World Health Organization

SEVENTIETH WORLD HEALTH ASSEMBLY **A70/A/PSR/1**
23 June 2017

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

Palais des Nations, Geneva
Monday, 22 May 2017, scheduled at 14:30

Chairman: Dr H. M. AL-KUWARI (Qatar)

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COMMITTEE A

FIRST MEETING

Monday, 22 May 2017, at 15:30

Chairman: Dr H. M. AL-KUWARI (Qatar)

1. OPENING OF THE COMMITTEE: Item 10 of the agenda

The CHAIRMAN welcomed participants and introduced the representative of the Executive Board, its Chairman,[1] who would report on the Board's consideration of relevant items of the agenda. Any views he expressed would be those of the Board, and not those of his Government.

Election of Vice-Chairmen and Rapporteur

Decision: Committee A elected Dr Mohammad Anwar Husnoo (Mauritius) and Mr Philip Davies (Fiji) as Vice-Chairmen and Mr Ioannis Baskozos (Greece) as Rapporteur.[2]

Organization of work

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN took it that the Committee wished to accede to the request.

It was so agreed.

(For continuation of the discussion, see the summary record of the Committee's third meeting, section 1.)

2. OUTBREAK OF EBOLA VIRUS DISEASE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

The REGIONAL DIRECTOR FOR AFRICA, commending the Government of the Democratic Republic of the Congo on the speed of its official declaration of the recent outbreak of Ebola virus disease in the Likati health zone, in the northern province of Bas Uele, expressed the hope that all

[1] Participating by virtue of Rules 42 and 43 of the Rules of Procedure of the World Health Assembly.

[2] Decision WHA70(3).

Member States would follow the country's good practice, in line with the International Health Regulations (2005).

She had travelled to Kinshasa on 13 May and met with the Minister of Public Health, the Governor of the affected province and the Resident Coordinator of the United Nations system in the Democratic Republic of the Congo, and had taken part in a coordination meeting with other health development partners. She had reassured the Government that WHO, the United Nations system and other partners were committed to working at the regional level in order to provide support in mounting a coherent, coordinated and rapid response to the outbreak.

A multidisciplinary team, led by the Ministry of Public Health and supported by WHO and other partners, had arrived in the Likati health zone on 15 May, after deploying colleagues from a sub-office in the province to the zone. Despite extremely difficult logistics, not least because the road network did not reach the remote Likati health zone, the Government and partners were organizing the transportation of people, materials and equipment by air, and community members were preparing a landing strip. WHO had alerted neighbouring countries and its country representatives and partners were working to strengthen preparedness, particularly in the Central African Republic, which had a border close to the Likati health zone.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), giving a slide presentation to provide an update on the latest Ebola outbreak, said that 37 suspected and confirmed cases were under investigation and four deaths had occurred. Five health areas in the Likati health zone had been affected and WHO, working closely with the country's Ministry of Public Health and partners, was monitoring around 400 close contacts on a daily basis. A WHO risk assessment had found the risk to be high at the national level, moderate at the regional level and low at the global level. Ebola virus disease had first emerged in the Democratic Republic of the Congo in 1976 and the 2014 outbreak had resulted in 66 cases and 49 deaths.

A preliminary chain of transmission was being constructed by the outbreak teams on the ground. The index case had been a 45-year-old man, who had presented symptoms of fever, vomiting and bleeding and had infected his brother and the motorcycle driver taking him to medical facilities. Lessons learned from the previous outbreak had provided the inspiration for the new WHO programme, including the need for a rapid and timely response.

Outlining the timeline of the outbreak and the response thus far, he said that, after the first cases had been suspected on 9 May and the Ministry of Public Health and WHO had deployed an advance team, the Government had confirmed Ebola virus disease on 11 May. It had officially notified the WHO Secretariat on 12 May, which in turn had notified Member States and activated the Global Outbreak Alert and Response Network and its incident management system. On 14 May, WHO had negotiated with the United Nations Humanitarian Air Service and WFP for air support to reach the remote location. On 15 May, a surge team had been sent from the WHO Regional Office for Africa and Geneva headquarters to support the Ministry of Public Health in further investigations and, on 16 May, the United Nations Secretary-General, the heads of the major organizations of the United Nations system and the United Nations Inter-Agency Standing Committee had been notified. On 18 May, a vaccine protocol had been submitted to the Government in order to ensure preparedness should a decision be taken to move ahead with the use of the new experimental Ebola vaccine. By 20 May, a mobile laboratory was functioning on site in Likati, treatment facilities had been established at Likati General Hospital and the WHO Contingency Fund for Emergencies had approved the allocation of US$ 2 million to support the response.

Logistics were extremely challenging, not least because the affected areas were remote, with poor roads, virtually no telecommunications infrastructure and relatively little health infrastructure. It was a complex response, exacerbated by security issues in the north-east of the affected province. A strategic response plan had been drafted by the Ministry of Public Health, supported by WHO at the regional, country and Geneva levels. The plan contained the major response pillars needed to terminate the outbreak, including coordination and operational support for surveillance, case

investigation and contact tracing, case management, safe and dignified burials, community engagement and coordinated fast-track work on research and development under the research and development blueprint. Support in respect of all pillars had been received by a range of key partners.

Another lesson learned had been the need to fast track research and development for critical high-threat pathogens. New vaccines and therapeutics had been developed since 2014, but it was important to reiterate that those tools were experimental, including the rVSV-ZEBOV vaccine, which required approval from the national regulatory authorities, ethical review – given that a study protocol would have to be used – and support for logistics because the vaccine must be kept at minus 80 degrees, which would not be straightforward in the Democratic Republic of the Congo. It was important to apply the best available technology, including vaccines, provided that the Government gave the green light to go ahead.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that coordination had been crucial. Discussions between the Ministry of Public Health and the WHO country representative and other partners after the cases of Ebola virus disease had been confirmed had resulted in immediate decisions to deploy an advance team to the field to assess the situation and distribute personal protective equipment for taking samples and ensuring safe burials. The advance team, led by WHO, had organized coordination on the ground, enabling priorities to be aligned and a clear, comprehensive response planned with the participation of all stakeholders.

On arrival in the field, the team had noted weaknesses in the health system and a lack of human resources for health; epidemiologists and mobile laboratory facilities had therefore been sent to bridge the gap. The fact that personal protective equipment had been provided immediately to health workers had meant that, thus far, no medical personnel had been infected. The immediate reaction to the emergency had been positive, with swift action to prevent deaths.

After the initial emergency had been addressed, care would be taken to stabilize the situation. Thorough surveillance and control would be essential, since the risk factors for a further outbreak would still be present. When the situation had stabilized fully, steps would be taken to strengthen the health system and enhance preparedness. In that regard, the Government was open to the use of new vaccines. Resources would be needed for all stages of the response, and must be well coordinated to facilitate the transitions between stages. The most important lesson learned had been that swift action and a coordinated approach were the key to controlling an outbreak. He thanked WHO for its support, which had been, and would continue to be, essential.

3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda

Health emergencies: Item 12.1 of the agenda

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

Implementation of the International Health Regulations (2005): Item 12.4 of the agenda (documents A70/15 and A70/16)

The CHAIRMAN invited the Committee to consider agenda items 12.1 and 12.4, which would be discussed together.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, presented the report of the Independent Oversight and Advisory Committee contained in the Annex to document A70/8. Outlining the main findings and recommendations contained in the report, she said that the Committee had recognized that the structure of the WHO Health Emergencies Programme had been fully aligned across the three levels of the Organization. While emergency management structures at the country level were being adapted to manage the different type, magnitude and duration of emergencies, emergency management capacity needed to be strengthened. The proportion of senior staff in the WHO Health Emergencies Programme was lower than for other WHO programmes, and funding gaps persisted. Long-term sustainable financing should be secured to stabilize contractual arrangements for key staff. Staff security was essential in emergency settings; greater investment and capacities in field security were therefore needed. Proactive cooperation with the United Nations Department of Safety and Security was encouraged. Administrative and operational systems for emergency response should be streamlined.

On financing, despite increased donor confidence in WHO's field performance, progress was fragile and a significant shortfall remained in the WHO Contingency Fund for Emergencies. A clear plan for the Fund's sustainability was therefore required. Progress on health emergency information management and risk assessment was positive. Continued investment in the development, deployment and institutionalization of standardized and supported field tools was recommended, particularly at the country level. WHO emergency response had been improved through the incident management system, with the strong leadership of WHO representatives and incident managers. Delegation of authority to the incident manager should not negate the accountability of the WHO Representative with regard to the performance of the incident management system. Partners on the ground had noted and commended improvements in WHO processes; investment in health cluster coordination was having positive results. A continued focus on building partnerships and networks was essential; international cooperation, multisectoral, multiagency and multidonor approaches were crucial to ensure compliance with the International Health Regulations (2005).

While it would take time for the WHO Health Emergencies Programme to be implemented fully, the Independent Oversight and Advisory Committee remained confident that the Secretariat would fulfil its obligations, and urged Member States to increase their support. Lastly, she commended the rapid response to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo, both by the Ministry of Public Health and by WHO.

The representative of LEBANON, commending WHO's progress in its response to the health needs of populations in protracted emergencies, stressed the need to delegate authority and strengthen country offices in order to maintain that progress. A standard template for delegation of authority, long-term financing, decentralization of some staff positions, budgeting for key senior staff positions and capacity building of WHO staff were important. Noting with concern that a lack of funds may limit progress within the Programme, she said that innovative multiyear funding approaches should be used and that every Member State should contribute to the WHO Contingency Fund for Emergencies.

The representative of the PHILIPPINES commended WHO's grading of emergencies and improved intersectoral coordination among all stakeholders in responding to emergencies. She outlined capacity-building activities in her country in the areas of incident management and

developing emergency medical teams. Finally, she emphasized the importance of research and evidence in improving policies and emergency response programmes.

The representative of SOMALIA highlighted the health-related consequences of the deteriorating humanitarian situation in her country, including a rise in measles and cholera, limited access to safe water and basic sanitation, and malnutrition. WHO was coordinating the emergency health response with her Government and other organizations. Action needed to be taken to prevent famine and disease outbreaks. Moreover, the target for the United Nations appeal for a famine prevention plan and associated humanitarian funding had not been fully achieved, which included a planned US$ 13 million for WHO activities.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. She endorsed all the recommendations in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, recognizing the value of the Committee's approach to tracking progress against indicators, and she called on the Secretariat to work with the Committee to strengthen the work being done under the Programme accordingly. She highlighted the need for synergies between the Programme and other WHO programmes regarding health systems development. Given the Committee's vital role in the success of the Programme, she asked the Secretariat when its formal response to the Committee's report could be expected and to confirm whether the Committee's future was secure.

WHO had a key role to play in coordinating effective responses to health emergencies through its provision of technical support. Given the number of health emergencies, it was crucial that the WHO Health Emergencies Programme should be fully funded, and that WHO staff should be well versed in WHO's approach to health emergencies. WHO had to adopt a comprehensive and evidence- and human rights-based approach to tackling health emergencies. Given the lack of sustainable financing, she asked the Secretariat to update the Committee on the investment case for the Programme and asked when the Committee would receive the first draft. She also asked for an update on the planned draft global five-year strategic plan to improve public health preparedness and response, with particular regard to the Programme's funding requirements.

Regarding research and development for potentially epidemic diseases, she inquired about the outcomes of the Blueprint Global Coordination Mechanism meeting in London and the steps to be taken to complete the template for a global coordination framework to streamline global stakeholder collaboration, which should focus on key stakeholders and leverage existing coordination mechanisms. She asked whether the Secretariat was on track to finalize its electronic web-based application to inform negotiations on sharing biological samples and how it planned to address liability for clinical trials performed in an emergency setting.

Staffing across the three levels of the Organization was a challenge owing to uncertain funding and procedures that were not suited to emergency situations and she called on Member States to voice their concerns in that respect, as a better understanding of the work done under the Programme would lead to more sustained funding. She endorsed the Committee's request for a standard template for delegation of authority across all three levels of WHO and asked when it would be ready.

The representative of MALAYSIA commended the Organization's efforts to respond to 47 major emergencies between 1 January and 1 October 2016, and underscored the importance of WHO's work to enhance the coordination of emergency responses. In that regard, the Programme would bolster system-wide capacities to address emergencies, while the International Health Regulations (2005) core capacity requirements for surveillance and response were vital for preventing, detecting and responding to infectious diseases. States must establish those core capacities as part of

sustainable and resilient health systems if they were to address public health emergencies or health security threats effectively.

The representative of ZAMBIA said that robust country-level structures were needed in order for States to respond effectively to emergencies, including public health emergencies of regional and international concern. WHO should work closely with the newly launched African Centres for Disease Control and Prevention and ensure that the regional collaborating centres were fully functioning, as those would play a key role in strengthening the prevention of disease transmission, the implementation of surveillance and the detection and response to health threats and outbreaks. Efforts to enhance States' capacity to detect and respond to those threats and outbreaks must be based on sound policies and scientific data. He encouraged every Member State to establish a national public health institute and associated legal framework, with the support of WHO and the African Centres for Disease Control and Prevention, to strengthen national core capacities in surveillance and disease intelligence, epidemic preparedness and response, laboratory systems and networking, information systems, and public health research.

The representative of AUSTRALIA said that Australia welcomed the demonstrable shift in the Organization's health emergency response capacity, particularly in the field, and the recommendations of the Independent Oversight Advisory Committee, particularly with respect to streamlining administrative and operational systems in emergency response. Without sufficient financing, the WHO Health Emergencies Programme would fail to meet the expectations of Member States, and Australia therefore urged Member States to make voluntary contributions to support the Programme, which, inter alia, provided critical support to Member States' efforts to meet the core capacity requirements of the International Health Regulations (2005). Australia highlighted the importance of the Emergency Medical Team initiative, its focus on strengthening national capacities to respond to disasters, and the work being conducted in the Western Pacific Region. Australia welcomed the progress made in countries where voluntary joint external evaluations, which were important peer learning exercises, had been completed. Such an evaluation was due to take place in Australia in 2017. Australia urged WHO to continue to work closely with relevant stakeholders to ensure that post-evaluation activities were planned effectively and received adequate financial and technical support.

The representative of CHINA said that emergency preparedness, surveillance and response capacity had been enhanced in her country in recent years and that China would continue to support the Organization's emergency response reform process and actively participate in health emergency responses. Further support should be given to research and development in order to strengthen developing countries' prevention and control capacities, with particular regard to potential epidemic diseases. In addition, WHO should enhance the coordination of health personnel in emergency responses with a view to strengthening activities under the Global Outbreak Alert and Response Network, and encourage the use of innovative technologies by States in their efforts to meet the core capacity requirements under the International Health Regulations (2005).

The representative of FRANCE, noting that an independent evaluation of the work of the Organization in health emergencies was vital, commended the work of the Independent Oversight Advisory Committee. The WHO Health Emergencies Programme should work with the Health Systems and Innovation Cluster in order to implement the International Health Regulations (2005) and thereby strengthen health systems worldwide, in particular by training national focal points, building diagnostic capacity and providing appropriate care to patients suffering from contagious diseases. She supported the efforts to step up research and development with regard to emergency health situations. The road map should encompass all approaches to diagnosis, prevention and care, including the evaluation of responses, rather than focus exclusively on the development of new treatments and vaccines. While France supported the WHO priority pathogens list, it was regrettable that the

vector-borne viral diseases included only Zika virus disease and that dengue fever and chikungunya had been excluded, especially in view of the fact that the three viruses were spread by the same vector.

Welcoming efforts by WHO to improve the coordination of human resources, she said that it was necessary to define the rules, operating mechanisms and use and complementarity criteria of the different stakeholders and to establish how non-State actors would coordinate their work with the Programme. France also commended the efforts to strengthen and widen the Global Outbreak Alert and Response Network, which must be more effectively structured and aligned with the WHO Health Emergencies Programme and the International Health Regulations (2005). The Network's links with national focal points should also be strengthened.

The representative of NORWAY noted with satisfaction that efforts to enhance operational capacities in health emergencies were well under way, despite serious funding shortages. Member States must provide the necessary funding to allow WHO to continue those efforts. Supporting the recommendations of the Independent Oversight Advisory Committee, she said the pool of competent incident managers should be widened and she urged WHO to prioritize recruitment and training in order to establish a critical mass of capacity at the country level. She acknowledged efforts to enhance the research and development blueprint, including by supporting the development of the Coalition for Epidemic Preparedness Innovations. She supported the endorsement of the global implementation plan on the International Health Regulations (2005), which was a much-needed response to gaps in country-level implementation.

The representative of BELGIUM welcomed the global implementation plan, and commended the effective collaboration that was developing between national health systems and the WHO Health Emergencies Programme. It was crucial that robust preparedness, surveillance and response mechanisms were well integrated within people-centred health systems. Noting that WHO had taken the lead in the joint external evaluation process, he was confident that the Secretariat would continue to ensure the independence, neutrality and standardization of evaluations. He expressed the hope that donor countries would continue to support the Secretariat in that process. He underscored that technical guidelines should be evidence-based, objective, neutral and comprehensive, and never subject to political influence, particularly in crisis situations.

The representative of the REPUBLIC OF KOREA said that the recent Ebola and Zika virus disease epidemics had underscored the need for greater collaboration in order to develop diagnostic tools, therapeutic products and vaccines, as well as to enhance the sharing of information on emerging infectious diseases. In particular, international organizations had a critical role to play in those countries where public health systems had collapsed as a result of conflict. The Government of the Republic of Korea would make a contribution to the WHO Contingency Fund for Emergencies. To enhance the public health capacities of affected countries, WHO must identify the components of health threats, strengthen cooperation among relevant stakeholders and foster an environment for global health security. To that end, appropriate and clear financial mechanisms must be developed. Outcomes from the joint external evaluation to be undertaken in 2017 in the Republic of Korea would be reflected in the national preparedness and response plan.

The representative of DENMARK, recalling that many Member States required support for implementation of core capacities under the International Health Regulations (2005), said that transparent external country evaluations, with context-specific analysis and recommendations, were helpful in that regard. The global implementation plan and the monitoring and evaluation framework for the International Health Regulations (2005) would also be key to the full implementation of the Regulations, and support should be focused on high-risk, low-capacity Member States. The suggestions made regarding the sharing of scientific information, the need for a risk evaluation and risk communication tools were welcome.

The representative of MEXICO, expressing concern that some of the documents relating to the item 12.1 had been published late, stressed the need to respond to the findings of the assessment of human resources by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Moreover, the Emergency Response Framework and related national frameworks should be revised periodically to ensure that responses were standardized and evidence-based. In terms of research and development, Member States' regulatory processes should support the development of diagnostic tools, treatments and vaccines, and international legal instruments should contribute to a flexible cooperation mechanism during outbreaks and epidemics. Coordinated and collaborative basic, epidemiological and social research among Member States would improve responses to large-scale epidemics and ensure optimum use of resources. The establishment of emergency medical teams and strategic reserves within countries and at the regional or subregional levels required legal, regulatory and budgetary change.

The representative of the RUSSIAN FEDERATION, highlighting the fact that two hospitals within his country had been certified by WHO and placed on the global emergency medical teams registry, stressed the need for standardized specialist training and equipment for aeromedical evacuation teams, together with standard operating requirements for aircraft. Such teams played a crucial role in responding to emergency situations, particularly when there were large numbers of victims, in countries covering vast and remote areas, or if particularly dangerous infections were involved. His country stood ready to work with the Secretariat on the development of unified standards and WHO certification procedures in that regard.

The representative of NIGER commended WHO for its response to the two level 2 emergency situations in his country, namely the prolonged displacement of people due to the activities of Boko Haram and the outbreak of Rift Valley fever virus. The coordination and communication activities of WHO in response to the latter emergency had meant that the outbreak had been quickly controlled. He stressed the important role of WHO in managing health emergencies, particularly in terms of coordination, capacity-building, health systems strengthening and monitoring.

The representative of CANADA said that although the recent response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo had shown that progress had been made in the reform of the Organization's emergency response capacity, she agreed with the assessment of the Independent Oversight and Advisory Committee that that progress remained fragile. It was therefore important to continue to institutionalize and internalize change and strengthen the administrative and operational systems required to support that change. Continued Member State engagement was vital; in that regard, her Government had recently contributed an additional US$ 1 million to the WHO Contingency Fund for Emergencies. She encouraged WHO to further define the core capacities on which it was able to consistently deliver in a variety of contexts. Medical personnel and humanitarian workers engaged in medical duties faced elevated risks during emergency situations and she welcomed the collection of data on attacks in that regard. A robust early alert system for epidemics was essential and her Government was committed to working with WHO to strengthen such systems. With respect to the International Health Regulations (2005), she expressed support for a tailored and flexible approach to the development of national action plans, which could include regional options, in order to optimize the use of scarce resources.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing concern that the WHO Contingency Fund for Emergencies could become depleted in the coming months, asked when the replenishment strategy requested by Member States would be available and what could be done to enable all Member States to contribute to that Fund. Moreover, she suggested that, in the proposed programme budget for 2018–2019, rather than only reflecting donations of US$ 1 million or more, output indicator E.5.2 on contributions to the WHO

Health Emergencies Programme should include donations of all sizes in order to avoid discouraging smaller donations. Turning to the International Health Regulations (2005), she said that the draft global five-year strategic plan to improve public health preparedness and response should be finalized prior to the Seventy-first World Health Assembly. Moreover, consideration should be given to whether progress could be made in respect of any of the recommendations of the Review Committee of the International Health Regulations (2005) within a shorter time frame.

The representative of BARBADOS said that the Organization's response to the recent outbreak of Ebola virus disease in the Democratic Republic of the Congo had demonstrated how a well-coordinated multisectoral group could respond to an emergency situation. Within the Caribbean Community countries, the Organization's new method of responding to emergencies had been rapidly implemented, building on an existing PAHO system. She encouraged WHO to continue to support resource-constrained countries in respect of the implementation and monitoring of the International Health Regulations (2005); cross-regional capacity-building exercises could be a useful tool in that regard.

The representative of JAPAN said that the WHO Health Emergencies Programme could be improved by: increasing coordination across the levels of the Organization and especially at the country level; setting up a working group to improve WHO's recruitment, procurement and administrative systems, particularly in response to large-scale events; and stepping up preparedness and response activities for large-scale epidemics. Member States must also take their share of responsibility in ensuring stable financing for the Programme. The joint external evaluations were a powerful tool for acquiring the core capacities required by the International Health Regulations (2005). Her Government was committed to supporting developing countries in that regard and would continue to work with the global community to build a resilient health system based on the Regulations.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, acknowledged efforts to provide regular updates on the roll-out of the WHO Health Emergencies Programme between governing body sessions. He expressed particular support for the recommendations of the Independent Oversight and Advisory Committee regarding ensuring a better distribution of staff between the three levels of the Organization, establishing a working group to address administrative and operational streamlining, making issuance of waivers a default practice, and ensuring that audit expectations were aligned with WHO's policy for emergencies. The Secretariat should carefully monitor the Programme's funding situation to ensure that it had sustainable financing. Urgent support for developing, funding and implementing national health security plans and clear guidance on how to integrate the International Health Regulations (2005) into health systems were also needed.

The representative of the UNITED REPUBLIC OF TANZANIA supported the proposal to develop a global five-year strategic plan to improve public health preparedness and response. Referring to her country's joint external evaluation experience, which had shown that developing a national plan required country ownership, a whole-of-society approach and a broader health system vision, with WHO guiding the process, she said that the global plan must be aligned with national strategic plans and budget cycles. It was important that Member States should understand that process and her Government offered to share its best practice. The Secretariat should continue to help countries develop national plans and should support resource mobilization. In particular, national focal points must be oriented to the new joint external evaluation approach.

The representative of PARAGUAY noted that document A70/8 contained an analysis of the WHO Health Emergencies Programme's relationship to the monitoring and evaluation framework of

the International Health Regulations (2005). However, she recalled that the framework had not yet been approved by the Health Assembly. Monitoring of the response actions of emergency health staff should be stepped up, and she called for an assessment report on rapid response programmes, stressing the importance of making resources available for the exchange and preservation of samples.

The representative of PANAMA said that the recommendations made in the reports under discussion were attainable, but that response times for communication, verification and sending support must be improved. Strengthening national and regional focal points would be essential for coordinating implementation of the International Health Regulations (2005), and more resources were required at all levels of the Organization, especially to support countries with scarce resources whose crises could affect other Member States. Self-evaluations and joint external evaluations were very beneficial, and multi-hazard plans, a risk communication strategy and a One Health approach were all vital to responding to health events. Transparency and solidarity among all parties were needed to combat epidemics, outbreaks and other global public health risks.

The representative of NEW ZEALAND endorsed the Independent Oversight and Advisory Committee's findings, but stressed that one size did not fit all. In particular, the health cluster model had limited applicability in the South Pacific. While the focus of the emergency reforms had been on infectious disease events and complex emergencies, many countries – including high-resource countries – were at risk of sudden-onset disasters like earthquakes or tsunamis. Those disasters would require international assistance, and the issue of the protection of sovereignty and the provision of support to the national disaster management agency and health agencies should be more fully explored.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, noted that the report on health workforce coordination encouraged capacity-building in the country offices, in particular with regard to the detection of and response to outbreaks. The incident management system improved coordination and planning, and the framework for establishing emergency operations centres, which had been developed in the African Region, should be supported. Acknowledging WHO's leadership role not only during health emergencies but also during humanitarian crises, he said that relationships with partners could be better defined. He emphasized the fundamental role of the Global Outbreak Alert and Response Network in sharing techniques and ensuring a faster response to outbreaks. Given the importance of training and quality control for response teams, WHO should expand its partnerships with other institutions and regional organizations. The Secretariat should continue to support States in building the capacities of emergency response personnel and should keep track of their numbers to facilitate rapid mobilization.

The representative of TUNISIA outlined several measures taken in her country to strengthen emergency response capacity as required under the International Health Regulations (2005), and develop preparedness and surveillance capacities. She expressed the hope that the Secretariat would continue to provide support in terms of implementing a communication strategy during emergencies, research into epidemic-prone diseases and early warning systems for vector-borne diseases. Her Government wished to join and contribute to the Global Outbreak Alert and Response Network.

(For continuation of the discussion, see the summary record of the second meeting, section 3.)

The meeting rose at 17:30.

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