need in the case of resource-constrained countries, just as Member States were encouraged to provide support for implementation of the Regulations beyond their own borders. Specifically, the Secretariat should work with Member States to ensure that their national plans were adequate to fulfil IHR core-capacity requirements, particularly in areas found through the annual questionnaire to be most in need of additional focus. The Secretariat's efforts to draw from the experiences of Member States in order to further enhance the use of monitoring tools were also welcome, given the importance of accurately

monitoring the progress of IHR implementation. The same applied to its efforts to establish a web-based tool for online submission and monitoring of progress towards core-capacity implementation; additional strategies, metrics and tools for measurement and evaluation at the international, regional and country levels could also be considered. WHO's continuing leadership in pandemic preparedness and in coordinating the global response was to be applauded; the Secretariat's close collaboration with Member States had helped significantly to strengthen the response. He noted with some concern, however, the reported financial implications of taking the work forward.

Dr PÁVA (Hungary), speaking on behalf of the Member States of the European Union, said that the candidate countries Turkey, Croatia, The former Yugoslav Republic of Macedonia and Iceland, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, as well as the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. Recent natural catastrophes and their consequences had again proved the importance of the International Health Regulations in ensuring the security of global public health. Indeed, effective implementation of the Regulations was fundamental to the preparedness and response of the international community in the face of a potential public health emergency, as confirmed by the three overarching conclusions set out in the report of the Review Committee. Concerning recommendation 1 (Accelerate implementation of core capacities required by the Regulations), constructive but realistic engagement was required to overcome shortcomings with respect to the implementation of IHR core functions worldwide, taking into account not only financial resources but also the specificities of any global crisis and of individual Member States. In that regard, the activities of the WHO Lyon Office, among others, aimed at strengthening national surveillance and response systems, were welcome.

She also welcomed the actions provided for in recommendations 7 (Revise pandemic preparedness guidance), 8 (Develop and apply measures to assess severity) and 14 (Reach agreement on sharing of viruses and access to vaccines and other benefits). It would be useful, however, to shorten the time frame for the revision of pandemic preparedness guidance, given its importance in ensuring the ability of national surveillance systems to identify and describe the severity of an epidemic. In that regard, the recommendation for more open communication was particularly pertinent in the light of the Committee's finding that communication weaknesses had led to the confusion over changes in the definition of a pandemic. Efforts should therefore be made to find new ways of communicating matters relating to public health threats, including through the social media. It was nonetheless gratifying to note from the Committee's findings that WHO had in many respects performed well in the handling of pandemic (H1N1) 2009 and that allegations of malfeasance made against it had been unfounded.

Dr KIMANI (Kenya) said that the numerous steps taken by his country to implement the Regulations had included the establishment of a national IHR focal point; provision of guidance to senior management staff and health sector stakeholders on the substance of the Regulations; an assessment of IHR core capacities and distribution of the resulting report to stakeholders and partners; and the development of a plan of action. It was also in the process of incorporating the Regulations into its integrated disease surveillance and response initiative. Remaining challenges, despite those achievements, included the task of mobilizing the substantial amount of resources required to prepare and implement the necessary strategy and guidelines, and building capacities in terms of human resources, points of entry, laboratory facilities and surveillance systems, particularly at the community level. WHO was therefore requested to work with Member States to increase their core capacities for implementation of the Regulations within the established time lines. African governments were also urged to step up their financial support to that end with a view to maximizing resources received from development partners.

Dr BOKENGE (Democratic Republic of the Congo) said that his country needed WHO's support in order to improve its core capacities for tracking implementation of the Regulations and minimum capacity requirements at its 180 points of entry by 2012. On that score, it hoped to move to Level 2 following a national workshop to be held during the current year for the purpose of harmonizing its legislation with the Regulations. Of particularly acute importance, however, was the need to strengthen its national capacities through training such as that delivered through the IHR implementation course held in France in 2011, in which his country had not participated.

Dr ZHANG Guoxin (China) said that the three summary conclusions drawn by the Review Committee were objective and comprehensive. Its 15 recommendations were also highly relevant as effective means of addressing the shortcomings identified. The reported progress on sharing influenza viruses was especially welcome, but many countries were not yet fully equipped to deal with major pandemics and other threats to public health. More robust technical guidelines in the areas of risk evaluation, monitoring and early warning would therefore be beneficial, as would an increase in support from developed to developing countries for response capacity-building. On the basis of a comprehensive analysis of the functioning of the Regulations in relation to pandemic (H1N1) 2009 and the implementation of the Review Committee's recommendations, WHO should be able to strengthen the role of the Regulations and thus guarantee the protection of public health.

Mr MANDABA (Central African Republic) noted the gravity of communicable diseases and diseases with a high epidemic potential, not only for Africa. Operational surveillance systems were crucial for such matters as determining priorities, rational planning, resource mobilization and allocation, early warning and detection, and assessment of prevention programmes. The measures provided for in the Regulations were therefore essential for minimizing the risks to public health from diseases that all too easily spread across borders in the globalized world of international travel and trade, or indeed from other public health emergencies relating to chemical and nuclear events, for example. In addition, the Regulations set out the rights and obligations of countries with respect to the notification of events affecting public health required in those circumstances and the procedures to be followed by WHO in the interest of global health security.

With the addition of the Regulations to earlier instruments, such as the Millennium Development Goals, that were of relevance to the fight against diseases with a potentially global impact, progress had been made in several areas, including: the creation of a favourable institutional and regulatory climate; awareness and approval of the Regulations' procedures by States Parties; and national capacity-building through WHO's country offices and inter-State and regional cooperation. Implementation of the Regulations could nevertheless be improved through measures to enhance the effectiveness of epidemiological surveillance and early disease detection; to strengthen technological capacity, particularly in terms of laboratories; to make use of the tool for monitoring progress in order to identify constraints and strengthen capacities; and to provide capacity-building support to Member States in the African Region.

Dr MEMISH (Saudi Arabia) said that the role of WHO and the Regulations was crucial to the prevention of the future spread of communicable diseases, particularly during such mass gatherings as the hajj, which attracted some two million pilgrims annually. His country's successful management of the hajj during pandemic (H1N1) 2009 with WHO's collaboration not only demonstrated the Organization's leadership role but highlighted the need for the adoption of evidence-based health-education and awareness-raising programmes applicable to mass gatherings. Such programmes should be scientifically monitored and coordinated with Member States. A recommendation to that effect had been adopted at a large international scientific meeting on mass gatherings health (Jeddah, Saudi Arabia, 23–25 October 2010).

Professor TJANDRA YOGA ADITAMA (Indonesia) said that his country was committed to comprehensively strengthening its core capacities with a view to full implementation of the Regulations in 2012. A national committee composed of relevant ministries and agencies had already been established and Indonesia's health programmes were systematically formulated to protect public health in line with the Regulations. A national IHR focal point had also been designated some years earlier. Its activities were likewise performed in conformity with the Regulations and it maintained regular communication with WHO. Indonesia had published manuals on implementation of the Regulations, which were the basis for better preparedness for facing international health problems.

Dr CHAKRARAT PITTAYAWONGANON (Thailand) said that the vertical relationship between the structures provided for in the Regulations had worrying limitations. A single national IHR focal point was not sufficient for dealing with the risks covered by the Regulations and it was difficult for neighbouring countries in different WHO regions to collaborate closely under those structures. Member States had therefore established formal and semi-formal trust-based horizontal regional networks outside the WHO structure, which were linked under a new global network known as the Connecting Health Organizations for Regional Disease Surveillance (CHORDS). WHO should continue its constructive engagement with that network, the threads of which could be neatly woven into WHO's vertical structure to form a strong disease surveillance fabric. The network was, additionally, an excellent mechanism for collective capacity building through collaboration between developing countries.

He urged support for transparent and timely communication between national IHR focal points, through a secure mechanism, for the purposes of sharing information on unexplained outbreaks of potentially global diseases and indicating the mandate for prompt action by national IHR focal points in order to avoid delays in the prevention and control of public health threats. One of the many lessons learnt from the recent pandemic (H1N1) 2009 was the need for prudence when establishing travel and trade restrictions that might affect socioeconomic development in countries that shared their information in a transparent manner.

Dr FALL (Senegal) said that emphasis should be placed on identifying the phases of pandemic influenza in order to encourage better preparedness and the establishment of criteria for assessing the seriousness of the situation. WHO must also help to promote conditions conducive to the production of vaccines in quantities sufficient to meet the needs of countries, particularly developing countries. Senegal supported the recommendations of the Review Committee, notably with respect to the creation of a contingency fund for public health emergencies.

Dr SOE LWIN NYEIN (Myanmar) said that the recommendations of the Review Committee should be prioritized on the basis of regional and individual country situations and the availability of resources. A thorough review of those recommendations by WHO regional offices would be beneficial in terms of determining priority actions and singling out those for which the Secretariat's support to Member States would be necessary. The actions could then be reflected in WHO's workplans at all levels for the biennium 2012–2013. As to core-capacity building, the full benefits would be reaped only if it was carried out across the board. Countries could also usefully revisit their responses to the self-assessment questionnaire with a view to generating fresh thinking on ways to strengthen their core capacities in the coming biennium. Myanmar was currently reviewing its own responses and considering future actions on the basis of resources availability, and was grateful to the Regional Office for South-East Asia for the comprehensive support provided for building core capacities.

Mr BARBOSA (Brazil) said that, with respect to the question of disease severity, the detection and response capacities of each country should be supplemented by the capacity to conduct risk assessments in support of appropriate decision-making. Indeed, the recent pandemic (H1N1) 2009 had shown the importance of strengthening that capacity. Concerning the creation of a contingency fund

for public health emergencies, much progress in public health had been made in response to crises and the need for such a fund had been borne out by the lessons recently learnt in that context.

For its part, Brazil had contacted PAHO about an external evaluation of its response to pandemic (H1N1) 2009, which had presented a unique opportunity for all countries to assess their national capacities for response in a situation of real crisis. Decisions could then be taken with respect to the need for capacity building and the development of a plan adaptable enough to cope with all potential health emergencies.

Ms LAWLEY (Canada) said that many of the findings of the report on implementation of the Regulations mirrored the Canadian experience during pandemic (H1N1) 2009. Some of the recommendations of the Review Committee would have implications for domestic preparedness plans and policies, as in the case of changes to pandemic phases and development of measures of severity. Member States should therefore continue to be closely engaged in developing implementation plans and subsequent activities. Implementation efforts should also be based on an “all-hazards” approach, where appropriate, to strengthen global preparedness for pandemics and other public health emergencies of international concern. Canada looked forward to continuing its work with the Secretariat and the international community towards the goal of bolstering global public health by applying the lessons learnt from pandemic (H1N1) 2009 and strengthening the functioning of the Regulations. She noted, however, that implementation of the recommendations would place significant additional pressures on the Secretariat's resources; the Organization should prioritize implementation and provide Member States with details of what could be achieved with existing funds and what activities would need additional funding.

Dr SHUKLA (India) said that his country was working towards achievement of the core capacities set out in the International Health Regulations (2005). Substantial investments, concurrent evaluation and the application of on-course corrections had moulded its country-wide capacity for surveillance, which took advantage of information technology, and response into a sensitive system for the detection and management of disease outbreaks at community level. Other measures included the drafting of national legislation in support of the Regulations; the establishment of communication and coordination between the national IHR focal point and subnational levels; the operationalization of trained rapid response teams; and the guarantee of adequate laboratory support. The impact of the avian influenza outbreak and pandemic (H1N1) 2009 had been mitigated as a result of such measures.

Measures at points of entry were also being strengthened in accordance with the Regulations and a food safety and standards authority had been established as a statutory body to lay down science-based standards for food items and regulate their manufacture, storage, distribution, sale and import. The attainment of specialized capacities in connection with chemical, radiological and nuclear hazards remained a concern, however, and India had already sought the Secretariat's support for the development of such capacities in Member States in order to ensure the versatility of the Regulations as an instrument for the achievement of global health security.

Ms GAMARRA (Paraguay) said that the effectiveness of the Regulations had been demonstrated during pandemic (H1N1) 2009, but there was still much room for improvement insofar as the process was conditioned by the capacities and characteristics of each country. Nonetheless, the lessons already learnt would strengthen the credibility of evidence-based decisions on matters of public health and show the way forward. The Regulations were a tool for global action in the face of global problems, such as pandemics that knew no boundaries. Each country should take responsibility for the implementation, improvement and articulation of the Regulations at the regional and international levels. Itself part of a subregion, Paraguay was committed to continuing its efforts to improve the implementation of such an important tool.

Dr ST JOHN (Barbados) said that the various activities undertaken by her country towards full implementation of the Regulations included the successful introduction of protocols for the transfer of sick passengers; continuous training for non-health partners in obligations under the Regulations; participation by port health officials in a bioterrorism crisis-management simulation exercise; and participation in an IHR implementation course. Also, the ICAO's Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel had been implemented and adapted.

Barbados continued to focus on points of entry in order to reduce public health risks; it had established two quarantine centres at its main points of entry. PAHO had also facilitated a workshop for integration of the Regulations into national legislation. Other activities included workshops to assess the readiness for addressing the spread of communicable diseases through air travel and preventing public health emergencies. Much work remained to be done, however, to prepare for chemical and radiological events. In that regard, WHO's intervention would be essential.

She supported the draft resolution.

The meeting rose at 11:15.

= = =