

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**Palais des Nations, Geneva
Tuesday, 23 May 2017, scheduled at 09:00**

**Chairman: Dr H. M. AL-KUWARI (Qatar)
later: Mr P. DAVIES (Fiji)
later: Dr H. M. AL-KUWARI (Qatar)**

CONTENTS

	Page
1. Financial matters	
Special arrangements for settlement of arrears.....	2
2. First report of Committee A	3
3. Preparedness, surveillance and response (continued)	
Health emergencies (continued)	
• The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (continued)	3
• WHO response in severe, large-scale emergencies (continued)	3
• Research and development for potentially epidemic diseases (continued)	3
• Health workforce coordination in emergencies with health consequences (continued)	3
Implementation of the International Health Regulations (2005) (continued)	3

COMMITTEE A

SECOND MEETING

Tuesday, 23 May 2017, at 09:15

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

later: Mr P. DAVIES (Fiji)

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

1. FINANCIAL MATTERS: Item 20 of the agenda

Special arrangements for settlement of arrears: Item 20.3 of the agenda (document A70/67) [transferred from Committee B]¹

The CHAIRMAN drew attention to the report by the Secretariat concerning arrangements to reschedule the payment of arrears owed by Somalia and to restore its voting rights. Paragraph 6 of the report contained a draft resolution for consideration by the Health Assembly.

The COMPTROLLER said that the delegation of Somalia had contacted the Secretariat on 21 May 2017 to discuss rescheduling the payment of its arrears. A meeting had been held the following day, at which it had been explained that, ordinarily, such requests should be submitted before 31 March to allow for consideration by the Programme, Budget and Administration Committee, on behalf of the Executive Board, before transmission to the Health Assembly. The proposal before the Committee had therefore been handled as an exception. The delegation of Somalia had given assurances that an initial payment of US\$ 9300 was already being processed.

The representative of LEBANON said that, in view of the severe difficulties that Somalia had experienced for some time, the Health Assembly should be lenient and approve the Government's request to reschedule the payment of its arrears. He endorsed the draft resolution.

The representative of ITALY, expressing full agreement with the comment made by the representative of Lebanon, said that Somalia deserved the Assembly's full support.

The representative of SOMALIA said that, following elections earlier in 2017, the Somali authorities were committed to engaging with all United Nations bodies, including settling arrears with the World Health Organization and becoming actively involved in its decision-making processes. His Government undertook to pay the arrears owed in accordance with the plan set out in the draft resolution.

The representative of EGYPT expressed support for the draft resolution, which would send a positive message to Somalia from the international community and encourage further democratic development in the country.

¹ See the summary record of the General Committee, first meeting, section 1.

The representative of IRAQ, welcoming the draft resolution, said that cooperation with Somalia should be fostered and encouraged its participation in WHO activities and the work of the Health Assembly.

The COMPTROLLER, noting the Committee's clear views on the issue, said that the appropriate next steps would be taken, with guidance from Member States.

The CHAIRMAN took it that the Committee wished to approve the draft resolution.

The draft resolution was approved.¹

2. FIRST REPORT OF COMMITTEE A (document A70/68)

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

The report was adopted.²

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

Health emergencies: Item 12.1 of the agenda (continued from the first meeting, section 3)

- **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) (continued from the first meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of items 12.1 and 12.4 of the agenda, which were being discussed together.

The representative of BRAZIL, expressing appreciation for the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, annexed to document A70/8, said that insufficient funding for the WHO Contingency Fund for Emergencies should be addressed within the broader context of the Organization's overall budget, so as to ensure

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA70.1.

² See page [...].

efficient use of resources and prevent negative impacts on other areas of work. Welcoming collaboration between the Secretariat at headquarters and in the regional offices to tackle the Zika emergency and train health professionals, he emphasized the need for emergency response efforts to remain clearly focused on public health and avoid political or security entanglements. His Government had declared the Zika emergency over at the national level on 12 May 2017. His country had established a national plan to combat *Aedes aegypti* through mobilization and vector control, care and service delivery, and technological development, education and research. A national plan on antimicrobial resistance was being finalized.

The draft global five-year strategic plan to improve public health preparedness and response 2018–2022 should establish how the activities of relevant organizations would be aligned in practice and reaffirm the Organization’s leadership role in emergency response management. It should also include operational procedures and monitoring and evaluation; a structure for the latter should be presented in a separate document for approval by the Seventy-first World Health Assembly, with details of all voluntary components. The joint external evaluation tool must be considered by the Organization’s governing bodies so that it could be formally recognized. Member States should be given the flexibility to adapt operational measures to their national conditions and situations. Risk communication should be “bottom-up” and a shared responsibility. The plan should provide for cases of non-compliance to be handled with the involvement of the Member State concerned, and the Secretariat should seek to overcome asymmetries among Member States.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the progress described in the report on research and development for potentially epidemic diseases, but stressed the need to speed up vaccine certification. Further research should focus on social sciences and anthropology with a view to improving community management of disease outbreaks caused by priority pathogens.

The representative of the UNITED STATES OF AMERICA welcomed progress made by the Organization in implementing its new emergency response system; however, further changes were needed in the field, particularly in the African Region and the Eastern Mediterranean Region. Greater attention to partnerships was needed, and all aspects of response, in particular administrative functions, should be strengthened. The Independent Oversight and Advisory Committee had an important role to play in ensuring broad structural changes across the Organization and a balanced introduction of the Programme.

The Organization should work closely with other United Nations agencies in responding to famine. He sought clarification regarding the involvement of WHO staff in the coordination of research in outbreak situations. He requested more and more timely information about work under the blueprint for research and development preparedness and rapid research response and the Secretariat’s engagement with other relevant bodies and initiatives. Member States must review any proposed guidance documents, norms, mechanisms and tools well before they were finalized.

Some Member States had suggested that the recommendations made in the report of the United Nations Secretary-General’s High-level Panel on Access to Medicines should be included in the discussion, but the Panel and its recommendations remained controversial and he therefore opposed such a move. While strongly supporting the Organization’s efforts to coordinate responses to major emergencies and large-scale outbreaks with the Inter-Agency Standing Committee, more work was needed on the practicalities.

He commended the global implementation plan for the International Health Regulations (2005) set out in document A70/16, particularly the emphasis on expanded partnerships and a multisectoral approach and the support envisaged for monitoring and evaluation. He also commended those Member States that had undergone voluntary joint external evaluations.

The representative of BAHRAIN said that her country deeply appreciated and supported the efforts of the Secretariat to prepare for, monitor and respond to health emergencies, manage incidents effectively and promote capacity building, as well as its efforts to foster partnerships and deepen coordination among States. Bahrain also commended the Secretariat for establishing the incident management system, which had proven highly effective and could be scaled up or down as needed. It was crucial to share expertise and promote capacity-building so that stakeholders could keep abreast of developments, including potential regional and global health risks. She therefore called for the establishment of forums to exchange relevant information and for that information to be made available to all. It was crucial to encourage research and development, particularly on issues of concern to States with limited research and development capacity, and to focus on ways to address potential chemical, biological and nuclear risks. Effective early warning mechanisms, which could play a key role in combating the spread of disease, should also be made available to all States. In that regard, the early warning mechanisms put in place by Bahrain prior to the influenza A(H1N1)pdm09 and coronavirus pandemics had significantly impeded the spread of those viruses among the population.

The representative of SOUTH AFRICA commended the WHO Health Emergencies Programme's response to recent disease outbreaks, expressing particular appreciation to the Regional Director for Africa and her teams in assisting countries in the Region to tackle yellow fever and Ebola virus disease outbreaks. In February 2017, her country had completed a self-assessment of International Health Regulations (2005) implementation using the joint external evaluation tool; the findings had been used to develop an action plan on further strengthening capacity. Her Government would work with other Member States to support the Secretariat in addressing the challenges faced by the Organization.

The representative of EGYPT expressed concern that the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme viewed progress in the development and performance of the Programme as fragile. Funding remained the core obstacle. Despite the acknowledged importance of country-level results to the Programme's success, a significant number of posts in country offices had yet to be filled. Capacity-building and career support for national staff were vital. Investment should also be directed to building the core public health capacities of Member States.

While the funding gap in the core budget for the WHO Health Emergencies Programme for 2016–2017 had already been reduced, and further reductions were anticipated, the potential remaining gaps for the Programme as a whole and for the WHO Contingency Fund for Emergencies were of great concern. Future reports by the Independent Oversight and Advisory Committee should include advice to the Director-General regarding the appropriateness and adequacy of the WHO Health Emergencies Programme's financing and resourcing, and assessments of its impact on the functions of the Organization, particularly the normative functions.

The representative of GHANA welcomed the progress made in managing public health emergencies but cautioned against complacency. The joint external evaluations conducted in 2016 indicated that surveillance and laboratory systems were relatively well advanced in those Member States surveyed; vaccine coverage, access and delivery were also well established. Ghana had recently undergone assessment of its public health emergency management systems and would build on the lessons learned to address gaps, working with multiple stakeholders and pursuing a multidisciplinary approach.

The representative of THAILAND expressed concern about the slow progress in implementing the "no regrets" policy and about the level of coordination and support provided at the country level. The Secretariat needed to streamline administrative and operational systems across the three levels of

the Organization, including through changes in organizational culture. Under the WHO Health Emergencies Programme, the process of recruiting competent staff for country and regional offices should be accelerated, country offices should be given support to mobilize domestic resources, and contributions to the WHO Contingency Fund for Emergencies from different sources should be encouraged. Incident management systems and emergency operations centres should be fully funded from domestic and sustainable resources. Support for the implementation of the blueprint for research and development preparedness and rapid research response was urgently needed. Proper management of intellectual property and quick registration processes were essential to ensuring equitable access to affordable, quality new medical products. The Secretariat should further strengthen the Global Outbreak Alert and Response Network and help to scale up the establishment of emergency medical teams in affected countries. WHO should work with regional and subregional disease surveillance and response networks, as required under the International Health Regulations (2005). The upcoming joint external evaluation would provide guidance for her country on how to improve implementation of the Regulations and the Global Health Security Agenda.

The representative of JAMAICA said that the critical mass of qualified incident managers ready for deployment recommended in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should come from the countries themselves. WHO should invest in cultural change across the Organization by investing in the development of national staff to provide the full gamut of services needed in emergencies, including administration services and awareness of WHO processes and standard operating procedures to access overseas relief and supplies.

The representative of INDIA said that Member States should carefully assess the implications of the operational role taken on by the Organization under the WHO Health Emergencies Programme, including the budgetary impact. Frequent public consultations should be held on activities under the blueprint for research and development preparedness and rapid research response. Scientific and other advisory expert groups should include representation from low- and middle-income countries. Health research and development should be needs-driven, evidence-based and guided by the core principles of affordability, effectiveness, efficiency and equity. Norms on sharing data and samples should be put to Member States for approval and should be informed by relevant processes, such as the discussion on the relationship of public health to 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. He expressed concern that the research and development blueprint did not explicitly recognize the principle of delinking the price of products from the cost of research. Collaboration between the Coalition for Epidemic Preparedness Innovations and WHO should adhere to the principles of the Consultative Expert Working Group on Research and Development: Finance and Coordination. Perspectives from developing countries should be adequately reflected in the WHO Health Emergencies Programme. While it was widely accepted that the International Health Regulations (2005) played an important role in responding to emergencies, it was important to recognize that countries at different stages of development could not always meet the challenges posed by health emergencies. Developing a mechanism that provided technical and financial support was therefore important. Safeguards were needed to address concerns about voluntary joint external evaluation extending beyond health sector preparedness; the Health Assembly should consider the issues of transparency, independence, data security and donor funding. External evaluation should not become a precondition for receiving financial and technical assistance.

The representative of ECUADOR expressed gratitude for the support provided by WHO in relation to the emergencies faced by the countries in the Region and in particular for the international support that her country had received following the earthquake in April 2016. She drew attention to the importance of defining roles, responsibilities, authority, accountability, reporting lines and

coordination under the WHO Health Emergencies Programme and expressed support for the creation of a standard template for the delegation of authority. WHO should strengthen the mechanisms that allowed countries to implement the international instruments for minimum standards when responding to emergencies. She called for more transparency concerning the funds earmarked for emergencies and the application of international agreements on humanitarian assistance and highlighted the importance of a five-year plan to present the Organization's approach to strengthening countries' ability to implement the core capacities detailed in the International Health Regulations (2005).

The representative of SAUDI ARABIA emphasized that the success and sustainability of the WHO Health Emergencies Programme depended on securing the required financial and logistical support at all three levels of the Organization. Capacity-building by Member States for health emergencies surveillance, preparedness and response was important. Efforts to support regional offices and to improve coordination between regional offices and Member States were essential in order to build the trust critical to a timely emergency response. He supported WHO's efforts to develop the global implementation plan through a consultative process and the plan as proposed. He agreed that the draft global five-year strategic plan should be considered an extension of that draft global implementation plan. The monitoring and evaluation framework of the International Health Regulations (2005) should be considered part of the global implementation plan and the annual reporting tool should be modified to match the joint external evaluation tool. WHO and partners should support countries to develop, fund and implement national plans for health security, which should take a multisectoral approach and be led by high-level authorities to secure resource allocation and timely implementation. Clear guidance should be established to integrate the implementation of the International Health Regulations (2005) with health system development, including universal health coverage. Continuous support should be provided to train National IHR Focal Points and to help countries conduct systematic assessments to identify potential public health events of international concern.

The representative of GERMANY, noting the fragile nature of progress in respect of WHO's response to the health needs of populations in protracted crises, encouraged the Organization to strengthen the reform process, especially at the country level. His Government remained fully committed to supporting WHO in its efforts to strengthen global health crisis management; under Germany's presidency, the G20 had explicitly acknowledged the importance of International Health Regulations (2005) implementation and of improving the monitoring and evaluation of implementation. The G20 had acknowledged the need to strengthen WHO's financial and human resource capacities, including through adequate and sustainable funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies, which were underfinanced. Since his Government had recently become the biggest donor to the Fund, he urged other Member States to contribute in order to make the Fund work in the future.

The representative of INDONESIA said that, given the high risk of cross-border threats to public health, strong involvement from Member States, non-State actors and international partners was critical to transforming the global implementation plan into national strategic plans. Her Government's commitment to global public health was evidenced by its full implementation of the International Health Regulations (2005) and its intention to undergo a joint external evaluation in November 2017. She called for enhanced collaboration between Member States and partners in order to attain full global implementation of the Regulations.

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 welcomed the global implementation plan and urged the Assembly to endorse it. She recalled the need for Member States to implement and maintain core capacities to prevent, manage and respond to health emergencies; the central role of the Secretariat in supporting and assisting countries as part of a One Health approach; and the potential of economic or regional organizations to support coherence, continuity and economies of scale when implementing the International Health Regulations (2005). Core capacity-building should be included in the broader scope of health systems strengthening and efforts to achieve universal health coverage. WHO needed a clear view of the needs and gaps. It was important to develop national cross-sectoral plans for preparedness and health security capacity-building that were based on the recommendations from joint external evaluations and align them with national budget cycles and donor coordination. WHO should support National IHR Focal Point training and prioritize in-country resources for the implementation of the Regulations. Member States should ensure that the WHO Health Emergencies Programme was funded and all stakeholders should increase resource allocation to health systems. WHO should ensure that the Independent Oversight Advisory Committee could continue its work in future. She called for the adoption of a global action plan on the implementation of the Regulations. The proposed pace of delivery remained a concern; the draft global five-year strategic plan should be developed and finalized in advance of the Seventy-first World Health Assembly.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, welcomed the report by the Director-General on WHO response in severe, large-scale emergencies. He said that, of the 32 acute emergencies to which WHO had responded during the review period, almost half had been in the African Region. Lessons learned from previous emergencies had underscored the importance of WHO support for building more resilient health systems within Member States. Expressing concern at the funding gap identified in the report, he called for more advocacy and resource mobilization for the WHO Health Emergencies Programme, together with recruitment of competent staff and sustained financing of the WHO Contingency Fund for Emergencies. A more effective global mechanism, led by WHO, was needed to respond rapidly to public health emergencies.

The representative of SWITZERLAND took note of the efforts made by WHO to manage emergency situations with public health consequences and paid tribute to health workers in the field. He condemned the attacks against health workers and facilities, which continued to result in civilian deaths and the destruction of health systems, and welcomed efforts by the Secretariat to collect data in that regard. He expressed support for the measures set out in the global implementation plan. Structures and capacities should be strengthened at the country level to combat the current crises. Expressing deep concern about the rapidly increasing scale of the cholera epidemics in Somalia and Yemen, he asked the Secretariat to clarify how resources in the field would be adapted to address the situation. In such situations, WHO must foster collaboration and partnerships, including with non-State actors, with minimum bureaucracy. In that connection, he called for clarification as to how WHO would address the current cumbersome and lengthy procedures for the establishment of collaboration with non-State actors, as set out in the Framework of Engagement with Non-State Actors, which significantly hampered work in the field.

The representative of ARGENTINA said that the draft global five-year strategic plan should provide details of the mechanisms and time frames for consultations and for harmonizing existing plans at the global level. It should also highlight the strategies that could be used to integrate the core capacities required by the International Health Regulations (2005) with essential public health functions, while maintaining sufficient political awareness among Member States of their obligations both under the Regulations and to the international health community. The proposal to include in the remit of the Special Representative of the United Nations Secretary-General for Disaster Risk Reduction a mandate to act as an advocate for the Regulations should not be allowed to have a

detrimental effect on WHO's leadership role in responding to health emergencies. The revised monitoring and evaluation framework for the International Health Regulations (2005) should consider not only the core capacities, but also how the Regulations are being implemented and the role of all relevant actors. She asked why that framework had not been submitted as a separate document for consideration by the Health Assembly during its current session, as requested by the regional committees in 2015, and requested clarification on the proposed way forward in that regard. The proposed annual reporting instrument and other relevant instruments should be submitted to Member States for their consideration and approval. In that connection, the finalized draft strategic plan must be circulated among Member States sufficiently in advance of the Seventy-first World Health Assembly to enable its full consideration at the country and regional levels. Highlighting the collaborative role WHO could play in strengthening existing country mechanisms, she said that more detail should be provided on the process to be followed to establish a standardized procedure for the monitoring and management of additional measures; that process should be participatory and include States Parties, regional offices and the Secretariat. It was important to continue efforts to identify processes, agreements and mechanisms that facilitated a rapid exchange of information, data and biological samples during public health emergencies.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, which contained a number of pertinent recommendations. He commended WHO's work to combat the yellow fever outbreak and current Ebola virus disease epidemic in the Democratic Republic of the Congo. The Member States of the African Region were committed to implementing the joint external evaluation process and the One Health approach.

The representative of SUDAN, emphasizing that her Government was committed to implementation of the core capacities required by the International Health Regulations (2005), expressed appreciation for WHO's support for emergency preparedness and response activities in her country, which had significant experience of disasters and emergencies, in particular exposure to floods and the presence of refugees, which put a strain on the health system. Emergency preparedness and response should be strengthened by establishing a common emergency fund with contributions from governmental and nongovernmental sources and by increasing the pool of trained staff for multi-hazard emergency response. Coordination mechanisms should also be strengthened, and the Safe Hospitals Initiative should be implemented to reduce mortality and morbidity from emergencies through better management of mass casualties.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, noting that the global implementation plan was an essential international legal instrument for effective preparedness and response to international public health emergencies, expressed support for its endorsement at the current session of the Health Assembly.

Mr Davies took the Chair.

The representative of TOGO welcomed the progress made in relation to the WHO Health Emergencies Programme. The outbreak of Ebola virus disease had revealed the weaknesses of the Togolese health system in responding to emergencies, but had in turn helped it to prepare for the meningitis and Lassa fever epidemics recorded in 2016 and 2017. He expressed support for the initiatives described in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, in particular with respect to communication and the transformation of WHO into an operational organization during emergencies, especially in terms of increasing the number of qualified staff members in country offices to manage incidents at the national level. Support

was needed from partners to mobilize resources for the establishment of a public health emergency operations centre in Togo.

The representative of OMAN said that the Omani public health emergency operations centre had been strengthened, with a view to enhancing coordination among stakeholders. National early warning, information and coordination systems had been established to gather and disseminate information and provide the necessary support during emergencies, and to assist with decision-making. In Oman, a joint external evaluation of the implementation of the International Health Regulations (2005) had taken place in April 2017. He welcomed efforts to strengthen systems for sharing information on new diseases and efforts to prevent the misuse of that information.

The representative of the RUSSIAN FEDERATION said that the global implementation plan presented an assortment of activities when it should contain only actions. References in the plan to cooperation with partners should be limited to proven partners that had the support of all Member States. New instruments for monitoring, evaluation and reporting could not be introduced or legally established without the approval of the governing bodies. The proposed joint external evaluation should be discussed by all Member States. The mechanism for independent expert evaluation must be transparent, as should the development and functioning of the tools for its implementation. It was not appropriate to include references in the plan both to voluntary mechanisms, such as external evaluation and joint external evaluation, and to legally binding mechanisms, such as self-assessment. The plan should refer to actions to strengthen monitoring and evaluation systems based on the International Health Regulations (2005), without reference to specific mechanisms. The introduction of external evaluation and other mechanisms not provided for in the Regulations would require amendments to those Regulations.

He did not agree with the proposed endorsement, in a single document, of a package containing the global implementation plan, the guiding principles for the draft global five-year strategic plan to improve public health preparedness and response 2018–2022 and the draft terms of reference for the Technical Advisory Group of Experts on Infectious Hazards. The late issuance of the document breached the Rules of Procedure of the World Health Assembly, prevented its full consideration at the national level and slowed its adoption by the Health Assembly. The endorsement of the Global Implementation Plan should be deferred and a working group convened to agree on a text for subsequent discussion by the Health Assembly. His Government had agreed to continue its voluntary contributions to support the implementation of the Regulations, including by providing support to other countries.

The representative of TUVALU, speaking on behalf of the Pacific island countries, said that, at the Fourth Heads of Health Meeting, held in April 2017, the Pacific island countries and partner agencies had reaffirmed their commitment to the accelerated implementation of the core capacities for national and global health security required by the International Health Regulations (2005). Pacific island countries were particularly vulnerable to emerging infectious diseases and natural hazards: the re-emergence of Zika virus in French Polynesia in 2013 had caused outbreaks in most Pacific island countries and territories, while the annual occurrence of tropical cyclones devastated infrastructure, lives and livelihoods.

By 2016, all Pacific States Parties to the Regulations had reported to WHO at least twice on the status of implementation of the core capacities at the national level. Although significant progress had been made regarding the implementation of the Regulations, further efforts were needed, including in relation to health system preparedness, human resources and food safety. The feasibility of using the joint external evaluation tool in Pacific and other small island developing States should be reviewed. Indeed, the small populations of some Pacific islands meant that certain capacities, such as laboratory technologies, should be organized regionally to achieve economies of scale. Pacific islands were working with regional technical and development partners on a multiyear health security strategy for

essential national capacities and capabilities and regional resources, using an approach based on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and the draft global five-year strategic plan. The revised monitoring and evaluation framework for the International Health Regulations (2005) should include consultative mechanisms to assess the core capacities required by the Regulations at the Pacific regional level. The implementation status of agreed regional core capacities should then be regarded as the minimum level of implementation for all Pacific island countries and areas, in order to enable all Pacific island nations to reach the level of capacity defined in the joint external evaluation tool.

Dr Al-Kuwari resumed the Chair.

The representative of TURKEY said that the report on the implementation of the International Health Regulations (2005) demonstrated the need for a strong WHO and for a fully funded emergency programme. Turkey was hosting 3 million Syrian refugees, with more than US\$ 25 billion in funding being provided by the Turkish Government. In view of the huge shortfall in funding for WHO operations in the Syrian Arab Republic, he invited the Secretariat to increase the funding target and called for more active participation and action from all stakeholders in that regard.

The representative of MALI emphasized that the lessons learned with respect to the management and declaration of public health emergencies under the International Health Regulations (2005) were simple but important. Nobody had been ready for the outbreak of Ebola virus disease in West Africa, including WHO, but especially national governments. The outbreak had revealed the critical importance of coordination among countries and with WHO. Special armed units should be established to protect health operations in emergency settings. As things currently stood, if another outbreak occurred, the same errors would be made as in 2014. Public health emergencies required strong high-level political engagement that was backed up by technical support, as demonstrated in Mali during the outbreak of Ebola virus disease by the presence on the ground of the Director-General and the President of Mali. Public health emergencies required a multisectoral response at the national level. Country research and reference centres must be promoted, in order to support public health emergency operations centres. Such centres had been established in Mali and Guinea during the Ebola virus disease outbreak and during meningitis epidemics to develop vaccines. Communication was key to every stage of operations and to achieving community acceptance of strategies and solutions. The network of professionals with experience in public health emergencies established by the Director-General should be maintained and the Director-General elect should consider recruiting the current Director-General after her term of office ended to oversee the efforts already under way in that regard.

The representative of NEPAL welcomed the introduction of the WHO Health Emergencies Programme, including the establishment of a unified emergency response mechanism across the Organization. He fully supported the Programme's emphasis on supporting actions at the country level, which would enable enhanced comprehensive risk management and prompt response to emergencies on the ground. Health sector emergency preparedness and response plans should be clearly linked to the relevant plans of other sectors, and initiatives aimed at health systems strengthening should be harmonized with plans to enhance health system resilience to emergencies. He urged WHO to support countries in developing the critical capacity required to rebuild and strengthen health systems in the wake of disasters. Sustainable funding for the WHO Health Emergencies Programme must be ensured, including through innovative financing solutions.

The representative of the ISLAMIC REPUBLIC OF IRAN said that WHO should assume a lead role in the establishment of an integrated incident management system and the development of global tools and models for health risk assessments. His Government had put in place a well-developed

emergency management structure for oversight, monitoring and intersectoral coordination. Positive examples of emergency management and response activities should be made available to help countries to better respond to events at the national level, and steps should be taken to devise an international early warning system. All health care providers should receive training in the area of emergency management and response. WHO collaborating centres around the world had a key role to play in the context of preparedness, early warning, early detection and outbreak investigation, monitoring and evaluation, and closer links should be forged among such centres and with ministries of health. Research into potentially epidemic diseases should be organized before, during and after an epidemic. Training and capacity-building activities should be undertaken with experts in different fields to support research into potentially epidemic diseases. Priority should be given to information and knowledge sharing in order to capitalize on knowledge gained during large-scale outbreaks. Examining global trends in epidemics was also important in order to shape future research and action.

The representative of the SYRIAN ARAB REPUBLIC welcomed the fact that the emergency in his country had been classified as Grade 3, the highest severity level. It was regrettable, however, that many figures and statistics concerning the Syrian Arab Republic contained in the report were grossly inaccurate; it was not true, for example, that more than half of his country's health facilities were either closed or only partially functioning, and the statistics regarding the number of Syrians who had fled to neighbouring countries to escape the actions of terrorist groups had likewise been grossly exaggerated. While some claims that the Government of the Syrian Arab Republic had restricted the provision of assistance or delayed the authorization of WHO activities were partly true, those restrictions and delays had been necessary to ensure the safety of WHO personnel. As attested by numerous regional experts, the Ministry of Health continued to strive to address the formidable challenges posed by the systematic destruction of his country's health infrastructure. Indeed, those experts had commended the country's early warning and rapid response mechanisms and the capacities of Ministry of Health staff. The classification in the report of the crisis in Syria as a "conflict/civil strife" was also inaccurate; the Government was, in fact, fighting a war against terrorism. In line with the principles of the United Nations, WHO must ensure the accuracy and objectiveness of its reports on the Syrian Arab Republic, a founding Member State of the Organization that had consistently adopted and implemented WHO's decisions and recommendations.

The representative of the DOMINICAN REPUBLIC said that the lack of agreement on the distribution of resources or a shared platform to facilitate coordinated action on the main infectious disease risk factors affected the priorities of developing countries and led to duplicated and fragmented efforts. In the Dominican Republic, research results were often not incorporated into policies as they were not made available on a platform and were not critically reviewed by the national authorities; however, a priority research agenda was being developed, which would enable implementation of the blueprint for research and development preparedness and rapid research response.

The representative of MYANMAR expressed appreciation for the establishment of the WHO Health Emergencies Programme, which had led to an evidence-based improvement in WHO's response in emergencies. Action must be taken to address and respond to the five ongoing Grade 3 emergencies owing to conflict or civil strife. He supported the recommendations of the Independent Oversight and Advisory Committee in relation to the development and adoption of a standard template for delegation of authority across all three levels of the Organization; the provision of enhanced psychological support for staff working in the field; increased investment and capacities in field security; and the introduction of other staff protection measures. Long-term sustainable financing must be secured to address the funding shortage facing the WHO Health Emergencies Programme. He requested the Independent Oversight and Advisory Committee to report to the Seventy-first World Health Assembly on the overall progress of the WHO Health Emergencies Programme.

The representative of BANGLADESH, expressing gratitude to WHO for its early response in health emergencies, requested WHO to continue providing support during emergencies. He described his country's effective response to the health impacts of tropical cyclone Roanu in 2016, but noted the need for further support to build emergency preparedness and response capacity. He urged the Secretariat to develop an early warning and response mechanism to support countries vulnerable to emergencies and health hazards. Health workforce coordination was essential, and the Secretariat should continue to provide training and technical guidance to health workers at the country level. Bangladesh had a well-trained workforce that was able to participate in efforts to deal with international crises, and his Government stood ready to share its expertise through a South–South cooperation mechanism under a WHO framework at the interregional and intraregional levels.

The representative of NIGERIA said that his country was committed to ensuring health security at the national level and had taken significant action in that regard. Referring to the recent meningitis outbreak in Nigeria, which had since subsided, he urged WHO to address the availability of access to meningococcal vaccines to ensure Nigeria's preparedness. He expressed gratitude for the support provided by WHO and other partners to tackle the recent health emergencies and challenges in Nigeria, including the four new cases of wild poliovirus detected in August 2016. Through a series of vaccination campaigns and surveillance activities, significant progress had been made towards the elimination of poliomyelitis in his country. He called for further and sustained WHO support to increase the capacities of national institutions responsible for disease surveillance and emergency preparedness and response. Recognizing the importance of regional collaboration in health emergencies, he noted that Nigeria was hosting the Regional Centre for Disease Surveillance and Control and one of the regional coordinating centres of the African Centres for Disease Control and Prevention.

The representative of PAKISTAN said that his country accorded high importance to the implementation of the International Health Regulations (2005) as part of efforts to ensure national and international health security. Efforts were under way in Pakistan to implement the recommendations resulting from the joint external evaluation conducted in 2016 in order to improve intersectoral action and coordination and ensure compliance with the Regulations. His country had taken numerous steps to ensure the timely detection and identification of, and response to, public health events, including through the introduction of mechanisms for event-based surveillance and response and the development of a national strategic framework for laboratories and biosafety and a five-year action plan. His Government stood ready to share its expertise with other countries and organizations.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region in respect of item 12.4, said that urgent measures should be taken to support the implementation of and compliance with the International Health Regulations (2005), particularly in developing countries. The global implementation plan would help to accelerate implementation of the Regulations. Governments should provide increased support to national IHR focal points. In addition, it was essential to promote intersectoral synergies; establish effective national action plans with support from national authorities and the international community; strengthen cross-border cooperation; diversify financing sources; and make additional and sustainable financial resources available at the global, regional and national levels. Member States must ensure that the period of validity of vaccination against yellow fever covered the life of the person vaccinated, as defined in resolution WHA67.13 (2014).

The representative of VIET NAM expressed appreciation for WHO's technical leadership and support under the International Health Regulations (2005) in response to recent outbreaks of infectious diseases and public health events, and welcomed the developments achieved in that regard. However, challenges to implementing the Regulations remained, including the need for States Parties to

empower their national IHR focal points and strengthen intersectoral collaboration. His country was willing to share the final report on the joint external evaluation conducted in Viet Nam in 2016 with all relevant stakeholders and development partners. His Government was committed to maintaining and strengthening its core capacities required by the Regulations and would work with WHO and international development partners to achieve effective global implementation of the Regulations.

The representative of MALDIVES said that building resilient health systems was among the most important components of disaster risk reduction. However, a shortage of funds could jeopardize the emergency reform process and adversely affect the work of the WHO Health Emergencies Programme. Economically vulnerable and disaster-prone countries such as the Maldives required support from the international community and organizations such as WHO. It was therefore important to enhance, expand and strengthen the ability to leverage functional experts within the health emergency workforce and provide operational support to improve training of health workers, research and development, and field-level coordination. Workforce development and intersectoral collaboration remained important challenges, but the global implementation plan was a guiding tool for States Parties and would help to accelerate implementation of the International Health Regulations (2005) thanks to its focus on health systems strengthening and prevention measures. He commended WHO's ongoing efforts in responding to disease outbreaks and public health emergencies around the world and looked forward to the provision of continued technical and financial support from the Secretariat in terms of disaster preparedness and recovery.

The representative of ALGERIA, emphasizing the need for strong political engagement and continuous financing for implementation of the International Health Regulations (2005), said that his country had established an innovative financing mechanism for that purpose using proceeds from a tax on tobacco. Sustained, effective multisectoral action was also required, together with capacity-building at the country level in various spheres, which should be a key priority of WHO. Rapid and efficient cross-border cooperation was also essential and WHO could play a catalysing role in that regard.

The representative of COLOMBIA said that WHO should continue its coordination, response and monitoring efforts with a multi-risk focus, taking into account different regional and local challenges. The Zika virus epidemic had demonstrated the need for better guidelines to strengthen international cooperation and facilitate the flow of information and support between countries while respecting the autonomy and leadership of affected countries. It was essential to have in place a clear road map for research and development before a global outbreak occurred, and priority should be given to the 11 pathogens identified in paragraph 5 of document A70/10 so that research activities could be rapidly activated, coordinated and funded. Expressing support for a single platform for data sharing, she said that clearer guidelines were nevertheless needed on the exchange of biological samples; the outbreak of Zika virus disease had led to a large number of requests from interested parties for samples, but there had been almost a total lack of guidelines on the exchange of such samples. Lastly, more support was needed on the protection and training of health personnel and the sharing of results and experiences.

The representative of the BAHAMAS said that her country was particularly vulnerable to health emergencies owing to its geography, tourist-dependent economy and the free movement of people in the region. Given that the international management of communications was of particular concern, she asked whether the Secretariat should play a role in mitigating the effects of misinformation, sensationalism and false alarms. More sustained efforts were needed within the international transport and security sectors to manage the response to health emergencies and meet the requirements of the International Health Regulations (2005). She expressed gratitude for the amended yellow fever requirements: that information should be shared with the travel sector.

The representative of ISRAEL emphasized the importance of local and international collaboration in addressing health emergencies, and the continued development of capacities through knowledge-sharing and the joint external evaluation process. Noting the need for new tools for the early identification of public health events, he recommended the use of big data systems for identification, surveillance and intervention. Consideration should be given to the issue of cybersecurity.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Secretariat should emphasize in its guidance the integral role of communities in the prevention, detection and response to infectious disease outbreaks. While she was in favour of linking core capacity-building under the International Health Regulations (2005) with health systems strengthening, the core capacities also needed to be strengthened in the community system. National Red Cross and Red Crescent societies stood ready to support Governments in the implementation of the International Health Regulations (2005).

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the number and severity of emergencies and the violation of international humanitarian and human rights laws in conflict situations. He urged those involved in ongoing conflicts to protect civilians and health care capacities and to respect the obligation of health personnel to treat all patients. He called for the full implementation of the Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies and urged Governments to fulfil their obligations under international human rights and humanitarian law. WHO should facilitate research on the timeliness and effectiveness of international interventions to better plan for the future. National and local governments should ensure that disaster medicine training was included in tertiary medicine curricula. Countries should accept the presence of foreign physicians when needed, without discrimination. Member States should develop and test disaster management plans for clinical care and public health, including the ethical basis for their implementation.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern that the Seventieth World Health Assembly was not addressing the famines facing north-east Nigeria, South Sudan, Yemen and Somalia, or the issue of attacks on medical facilities and personnel. He called on Member States to include those topics in the agenda of future WHO meetings, and to hold each other to account for violations of international humanitarian law regarding the protection of health care facilities and workers and access for medical missions.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed the hope that the research and development blueprint for action to prevent pandemics would provide the necessary tools to respond to future epidemics. He asked for clarification of how plans to develop new medical tools for Middle East respiratory syndrome, coronavirus and Zika virus would result in affordable and accessible tools, and how intellectual property and data would be shared and managed in line with the prior commitments of the global strategy and plan of action on public health, innovation and intellectual property and the Consultative Expert Working Group on Research and Development: Financing and Coordination. Efforts to establish a global coordination mechanism must ultimately derive from a transparent and inclusive intergovernmental process and be governed by the Secretariat and Member States, and not by non-State actors. He expressed concern about the transparency, pricing and access policies of the Coalition for Epidemic Preparedness Innovations; WHO, as an observer of the Coalition, should insist that it must improve its policies and practices.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that emergencies were prime opportunities for commercial exploitation. Particular attention should therefore be given to conflicts of interest when choosing partners. Her network had found that the implementation of global guidelines in programmes on infant feeding during emergencies to be dismal. She expressed the hope that WHO would promote prevention and emergency preparedness protocols to reverse that situation and improve food security in the long term.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed support for the goals of the blueprint for research and development preparedness and rapid research response. She urged WHO to highlight the success of efforts to harmonize regulatory systems across regional economic communities in Africa and called on the Secretariat, Member States and stakeholders to further support those efforts as an effective way to build global regulatory capacity. Given the critical role new tools would play in epidemic preparedness and endemic disease control and elimination, those tools must be accessible to end users and appropriate for the low-resource settings where outbreaks often occurred. She welcomed efforts to strengthen global coordination for the development of new tools, including the establishment of the Coalition for Epidemic Preparedness Innovations, and called on WHO to support those efforts.

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

The meeting rose at 12:05.

= = =