

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**Palais des Nations, Geneva
Wednesday, 25 May 2016, scheduled at 09:00**

Chairman: Mr M. BOWLES (Australia)

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COMMITTEE A

FOURTH MEETING

Wednesday, 25 May 2016, at 09:30

Chairman: Mr M. BOWLES (Australia)

1. FIRST REPORT OF COMMITTEE A (document A69/66)

The RAPPORTEUR read out the draft first report of Committee A.

The report was adopted.

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 14 of the agenda

Implementation of the International Health Regulations (2005): Item 14.1 of the agenda

- **Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response** (documents A69/21, A69/21 Add.1 and A69/21/Add.2)

The CHAIR OF THE REVIEW COMMITTEE listed the Review Committee's recommendations, contained in document A69/21. Three main messages had emerged from the discussions: the need for continuous improvement in public health preparedness in the face of major risks; the need for a strong WHO Secretariat, the establishment of a standing advisory committee to review WHO risk assessment and risk communication, and the creation of a new category of alert, the international public health alert; and the need for solidarity among neighbouring countries and among rich and poor, in line with article 44 of the Regulations.

The CHAIRMAN invited the Committee to consider the draft decision proposed by the Secretariat in document A69/21 Add.1, which read:

The Sixty-ninth World Health Assembly, having considered the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response,¹ decided:

- (1) to commend the successful conclusion of the work of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, the leadership of its Chair, the dedication of its distinguished members, and the submission of its report to the Director-General for transmittal to the Sixty-ninth World Health Assembly;

¹ Document A69/21.

(2) to urge Member States to take forward the recommendations contained in the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response;

(3) to request the Director-General to report to the Health Assembly, in the annual report on the implementation of the International Health Regulations (2005), on progress made in taking forward the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response.

The financial and administrative implications for the Secretariat of adoption of the draft decision were set out in document A69/21/Add.2.

The representative of the DOMINICAN REPUBLIC described his country's efforts to strengthen its core capacities under the Regulations, and listed the remaining priorities, including strengthening of preparedness, surveillance and response to chemical or radiological disasters and animal and foodborne diseases. A national, multirisk emergency plan, clearly defining institutions' roles and resource management, was crucial to prepare and respond to possible threats.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that a joint external evaluation would be carried out as soon as possible in order to fill any gaps in his country's national action plan.

The representative of SINGAPORE said that his country, which had been affected by severe acute respiratory syndrome, pandemic influenza and Zika virus disease, relied on prompt warnings of the threat of infectious disease outbreaks issued by national focal points. Core capacities should be strengthened in the broader context of improving health systems. Greater global awareness of the Regulations and a holistic communication strategy were also necessary. WHO should assist countries in need and support capacity building for an effective and rapid response to emergencies.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, according to a rapid review conducted by WHO, progress in implementing the Regulations in his Region was patchy, even among countries which had declared themselves ready to cope with a health emergency. The Member States of the Region had called for an independent assessment and the establishment of a regional assessment commission to provide technical guidance and oversee the independent joint expert evaluations. Increased funding, regional and national partnerships and South-South cooperation were also crucial for successful implementation.

The representative of PANAMA described her country's efforts to implement the Regulations. She called upon all States Parties to fulfil their international commitments: a united and coordinated regional response, strengthened and coordinated by WHO, was the best defence against emerging and re-emerging diseases. Further discussions were crucial for a more effective approach to emergencies. She called upon States Parties to continue their assessment and training activities and warned that national and regional structures should not be weakened by excessive centralization.

The representative of the PHILIPPINES said that more resources would be needed to increase awareness of the Regulations, strengthen health systems, improve core capacities and foster active partnerships in communities in order to manage outbreaks and health emergencies. Standard metrics for measuring capacities should be strengthened at country level. Improved compliance, ownership of responsibilities and accountability were essential.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Serbia and Albania, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Georgia and Andorra, aligned themselves with his statement. The preparedness required to prevent, detect and respond to health threats called for cross-sectoral collaboration. WHO should encourage transparent global governance and continue to cooperate closely with the relevant organizations, including FAO and OIE, to ensure effective implementation of the Regulations. The Regulations should be fully integrated into the new WHO Health Emergencies Programme to guarantee its emergency response capacity. The IHR Monitoring and Evaluation Framework and Joint External Evaluation Tool were crucial for identifying gaps in country core capacities and capabilities, as well as an important source of information for donors and a potential tool to coordinate support from different partners. WHO should enhance existing structures and strengthen its capacity and partnerships across the different levels of the Organization. He encouraged States Parties and the Secretariat to implement the Review Committee's recommendations.

The representative of BELGIUM said that full implementation of the Regulations was a central outcome of the WHO Emergency Response Framework and noted with satisfaction that monitoring and reporting to the governing bodies were a core responsibility of the Secretariat, as the Director-General had acknowledged. The Secretariat was fully responsible for neutral, independent and objective external evaluations of core capacities, for which it should establish a clear action plan to address realistic deadlines. Donor States should provide support for countries that needed to address core capacity gaps.

He suggested a number of amendments to the draft decision proposed by the Secretariat. In paragraph 2, "under the leadership and with the support of WHO" should be inserted between "to urge Member States to take forward" and "the recommendations contained in the report ...". In paragraph 3, "to take full accountability on the external independent, objective and transparent evaluation of IHR implementation process as recommended by the Review Committee, and to prepare a costed plan of action for the evaluation process in order to ensure a first round by 2021 and" should be inserted between "to request the Director-General" and "to report to the Health Assembly ...".

The representative of JAPAN said that States Parties that had yet to attain the core capacities should indicate their timetable for doing so in the IHR Monitoring and Evaluation Framework and their own national action plan, adopting a sustainable bottom-up approach. WHO, the Global Health Security Agenda partnership, the G7 States and other stakeholders were key to moving forward with the implementation of the Regulations, as were the collaboration and harmonization of all levels of the Organization under the "one WHO" approach.

The representative of MONACO said that her country should be fully compliant with the Regulations by 2017. She supported the amendments suggested by the representative of Belgium.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND urged States Parties to expedite implementation of the Regulations in a way which supported the most vulnerable countries. It should be an integral element of health systems strengthening. She supported WHO's leading role and the external evaluation methods, and welcomed the creation of the Joint External Evaluation Tool. Her country provided financial support for implementation by low- and middle-income countries, although those countries should also allocate their own resources to carry out their national plans and build capacities.

The representative of AZERBAIJAN said that his country, with international partners, was piloting an innovative electronic disease surveillance system to facilitate timely case-by-case data

collection and analysis. One of the major features of the new system was the simplified method of exchanging epidemiological surveillance data with partners and the WHO Regional Office for Europe.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that cross-sectoral cooperation throughout 2015 had made it possible to maintain, consolidate and create core capacities at the country's main ports, and progress was being made in the areas of surveillance, preparedness and response, laboratory capacities and food- and animal-borne diseases. His Government had explained its position concerning the concept note "Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)" at the PAHO Regional Consultation on the IHR Monitoring Scheme post-2016, held in August 2015.

The representative of GERMANY drew the Committee's attention to the commitments made by G7 leaders during the 2015 German Presidency to support 76 States Parties in their implementation of the Regulations. Germany supported the recommendations made by the Review Committee and endorsed the findings and conclusions reflected in paragraph 157 of the report. The establishment of a global strategy, as proposed by the Review Committee, would enhance effectiveness and efficiency and help bring together existing structures and complementary initiatives. WHO must provide solid and resilient leadership in the implementation and monitoring of the Regulations. He supported the amendment proposed by the representative of Belgium to paragraph 2 of the draft decision.

The representative of the REPUBLIC OF KOREA said that the threat of emerging infectious diseases was not limited to vulnerable countries; the proposed joint external evaluation of country capacity should therefore be conducted in all States Parties. WHO must give priority to the most vulnerable countries when providing support for the implementation of the Regulations.

The representative of SOUTH AFRICA commended WHO for the reform measures undertaken to address gaps in emergency and epidemic response. She welcomed the idea of exploring new options and mechanisms for self-assessment and voluntary peer review and external evaluation of implementation of the Regulations. States Parties required sustained support in the implementation of core capacities and ongoing reform of WHO's emergency response framework.

The representative of NORWAY noted that those recommendations of the Review Committee that concerned new institutional arrangements or global strategic initiatives could not be followed up by individual States Parties: WHO must take an active lead in implementing them. The draft decision did not reflect that responsibility and should be revised. Recommendations 2, 3 and 6 of the Review Committee, at least, needed to be discussed further; any relevant decision should be deferred to the 140th session of the Executive Board.

The representative of SAUDI ARABIA said that there was an urgent need to reform WHO's existing emergency response mechanism, which was not flexible enough and did not allow for the mobilization of adequate resources. Furthermore, the mechanism did not respond adequately to emergencies caused by noncommunicable diseases and should be expanded accordingly.

The representative of SAMOA supported the new WHO Health Emergency Programme and the "one WHO" approach. The reform of WHO's emergency work should provide ongoing momentum for further investment in preparedness work at the national level. The experience from other public health events had helped improve response capacities, including capacity building under the Regulations, the development of generic capacities and a step-by-step approach. He encouraged States Parties to implement the recommendations of the Review Committee.

The representative of the BAHAMAS informed the Committee about a number of legal and policy instruments adopted in his country. In order to address human-resource-related problems, cross-training initiatives had been increased, as had capacity to respond to radiation events. The Event Information Site had been a useful tool for sharing knowledge, best practice and achievements in the Region. In respect of the revised reporting tool, he called for regional solutions and longer reporting intervals and guidance on follow-up action on the implementation of the Regulations beyond 2016. Periodic evaluations should be action-oriented, qualifying and quantifying progress and difficulties in each country.

The representative of FINLAND said that building country capacities to prevent, detect and respond to public health events required a sense of ownership by countries, sustained efforts and reliable information about existing gaps. She welcomed the introduction of the Joint External Evaluation Tool. Finland had been one of the first countries to undergo such an evaluation and would provide financial and other support for its rapid roll-out.

The representative of FRANCE supported the Review Committee's recommendation to develop a global strategic plan to establish and monitor core capacities and to create an intermediate level of alert. The new WHO Health Emergency Programme should place special emphasis on building capacities at the national and regional levels. Referring to the outcome of the High-level Conference on Global Health Security held in Lyon, France, in March 2016, he said that in order to ensure global health security, all countries must have tools to prevent, detect, evaluate and communicate public health risk, and respond to it with WHO support. The new Joint External Evaluation Tool was an important development: follow-up of the evaluations should be led by the WHO Health Emergency Programme and regional offices. His delegation supported the amendments proposed by the representative of Belgium in paragraph 2 of the draft decision.

The representative of TURKEY supported the draft decision.

The representative of JORDAN said that it was important to bring national legislation into line with the Regulations; strengthen surveillance systems; and equip health laboratories with diagnostic tools to detect communicable diseases. Rapid response teams were also needed. WHO should keep up its support for the implementation of the Regulations in all Member States. He proposed the establishment of a centre for communicable disease surveillance and control in the Eastern Mediterranean Region.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, said that health security was a global issue and a shared responsibility. Successful implementation of the Regulations by some countries could set an example for the entire Region and thus contribute to heightened global public health security. WHO Member States must build, strengthen and maintain core capacities and mobilize the necessary resources. She took note of the proposal for external assessment and welcomed the Global Health Security Agenda as a means for strengthening countries' core capacities.

The representative of BRAZIL expressed support for the current version of the Regulations, which promoted solidarity and transparency in public health emergency response. The response to the Zika virus disease outbreak and the excellent support afforded by WHO and PAHO to the countries affected had illustrated the lessons learned from the Ebola virus disease outbreak.

He expressed reservations with regard to some of the recommendations made by the Review Committee. The proposed system of external evaluations would further increase the burden of compliance and must be strictly voluntary. Developing countries, in particular, might struggle to implement the proposed recommendations without new and additional international assistance. His

delegation was not in a position to consider the recommendations as an integral part, or reinterpretation, of the current version of the Regulations until they had been thoroughly examined and agreed in an intergovernmental setting within WHO. More time was needed to identify which recommendations could be implemented immediately and which ones might require amendments to the Regulations. Paragraph 3 of the draft decision should be amended to read: “to request the Director-General, in full consultation with Member States, to develop an implementation plan for the Review Committee recommendations, identifying those that would eventually require amendments of the International Health Regulations (2005), and to submit the implementation plan for the consideration of the Seventieth World Health Assembly, through the Executive Board”.

The representative of INDIA welcomed the Review Committee’s focus on implementation and support for developing countries, but expressed reservations about recommendation 5. While all countries must work towards compliance with the Regulations, the proposed external evaluation should not be made mandatory. He also expressed reservations concerning recommendation 2: further clarification was needed on the way in which the proposed international public health alert mechanism would be implemented. The ambit and scope of recommendation 11 on data sharing also needed to be clarified. Any new mechanism developed by WHO for sharing biological samples must take full account of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity. His delegation could not endorse the recommendations in their entirety; States Parties must be consulted about any further steps.

The representative of the RUSSIAN FEDERATION said that the implementation of the Regulations must be inclusive and transparent and uphold the independent and neutral coordinating role of WHO. Bilateral, multistate initiatives or the Global Health Security Agenda should not be placed on the same footing as the Regulations, or used as an excuse to replace them with other mechanisms. WHO’s role as an intermediary between donors and States should not replace its core functions, as that would undermine trust in the Organization. While his country supported WHO-led monitoring of core capacities, the proposed joint external evaluation needed to be discussed further to clarify its status and consequences. Evaluation should not be a prerequisite for support. WHO must play a central, leading role in evaluation; he objected to the idea of setting up an analysis unit within the Organization to fulfil those functions. Until further work had been done, he could not approve the recommendations, or the draft decision.

The representative of MEXICO said that an intermediate level of alert would allow new public health events to be dealt with promptly, but it should be carefully defined in order to avoid confusion. An appropriate communication mechanism was required, and transparency should be increased through the implementation of additional measures by States Parties and the publication of temporary recommendations.

The representative of THAILAND welcomed the Joint External Evaluation Tool, which would ensure transparency and international accountability in respect of the core capacities, although it was unclear how much the tool would cost and who would pay for it. The Secretariat should focus on core capacities for assessment and on priority countries. Given the imposition by some countries of international travel restrictions that went beyond the temporary recommendations, he encouraged WHO to play a leading role in ensuring adherence to temporary recommendations.

The representative of EGYPT called for greater financial support, human resources and capacity building for regional offices. Due to the scale of the response required, caution should be exercised when declaring a public health emergency of international concern. The epidemiological link between

Zika virus disease and microcephaly had not been confirmed: WHO should not overreact before that link had been established.

The representative of NEW ZEALAND said that the Review Committee's recommendations should be implemented urgently. WHO should prioritize funding and cooperation to support States Parties in the sustainable development of the health systems infrastructure required to implement the Regulations fully. Progress towards universal health coverage would deliver local, regional and global health benefits and improve health security and responsiveness to future health emergencies.

The representative of AUSTRALIA welcomed the report by the Review Committee and supported its recommendations. He expressed support for the Joint External Evaluation Tool and WHO's approach to evaluating implementation. He supported the draft decision proposed by the Secretariat and reserved the right to respond in due course to the amendments proposed.

The representative of CÔTE D'IVOIRE said that financial and technical support provided through the United Nations system and the Global Health Security Agenda had helped to strengthen prevention, detection and response capacities for public health emergencies.

The representative of PAKISTAN said that his country had been the first in the Eastern Mediterranean Region to undergo the joint external evaluation exercise, which had helped it to identify capabilities, gaps and challenges in implementation. He urged other States Parties to follow suit.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the lack of vaccines and treatments for Ebola virus disease should be added to the issues identified by the Review Committee. African countries continued to make progress in implementation and agreed that implementation and the development and roll-out of a global strategic plan should be prioritized. Ethiopia, Mozambique, Uganda and the United Republic of Tanzania had conducted risk and core capacities assessments using the Joint External Evaluation Tool. His Region remained committed to establishing and sustaining capacity to prevent, detect and address public health emergencies. WHO and other stakeholders should implement the Review Committee's recommendations, in particular those related to developing capacity for laboratory diagnosis and using technology to boost surveillance and ensure the timely reporting of public health emergencies.

The representative of the UNITED REPUBLIC OF TANZANIA said that it was crucial to build capacity, particularly in respect of food, chemical and radio-nuclear risks, areas where the African Region performed poorly. Linkages between the Regulations and the Pandemic Influenza Preparedness (PIP) Framework should be strengthened, since both addressed core capacities for surveillance and response. The proposed global strategic plan should outline operational goals for one, five and ten years, and allow for the holding of periodic reviews. The plan required an implementation framework, which should be developed in consultation with States Parties and the regional committees. Independent assessment should be performed regularly at the regional level, in order to strengthen regional linkages and the exchange of technical expertise. She expressed concern at the recommendation to establish a standing advisory committee to define an intermediate level of alert, particularly if no support was associated with it, and requested detailed information in that regard. Nevertheless, she supported the draft decision proposed by the Secretariat.

The representative of KUWAIT endorsed the report by the Review Committee and noted the importance of financial and technical support from WHO. The efficient delegation and empowerment of regional offices would allow the better use and faster mobilization of resources. Despite recognition

of the importance of national IHR Focal Points, there were no specific indicators on strengthening their function.

The representative of BURUNDI expressed support for the draft decision. Despite its limited resources, his country had worked with partners to implement the Regulations.

The representative of BARBADOS said that the Regulations represented best practice in global disease prevention and control, which was crucial for small island States with economies based on the free movement of people and services. States in the Caribbean Community required Secretariat support to strengthen laboratory systems and response capabilities; develop a legislative framework for compliance; and develop mechanisms for a timely response to chemical, biological and nuclear events. He called for a regional framework for monitoring, evaluation and response with respect to such threats. Given the constraints faced by countries in his Region, the evaluation of compliance should, in the short term, be conducted by Member States within the Region.

The representative of CANADA emphasized the importance of timely implementation. The global strategic plan required broad consultation, yet swift development. The Secretariat should immediately initiate the development of that plan, with a view to discussing it at the 140th session of the Executive Board.

The representative of SRI LANKA described his country's experience of implementing the Regulations with reference to the outbreak of Ebola virus disease. Its WHO country office had provided assistance and a survey had found no suspected cases of the disease.

The representative of KENYA said that implementation of the core capacities in his country had been hindered by resource constraints and political change. He looked forward to the development of a fully resourced global strategic plan and recommended an emphasis on sustainable funding for long-term health system strengthening. Embracing the Global Health Security Agenda would accelerate implementation. The global strategic plan should be reviewed every three years to ensure that it was addressing identified gaps in implementation, and the Secretariat should consult States Parties before finalizing it. He supported the use of the Joint External Evaluation Tool to review the core capacities.

The representative of VIET NAM said that the Joint External Evaluation Tool would help States Parties to implement the core capacities and mitigate their reporting burden. The Secretariat should draft and issue a guidance manual and training programme on the tool.

The representative of BANGLADESH noted the importance of implementation in a context of disease outbreaks that threatened health systems. Despite global progress on implementation, certain areas – such as chemical and radio-nuclear risks and implementation at points of entry – had progressed slowly. The strengthening of surveillance, health systems and response capacity in each State Party should be emphasized, rather than a focus on a single health problem or condition. His country would welcome technical assistance in the areas of multisectoral preparedness and response and strengthening of physical structures at points of entry. He proposed that, at the end of the final sentence of the draft decision, the following phrase should be added: “in addition to progress of outbreaks and response to other diseases of public health concern”. States Parties' concerns about certain recommendations by the Review Committee should be addressed, with a view to reaching a consensus.

The representative of PARAGUAY supported the creation of an intermediate level of alert, which should be accompanied by information on the availability of products and equipment required

to launch a national response. The development of the global strategic plan to improve public health preparedness and response should comprise realistic time-bound targets to be achieved with WHO support. Self-assessment of core capacities should be continued and external assessment should be conducted by regional experts, with national participation. The rapid sharing of public health and scientific information and data had ensured a sound national response to the outbreak of Zika virus disease in Paraguay; related procedures should be improved.

The representative of the UNITED STATES OF AMERICA said that the Review Committee's recommendations must not be ignored. Implementation of the Regulations should be linked with broader efforts to strengthen health systems and a multisectoral approach was critical to address public health emergencies. The Joint External Evaluation Tool was an essential component of a robust IHR Monitoring and Evaluation Framework, and her country was currently undergoing its own joint evaluation. She supported the statements by the United Republic of Tanzania and Norway.

The representative of GRENADA congratulated the Review Committee and aligned himself with the statements made by Barbados and the Bahamas.

The representative of CHINA said that accelerated implementation of the Regulations took priority over their revision and was essential to safeguard global public health. China had enhanced its emergency response core capacities in line with the Regulations. It welcomed the leadership of WHO in implementing the Regulations.

The representative of IRAQ described the intersectoral links established in his country for the implementation of the Regulations. A specialized unit had been established under the Ministry of Health and legislation had been adopted for the swift implementation of the Regulations, particularly at times of pilgrimage. He called on WHO to provide further technical assistance.

The representative of TUNISIA said that national contexts should be taken into account when giving effect to the Review Committee's recommendations. Risk assessment capacities should be improved through training, with priority support being provided for developing countries. Data security and other ethical considerations must be taken into account in the implementation of recommendation 11 on improving rapid sharing of information.

The representative of GHANA pointed out that, as the Ebola virus disease outbreak had demonstrated, the international community was ill-prepared in the face of public health threats. States Parties should prioritize funding for the Regulations as a social and economic investment.

The representative of PAPUA NEW GUINEA endorsed the statements made by Samoa and Japan. It was vital to strengthen core capacities as part of the overall strengthening of the health system itself. Her country would not achieve a number of the core capacities by the final deadline of June 2016, but it had responded in the areas most affected by the El Niño weather phenomenon and Zika virus disease by implementing the core capacities at points of entry in the country. Field epidemiology training was conducted with the support of WHO, the United States of America and Thailand, with the aim of assigning field epidemiologists to each province to assist in disease control and emergency preparedness.

The representative of the ISLAMIC REPUBLIC OF IRAN said that recent outbreaks of certain prototypical diseases indicated insufficient preparedness of many countries to address global health emergencies. WHO should organize regional consultations on the IHR Monitoring and Evaluation Framework to ensure that all States Parties were fully involved and informed irrespective of political

considerations. His country had launched a successful early warning and surveillance programme and intended to share it with other countries, with WHO coordination.

The representative of ECUADOR said that the Regulations had aided the country's effective response to the earthquake of April 2016. Her country had drafted a strategic plan based on the core capacities and had prevented post-disaster disease outbreaks with the support of WHO and PAHO. She called for further WHO technical assistance.

The observer of CHINESE TAIPEI said that the Event Information Site had allowed for prompt access to information on several major public health threats in Chinese Taipei and enabled it to work closely with partners regarding preparedness and response. He urged States Parties to comply fully with the Regulations, particularly the provision stipulating notification of a potential public health emergency of international concern within 24 hours, and to make use of the Joint External Evaluation Tool.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that implementation of the Regulations should take into account the critical link between health, migration and human mobility within countries and across borders. It was crucial to monitor population mobility dynamics in order to identify spaces of vulnerability and subsequently strengthen core capacities for emergency preparedness and response and primary health care. Her organization would continue to advocate for mobility-sensitive public health emergency preparedness and response plans and provide the relevant technical assistance. She called upon governments and partners to ensure that migrants, regardless of their status, were included in preparedness and response plans to guarantee public safety.

The CHAIR OF THE REVIEW COMMITTEE said that the implementation of recommendation 5 on the external assessment of core capacities would constitute real progress, although it was not an obligation. All stages relating to its implementation should be guided and overseen by WHO. The coordinated actions following an intermediate-level alert under recommendation 6 would be determined with the full participation of relevant stakeholders and the support of WHO. With regard to recommendation 11, he noted that the Nagoya Protocol laid down guidelines on access and benefit sharing to address the sensitive questions inherent in the rapid sharing of public health and scientific information. The WHO research and development blueprint for action to prevent epidemics could inform the implementation of that recommendation. In addition, the PIP Framework could serve as an example for the development of the Regulations.

The DIRECTOR-GENERAL expressed her thanks to States Parties for reaffirming by consensus the central role of WHO in the implementation of the Regulations. While it was incumbent on States Parties to make a commitment to implement the core capacities defined in the Regulations, States Parties had recognized the limits of self-assessment and would welcome WHO coordination of various initiatives and voluntary participation in the Joint External Evaluation Tool. While it was imperative to ensure that recommendations of the Review Committee that were consistent with the Regulations were swiftly put into effect to ensure preparedness for future emergencies, the opportunity would be provided for dialogue on the recommendations that required further clarification and discussion prior to adoption. In that connection, she proposed that the Secretariat should draft a global strategic plan to improve public health preparedness and response, including technical and financial resource mobilization to implement the plan, which would be submitted to the regional committees for discussion. Feedback would be gathered, particularly from States Parties for which implementation of the Regulations imposed additional burdens or necessitated legislative amendments. A consolidated version based on those discussions would then be presented to the Executive Board in January 2017 and subsequently to the Seventieth World Health Assembly. Accordingly, the Secretariat would revise

the draft decision, incorporating as necessary the proposed amendments and setting out a timeline for action, for consideration by the Committee.

The representatives of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, SOUTH AFRICA and MALAYSIA expressed support for the Director-General's proposal.

The representative of BRAZIL said that the Director-General's proposal offered an excellent way forward, although there were core elements still to address. It was important to be flexible and give the Director-General the capacity to implement those elements that were consistent and compatible with the current Regulations. Some elements were novel, such as antimicrobial resistance and the external evaluations; their implications required further discussion.

The representative of NIGERIA expressed support for the Director-General's proposal, but said that some key actions should be taken immediately and that prolonged bureaucratic procedures should not be allowed to delay capacity building.

The representative of SUDAN, endorsing the Director-General's proposal, said that the Regulations must henceforth be treated as a reality, not as an ambition. Sudan would work closely with the Regional Office for the Eastern Mediterranean to fulfil the requirements for implementation.

The representative of the RUSSIAN FEDERATION said that the need for swift action must be balanced against the need for further discussions. As the Regulations were legally binding commitments, it was essential to ensure a consensus was reached, without leaving any loopholes. He therefore supported the Director-General's proposal.

The representative of MEXICO supported the proposal and expressed his commitment to work constructively with the Secretariat and other States Parties to reach consensus.

The representative of NICARAGUA, welcoming the Director-General's proposal, considered the regional consultation process to be of particular importance in order to ensure implementation not only of the Regulations, but also of the mechanisms for emergency preparedness and response.

The representative of SAUDI ARABIA supported the Director-General's proposal. It was important to support the external evaluation of States Parties' core capacities and to highlight any gaps.

The representative of EGYPT warned against the possibility of bureaucratic delays and called for them to be kept to a minimum.

The representative of CHINA supported the use of external evaluations and highlighted the importance of consistency in the use of experts and resources under the monitoring and evaluation framework.

The representative of INDIA, supporting the Director-General's proposal, stressed that the recommendations must be reviewed and discussed.

The DIRECTOR-GENERAL expressed her appreciation for the strong support given to the proposed way forward.

The CHAIRMAN took it that the Committee wished to suspend consideration of the agenda item, to allow time for the Secretariat to prepare a revised version of the draft decision.

It was so agreed.

(For continuation of the discussion and approval of the draft decision, see the summary record of the thirteenth meeting, section 2.)

Reform of WHO's work in health emergency management: WHO Health Emergencies Programme: Item 14.9 of the agenda (documents A69/30 and A69/61)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Programme, Budget and Administration Committee had considered the Director-General's report on the reform of WHO's work in health emergency management (document A69/30). The Secretariat had given a presentation on the new Health Emergencies Programme, providing substantive detail on the financing of the programme. Implementing the Health Emergencies Programme would require a total budget of US\$ 494 million for the biennium 2016–2017, an increase of US\$ 160 million over the agreed budget for health emergency management. In acknowledgement of the very late posting of the report, members had considered that it would be premature to recommend adoption of the decision by the Health Assembly and had therefore recommended, on behalf of the Executive Board, that the Health Assembly should note the report by the Director-General in document A69/30, continue the discussion started in the Programme, Budget and Administration Committee and consider the proposed draft decision contained in paragraph 24 of document A69/30, taking into account the need to ensure full and sustainable financing for the Health Emergencies Programme.

The representative of MALAYSIA, speaking on behalf of the Member States of the Western Pacific Region, supported the new WHO Health Emergencies Programme, particularly the concept of "one WHO" during health emergencies. The new implementation plan might usefully draw on the Asia Pacific Strategy for Emerging Diseases. His Region welcomed the Joint External Evaluation Tool as an appropriate and complementary way of identifying and filling gaps in Member States' national plans.

The representative of JAPAN said that there were three critical factors in preparing for and responding to future health emergencies: implementation of the health emergency reform; global coordination of large-scale health emergencies, with agreed standard operating procedures and with WHO taking the central role and coordinating with the United Nations Office for the Coordination of Humanitarian Affairs and other existing agencies; and securing sufficient financial resources. Japan would take up health as a priority agenda item at the G7 Summit which it was due to host shortly. It had already contributed US\$ 11 million to the WHO Contingency Fund for Emergencies, and its Prime Minister had pledged US\$ 1.1 billion for global health institutions, including US\$ 50 million over the coming years for Japan's contribution to the directly relevant health emergency activities of WHO. She encouraged other Member States to support the health emergency reform efforts.

The representative of COLOMBIA, speaking on behalf of the Region of the Americas, supported the Health Emergencies Programme and welcomed the progress made. Since 1976, the PAHO Emergency Preparedness and Disaster Relief programme had proven to be an efficient and effective emergency and disaster response mechanism in the Region of the Americas. The Member States of the Region therefore supported the new programme on the understanding that the PAHO programme would continue to respond fully to the health emergency needs of Member States in the Region, but would work in coordination with the WHO programme, as appropriate.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Serbia and Albania, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova and Georgia, aligned themselves with his statement. He welcomed the development of a single health emergencies programme, the establishment of the Independent Oversight and Advisory Committee and the launch of a transparent selection process for the programme's new Executive Director. He urged WHO to implement the recommendations of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences in full, by rolling out one workforce, one budget and one clear line of authority throughout the Organization. While recognizing the need to expand WHO's current operational capacity, he emphasized that the Secretariat should also rethink its priorities within the existing programme budget. Health emergency preparedness must be reinforced through strong country and regional capabilities, supported by WHO regional offices, which should be reflected in the budget. He requested an update on WHO's preparations for the programme budget for 2018–2019 and on its proposal to secure additional funding for the Contingency Fund for Emergencies to reach the target of US\$ 100 million and ensure efficient replenishment mechanisms were in place.

The representative of MONACO said that WHO should maintain its leadership role in health responses to emergencies, with one clear line of authority. She pointed out a possible ambiguity in paragraph 6 of document A69/30 regarding Grade 2 crises, and asked for the procedure to be clarified. The planned one-off budget increase for 2016–2017 for the new programme should be made permanent, and an explanation be provided for how the funds would be sourced. If it was deemed appropriate to submit a proposal to the Executive Board for an increase in compulsory contributions, it should be included in the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed WHO's progress in reforming its response to disease outbreaks and health emergencies, and requested further details of the new programme's structure and budget. However, WHO must do more, including full and rapid implementation of the Advisory Group's recommendations. His country had made a substantial contribution to the Contingency Fund for Emergencies and encouraged other Member States to follow suit. The world was watching; WHO and the international community must show that it had learned the lessons from the Ebola virus disease outbreak. WHO must be much better prepared for future outbreaks and emergencies. He strongly endorsed the new programme and urged its swift implementation.

The representative of SWITZERLAND welcomed the concept of a single unified programme and the strengthening of WHO operational capacities to make them a central pillar of the Organization. Document A69/30 was a step towards that goal. She likewise welcomed the development of a single, common results framework to standardize planning, budgeting, staffing, monitoring and feedback, and discussions taking place on collaboration with the United Nations Office for the Coordination of Humanitarian Affairs to establish operational methods to integrate the management of disease outbreaks. She agreed that the request for extra budget funds was justified and a necessary investment.

The meeting rose at 13:00.

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