

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**Palais des Nations, Geneva
Friday, 22 May 2015, scheduled at 09:45**

Chairman: Mr E. JARAMILLO NAVARRETE (Mexico)

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COMMITTEE A
EIGHTH MEETING

Friday, 22 May 2015, at 09:45

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1. SECOND REPORT OF COMMITTEE A (Document A68/67)

Dr ROOVÄLI (Estonia), Rapporteur, read out the draft second report of Committee A.

The report was adopted.¹

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 15 of the Agenda (continued)

Poliomyelitis: Item 15.2 of the Agenda (Documents A68/21, A68/21 Add.1 and A68/21 Add.2) (continued from the sixth meeting, section 3)

The CHAIRMAN invited the Committee to resume its consideration of the draft resolution proposed by the Secretariat, contained in document A68/21 Add.1. Following informal consultations, subparagraph 3(1) had been amended as follows: "... respond fully to polioviruses detected from any source; to immediately put in place national public health emergency measures, as appropriate, to respond to a new polio outbreak in a polio-free country following confirmation ...". Subparagraph 4(1) had been amended as follows: "to continue to collaborate with all relevant actors, governments and administrators, in partnership with other organizations in the United Nations system and local and international nongovernmental organizations, to support national efforts for polio eradication to benefit children in all areas".

Mr TENE (Indonesia) expressed his delegation's appreciation to all those involved in the informal discussions on Indonesia's proposed amendments to the draft resolution. Although those discussions had not succeeded in resolving Indonesia's main reservations, his country would not stand in the way if it was decided to adopt the draft resolution.

Ms STRESINA (Romania), speaking on behalf of the Member States of the European Region, expressed support for the draft resolution as amended, which reflected Member States' collective commitment to the eradication of one of the world's most serious vaccine-preventable diseases.

The draft resolution, as amended, was approved.²

¹ See page X.

² Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA68.3.

Mr TENE (Indonesia) reiterated the importance his delegation attached to having a flexible time frame for the withdrawal of the type 2 component from the oral poliovirus vaccine and the introduction of the inactivated poliovirus vaccine, based on national and local readiness as well as availability and affordability of the vaccines. His delegation considered that such a flexible time frame was already reflected in the last preambular paragraph of the draft resolution. Indonesia therefore dissociated itself from paragraph 2 of the draft resolution, as well as from the timelines specified in subparagraphs 3(7) and 4(2).

Antimicrobial resistance: Item 15.1 of the Agenda (Documents A68/19 and A68/20 (continued from the seventh meeting))

The CHAIRMAN invited the Committee to resume its consideration of the draft resolution submitted by Member States at the previous meeting.

Ms KIPIANI (Georgia) expressed her support for the draft global action plan on antimicrobial resistance and the draft resolution, and requested that Georgia be added to the list of sponsors.

Professor NAPO-KOURA (Togo) underscored the importance of collaboration between WHO, FAO and OIE, including the compilation of a database on antimicrobial resistance and suggested that an international high-level meeting should be convened on the subject. Although Togo had data on antimicrobial resistance, it had still to establish a multisectoral committee to exchange information and improve the use of antibiotics in human and animal medicine. Considerable challenges persisted with regard to awareness-raising about the misuse of antimicrobial agents, counterfeit products and the need to strengthen national, subregional and international policies to take account of the global action plan. Togo supported the draft global action plan on antimicrobial resistance contained in document A68/20.

Dr TILLUCKDHARRY (Trinidad and Tobago) expressed his support for the draft action plan. Efforts to mitigate antimicrobial resistance required a cross-sectoral approach to ensure that all stakeholders in human medicine, veterinary medicine and agriculture used antimicrobial agents rationally and responsibly. Surveillance in health-care settings was crucial, alongside national oversight, quality assurance and local policy-making. Trinidad and Tobago had developed an antimicrobial resistance policy that would guide the appropriate use of antimicrobial agents, strengthen research through population-based health studies and studies on the economic impact of antimicrobial resistance, and raise public awareness.

Dr DZABATOU-BABEAUX (Congo) expressed support for the draft resolution and the draft action plan, particularly the provisions on prevention of communicable diseases, which would considerably reduce the number of people needing antimicrobial agents, and on the quality of diagnostic tools. Education and public awareness-raising were essential, particularly for children, to make the new generation aware of the dangers of the misuse of antimicrobial agents. Efforts to tackle antimicrobial resistance must prevent the loss of patients to follow-up, ensure that supplies reached remote areas and promote rational prescribing and stock management.

Dr HENG (Singapore) welcomed the draft action plan. Singapore had made efforts to overcome antimicrobial resistance through its national antimicrobial resistance committee, and was continuing to focus on surveillance, research, training, infection control and antibiotic stewardship, with support from WHO, FAO, OIE and partner countries. Singapore supported the draft resolution and wished to be included in the list of sponsors.

Dr BANDARA (Sri Lanka) said that to ensure universal health coverage in his country, most pharmaceuticals had to be imported at high cost. Sri Lanka and other Member States in similar situations could not afford essential laboratory supplies. He therefore suggested the inclusion in the draft resolution of a new subparagraph 4(10), calling upon the Director-General “to review regularly with the pharmaceutical industry associations for the free availability of common first- and second-line antibiotic discs in the market for Member States to fulfil the requirements with regard to the objective 4 of the framework for action on antimicrobial resistance”.

Dr Song-en HUANG (Chinese Taipei) expressed support for the draft action plan. Chinese Taipei had implemented an effective antibiotic stewardship programme to promote education and training of health-care providers, conduct surveillance and research on antibiotic use and outcomes, monitor infection prevention and control in health-care facilities and ensure rational use of antibiotics. She urged WHO to intensify its work with partners, including FAO, OIE, the World Bank and industry associations and foundations, to counter antimicrobial resistance in animals. Chinese Taipei welcomed any opportunity to cooperate in global efforts to address antimicrobial resistance.

Ms KUSYNOVÁ (International Pharmaceutical Federation), speaking at the invitation of the CHAIRMAN, welcomed the draft action plan. Under objective 1 (see document A68/20, paragraphs. 30–31), she suggested that a reference should be added highlighting the importance of adherence to treatment and an understanding of the responsible use of antibiotics. The failure of patients to adhere to long-term treatment plans, particularly for tuberculosis, was leading to drug resistance: empowering pharmacists to supervise treatment could help to resolve that problem. With reference to objective 4 (paragraphs 40–44) she noted that diagnostic tools could be integrated into pharmacy practice to increase access to testing. Prescribers should be given feedback, which would be facilitated if treatment indications were included on prescriptions. Antibiotics should only be distributed through authorized channels.

Ms MACINTYRE (Water Aid), speaking at the invitation of the CHAIRMAN, welcomed the draft action plan’s emphasis on the importance of good sanitation, hygiene and infection prevention, particularly in health-care facilities. To meet the objectives set out in the action plan, universal access to water, sanitation and hygiene facilities in households, health-care facilities and schools was essential. Greater investment in wastewater management systems was particularly important. Member States should take action at national level to enforce the WHO Essential Environmental Health Standards in Health Care and monitor the incidence of health-care-associated infections.

Dr RODITIS (The World Medical Association), speaking at the invitation of the CHAIRMAN, said that it was essential to ensure the financial sustainability of interventions in low- and middle-income countries. The action plan must be accompanied by health systems strengthening, with a focus on access to primary health care, availability of diagnostic laboratories and surveillance. Research was required on infection prevention in resource-poor settings and the role of international travel and international trade agreements in antimicrobial resistance. Monitoring the prescription of antibiotics in veterinary medicine was particularly important; a multisectoral approach to antimicrobial resistance was essential. Training for health professionals on the appropriate use of antimicrobial agents was required.

Mr RIVALAN (Global Health Council), speaking at the invitation of the CHAIRMAN, welcomed the draft action plan and said that antimicrobial resistance was a major threat, not only to health but also to global security. Studies in the United Kingdom of Great Britain and Northern Ireland had concluded that, by 2050, antimicrobial resistance would cause 10 million deaths per year, with considerable economic impact. Drug-resistant tuberculosis, which also placed health-care personnel at

serious risk, was not adequately acknowledged in the draft action plan: drug-resistant strains of the disease already caused 210 000 deaths per year. Urgent action was required, or decades of progress in global health would be undone.

Ms CHIARELLA (International Council of Nurses), speaking at the invitation of the CHAIRMAN, expressed support for the draft action plan and said that health-care workers had a key role to play in preventing misuse of antimicrobial medicines. The involvement of nurses in drafting the action plan was therefore particularly welcome. She commended the first three objectives and emphasized that treatment adherence was critical in order to fulfil objective 4. Nurses had a key role to play in helping patients to take the correct dose of antibiotics for the correct period of time. She welcomed the move in some countries to authorize nurses to prescribe medicines, particularly since the relationship of trust between nurses and patients could improve treatment adherence. The success of global efforts to counter antimicrobial resistance would depend largely on the mobilization of millions of nurses around the world: governments should involve them in the relevant policy planning and strategy development.

Ms GUMPERT (Health Action International), speaking at the invitation of the CHAIRMAN, urged Member States to adopt the draft action plan, although she noted that it did not mention how the development and implementation of national plans to tackle antimicrobial resistance would be financed. If the draft action plan were to be successfully implemented, the Secretariat must strengthen resources for technical and financial support for country stakeholders, establish monitoring, evaluation and accountability frameworks and work with other United Nations agencies to provide guidance on antimicrobial use in animals, environmental contamination and other issues. Stakeholders should commit themselves to multisectoral action against antimicrobial resistance and set measurable targets. Global standards were needed for surveillance, infection control and prevention of overuse of antimicrobial agents, and new innovation models should delink profits from volume-based sales and ensure that people in need had affordable access to antibiotics. She urged WHO to take into account the key principles of the Antibiotic Resistance Coalition's Declaration on Antibiotic Resistance. Effective antibiotics would be essential for the success of the post-2015 development agenda.

Mr GAD (Medicus Mundi International), speaking at the invitation of the CHAIRMAN, urged Member States to phase out the nontherapeutic use of antimicrobial agents in animals. Environmental pollution from animal and hospital waste contributed to the spread of resistance and should be monitored and controlled. Health systems should be strengthened to ensure the appropriate use of antimicrobial agents. Member States and the Secretariat should develop robust standards and accountability mechanisms for national action plans, since the provisions of the draft action plan relating to accountability were weak. Many developing countries would require financial and technical assistance in that regard. Research into and development of new antibiotics should be accelerated and, since profit-driven priority-setting had failed to drive innovation, research funding should be delinked from monopoly pricing and anticipated profits.

Dr CHUA (MSF International), speaking at the invitation of the CHAIRMAN, urged Member States and the Secretariat to provide the resources needed to implement the global action plan and coordinate efforts to combat antimicrobial resistance, including mechanisms for accountability and evaluation. She called for the allocation of sufficient resources to implement infection control measures at all levels of health care; to monitor the appropriate and inappropriate use of antibiotics; and to guarantee access to key vaccines for all low- and middle-income countries to reduce the need for antibiotics. Registration policies for older antibiotics which were being revived to combat multidrug-resistant bacteria must be revised. Diagnostic tests should be developed for resource-limited settings, along with innovative mechanisms for research into and development of new antibiotics.

Mr MELLO (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, said that health professionals must have a sound evidence base for the medicines they prescribed. Emerging resistance trends, empirical treatment regimens and diagnostic protocols must be incorporated into continuing medical education materials in order to raise awareness of polypharmacy and self-medication with antimicrobial agents. Member States should regulate unofficial channels of antimicrobial drug distribution in order to prevent suboptimal medicines reaching hospitals. Failure to act would risk exposing new generations to health consequences from previously treatable diseases.

Ms GRUNDMANN (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that a globally coordinated policy approach and consistent regulation were required. Her organization's members were currently working on 34 antibacterial compounds, eight of which were in the final stages of development. The slowdown in approval of new antibiotic agents was only the tip of the iceberg: action was needed in areas such as basic research, regulation, good clinical practice and public awareness-raising. Antibiotics held a high societal value, and their development should be rewarded through a combination of incentives. Her organization supported the draft action plan and stood ready to provide expertise.

Dr FUKUDA (Assistant Director-General) welcomed participants' endorsement of the draft action plan and briefly summarized the consultative process which had led to its creation. The development of the draft action plan was a positive start but challenges remained, such as surveillance, prevention of disease through vaccination which would reduce the use of antimicrobial agents, improved hygiene and sanitation, the need for a sound funding base for financing in-country work and the development of new medicines and diagnostic tools. He noted the requests for detailed guidance on the implementation of the draft action plan as well as examples of best practice. The draft action plan built on the work done by agencies such as FAO and OIE and fitted in with existing WHO work in areas such as HIV, malaria and tuberculosis control, which would be strengthened as a result. The Secretariat would continue to discuss with Member States the possibility of convening a high-level meeting in the margins of the United Nations General Assembly. The top priority of the Organization would be to work with Member States on national implementation plans. The draft action plan provided a strong basis for future work.

Dr PANDA (India) proposed that consideration of the draft resolution should be deferred to allow for further consultations between Member States.

It was so agreed.

Implementation of the International Health Regulations (2005): Item 15.3 of the Agenda (Documents A68/22, A68/22 Add.1 and EB136/2015/REC/1, resolutions EB136.R5 and EB136.R6)

Dr AMMAR (Lebanon, representative of the Executive Board) said that, at its 136th session, the Executive Board had adopted resolution EB136.R5 on yellow fever risk mapping and recommended vaccination for travellers and resolution EB136.R6 on the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation. Many speakers had drawn parallels between the Review Committee's recommendations and the ongoing response to Ebola virus disease. Members had taken particular note of the recommendations concerning the relationship between the International Health Regulations (2005) and health systems strengthening, as well as the need to study options on how to best monitor and assess implementation by States Parties.

Mr RUIZ MATUS (Mexico), speaking on behalf of the Member States of the Region of the Americas, said that compliance with the International Health Regulations (2005) was the shared responsibility of WHO and States Parties. The latter should establish and maintain minimum core capacities at national and regional level to identify, assess and report on events. National public health risks and emergencies should be tackled through preparedness, monitoring and response. Given the obstacles States Parties faced in applying the Regulations at national level, granting second extensions to the States Parties which had requested them should contribute to collective global compliance. The universal development and maintenance of core capacities should be viewed from a more long-term perspective. A new assessment method was needed in addition to self-assessment and should be supported by WHO and the States Parties which had succeeded in establishing their core capacities. Collaboration between States Parties and WHO should take into account the sustainability of those core capacities.

Ms RABOVICA (Latvia), speaking on behalf of the European Union and its Member States, said that it was essential to bear in mind the relationship between the Regulations and health systems strengthening, in which the health workers who prevented, detected and responded to outbreaks played a central role. There should be a recognition of the specific needs of countries with weak health systems and governance structures, where implementation would require additional support. The high costs of the Ebola crisis demonstrated the advantages of investing in capacities to improve the response to public health events.

The European Union supported the recommendations of the Review Committee, including acceleration of implementation in the short term and investment in longer-term sustainable objectives. The key role of the Secretariat and its partners in providing States Parties with expertise and guidance to support implementation should be further enhanced. Transparent and reliable assessment tools, such as external assessment and certification processes, would provide a more accurate view on the level of implementation in countries. States Parties should prepare for the 2016 deadline by defining a road map and time frame for implementation, including regional meetings.

Dr KAN TUN (Myanmar), speaking on behalf of the Member States of the South-East Asia Region, said that all States Parties to the Regulations in the Region had established National IHR Focal Points and improved their reporting of events, early warning systems, communication between the animal and human health sectors, emergency response and coordination structures and international information-sharing systems. The status of core capacities was regularly reported by countries in the Region. No Ebola virus disease cases had been reported.

Major challenges had been identified in capacity of National IHR Focal Points, legislative capacity, limited coordination with other sectors, international cooperation and limited investment in financial and human resources. An established financing mechanism was essential to enable independent self-assessment and monitoring. Effective horizontal collaboration was required for workshops on medical preparedness for radiation emergencies and Ebola virus disease, strengthening point-of-entry capacities and emergency operation centres and providing training on quality management systems and risk management in laboratories.

Dr AARABI (Islamic Republic of Iran) said that the Ebola virus disease outbreak and other public health events had demonstrated the importance of strong International Health Regulation capacities and of a response system to deal with outbreaks of infectious diseases. In order to rectify the limited involvement of sectors other than human health, National IHR Focal Points should be coordinated by both ministries of the interior and ministries of health. More legal powers could be given to subregional plans of action such as the one established by the G5 countries in his Region (Afghanistan, Islamic Republic of Iran, Iraq and Pakistan, with the support of the WHO Regional Office for the Eastern Mediterranean). His country stood ready to share its experience of integrated laboratory-based surveillance and epidemiological investigation.

Dr NARGIS (Bangladesh) said that the experience of the Ebola virus disease outbreak had highlighted the importance of implementing the Regulations and the need to prepare for more complex health emergencies. Bangladesh had made substantial progress in implementation, but weaknesses persisted in the areas of multisectoral public health response and points of entry, and there was a lack of skilled human resources.

Turning to the report of the Review Committee, contained in document A68/22 Add.1, she proposed that the technical working group on data management capacities and practices, mentioned in recommendation 6, should be made permanent and that it should develop a standard methodology for assessment of implementation progress by State Parties. Under recommendation 7, she emphasized the need to prioritize building basic core capacities and publication of an annual scorecard of progress in implementation. An indicator might be included in the health-related sustainable development goals. Under recommendation 8 she urged that capacity building should be linked with health system strengthening and that, under recommendation 9, consideration should be given to creating a global fund to support Member States in building capacity.

Ms HARB (Lebanon) said that most States Parties which were requesting an extension of the deadline to establish their core capacities were facing serious institutional and resource constraints. For countries such as Lebanon, civil unrest and political instability remained the main obstacles to implementing core capacities, with mass migration impeding enforcement at points of entry and complicating further the chronic shortage in human resources and high turnover among health professionals. Since there was little hope that the situation would improve in the near future, it was all the more important to strengthen capacities and to invest in building resilient health systems through the proposed adoption of a continuous process with improved coordination for health systems and at the political level. She also supported the proposal to conduct an external independent assessment in order to detect national weaknesses and provide support to help countries to meet the requirements of the Regulations.

Dr AL-TAAE (Iraq) said the consolidation of approaches to the Regulations might include: testing their response to epidemics and events-based epidemiology, starting at points of entry; testing their capability to prevent the occurrence of communicable diseases; more capacity building at the personnel and institutional level to deal with disease outbreaks; more capacity-building opportunities for countries such as Iraq that faced specific security situations; and exchanges of practice within WHO regions and intersectoral cooperation with ministries other than health and international organizations. Such approaches to the Regulations should be an important indicator to evaluate collaboration with non-State partners. The G5 initiative in the Eastern Mediterranean Region was another pragmatic application of the Regulations.

Mr ROLLE (Bahamas) said that, although only one third of States Parties had been able to fulfil the core capacities outlined in the Regulations, the standards should not be changed to facilitate compliance. The Bahamas was working diligently towards achieving compliance with the Regulations by its extended deadline of June 2016 and had already enhanced capacity in the area of chemical events. Membership of the International Atomic Energy Agency had helped small island countries to obtain technical cooperation and financial streams for establishing radiation-related legislative frameworks, infrastructure strengthening and capacity building.

Ms GBANYA (Liberia), speaking on behalf of the Member States of the African Region, said that countries should be supported and engage with the WHO Secretariat on the building of core capacities without the imposition of sanctions, restrictions or incentives; the Secretariat should provide technical assistance to support implementation of the Regulations and ongoing monitoring and evaluation; countries should build core capacities within their health systems to strengthen health security; and countries should use experiences and lessons learned from recent outbreaks, especially the Ebola virus disease outbreak, to fast-track the support needed to build minimum public health capacities. The African Region supported the draft resolution recommended in Executive Board resolution EB136.R6, with the proposed amendments.

Dr AL HAJERI (Bahrain), speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the recommendations of the Review Committee and the draft resolution recommended to the Health Assembly in Executive Board resolution EB136.R6. She suggested the following action points: establishing an independent group of experts to work closely with countries in assessing capacities and implementing the recommendations of the Review Committee; strengthening the human and financial capacity of the Secretariat at country and regional levels to support the development of national capacities; establishing a mechanism to monitor the progress and development of capacities and their maintenance beyond 2016; facilitating experience-sharing and documentation of best practices by States Parties, academic institutions and other stakeholders; and establishing a mechanism to strengthen cross-border collaboration for surveillance and response.

Mrs FORTALEZA (Philippines) said her country was committed to implementation of the Regulations and viewed its adherence to the Asia Pacific Strategy for Emerging Diseases (APSED, 2010) as a tool to that end. Her Government intended to further improve its national systems and infrastructure, especially with regard to surveillance and the provision of preventive and quarantine measures at points of entry since the Philippines was an international hub for travellers and for returning expatriate workers. The Government recognized the usefulness of the Regulations, together with the “One Health” approach, as an essential tool for national and global health security.

Mr ZHANG Guoxin (China) commended WHO for its work to promote implementation of the Regulations. He gave a brief overview of measures China had taken to achieve national core capacity requirements by 2014, and of recent successes in tackling major epidemics and other public health-related incidents. He encouraged WHO to continue providing guidance and relevant tools to help countries overcome problems in the implementation of the Regulations and thus improve the global response capacity to public health incidents. His delegation supported the two draft resolutions.

Ms MARTINEZ (Ecuador) said that, despite the progress made, owing to new and complex challenges at national, regional and global levels Ecuador had been unable to fulfil its core capacity requirements within the set time frame and would welcome feedback on its National IHR Action Plan in order to guide further work. It would be useful to compile best practices from different countries and regions from which others could learn. The assistance afforded by both WHO and PAHO was greatly appreciated, although technical cooperation at all three levels of the Organization should be strengthened further. She welcomed the idea of exploring new, country-led options for assessing the robustness of States Parties’ core capacities in addition to the current system of self-assessment. Her delegation fully supported the recommendations made by the Review Committee.

Professor VALLET (France) supported the recommendations of the Review Committee. Secretariat input was essential to ensure the availability of effective tools in support of the implementation of the Regulations on the ground: he hoped that the Secretariat would contribute to the development of peer review mechanisms and guarantee exchanges of information about national

capacities beyond 2016. During its term on the Executive Board, France would work to enhance the visibility and legitimacy of the Regulations in the global health agenda. The regional offices should be the driving force behind the implementation of the recommendations of the Review Committee, the coordination of national pandemic preparedness and the assessment of preparedness by means of innovative techniques. Regional and global consultations should be held, with a view to developing concrete action. France would be willing to host an international conference on the Regulations in early 2016.

Dr VIROLAINEN-JULKUNEN (Finland) said that a large number of countries had failed to fulfil the core capacity requirements within the prescribed time frame. On the other hand, the success in preventing Ebola from growing into a pandemic showed that effective action on the local, national and global level was possible. The diversity of social and natural environments in different countries and regions largely determined their vulnerability to disasters and their capacity to respond. Twinning and networking were useful tools to promote the international solidarity advocated by the Review Committee. She called on all States Parties to integrate the Regulations into their national legislation and develop well-functioning health systems, using the recommendations of the Review Committee as guidance.

Ms SMIRNOVA (Russian Federation), speaking also on behalf of Armenia, Belarus, Kazakhstan, Kyrgyzstan and Tajikistan, fellow member countries of the Council for Health Cooperation of the Commonwealth of Independent States, said that the Ebola outbreak had highlighted the need to strengthen and improve the Regulations. They needed WHO assistance to draw up clear plans for future action and the mobilization of national resources. She called on countries that had fulfilled their own core capacity requirements to assist others that were lagging behind. The Russian Federation provided financial assistance to countries in eastern Europe and central Asia to that end, and had made targeted contributions to WHO. Her delegation supported the two draft resolutions.

Dr ASSIRI (Saudi Arabia) expressed support for the two draft resolutions. Technical expertise was needed to support States Parties in the implementation of the Review Committee's recommendations. It was important to promote awareness of the Regulations among senior officials in key sectors in order to build up political commitment. Closer links must be established with international and regional institutions and bodies, and States Parties must engage in dialogue to enhance cross-border surveillance and response. He called for a closer link between the Regulations and key programmes on patient safety, health-related human resource development, legislation and information systems. Country-level preparedness and stronger links with national disaster and emergency preparedness and response mechanisms was also crucial. He suggested the establishment of independent regional groups of experts that could assist countries in the assessment and development of core capacities.

Dr TILLUCKDHARRY (Trinidad and Tobago) expressed support for the recommendations of the Review Committee. Trinidad and Tobago had been unable to meet its core capacity requirements, owing to human resource constraints affecting its national implementation plan. It had nevertheless been possible to strengthen national capacities to detect and respond to public health emergencies of international concern, especially with regard to preparedness for biological, chemical and nuclear emergencies. Current efforts focused on strengthening the national disease surveillance system and scaling up core capacities at points of entry. His country was acutely aware of the interdependence of the Caribbean islands, which lived mainly from tourism.

Dr AL ATTAR (United Arab Emirates), reiterating her country's commitment to implementation of the Regulations, said that it had achieved qualitative progress in all core areas and fulfilled the necessary requirements in 2014. Among other achievements, it had developed a highly effective national surveillance and control mechanism and substantially strengthened infection control measures, laboratory capacities, food safety and biosecurity. It hoped for technical support and regional cooperation in training in the interests of reinforcing its core capacities at points of entry, looking forward also to a practical structure for periodic self-assessment that would enhance the annual reporting exercise.

Dr HARVEY (United Kingdom of Great Britain and Northern Ireland) said that the Ebola outbreak had been a chilling reminder of the importance of strong health systems capable of compliance with the Regulations. It was thus crucial to develop detailed plans to prepare for the 2016 deadline and to develop longer-term preparedness to prevent, detect and respond to public health threats. She expressed support for the recommendation to move implementation of the Regulations beyond a "checklist" approach. Improved assessment tools, including external validation, were vital.

Mr ALAM (Indonesia) stressed the importance of National IHR Focal Point entities and called on States Parties to publish or inform the Secretariat of their international communication mechanism, using a format accessible to all States Parties.

Ms ALVEBERG (Norway) supported WHO's call for countries to avoid excessively restrictive measures that influenced international travel and trade. She welcomed the prospect of new approaches to assessing core capacities, as recommended by the Review Committee. Sustainable implementation of the Regulations could be achieved only through long-term commitment to building resilient health systems. Norway supported the establishment of a country-twinning programme for the exchange of best practices in the implementation of the Regulations, and also supported the Global Health Security Agenda. Such initiatives should be consistent with the principles of the Regulations and underpin WHO efforts to improve core capacities. Cooperation on infectious disease control also had great potential.

Mr ISMAIL (Malaysia) expressed support for the recommendations of the Review Committee and the draft resolutions. Countries should shift the focus from mere compliance to seeing core capacity building as a continuous process that contributed to global health security. States Parties would require WHO support in implementing the recommendations of the Review Committee and building capacities for the implementation of the Regulations.

Dr KEITA (Mali) said that her country's response to the Ebola crisis had been consistent with the Regulations, and had required considerable human resources to monitor designated entry points and border areas. An interministerial epidemic management group had been set up for that purpose. Countries relied on WHO support for the effective implementation of the Regulations; her country was currently in the process of developing its own national action plan to facilitate implementation.

Dr ENNIS (Jamaica) commended the quality of the Review Committee's membership, which illustrated the importance WHO accorded to the exercise. Her country had adopted various policies and plans in order to develop core capacities for the implementation of the Regulations. Countries with significant human, financial and material resource deficits urgently needed increased support from the Secretariat to boost their national capacities. The countries of the Caribbean needed special assistance to strengthen their surveillance systems and develop preparedness and response capacity, especially in regard to radionuclear emergencies. Jamaica fully supported the action recommended in Executive Board resolution EB136.R6, and the recommendation on the changeover to a single dose of yellow

fever vaccine in Executive Board resolution EB136.R5. Jamaica would adopt the updated Annex 7 of the Regulations immediately rather than waiting for the July 2016 deadline.

Dr AHMED SIDAHMED MOHAMMED (Sudan) said that her country faced considerable challenges in regard to health technology procurement and training of health-care personnel. Like most countries that had requested a second extension of the deadline, Sudan was in dire need of technical and financial assistance. Such assistance could only be effective if the capacity of national health systems and WHO country offices was strengthened.

Dr ATEBA ETOUNDI (Cameroon) said that multisectoral activities to ensure country preparedness for a potential Ebola virus disease outbreak, together with the support provided by the recent WHO preparedness missions in the most at-risk countries in Africa, had helped Cameroon to strengthen its core capacities under the Regulations. Work undertaken with partners from the Global Health Security Agenda had enabled Cameroon to accelerate implementation of the Regulations to the extent that, with continued support from WHO, his country would be able to implement the Regulations fully by 2016, thereby obviating the need for a further extension.

Ms GÓMEZ GÓMEZ (Colombia) said that one of the most important aspects of the Regulations was the need for all States Parties to establish basic core capacities to detect, assess and communicate events in order to ensure an effective response to public health risks and emergencies. The recommendations of the Review Committee would guide efforts to overcome existing challenges in implementation, especially at the national level. She endorsed the recommendation that extensions should be granted to those countries requesting them. It was essential to ensure both comprehensive professional, technological and technical training at the local level and the sustainability of the core capacities for community surveillance. The monitoring process should be continued and support should be provided to enable States Parties to deal effectively with public health threats and bridge existing gaps in capacity.

Ms WOOD (United States of America) said that, although significant progress had been made in the fight against Ebola virus disease, essential health security infrastructure and resources were still lacking in western Africa and many other at-risk areas. Over the course of the previous year, the partners engaged in the Global Health Security Agenda had worked to develop multilateral and multisectoral collaborations and measurable targets to accelerate implementation of the Regulations. External evaluations would enable countries to better understand their gaps and needs, seek partnerships and build sustainable country capacities. She expressed support for the proposal to establish peer reviews or external evaluations as a core element of the assessment of national core capacities under the Regulations. Her Government noted with satisfaction the commitments made to support at-risk countries to achieve full implementation of the Regulations by 2019: it had committed itself to supporting 30 countries to meet all the targets of the Global Health Security Agenda, and called on other countries to synchronize their efforts in a collective approach. The United States welcomed the decision to establish the African Centres for Disease Control and Prevention to prevent and respond to future health emergencies.

Dr DAKULALA (Papua New Guinea) said that his country was fully committed to implementation of the Regulations before its extended deadline of 2016. He described a number of measures taken in his country to support implementation, including an integrated disease surveillance and response policy and a work plan on emerging infectious diseases and health. A National IHR Focal Point had been designated. The national experience from the recent outbreaks of pandemic avian influenza A(H1N1) and cholera would inform the future response to public health emergencies and had highlighted the need to strengthen human resources capacity. He supported the two draft resolutions.

Mr DE ANDRADE FILHO (Brazil) said that recent public health events worldwide, including the Ebola virus disease outbreak, illustrated the need to ensure a rapid response and organize health services to protect vulnerable groups. The Regulations played an important role in guaranteeing transparency and solidarity in the response to global public health threats. However, he expressed concern at the introduction of restrictions by some countries in response to the outbreak of Ebola virus disease. Health system strengthening would promote and protect public health. It was imperative that all States Parties should stand by their commitments to implement and assess basic core surveillance and response capacities: WHO played a central role in that regard by promoting exchange of good practices. Brazil supported the draft resolution recommended to the Health Assembly in Executive Board resolution EB136.R6, and congratulated Argentina on its initiative on yellow fever which had led to the draft resolution contained in Executive Board resolution EB136.R5.

Mr BOYCE (Barbados) affirmed his country's commitment to achieving full compliance with the Regulations by 2016. The recent Ebola virus epidemic in Western Africa and outbreak of chikungunya in the Caribbean had demonstrated the importance of scaling up national capacities and ensuring robust regional and international surveillance measures. His country had worked to improve chemical, biological, radiological and nuclear surveillance and management, food and water surveillance and port health, and was constructing a new public health laboratory to strengthen its national capacity and assist other countries of the Organization of Eastern Caribbean States in monitoring public health issues.

Dr HAUFIKU (Namibia) said that many countries had introduced stricter controls and surveillance measures at points of entry in response to the recent outbreak of Ebola virus disease rather than as a result of their commitment to implementation of the Regulations: there was a need for proactive, rather than reactive, implementation. The challenges highlighted by the Review Committee must be addressed, including the need for multisectoral action. It was imperative to invest in preventive measures and strengthen detection capacities and preparedness. He called on States Parties to respond to the Secretariat's efforts to strengthen the current system of self-assessment of core capacities. He supported the draft resolution recommended in Executive Board resolution EB136.R6.

Mr SKERRITT (Saint Kitts and Nevis) said that his country, as a small island State, would require additional support to enable it to achieve its core capacities. Regional action was needed to ensure that member countries of the Caribbean Community could guarantee radionuclear and chemical preparedness. However, notable progress had been made in relation to the core capacities to address infections. Preparedness activities to combat the Ebola virus and chikungunya virus had provided valuable lessons in areas such as regional rapid response, port health services and contingency funding. His Government looked forward to collaboration with neighbouring countries in the implementation of the Regulations: regional health organizations such as PAHO and the Caribbean Public Health Agency had played a pivotal role in resource mobilization. He supported the draft resolution recommended in Executive Board resolution EB136.R6.

Dr YONGJUA LAOSIRITAWORN (Thailand) underscored the importance of strengthening laboratory services, especially collaboration between animal and human health laboratories. Whole-of-government and multisectoral engagement were essential, in addition to increased cooperation between the animal, environment and human health sectors. His Government fully supported the recommendation of the Review Committee that self-assessment should be supplemented by further measures in order to improve transparency and validity. He drew attention to the vital role of human resources, including scientists, information technology specialists and front-line workers at primary care level, in responding to public health events: however, internal migration of well-trained personnel to the private sector was a matter of concern. Additional support should be provided by the Secretariat and its partners for countries that had not yet met the minimum core capacity requirements.

Thailand had met its core capacity requirements and would welcome joint expert assessments. He supported the two draft resolutions.

Mr TEGENE (Ethiopia) said that considerable efforts were being made in Ethiopia to meet the required core capacities, including the establishment of the Ethiopian Public Health Institute and appointment of a National IHR Focal Point, training and countrywide deployment of public health emergency officers and a new reporting system. His Government had adopted the Integrated Disease Surveillance and Response guidelines and updated its legislation, and believed that it would soon be fully compliant with the Regulations. He supported the establishment of the African Centres for Disease Control and Prevention and the provision of additional support for developing countries with limited system capacities, but objected to the proposed introduction of sanctions for countries failing to abide by the Regulations.

Dr NDIAYE (Senegal) said that Senegal was on course to fulfil its core capacity requirements by the extended deadline of 2016. An assessment of core capacities of points of entry at airports, ports and ground-crossings, conducted in his country in October 2014, had exposed weaknesses in several capacities, including coordination, communication and response to potential public health emergencies of international concern. He noted the difficulties in mobilizing the resources required to bridge the current funding gap and the importance of conducting risk assessments and strengthening the capacities of National IHR Focal Points in order to improve coordination with other sectors.

Mr SEGARD (Canada) said that the recent outbreak of Ebola virus disease had highlighted the critical importance of full implementation of the Regulations by all States Parties, as well as the need for a monitoring process to identify gaps in capacities. He called for a strengthening of collaboration between States Parties, including the conduct of external evaluations. As an active participant in the work of the Global Health Security Agenda, Canada supported the five-year timeline to achieve the Agenda's targets. He endorsed the recommendations of the Review Committee and urged the Secretariat to provide further technical support for States Parties in implementing them. His Government also supported the development of a renewed monitoring framework to evaluate implementation of the Regulations before the extension deadline of 2016. He endorsed the draft resolution recommended in resolution EB136.R6.

The meeting rose at 12:45.

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