

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

**Palais des Nations, Geneva
Wednesday, 25 May 2016, scheduled at 14:30**

Chairman: Mr M. BOWLES (Australia)

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COMMITTEE A

FIFTH MEETING

Wednesday, 25 May 2016, at 14:35

Chairman: Mr M. BOWLES (Australia)

PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 14 of the agenda (continued)

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) (continued from the fourth meeting, section 2)

The representative of SENEGAL said that the countries affected or threatened by Ebola virus disease were taking action to ensure a more effective response to any future epidemics and health emergencies. It was important for the new WHO Health Emergencies Programme to support national initiatives for strengthening health systems and implementing the International Health Regulations (2005). The Programme should also support regional initiatives launched by the Economic Community of West African States and the African Union, with which areas of collaboration should be established. The Health Assembly should formulate recommendations to that effect.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that there should be greater coherence between the work on health emergencies and that on related areas such as the framework of engagement with non-State actors and regional initiatives in the African Region. He would welcome greater clarity on the implementation of the new Programme at regional and country level. WHO should improve the coordination of its work on the issue with regional and subregional bodies in Africa. The countries of the Region remained concerned about the limited resources and capacity available to the Regional Office and the country offices for response to public health emergencies. The reform work should focus on building capacity at local level within reasonable time limits. While ensuring preparedness with regard to financing was the responsibility of Member States under the International Health Regulations (2005), the African Member States would welcome support from partners. Adequate resources must be allocated to preparedness in order to strengthen health systems in the Region. It was also important to strengthen health information systems.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region currently faced a number of health emergencies. Despite the remarkable efforts of the Regional Office, there was a risk that the situation would deteriorate further, owing to lack of financing. Adequate resources should be provided to support the role of WHO and first responders at country level. It was unclear whether the current and future funding for the Programme would be directed where it was most needed. Support for countries with the greatest immediate needs should be increased and clear lines of authority and accountability established. Building regional capacity would help to ensure that the Programme was properly implemented. The capacity and leadership of regional and country offices would determine the effectiveness of WHO's response. It was important to restore trust in WHO's ability to lead and coordinate health emergency response and outbreak control, and Member States should work with the Secretariat to address gaps in the Organization's capacity. However, while investment in the new Programme was necessary, it

should not come at the expense of other priority areas of the programme budget. The countries of the Region strongly supported the draft decision contained in document A69/30.

The representative of SAUDI ARABIA said that it was important to build on the existing structures at the three levels of WHO, with a focus on the weakest link in emergency response: the first responders in the countries concerned. Countries should be consulted to determine their specific needs, and clear roles in health emergency response should be defined at the regional and local levels. His Government's experience of dealing with Middle East respiratory syndrome had underscored the crucial need to work with other sectors and with local communities. It had also shown the importance of periodic evaluations and investment in scientific research. Cooperation should be enhanced between the relevant ministries and sectors of society and the international community. Funding for the new Programme should be allocated under the Organization's programme budget.

The representative of IRAQ said that his country's health care system had been seriously overtaxed by a series of crises and emergencies. Support from WHO and the international community in that regard would be welcome. The new Programme would improve not only emergency response but also emergency preparedness, and Member States and donors should make available the funds required to implement the Programme and deliver assistance to countries experiencing crises. Global solidarity was more essential than ever in order to ensure international health security.

The representative of the REPUBLIC OF KOREA said that it was important to centralize control and clarify the roles of relevant organizations in emergencies. At the same time, although selecting an Executive Director for the Programme might be an effective strategy, the roles and responsibilities of the regional directors, regional emergency directors and the Director-General should be clearly defined in order to deliver tangible results.

The representative of TURKEY, welcoming the efforts to enhance WHO's emergency response capacity in the wake of the Ebola virus disease crisis, said that the Director-General's authority to relocate staff within 72 hours should be strengthened. Global response capacity was the sum of capacities at all levels of the Organization. Lack of health system preparedness was particularly evident in areas such as the Eastern Mediterranean Region, which had been affected by mass displacement of populations. His Government was making every effort to address the negative health outcomes of that situation. It looked to WHO to carry out its mandate, live up to its reputation and meet global needs by implementing emergency reforms swiftly and effectively.

The representative of TOGO said that the new Programme would enhance the Organization's capacity to respond to humanitarian emergencies. His delegation welcomed the initiatives introduced by the Director-General to establish the Emergencies Oversight and Advisory Committee, create an implementation plan and seek funding for the Programme.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, said that the action taken, resources allocated and investments made under the Programme should be directed at strengthening country capacities. Financial, operational and technical support needed to be decentralized. The concentration of emergency management staff at headquarters was a matter of concern, as emergency response had to be addressed at country level. It was unclear how the Programme would function if no voluntary contributions were provided. He wondered which Programme activities and components would be scaled down, and at which levels of WHO, if the necessary US\$ 160 million in funding could not be mobilized. He also wondered how other priority programmes would be affected if funding for the Programme were derived solely from the reallocation of existing resources. The distribution of resources among response, prevention and preparedness

activities should be balanced. The Member States of the Region fully supported the adoption of the draft decision contained in document A69/30.

The representative of DENMARK, expressing support for the new Programme, said that WHO needed to cooperate effectively with non-State actors in its response to health emergencies and actively involve communities and affected populations. Attacks and threats against humanitarian assistance personnel severely restricted the provision of support to populations in need, and parties to armed conflict should therefore take steps to prevent such violence. Ensuring the full implementation of the International Health Regulations (2005) was a shared responsibility. Many Member States required support to establish the core capacities under the Regulations, and his delegation therefore welcomed the prioritization of country preparedness under the new Programme. Transparent external country assessments with context-specific analyses and recommendations would also be welcome.

The representative of the UNITED REPUBLIC OF TANZANIA said that the new Programme should have clear lines of accountability and responsibility. Emergency response activities under the Programme should be coordinated between all three levels of the Organization. A better understanding was needed of the link between the Emergencies Oversight and Advisory Committee and the regional committees. Technical capabilities, geographical diversity and gender should be considered when appointing Committee members. His Government supported ongoing collaboration between WHO and the United Nations Office for the Coordination of Humanitarian Affairs in the response to large-scale disease outbreaks.

The representative of the PHILIPPINES said that his delegation supported the new Programme and welcomed the clear delineation of the roles and responsibilities of the Emergencies Oversight and Advisory Committee, the Executive Director, the regional directors and the WHO representatives. It wished to underscore the important responsibility of WHO representatives and country offices in implementing Programme activities. Collaboration with the United Nations Office for the Coordination of Humanitarian Affairs in managing health emergencies was also essential. His delegation supported the draft decision.

The representative of EGYPT said that, if the aim of the Programme was to expedite response to emergencies, authority for operational planning should be given to the regional and country offices, not the Executive Director. It was also essential to ensure that regional and country offices received adequate Programme resources. The lines of authority between the Executive Director and the regional directors in grade 2 emergencies should be clarified in order to avoid confusion that might hinder timely response.

The representative of NEPAL said that the experience of the 2015 earthquake in his country had highlighted the need for capacity development at all levels of the health system and in other relevant sectors, decentralization of resources to subnational and local levels, management of coordinated multisectoral involvement and implementation of a surveillance mechanism for timely identification of potential and real threats. The Programme should take a comprehensive approach, supporting Member States not only through emergency response, but also during recovery and rehabilitation following an emergency. His delegation supported the adoption of the draft decision.

The representative of the UNITED STATES OF AMERICA said that his Government firmly supported the proposed emergency management reforms, recognized the need for an increase in the programme budget to support the new Programme and believed the request to mobilize additional voluntary contributions was reasonable. The Director-General must be given clear authority to respond appropriately to outbreaks and emergencies; that did not mean, however, that all functions and

responses should be centralized in Geneva. The roles of the regional and country offices should be clearly defined and functional collaborative relationships with the United Nations Office for the Coordination of Humanitarian Affairs and the wider humanitarian assistance coordination system should be established by the end of 2016. Key technical programmes, such as the Global Influenza Programme, should be preserved and prioritized within the organizational structure of the new Emergencies Management Programme. Both traditional programmes and new multi-organization coordination mechanisms must be able to thrive in the new structure. It was disappointing to hear some delegations predicting the Programme's failure and asking where budgets would be cut. If the emergency management reforms were to succeed, they must be embraced by all.

The representative of NORWAY said that the work on health emergency management should be an integrated part of the rest of WHO's work. Heads of country offices and regional directors should be fully engaged in incident management decision-making and in the functioning of the new Programme. Prevention efforts should be intensified in line with the International Health Regulations (2005), and the Secretariat should support Member States more effectively in implementing the Regulations. The Secretariat should also enhance the capacity of its staff to work in coordination with humanitarian response partners. Stronger and more visible leadership of health clusters was needed, as were stronger links with other humanitarian clusters. The proposed reforms had been 18 months in the making, and it was now time to move forward. Her delegation believed that the draft decision provided a viable basis for doing so and urged its adoption.

The representative of CANADA said that her Government fully supported the lines of accountability under the new Programme, welcomed the Organization's increased engagement with the global humanitarian sector and applauded its commitment to strengthening the secretariat of the Global Alert Response Network. It also welcomed the progress made on strengthening the Global Health Emergency Workforce and would mobilize Canadian personnel for that purpose. Priority should be given to monitoring and reporting of compliance with the International Health Regulations (2005). Her Government supported the new joint external evaluation tool. Stability and strength of leadership would be key to the success of the new Programme and her Government therefore looked forward to the timely appointment of the new Executive Director.

The representative of the RUSSIAN FEDERATION, expressing support for the new Programme, said that standardization of emergency response approaches, including comprehensive risk assessments, would complement the traditional technical and normative roles of WHO. He would like to know why the cost of implementing the Programme had not been taken into account in the 2016–2017 programme budget, since the health emergency management reforms had been agreed and approved in January 2015.

The representative of the FEDERATED STATES OF MICRONESIA said that much work remained to be done to ensure adequate emergency preparedness, surveillance and response. Controlling localized outbreaks before they became public health emergencies of international concern would require resources and capabilities that many Member States currently did not have. The Asia Pacific Strategy for Emerging Diseases would help to strengthen capacity for emergency response in the Western Pacific Region. His delegation supported the concept of a "One WHO", all-hazards approach and the allocation of more resources to regional and country offices to enable them to be more responsive to emergencies and crises.

The representative of MEXICO said that his Government supported the proposed emergency management reforms but believed they should be guided by Member States and by the principles of accountability, transparency, efficiency, effectiveness and equity. They should also take due account of regional and national needs, for which purpose a needs assessment should be conducted. A

comparative analysis should also be prepared to show how WHO would respond to different emergency situations after the reforms were implemented versus how it currently responded. He would like clarification of how the new Programme would fit into the current programmatic structure approved by Member States, on the indicators to be used to evaluate the Programme and how they would relate to the current impact indicators, on how the emergency management structure would be replicated at the three levels of the Organization and on what accountability mechanism would be used at the three levels. The proposal to increase the programme budget without an exhaustive analysis of spending and resources was worrying. Member States should be presented with options other than a budget increase.

The representative of SPAIN said that, while Member States were in agreement on the need to ensure that WHO had sufficient capacity to respond to health emergencies, the proposal to significantly increase the Organization's programme budget raised concerns. The report by the Director-General did not adequately explain what efficiency and spending control measures had been adopted in order to be able to secure resources for the Programme. By reducing spending in areas such as travel and health insurance, the Secretariat could free up a significant amount of funding for the new Programme. Existing staff should be relocated whenever possible in order to avoid hiring new staff. In addition, the Secretariat should present a plan for reducing budgetary allocations to lower-priority programmes and activities. Only after those measures had been taken would his Government be prepared to discuss a possible rise in assessed contributions.

The representative of THAILAND, expressing support for the proposed reforms, said that the successful implementation of the Programme would require strong and committed leadership to steer all three levels of the Organization towards systemic change. WHO should collaborate closely with other United Nations organizations and global health partners.

The representative of BRAZIL said that the use of resources to improve WHO's capacity to respond to health emergencies should be subject to ongoing discussion, monitoring and assessment. He noted with concern the intention to make the Executive Director responsible for developing a single budget and staff plan; Member States should be consulted in that regard and the approval of the Programme, Budget and Administration Committee and the Health Assembly should be sought. It would be prudent to await the outcome of regional consultations on the recommendations of the Review Committee on the Role of the International Health Regulations (2015) in the Ebola Outbreak and Response before aligning the Health Emergencies Programme with those recommendations. He would like clarification on how staff transition under the Programme would work in practice. For instance, would staff currently working on emergency management move to the new structure, and how would disruption or understaffing in other areas be prevented if staff were relocated? The allocation of resources to the new Programme should not take away resources from WHO core functions and mandates.

The representative of ECUADOR said that her country's experience following the April 2016 earthquake had underscored the need to ensure transparency and accountability in the management of emergency situations and the importance of participation by Member States in decision-making, especially in emergency situations. Such participation would facilitate coordination of the supply of medicines and medical equipment and help to strengthen national capacity and channel donated funds to the first phase of emergency response so that the country's own resources could be reserved for the post-emergency recovery phase.

The representative of ITALY said that the emergency response capacity of the regional and country offices must be ensured. Personnel with the required training must be recruited and their skills

must be continuously developed. The ability to mobilize resources from Member States and other relevant partners, including NGOs, was also needed. It was crucial for WHO to liaise with other global entities and to utilize their expertise and resources. Such collaboration might allow for budget restructuring, with a greater focus on action rather than support for a new bureaucratic structure. A human rights-based approach should be applied in all health emergency situations, so that no one was left behind. Protection against attacks should also be ensured for all health facilities and workers, including those affiliated with NGOs.

The representative of the MALDIVES said that her country, like other small island States, continuously faced challenges in grappling with the negative impacts of rising sea levels and other adverse effects of climate change, which resulted in frequent emergency response and risk management situations. Her Government welcomed the proposed unified emergency response and management mechanism. To ensure that the new Programme worked effectively, it would be important to ensure efficient coordination between existing WHO functions at the regional and country levels with the new structure.

The representative of GERMANY, welcoming the proposed design and functions of the new Programme, said that WHO should pursue a systematic approach that would better integrate its health crisis management work with that of the overall United Nations humanitarian system. His Government supported the recommendation of the Secretary-General's High-Level Panel on the Global Response to Health Crises that WHO should strengthen its leadership and establish unified, effective operational capacities for emergency management. It recognized, however, that additional financial resources would be needed to achieve and maintain the necessary capacity at all levels of the Organization. As Member States had agreed that WHO should remain the lead organization for global health, a frank discussion of how to ensure sustainable financing for its health emergency management activities would be needed in the near future.

The representative of INDIA said that the Programme structure should be lean and flexible. Programme staff at all levels of the Organization should be encouraged to multitask so that their services and skills were fully utilized in non-emergency times. When delegating responsibility to the Executive Director and regional directors, the Director-General should bear in mind that each emergency situation was unique. A clearer description of the role of the Executive Director was needed, and it must ensure that his/her authority did not undermine that of the Director-General or the regional directors. Greater clarity and transparency were also needed with regard to how country vulnerabilities had been classified and how priority countries had been identified. His delegation continued to oppose the idea of mandatory external evaluation of core capacities under the International Health Regulations and therefore could not support its inclusion in the new Health Emergencies Programme. Before seeking approval of a budget increase for the Programme, the Secretariat should conduct a proper assessment to determine how many countries would seek voluntary external assessment and whether it had the capacity to oversee those evaluations, which accounted for a significant part of the proposed increase.

The representative of SRI LANKA said that his Government recognized the importance of reforming WHO's work in health emergency management and had taken a number of measures to align its disaster management framework with WHO reforms. Infectious hazards management had been enhanced through its integration into the health system at all levels, the national strategic plan for disaster management was being reviewed with a view to improving emergency preparedness and response capacity, an emergency operations centre had been established and the country's health emergency information system was being upgraded.

The representative of CHINA said that the experience of responding to the outbreak of Ebola virus disease and other disease outbreaks had clearly shown the need to establish a new management model and body for WHO's emergency response work and to shift to a comprehensive end-to-end risk management approach. His Government would continue to support the enhancement of WHO's leadership in responding to health emergencies, including through the supply of national emergency medical teams. The Organization should utilize Member State expertise effectively and coordinate with NGOs and other international organizations in its emergency response work. It should also draw on the experience of mature models and systems, such as those relating to pandemic influenza preparedness, and should ensure science-based assessments. Technical support should be provided to developing countries to strengthen their national health emergency systems and build capacity.

The representative of CÔTE D'IVOIRE said that, despite considerable support from WHO during recent crises, her country continued to face significant challenges with respect to evaluation of the capacity of national health facilities to manage health problems and risks, such as those associated with the displacement of populations and terrorist attacks. Her delegation supported the reforms under way and was in favour of adopting the draft decision.

The representative of AUSTRALIA said that his Government supported the request for an additional US\$ 160 million under the 2016–2017 programme budget. WHO could not succeed in building its emergency preparedness and response capacity or meet international expectations through budget reprioritization. His Government would contribute voluntary funding to the Health Emergencies Programme and looked forward to further discussions on addressing the funding gap. It was important to establish clear lines of authority to facilitate rapid decision-making in health emergency situations. The Secretariat should define clear criteria and processes for the timely sharing of information to aid decision-making by the Director-General. At the same time, it should ensure that there was flexibility for regional directors to seek any additional assistance that they required.

The representative of PARAGUAY said that her delegation would appreciate clarification on how the various emergency management activities would be coordinated with countries, with respect for the sovereignty and particular characteristics of each. It would also welcome more information on how the Emergencies Management Programme would be integrated with the proposed external evaluations under the International Health Regulations (2005). It was important to ensure the participation of national and regional technical teams and the independent selection of experts from within the region.

The representative of BANGLADESH, commending the Secretariat's efforts to ensure that the emergency management reforms were broad-based and underpinned by strong, collaborative partnerships, said that steps should be taken to enable the Director-General to mobilize the necessary resources. At the same time, care should be taken not to compromise the budget for other important programmes and for routine operations.

The representative of NICARAGUA said that WHO's emergency management capacity could not be strengthened without also strengthening regional and national emergency response capacities. An integrated approach to risk management meant strengthening the leadership of governments and regional institutions in order to optimize emergency response and ensure that it took account of social and cultural characteristics.

The representative of TUNISIA, welcoming the progress made in reforming WHO's work in health emergency management, said that countries should be given greater responsibility in the assessment and management of health risks. The roles of the Executive Director, regional directors

and Member States must be clearly defined and measures taken to expedite the development of standard operating procedures. Particular emphasis should be placed on training and mobilization of national and regional experts.

The representative of ARGENTINA said that the new Programme was needed to ensure timeliness and predictability in WHO's work in emergency management. Standardized indicators should be used to measure the Programme's performance, and a report on its roll-out should be presented to the Executive Board at its 140th session. Her delegation supported the proposed increase in the programme budget for 2016–2017 in order to finance the Programme, but would appreciate more information on how the funding would be implemented. It also supported the adoption of the draft decision.

The observer of CHINESE TAIPEI said that Chinese Taipei had drawn on the lessons learned from the severe acute respiratory syndrome (SARS) outbreak in 2003 to enhance its emergency response system, including through human resources capacity-building, stockpiling of personal protective equipment and budgeting for emergencies. An emergency operations centre had been established and hospitals had been designated to provide treatment and care to patients with probable or confirmed cases of highly infectious diseases. In support of WHO's emergency management reforms, Chinese Taipei stood ready to join the global partnership to mitigate threats to health security.

The EXECUTIVE DIRECTOR ad interim (Outbreaks and Health Emergencies), expressing appreciation to delegations for their support and constructive comments, said that the Secretariat was keenly aware of the challenges highlighted by various speakers. The reform process represented a complex task that was being undertaken with the full engagement of all major offices and the three levels of the Organization. With regard to Programme implementation at the various levels, 75% of planned additional staffing and financing would be dedicated to the regional and country levels. In line with the burden of disease and outbreaks, 70% of the resources for the regional level would be allocated to the African and Eastern Mediterranean regions, which currently accounted for over 90% of crisis-affected populations. The Programme would always seek to ensure evidence- and needs-based budget and resource allocation.

Operational planning would be conducted at the field level, with the Executive Director responsible for ensuring that country and regional offices had the resources they needed for that purpose. Authority with regard to grade 2 emergencies under the International Health Regulations (2005) would rest initially with the Director-General until a risk assessment had been conducted and it was clear who should be responsible for day-to-day operational oversight. To ensure the sustainability of financing for the new Programme, the Secretariat would organize financing dialogues in June and September 2016 with a view to meeting the immediate financial needs for roll-out of the Programme and ensuring sustainable resources for the future. Work on resources planning for the 2018–2019 biennium was being done with the regional and country offices. While the core budget for emergency management had risen by US\$ 70 million under the 2016–2017 programme budget, that increase had not been sufficient to cover all of the additional activities and responsibilities of the Organization under the new Programme.

The members of the Global Policy Group had made it clear that they would proceed immediately with the implementation of new processes and systems to enhance the standardization and predictability of emergency management work across the Organization, and that they would also move forward with restructuring in line with the new functions of the Programme, all of which could be done with minimal funding. However, any further implementation of activities would not be possible without additional resources. The order of priority for activities as resources became available would be: assessment of country vulnerabilities, risk assessments and strengthening of emergency response capacities in the African and Eastern Mediterranean regions. Putting in place health cluster leadership capacity and implementation capacity in priority countries would also take precedence.

With regard to WHO's engagement with the broader humanitarian assistance system, at the forthcoming meeting of the Inter-Agency Standing Committee Principals, the Director-General would present a white paper on closer integration and processes for the development of standard operating procedures for biologic hazard response across the United Nations system, recognizing WHO as the lead, as mandated under the International Health Regulations (2005). Consideration had been given to applying a gradual approach to the delivery of the new Programme, first aligning the processes, then the functions, and then ensuring structural alignment. Staffing would be realigned with the new Programme, with any temporary reassignments for acute crises being for a maximum of three months.

With regard to partnerships, the new Programme envisaged a new business model for the Organization that would leverage more systematically the broad range of partners available through the Global Health Emergency Workforce, with a view to taking full advantage of expertise available in Member States and ensuring better inter-agency planning and information management. The categorizing and prioritizing of countries was done in line with the International Health Regulations (2005) and WHO's obligations as the health cluster lead agency. Countries were prioritized on the basis of active crises, affected populations and vulnerability as established under the Inter-Agency Standing Committee Index for Risk Management (INFORM), which used standard criteria for risk assessment for natural disasters and complex emergencies. Another category had been established for biologic hazards, with plans to establish a WHO-led process for categorization on the basis of such hazards. At national level, WHO country offices would prioritize preparedness, implementation of the International Health Regulations (2005) and capacity-building, and work on risk assessment and verification. Influenza was a priority area under the new Programme as one of the main high-threat pathogens that posed a future risk to global health security. Lastly, he thanked Member States that had pledged financial and in-kind resources for the new Programme.

The CHAIRMAN invited the Committee to consider the draft decision contained in document A69/30.

The draft decision was approved.¹

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

- **Annual report on the implementation of the International Health Regulations (2005)** (document A69/20)

WHO response in severe, large-scale emergencies: Item 14.6 of the agenda (document A69/26)

2014 Ebola virus disease outbreak: Item 14.8 of the agenda

- **Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers** (document A69/29)

The CHAIRMAN recalled that the Committee had agreed to consider the first part of item 14.1 of the agenda together with item 14.6 and the second part of item 14.8.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA69(9).

The representative of SRI LANKA, expressing gratitude to all partners who had supported his country in the wake of the recent emergency caused by tropical cyclone Roanu, said that comprehensive measures had been taken to prepare for and respond to severe, large-scale emergencies, including the adoption of new legislation embracing a multi-hazard approach to disaster management. Efforts were being made to ensure preparedness not only for mass casualty incidents, but also for other types of emergencies, such as infectious disease outbreaks, chemical incidents and radiological and nuclear emergencies. Thanks to its enhanced capacity, Sri Lanka had been able to assist in responding to the earthquake in Nepal in 2015.

The representative of SOUTH AFRICA, referring to agenda item 14.8, said that the international community should continue to support development efforts in the countries affected by the Ebola virus disease outbreak in order to ensure that an outbreak of such magnitude never occurred again. Member States should strive to develop resilient health systems and core capacities in line with the International Health Regulations (2005). South Africa had made progress in strengthening its preparedness and response capacity and was striving to extend its capacities for responding to global health emergencies. While several disease-specific research and development databases existed, the Global Observatory on Health Research and Development would be the most suitable option for information-sharing and capacity-building to facilitate access to products for infectious diseases that might cause public health emergencies.

The representative of GUATEMALA, referring to document A69/26 and its annex on the Zika virus outbreak in the Americas, said that Guatemala was exposed to the threat of both infectious diseases such as Zika and natural disasters. Her Government was working to strengthen its emergency response system and to that end had opened an emergency operations centre and organized training for emergency response teams. One of the challenges for the future was to launch a safe hospitals strategy in order to ensure that all health care facilities would remain functional during and after an emergency.

The representative of IRAQ said that WHO country offices should be fully prepared to deal with large-scale emergencies. Capacity-building for surveillance should be enhanced and WHO support for capacity-building in other sectors should be increased. The role of NGOs in health cluster work should be recognized.

The representative of TONGA said that, like many other countries in the Pacific, Tonga was prone to natural disasters and public health events, such as recent outbreaks of Zika virus infection. While progress had been made in improving WHO's response to emergencies and outbreaks, further effort should be made to enhance countries' emergency response capacities through training to ensure effective leadership during emergencies and disasters. Pacific countries had focused on preparing their health systems to respond to acute events by ensuring that health professionals were able to respond not only to events in their own countries, but also to provide assistance to neighbouring countries.

The representative of MAURITIUS, speaking on agenda item 14.6 on behalf of the Member States of the African Region, said that WHO's capacity for emergency response was constrained by chronic underfunding, lack of human resources, access problems, a limited number of operational partners, logistic difficulties and, in some cases, complicated administrative and clearance processes. The countries of the Region were grateful for WHO's efforts to respond to public health emergencies in Africa, including the Ebola virus disease outbreak. It was, however, critical to strengthen WHO capacity in countries with protracted emergencies, in accordance with Goal 3 of the Sustainable Development Goals and the related target for strengthening the capacity of countries for early warning, risk reduction and management of health risks. Consideration should be given to involving the private sector in strengthening emergency preparedness and response, particularly as infectious diseases and other public health events had ramifications for that sector. More investment was needed

to build resilient and responsive health systems. A multisectoral approach was also needed. WHO should work with regional institutions in Africa to ensure a coordinated and effective response to large-scale emergencies in the Region and should ensure promptness, predictability, accountability and capability in supporting people affected by emergencies.

The representative of the UNITED REPUBLIC OF TANZANIA, while commending WHO for its efforts to support Member States in preparing for potential cases of Ebola virus disease, said that coordination of actors during emergencies and humanitarian crises should be improved, with WHO taking a leading role in coordinating United Nations agencies and non-State actors.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, referring to agenda item 4.6, said that there was a clear need for a “one WHO” approach, with clear lines of accountability, strong links between the health and humanitarian assistance sectors and proper implementation of the International Health Regulations (2005). He urged all Member States to support efforts to control the outbreak of yellow fever in Angola and prevent further spread of the disease to neighbouring countries. In leading the global response, WHO must ensure effective coordination and transparency in its strategic decision-making and clear communication between affected countries and implementing partners. The Zika and yellow fever outbreaks had shown that reform of WHO’s work in health emergencies response was urgent if the Organization was to be prepared to face future emergencies.

The representative of SENEGAL, speaking on agenda item 14.8 on behalf of the Member States of the African Region, said that more proactive health systems were needed to manage frequent outbreaks of infectious disease in the Region. Operational mechanisms should be put in place to ensure a coherent and synergistic response to epidemics. The creation of the African Center for Disease Control and Prevention and the establishment of epidemic surveillance and control structures at the subregional and national levels were hopeful developments in that regard. Scientific research and technological innovation should be encouraged under WHO coordination with a view to facilitating the availability of diagnostic, preventive and therapeutic tools. Although the first phase of the Global Observatory on Health Research and Development had been launched in January 2016, there was still a need for global partnerships to provide scientific data and help countries manage health crises.

The representative of KENYA said that his Government had developed a plan and protocols for emergency response, with an intersectoral approach that involved both public and private institutions. It had also established an emergency operations centre to better coordinate preparedness and response. The cost of managing large-scale emergencies was a heavy burden for countries. There was therefore an urgent need to find consistent and sustainable funding sources from both governmental and nongovernmental entities.

The representative of the ISLAMIC REPUBLIC OF IRAN said that implementation of the International Health Regulations (2005) must be a priority if the world was to be prepared to respond to future epidemics. To address the inequities in global responses, strong health systems with capacity for early detection were needed in low- and middle-income countries. Rapid response teams were also needed at global, regional and national levels. Simulations and drills should be carried out to identify gaps in the performance of health care workers, and research and development with regard to vaccines, medicines and diagnostic tests should be promoted.

The representative of THAILAND said that the yellow fever outbreak in Africa was a classic example of failure to establish the necessary capacity under the International Health Regulations

(2005) to detect infections and stop secondary infections in other countries. The lessons learned from the Ebola virus disease outbreak should be taken into account in revising the framework for emergency response. WHO should facilitate further scientific study of Ebola virus disease, in particular the potential for transmission during the asymptomatic, subclinical and recovery phases of the disease and immunological response during the period of infection. Such research would provide information for the development of effective vaccines and diagnostic and therapeutic products. His delegation urged the Director-General to do her utmost to ensure access to such products in areas where resources were limited.

The representative of INDONESIA said that efforts to strengthen cooperation for prevention and control of haemorrhagic fever diseases, including through information-sharing, were of prime importance. Such cooperation should also include information-sharing on diagnostic, preventive and therapeutic tools. She welcomed the action taken by the Secretariat to facilitate such information-sharing. Further development of the Global Observatory on Health Research and Development as a platform for information-sharing should be carried out in consultation with Member States.

(For continuation of the discussion, see the summary record of the seventh meeting, section 1.)

The meeting rose at 17:15.

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