World Health Organization

SEVENTY-FIRST WORLD HEALTH ASSEMBLY **A71/A/PSR/4**
4 July 2018

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Wednesday, 23 May 2018, scheduled at 09:00

Chairman: A. SINGHAL (India)
later: Dr S. BROSTRØM (Denmark)

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FOURTH MEETING

Wednesday, 23 May 2018, at 09:40

Chairman: Mr A. SINGHAL (India)
later: Dr S. BROSTRØM (Denmark)

1. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Draft thirteenth general programme of work, 2019–2023: Item 11.1 of the agenda (documents A71/4 and EB142/2018/REC/1) (continued)

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that her organization looked forward to collaborating further with WHO. Intersectoral partnerships were needed to achieve WHO's objectives, including universal health coverage. She supported the call for collective action and multistakeholder engagement to meet global health challenges.

The representative of the PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that her organization was willing to further engage with WHO, Member States and other partners in its areas of expertise to promote and achieve the objectives contained in the draft thirteenth general programme of work, 2019–2023. Members of her organization were relevant partners for WHO, particularly in the areas of epidemic preparedness and response, antibiotic resistance, and research and development, as they had the capacity to deliver scientific and medical evidence to inform the development of health policies and guidelines.

The representative of RAD-AID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, while inadequate and inequitable health care was being addressed, it was important to ensure that medical imaging parameters were also taken into consideration with regard to women's health, HIV-related diseases, cancer, cardiovascular and cerebrovascular disease, chronic respiratory disease, diabetes complications and trauma.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, encouraged Member States and other stakeholders, including pharmaceutical companies and research institutions, to promote and improve transparency at all levels of public health. Transparency on issues such as medicine pricing, research and development costs and clinical trial data was particularly important. Given that the high price of medicines was untenable for many governments and patients, he called on Member States to ask the Secretariat to explore and support the design and development of feasibility studies for alternative innovation models based on de-linking the cost of research and development and the price of products. Finally, he welcomed efforts to strengthen health systems towards achieving universal health coverage and combat antimicrobial resistance.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a strong commitment to ending preventable child deaths should be reflected in the draft general programme of work. Member States must accelerate implementation of the Every Newborn Action Plan and put in place pneumonia and nutrition action plans as part of comprehensive national strategies for delivering health to all. The Secretariat should work with donors and Member

States to develop and implement health financing systems and be bold in holding governments to account. The global development financing structure should be aligned with current needs and those spearheading innovative approaches, such as the Global Financing Facility, should be supported. He urged all Member States to make their pledges to achieve universal health coverage meaningful and measurable and encouraged WHO to hold leaders to account at the Seventy-second World Health Assembly.

The representative of the WELLCOME TRUST, speaking at the invitation of the CHAIRMAN, commended the "triple billion" goals set out in the draft general programme of work. The Wellcome Trust would collaborate with WHO in the areas of: emergency preparedness and response; antimicrobial resistance; research coordination; and WHO reform.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and on behalf of the Council for International Organizations of Medical Sciences, called upon Member States to ensure adequate non-earmarked funding for the implementation of the draft thirteenth general programme of work, 2019–2023. Its objectives, in particular the "triple billion" goals, would require a strengthened global health workforce and the engagement of health care workers. Highly qualified health professionals were needed to staff specialized government agencies, such as health protection agencies and medicines regulatory authorities. He called for WHO to involve organizations of health professionals in policy development at all levels when implementing the draft general programme of work. Given that a lack of, and a failure to retain, health professionals would hamper the achievement of the "triple billion" goals, WHO should continue its work to strengthen human resources for health care systems, and his organization would collaborate with WHO in that regard.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that robust financing and higher quality investment were needed to prevent noncommunicable diseases. She urged Member States to fund WHO's work in that area, including through non-earmarked contributions. The draft impact framework should be adopted, and data should be disaggregated by socioeconomic group to ensure that no one was left behind. The targets contained in the draft thirteenth general programme of work on noncommunicable disease prevention should be treated as checkpoints towards longer term outcomes, rather than endpoints. She encouraged the Health Assembly to adopt the draft general programme of work.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, said that, in order to achieve universal health coverage, the strengthening of surgical systems must be a priority at all levels. Consequently, she urged the Health Assembly to include the strengthening of surgical systems in the draft general programme of work.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged the Secretariat and Member States not to overlook access to safe and affordable treatments for noncommunicable diseases. He noted that targets on coverage of essential medicines and treatments for noncommunicable diseases were not included in the draft general programme of work. Moreover, the root causes of inadequate access to essential medicines should be addressed. Financial risk protection should be guaranteed for people living with noncommunicable diseases. He called on governments to ensure that people living with noncommunicable diseases could access all the necessary treatment.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIRMAN, applauded the ambitious framework contained in the draft general programme of work.

He called on Member States to put a greater focus on viral hepatitis and ensure the inclusion of relevant services in efforts towards attaining universal health coverage. Many Member States had committed themselves to the global health sector strategy on viral hepatitis, 2016–2021, but only nine countries were on track to eliminate viral hepatitis as a public health threat by 2030. WHO should ensure that viral hepatitis was given the political and financial priority it deserved.

The representative of the WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, supported the draft resolution. Self-care was important as it enabled individuals to manage their own health and would therefore help Member States to achieve universal health coverage targets and reduce the burden on health systems. WHO's support of the local production of health products would hamper the availability of non-prescription medicines, to the detriment of people's health.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, said that he supported the Executive Board's request for a comprehensive strategy to be drafted on health, environment and climate change in preparation for the Seventy-second World Health Assembly. The environmental conditions that allowed infectious diseases to flourish must be addressed. He therefore urged Member States to coordinate and align health measures with efforts to prioritize water, sanitation and hygiene in health facilities; and to leverage sustainable domestic and international financing to that end. His organization was committed to working with WHO and other partners to deliver the draft general programme of work.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged WHO to focus on violence and nutrition when implementing the draft general programme of work. Member States must to commit themselves to ending all forms of violence against children and to providing the required leadership and investment to address that issue. WHO should also address the issue of malnutrition, particularly in children under the age of five years.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, urged Member States to provide adequate financial resources to implement the draft general programme of work and achieve the "triple billion" goals. Long-term investment in public health systems and the health workforce was required. Research and development must be dictated by public health needs rather than commercial interests and medicines must be affordable if universal health coverage was to be attained.

The DIRECTOR-GENERAL said that the draft thirteenth general programme of work, 2019–2023 had been one of his priorities since the start of his mandate. The draft general programme of work had been prepared quickly with input from regional consultations and the Executive Board. The speed with which it had been drafted demonstrated WHO's ability to work swiftly when necessary. The programme of work was vital for all the work carried out by the Organization, which would not be effective without a clear direction and priorities.

He thanked all Member States and Secretariat staff for their innovative contributions in creating a draft general programme of work that was country-focused and was focused on impact and outcomes, and for their confidence, support and comments on the bold and visionary nature of the document. Noting the requests for the elaboration of the new country model and the concerns regarding the development of indicators, he committed himself to continue working closely and regularly with Member States on the attainment of the indicators. Expressing pleasure that all Member States wished to proceed with implementation, he encouraged everyone to continue working together to promote health, keep the world safe and serve the vulnerable.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R2.

The draft resolution was approved.[1]

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda

Maternal, infant and young child nutrition: Item 12.6 of the agenda

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (document A71/22)

- **Safeguarding against possible conflicts of interest in nutrition programmes** (document A71/23)

The CHAIRMAN drew attention to the following draft resolution on infant and young child feeding proposed by Botswana, Canada, Gambia, Ghana, Mozambique, Nepal, Pakistan, Panama, Russian Federation, Senegal, Sierra Leone, Thailand and Zambia, which read:

> The Seventy-first World Health Assembly,
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> (PP1) Having considered the reports on maternal, infant and young child nutrition;[2]
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> (PP2) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008), WHA63.23 (2010), WHA65.6 (2012) and WHA69.9 (2016) on infant and young child nutrition, appropriate feeding practices and related questions, as well as resolutions WHA68.19 (2015), WHA69.8 (2016) and United Nations General Assembly resolution 70/1 (2015);
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> (PP3) Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;
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> (PP4) Reaffirming the commitments to implement relevant international targets and action plans, including WHO's global maternal, infant and young child nutrition targets for 2025 and WHO's global action plan for the prevention and control of noncommunicable diseases 2013−2020 and the Rome Declaration on Nutrition resulting from the Second International Conference on Nutrition;
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> (PP5) Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;
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> (PP6) Affirming that the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of quality health care;
>
> (PP7) Recognizing that appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families;

[1] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA71.1.

[2] Documents A71/22 and A71/23.

(PP8) Expressing concern that nearly two in every three infants under 6 months of age are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries;

(PP9) Acknowledging that achievement of the WHO global target to increase to at least 50% the proportion of infants under 6 months of age who are exclusively breastfed by 2025 requires sustainable and adequate technical and financial resources, and supportive and protective policy and regulatory interventions as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

(PP10) Welcoming the inclusion of support for exclusive breastfeeding in the Thirteenth General Programme of Work, 2019–2023;

(PP11) Welcoming the annual celebration of World Breastfeeding Week as an opportunity to communicate the importance of breastfeeding and advocate for the protection, promotion and support of breastfeeding;[1]

(PP12) Recognizing recent efforts made by WHO to provide guidance and strengthen technical support to Member States to improve infant and young child feeding, and protect, promote and support breastfeeding in particular, including through new guidelines and implementation guidance on the Baby-friendly Hospital Initiative;[2,3] an implementation manual on ending the inappropriate promotion of foods for infants and young children;[4,5] a tool kit on strengthening monitoring and enforcement of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions;[6] operational guidance on infant feeding in emergencies;[7] updated guidelines on HIV and infant feeding;[8] and breastfeeding advocacy materials,[9,10,11] as well as noting the ongoing process to develop tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes;[12]

(PP13) Also recognizing the ongoing implementation by WHO of the Framework of Engagement with Non-State Actors to effectively manage, including by, where possible, avoiding conflict of interest and other forms of risks to WHO in nutrition programmes,

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[1] http://worldbreastfeedingweek.org/, accessed 21 May 2018.

[2] http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/, accessed 21 May 2018

[3] http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/, accessed 21 May 2018.

[4] Document A69/7 Add.1.

[5] http://www.who.int/nutrition/publications/infantfeeding/guidance-ending-inappropriate-promotion-food-manual/en/, accessed 21 May 2018.

[6] http://www.who.int/nutrition/netcode/toolkit/en/, accessed 21 May 2018.

[7] IFE Core Group. Infant and young child feeding in Emergencies. Version 3.0 – October 2017 (http://www.ennonline.net/operationalguidance-v3-2017, accessed 18 May 2018)

[8] http://www.who.int/nutrition/publications/hivaids/guideline_hiv_infantfeeding_2016/en/, accessed 21 May 2018.

[9] https://www.unicef.org/nutrition/index_98477.html, accessed 21 May 2018.

[10] http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase/en/, accessed 21 May 2018.

[11] http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/, accessed 21 May 2018.

[12] http://www.who.int/nutrition/consultation-doi/comments/en/, accessed 21 May 2018.

OP1. URGES Member States[1,2,3] in accordance with national context and international obligations:

(1) to increase investment in development, implementation and monitoring of laws, policies and programmes aimed at protection, promotion and support of breastfeeding, including through multisectoral approaches and awareness raising;

(2) to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;

(3) to implement and/or strengthen national monitoring and enforcement mechanisms for effective implementation of national measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions;

(4) to promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child,[4] as well as guiding principles for the feeding of the non-breastfed child 6–24 months of age;[5]

(5) to continue taking all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance on ending the inappropriate promotion of foods for infants and young children, while taking into account existing legislation and policies, as well as international obligations;

(6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations;

(7) to celebrate World Breastfeeding Week[6] as a valuable means to promote breastfeeding;

OP2. REQUESTS the Director-General:

(1) to provide, upon request, technical support to Member States in implementation, mobilization of financial resources, monitoring and assessment of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, the guidance on ending the inappropriate promotion of foods for infants and young children, and the Baby-friendly Hospital Initiative and to review national experiences with monitoring and enforcing relevant national legal, regulatory and/or other measures;

(2) to continue developing tools for training, monitoring and advocacy on the Ten steps to successful breastfeeding and the Baby-friendly Hospital Initiative, to provide support to Member States with implementation;

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[1] And where applicable, regional economic integration organizations.

[2] Taking into account the context of federated states.

[3] Member States could take additional action to end inappropriate promotion of food for infants and young children.

[4] Guiding principles for complementary feeding of the breastfed child. Washington (DC): PAHO; 2003 (http://www.who.int/maternal_child_adolescent/documents/a85622/en/, accessed 21 May 2018).

[5] Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005 (http://www.who.int/maternal_child_adolescent/documents/9241593431/en/, accessed 18 May 2018).

[6] http://worldbreastfeedingweek.org/, accessed 21 May 2018.

(3) to support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document Food and Agriculture Organization's and World Health Organization's Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2016–2025);
(4) to continue providing adequate technical support to Member States in assessing policies and programmes, including good-quality data collection and analyses;
(5) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;
(6) to report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

The financial and administrative implications of the draft resolution for the Secretariat were:

Resolution:	Infant and young child feeding
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted** **Programme area:** 2.5. Nutrition **Outcome:** 2.5. Reduced nutritional risk for improved health and well-being **Output(s):** 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:** Not applicable.
3.	**Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:** Not applicable.
4.	**Estimated implementation time frame (in years or months) to achieve the resolution:** Four years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 5.1 million.
2.a.	**Estimated resource requirements already planned for in the Programme budget 2018–2019, in US$ millions:** US$ 1.7 million.

2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US$ millions:

Zero.

3. Estimated resource requirements in the Programme budget 2020–2021, in US$ millions:

US$ 3.4 million.

4. Estimated resource requirements in future programme budgets, in US$ millions:

Zero.

5. Resources available to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 1.3 million.

– Remaining financing gap in the current biennium:

US$ 0.4 million.

– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:

US$ 0.1 million.

Table. Breakdown of estimated resource requirements (in US$)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	315 500	58 400	52 800	46 000	52 300	59 700	56 400	641 100
	Activities	640 000	100 000	70 000	50 000	50 000	80 000	80 000	1 070 000
	Total	955 500	158 400	122 800	96 000	102 300	139 700	136 400	1 711 100
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	526 500	142 200	129 600	110 000	127 700	126 700	128 800	1 291 500
	Activities	640 000	250 000	250 000	250 000	250 000	250 000	250 000	2 140 000
	Total	1 166 500	392 200	379 600	360 000	377 700	376 700	378 800	3 431 500

He also drew attention to the following draft decision on maternal, infant and young child nutrition proposed by the United States of America, which read:

The Seventy-first World Health Assembly, having considered the Secretariat report on maternal, infant and young child nutrition, decided:[1]

[1] Document A71/22.

OP1. to acknowledge the importance of exclusive breastfeeding for the first six months of life, continued breastfeeding, and nutrient-rich, age-appropriate complementary foods for older infants and young children, as critical for child survival, health, nutrition and development, as well as for maternal health;

OP2. to reaffirm the need to promote exclusive breastfeeding practices in the first six months of life, and the continuation of breastfeeding up to 2 years of age and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6−36 months of age based on WHO[1] and FAO dietary guidelines and in accordance with national dietary guidelines, which contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of health care;

OP3. to urge the development of evidence-based national dietary guidelines, responses, strategies or plans to improve infant and young child nutrition, including breastfeeding, in routine and in emergency settings;

OP4. to celebrate World Breastfeeding Week as an official public health event, according to national context;

OP5. to request the Director-General:

(a) to provide, upon request, technical support to Member States in implementation, monitoring, and the assessment of recommendations, such as the Baby-Friendly Hospital Initiative, to support infant and young child feeding, including in emergencies, and to review national experiences with implementing such recommendations and the mobilization of resources to build the evidence base on their effectiveness, and consider changes, if needed;

(b) to support Member States in establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the timeframe of the Sustainable Development Goals (2030);

(c) to continue providing adequate technical support to Member States, upon request, in assessing and evaluating their maternal, infant and young child nutrition policies and programmes, including capacity for high-quality data collection and analyses;

(d) to report periodically to the Health Assembly, through the Executive Board, on progress made in protection, promotion, and support of breastfeeding, as part of existing reporting on maternal, infant and young child nutrition.

The representative of ITALY suggested that a drafting group should be formed to consider the two texts.

It was so agreed.

Mr Brostrøm took the Chair.

[1] Pan American Health Organization, World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington (DC): Pan American Health Organization; 2003; Guiding principles for feeding non-breastfed children 6−24 months of age. Geneva: World Health Organization; 2005.

3. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (resumed)

Public health preparedness and response: Item 11.2 of the agenda

- **Update on the Ebola virus disease outbreak in the Democratic Republic of the Congo**

The CHAIRMAN said that, prior to opening discussion of the three documents under item 11.2, an update would be provided on the latest Ebola virus disease outbreak in Equateur province in the Democratic Republic of the Congo.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that there were currently 58 cases of Ebola virus disease in the country, including 28 that had been confirmed and 21 that were probable. On 21 May 2018, a response campaign had been launched, which was focused on community care, hygiene and vaccination in preventing the spread of the disease. The Minister of Health had also emphasized that members of communities had a duty to raise awareness of the disease, and that monitoring contacts with confirmed cases was central to the Government's response. A voluntary vaccination programme had begun, and would be rolled out to health professionals and vulnerable citizens in the coming days and the Director of the Expanded Programme on Immunization in the Democratic Republic of the Congo had been the first to be vaccinated, sending out a clear and strong message to the population that the vaccine was safe. On 22 May 2018, the World Bank Group had announced the activation of the Pandemic Emergency Financing Facility, which aimed to reduce the impact of pandemics on the development of the countries affected.

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE, giving a slide presentation on the Ebola virus disease outbreak, noted that the country was facing additional challenges such as massive population displacement, food insecurity and malnutrition, and multiple simultaneous outbreaks of cholera, measles and vaccine-derived poliovirus. There had been 27 deaths from Ebola virus disease, and the Organization was working with the Government to monitor over 600 contacts. Although Equateur province was extremely remote, there was concern that the outbreak could spread. Five health care workers had been infected and there was a risk of the outbreak spreading from the town of Mbandaka on the Congo river into Kinshasa and the surrounding countries. Furthermore, there were three or four epicentres, making the response logistically challenging. Under the Government's leadership, WHO and various partners were supporting the standard pillars of the Ebola response and chains of transmission were being investigated to help control transmission. To overcome the challenge of the region's geography, climate and lack of electricity, the portable Arktek vaccine carrier was being used to transport vaccines at the required temperature to implement the ring vaccination programme. He stressed that the ring vaccination programme, which had started on 22 May 2018, did not involve mass immunization; rather, it was a highly targeted programme whereby the contacts, and contacts' contacts, of confirmed or probable cases were traced and vaccinated to prevent transmission within the wider community.

The strategic response plan for the current outbreak required US$ 25.9 million, although that figure was being revised in light of new data. He thanked those that had already donated and noted that additional pledges had been received. Lessons had been learned from the 2014 Ebola virus disease outbreak in West Africa and as such the response to the current outbreak had been quick, robust and agile, with resource mobilization taking place immediately and vaccination beginning less than two weeks after the outbreak was declared on 8 May 2018. Commending the Government's quick and decisive action, he thanked all those involved in the response, especially the communities affected, which were the first line of defence. The coming weeks would tell if the outbreak would spread to urban areas or if it could be sufficiently contained.

The REGIONAL DIRECTOR FOR AFRICA said that, following the declaration of the outbreak, a rapid risk assessment had determined that the risk was very high at the national level, high at the regional level, and low at the global level. Thus, the scaling up of readiness and preparedness capacities had been prioritized in the neighbouring countries of the Central African Republic and Congo, then in Angola, Burundi, Rwanda, South Sudan, Tanzania, and Zambia, and finally in Uganda, as the Ugandan Government had demonstrated its response capacity during recent Ebola virus disease outbreaks, and was a key source of technical expertise in the African Region. Those countries had already initiated their readiness activities, including regular national multisectoral coordination meetings with the support of WHO and other partners.

Preparedness support teams had been deployed to six of the priority countries to assess preparedness capacities and those countries were now finalizing and testing their national contingency plans for Ebola virus disease. In collaboration with Member States and partners, surveillance, detection and case management at border crossings were being scaled up, and multisectoral teams in those six countries were supporting screening at major points of entry. Immediate next steps in the priority countries would include continued capacity-building, training multidisciplinary teams on the management of Ebola virus disease, and helping countries to mobilize resources to improve their preparedness. Praising the enthusiastic and determined contribution to the preparedness of identified countries, she thanked the leadership of the Government of the Democratic Republic of the Congo and all WHO partners involved.

The DIRECTOR-GENERAL said that he had been deeply moved by the commitment of frontline staff on a visit to the epicentre of the Ebola virus disease outbreak in the Democratic Republic of the Congo. The staff on the ground, whether from WHO or partners, must be supported because their dedication and sacrifice were vital in the fight against Ebola virus disease. The Government's leadership and transparency had been key, with the Minister of Health sharing information daily. WHO had been coordinating activities at all three levels and with partners, to ensure that there was a single united response. Importantly, communities were also taking ownership of the response through the community committees triggered by the Government, contributing on the ground by identifying cases and contacts. The seriousness of the outbreak was compounded by the inaccessibility of the epicentre and the potential for urban cases to spread rapidly, including into neighbouring countries. In addition, the cold chain requirement for the vaccines depended on a reliable energy source, which was a challenge in the difficult geographic terrain.

Expressing his sincere thanks for all the support received and the support expected based on the projected financing, he said that through a collaborative effort, with a shared sense of urgency and partnership, the outbreak could be contained.

- **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A71/5)

- **WHO's work in health emergencies** (document A71/6)

The CHAIRMAN invited the Committee to consider the three documents under agenda item 11.2 separately, beginning with the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the report on WHO's work in health emergencies.

The CHAIRMAN drew attention to a draft resolution on the prevention and control of cholera proposed by Brazil, Dominican Republic, Ghana, Haiti, Kenya, Mozambique, Peru, the United Republic of Tanzania, the United States of America and Zambia, which read:

The Seventy-first World Health Assembly,

(PP1) Recalling resolution WHA64.15 (2011) on cholera: mechanism for control and prevention, which led to the revitalization of the Global Task Force on Cholera Control to support Member States to reduce the public health, social and economic consequences of cholera by strengthening WHO's work in this area, and improving collaboration and coordination among stakeholders;

(PP2) Recognizing the report by the Director-General on WHO's work in health emergencies[1] and the Global Task Force on Cholera Control's recently launched strategy, Ending Cholera: A Global Roadmap to 2030,[2] large-scale outbreaks of cholera continue to cause significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. With an estimated disease burden of 2.9 million cases and 95 000 deaths every year worldwide, the disease still affects at least 47 countries across the globe, with a potential to spread where water, sanitation and hygiene conditions are inadequate;

(PP3) Acknowledging that the prevention and control of cholera require a coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours, with adjunct use of oral cholera vaccines, strengthened surveillance and information sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health;

(PP4) Acknowledging also that cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people;

(PP5) Affirming that progress towards the 2030 Agenda for Sustainable Development including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); and Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), would reduce the prevalence and spread of cholera, along with other diarrhoeal diseases and enteric infections;

(PP6) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP7) Acknowledging that cholera, as a disease of epidemic potential, has to be recognized in itself and reported separately from other diarrhoeal diseases, within national surveillance systems, as not doing so hampers effective control measures,

OP1 URGES Member States:[3]

(1) to foster the identification by governments of cholera epidemics and to elevate cholera as a State priority in affected countries through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader diarrhoeal disease control initiatives, or within national health, health security, water, sanitation and hygiene, development and Sustainable Development Goal implementation plans, where relevant, and national disaster and/or emergency management agencies;

(2) to develop and implement, in affected countries, a multisectoral package of selected effective prevention and control measures, including long-term water, sanitation and hygiene services, access to appropriate health care, access to safe water, sanitation

[1] Document A71/6.

[2] Ending cholera: a global roadmap to 2030 (http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1, accessed 21 May 2018).

[3] And, where applicable, regional economic integration organizations.

and improved hygiene behaviours, as well as infrastructure development along with associated capacity-building activities for operations, maintenance and repairs and sustainable financing models adapted to the local transmission pattern for long-term control or elimination;

(3) to ensure that national policies and plans regarding the prevention and management of cholera comprise all areas with high-risk of cholera transmission;

(4) to establish national multisectoral cholera and acute diarrhoea prevention and surveillance mechanisms in affected countries to coordinate the implementation of the control or elimination plan, ensuring representation of the different ministries, agencies, partners and communities involved in cholera control efforts;

(5) to strengthen capacity for preparedness in compliance with International Health Regulations (2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact;

(6) to strengthen surveillance and early reporting of cholera in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including information on critical determinants including water and sanitation coverage;

(7) to strengthen community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;

(8) to support, including through international cooperation, research for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment;

(9) to refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(10) to establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans;

OP2 REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of cholera in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Global Task Force on Cholera Control secretariat and working groups, including by providing technical support and operational guidance to countries for cholera prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multisectoral, integrated interventions for long-term cholera prevention, control and elimination; interventions for preparedness and response to cholera epidemics in accordance with the global initiatives of Ending Cholera: A Global Roadmap to 2030 and aligned with national plans to encourage reporting, monitor progress and disease burden in order to inform country and global strategies; and interventions for control or elimination;

(3) to support countries, upon request, in the assessment of cholera risk factors and capacity for multisectoral engagement within existing technical resources;

(4) to continue leading the management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI Alliance;

(5) to monitor and support long-term cholera prevention and control and elimination programmes at country and regional levels;
(6) to develop and promote an outcome-oriented research agenda covering all aspects of cholera control;
(7) to raise the profile of cholera at the highest levels on the global public health agenda and to strengthen coordination and engagement of multiple sectors, particularly water, sanitation and hygiene, and other non-health sectors such as finance and infrastructure development;
(8) to report to the Seventy-third World Health Assembly, through the Executive Board at its 146th session, on the global cholera situation and evaluate efforts made in cholera prevention and control.

The financial and administrative implications of the draft resolution for the Secretariat were:

Resolution:	Cholera prevention and control
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted** **Programme area:** E.1. Infectious hazard management **Outcome:** E.1. All countries are equipped to mitigate risks from high-threat infectious hazards. **Output:** E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens.
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:** Not applicable.
3.	**Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:** In line with the proposed resolution, additional activities for the biennium 2018–2019 include the reinforcement of the Global Task force on Cholera Control secretariat at WHO through the recruitment of additional staff, and increased capacity to support countries to scale up their ability to implement and monitor multisectoral cholera control plans through the organization of in-country workshops and recruitment of technical experts to be based in at least four cholera-affected countries.
4.	**Estimated implementation time frame (in years or months) to achieve the resolution:** The resolution is aligned with the time frame of the Ending cholera: a global roadmap to 2030, with objectives set to reduce cholera deaths by 90% by 2030.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** Estimated at US$ 121 million from 2018 to 2030, with an expected increase in staffing and activities in countries to provide support for the implementation of the entire road map in countries.

2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US$ millions:

US$ 7.93 million.

2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US$ millions:

Zero.

3. Estimated resource requirements in the Programme budget 2020–2021, in US$ millions:

US$ 19.69 million for the biennium 2020–2021.

4. Estimated resource requirements in future programme budgets, in US$ millions:

US$ 10.43 annually, which reflects a 20% increase in staffing and activities requirements in the African Region, South-East Asia Region and Eastern Mediterranean Region, up to 2030.

5. Resources available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 4.10 million available under the cholera workplan 2018–2019 of the programme budget of the WHO Health Emergencies Programme.

– **Remaining financing gap in the current biennium:**

US$ 3.83 million.

– **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	3.87	1.00	0.25	0.20	NA	0.40	NA	5.72
	Activities	1.06	0.79	0.00	0.18	NA	0.18	NA	2.21
	Total	4.93	1.79	0.25	0.38	NA	0.58	NA	7.93
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	5.09	4.00	0.50	0.80	NA	1.20	NA	11.60
	Activities	1.70	3.56	0.53	0.57	NA	1.70	NA	8.09
	Total	6.79	7.56	1.03	1.37	NA	2.90	NA	19.69
Future bienniums resources to be planned	Staff	5.09	6.00	0.50	0.96	NA	1.44	NA	13.99
	Activities	1.93	2.68	0.39	0.68	NA	1.19	NA	6.87
	Total	7.02	8.68	0.89	1.64	NA	2.63	NA	20.86

NA: not applicable.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee, introduced the report of that Committee on the WHO Health Emergencies Programme. She provided an overview of the contents of the report and said that findings from the Committee's field visits, particularly its visit to Viet Nam, had confirmed that developing the capacity to implement the International Health Regulations (2005) was a long-term process. Given the depth and duration of the investment needed to implement the Regulations, WHO should come up with a strategy to support countries in the implementation process and tailor its support to suit the specific needs of each country. The next iteration of the Committee would conduct further work in that regard. In its first report, the Committee had predicted that funding gaps would persist until the WHO Health Emergencies Programme had demonstrated its value and its capacity to respond effectively to emergencies. It had now done so, by way of its response to the Ebola virus disease outbreak in the Democratic Republic of the Congo in May 2018. Financial data indicated that donor confidence in the Programme had been steadily increasing. However, the WHO Contingency Fund for Emergencies needed to be replenished and sufficient funding had not yet been provided. The Committee had repeatedly raised concerns regarding insufficient funding, which posed a risk to the reform of the Organization's emergency activities. Cultural barriers also needed to be addressed, as did issues with procurement, security, the delegation of authority and human-resource processes. However, those issues could not be resolved solely within the scope of the WHO Health Emergencies Programme, and should be tackled through an Organization-wide reform of WHO administrative and business processes. Member States should step up their support for the fulfilment of the ambitious goal to protect one billion more people during health emergencies. Lastly, to echo the repeated calls of the Director-General and in the light of the fact that numerous front-line health workers had been attacked or killed in the previous three years, she reiterated that those working to contain health emergencies on the ground must be protected, supported and cherished.

The representative of BAHRAIN stressed the importance of the WHO Health Emergencies Programme in facilitating informed decision-making at the national level, implementing effective training to prevent public health emergencies and develop health response leadership. She commended the implementation of a "one programme" approach and structure to ensure strengthened leadership in outbreak management and performance during emergencies; preparation of technical guidance for epidemic-prone diseases; institutionalization of an incident management system for graded crises; and field application of the Early Warning, Alert and Response System. A monitoring framework would help to track progress. A dedicated communications team should be set up to improve transparency and communication regarding the implementation of the programme. The core capacities of all countries should be assessed under the International Health Regulations (2005) and national action plans should be financed to fill capacity gaps so that the Regulations could be fully implemented.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that countries in the Region were prone to natural hazards, disease outbreaks and complex emergencies, the health consequences of which were often devastating. Of note was the grade 3 emergency caused by the influx of members of the Rohingya community into Bangladesh, which had begun in August 2017. Members of the Independent Oversight and Advisory Committee had visited Bangladesh to evaluate the response to the emergency in the city of Cox's Bazar and had been impressed by the progress made by the Secretariat and the Governments of the countries of the South-East Asia Region in implementing the WHO Health Emergencies Programme. He thanked the Secretariat and other partners for their support and continued assistance in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that there was systemic under-investment in global health security preparedness and health system strengthening. However, the response of WHO to the Ebola virus disease outbreak in the Democratic Republic of the Congo represented a marked improvement in the Organization's

approach to health emergencies, and as such her Government's confidence in WHO leadership had grown. Noting the contribution of the Government of the United Kingdom to emergency rapid response teams and to the WHO Contingency Fund for Emergencies, she said that the Secretary of State for International Development had that morning announced that the Government would immediately provide an additional £5 million in response to the appeal for additional funding to respond to the current Ebola virus disease outbreak. Other Member States should support WHO and the Government of the Democratic Republic of the Congo in that regard. She asked the Secretariat to provide assurances that the Independent Oversight and Advisory Committee would be strongly linked to the Global Preparedness Monitoring Board, as it was vital that those two bodies worked together. Furthermore, in light of the Independent Oversight and Advisory Committee's recognition that WHO systems were a constraint on emergency operations, she asked what the Secretariat was doing to remove any bureaucratic obstacles impeding the implementation of the WHO Health Emergencies Programme.

The representative of the BAHAMAS thanked PAHO for the support that it had provided during and after the strike of hurricane Irma in 2017. The support had made it possible to protect public health by mobilizing resources and response teams quickly. However, vector-borne diseases continued to pose a threat to the health of the population of the Bahamas, as did the re-emergence of vaccine-preventable diseases. The Government of the Bahamas was therefore committed to and had made progress in implementing the International Health Regulations (2005).

The representative of BELGIUM said that his Government looked forward to receiving updates from the Secretariat on the implementation of the Independent Oversight and Advisory Committee's recommendations. With regard to health emergencies, the Secretariat should play a key role in monitoring and evaluating threats, elaborating adequate response measures and fostering national response capacities. Furthermore, it should work closely with national authorities and coordinate response activities, only acting as a provider when necessary. Lastly, WHO should encourage the development of sustainable health systems, because resilient health systems were the best instrument for guaranteeing a comprehensive response to emergencies.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that an effort should be made to improve internal and external communication regarding the WHO Health Emergencies Programme and to harmonize progress and evaluation reports across all levels of the Organization. Staff at all levels should be encouraged to correctly apply the Emergency Response Framework, and programme leaders and senior management should facilitate recruitment to ensure that the WHO Health Emergencies Programme was effective. He supported the Independent Oversight and Advisory Committee's recommendation that WHO should proactively share success stories regarding the WHO Contingency Fund for Emergencies as a way to reach out to potential donors for replenishment and called on other Member States to mobilize more resources at the country level. In the area of procurement, WHO should seek further integration and better coordination to minimize delays and thus increase partners' confidence. Although WHO was already cooperating more with its partners through networks such as the Global Outbreak Alert and Response Network, it should also capitalize on its role as a leading figure in the Inter-Agency Standing Committee in the area of humanitarian assistance.

The representative of SAUDI ARABIA said that emergency response actions were hindered by a lack of security, staff shortages, limited capacities of national health systems, bureaucracy and insufficient funding. It was important to strengthen national health systems, move from humanitarian programmes to development programmes, and focus more on developing the skills and ability of health care workers to respond to outbreaks. He called on Member States to set up emergency

operation centres and to have a shared platform for exchanging information and coordinating responses.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his Government had established a Department of Emergency and Disaster Epidemiology within the Ministry of People's Power for Public Health to increase the country's early response capacity and to design educational content on the threat of disease for schools and universities. That would mitigate existing health risks and bring all areas of society together to prevent deaths during emergencies and facilitate decision-making processes. It was important that the recommendations of the Independent Oversight and Advisory Committee should be followed in order to ensure the continuation of the WHO Health Emergencies Programme. Furthermore, WHO should keep the international community informed of the work it carried out whenever an emergency occurred.

The representative of BRAZIL said that, because health emergencies often occurred in humanitarian situations and remote areas, where most people were vulnerable, adherence to the WHO policy on prevention of harassment, sexual exploitation and abuse should be monitored. Although he agreed that bureaucratic redundancy and excess were a hindrance to the agility of the supply chain of the WHO Health Emergencies Programme, it should be borne in mind that controls and procedures were there to guard against corruption and mismanagement. The importance of standard risk assessments and the list of priority pathogens was clearly evidenced by the number of emergency warnings that WHO had to vet. The list of priority pathogens was also important when directing research and development activities.

The representative of INDONESIA said that his country hosted the WHO Collaborating Centre for Training and Research in Disaster Risk Reduction, which afforded it extensive experience in the health-related aspects of disaster risk reduction, and the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management, which had helped to increase collaboration between stakeholders in the region on measures such as the implementation of the Sendai Framework for Disaster Risk Reduction. His Government was willing to help other Member States to reduce the risks posed by disasters and was committed to further cooperation with the international community as a means of developing community resilience and governments' capacity to cope with and reduce the risks posed by public health emergencies. Member States should be encouraged to fully integrate the draft five-year global strategic plan to improve public health preparedness and response, 2018–2023 into their national health systems.

The representative of CHINA said that his Government appreciated the work of the Independent Oversight and Advisory Committee. WHO had made great progress in reforming its work on outbreaks and emergencies and public health security. Good results had been achieved in improving the Organization's responsiveness to humanitarian crises. In view of the recommendations made in the Committee's report, an evaluation should be organized promptly so that targeted guidance and feasible policies and measures could be established to maintain the positive results achieved.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the prioritization and progress of the WHO Health Emergencies Programme, particularly the response to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo. She supported the recommendations of the Independent Oversight and Advisory Committee, in particular to ensure that the Emergency Response Framework was consistently followed by staff at all levels of the Organization. There was an unprecedented need to implement the WHO Health Emergencies Programme, particularly given the increasing attacks in her Region and WHO's support in that regard was appreciated. She urged WHO to reach out to potential

donors and to encourage Member States to increase their assessed contributions to the WHO Contingency Fund for Emergencies so as not to compromise the success of the Programme.

The representative of INDIA said that the Joint External Evaluation should remain voluntary. Her Government would like further information on progress made to develop a research and development framework under the Blueprint Global Coordination Mechanism. The draft five-year global strategic plan to improve public health preparedness and response did not address preventive or mitigation strategies, or some key aspects of preparedness strategies. The shortcomings in emergency response, such as insufficient funding and capacities, should be addressed to ensure that the Organization could effectively deal with emergencies. Country and regional offices should be afforded adequate resources relating to contingency decision making.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, noted improvements in WHO work since the reform of the WHO Health Emergencies Programme. Africa had been the continent hardest hit by public health emergencies resulting from natural and human-made disasters in the previous year. Additionally, other factors, such as weak health care systems, shortages of medicines and poor implementation of the core capacities under the International Health Regulations (2005) relating to emergency prevention and response contributed to a deterioration of the situation in countries affected. WHO should intensify its support to Member States to strengthen their emergency prevention, preparedness and response capacities. She recommended building resilient health systems; providing sustained technical and financial support to enhance emergency preparedness and address findings of the Joint External Evaluation; facilitating the disbursement of the WHO Contingency Fund for Emergencies; strengthening Member States' laboratory diagnostic capacities; reinforcing coordination of the African Public Health Emergency Fund with the work of the Secretariat; and enhancing the Secretariat's role in cross-border and interregional collaboration for health security and information exchange. The Secretariat should work closely with other agencies to ensure implementation of the strategy entitled "Ending Cholera – A Global Roadmap to 2030". She thanked WHO for its timely response to the Ebola virus disease outbreak in the Democratic Republic of Congo and expressed solidarity with the Congolese people.

Speaking in her national capacity, she said that bodies established to address health emergencies in her country had coordinated responses to outbreaks and the widespread malnutrition, which resulted from prolonged drought brought about by climate change, by allocating national resources and mobilizing resources from humanitarian partners, and outbreaks were currently contained. The grade given to the public health emergency in her country in the report on public health preparedness and response did not accurately reflect reality, nor was it a "protracted emergency". She therefore requested that further review and consultation on that matter should be carried out to ensure an accurate depiction of the situation.

The representative of IRAQ said that the Secretariat should continue to work with Member States, international organizations and non-State actors to ensure a single unified response to all types of emergencies. Regular monitoring and evaluation should also be carried out. Contingency workplans should be based on an analysis of strengths, weaknesses, opportunities, and threats. The implementation of an early warning alert and response system was crucial to all emergency preparedness and response mechanisms, and alternatives should also be taken into account.

The representative of the FEDERATED STATES OF MICRONESIA said that preparedness, including forecasting, helped to mitigate the consequences of natural disasters which threatened his country. WHO's work with national authorities to strengthen the core capacities required by the International Health Regulations (2005) was welcome. His Government was currently preparing for the Joint External Evaluation with a view to improving its preparedness and response systems. He supported the recommendations of the Independent Oversight and Advisory Committee.

The representative of PARAGUAY called for further coordination in the management of provisions in an emergency. Increased coordination among regional and international bodies would facilitate actions in emergencies to ensure a timely response. WHO support was critical for capacity-building and funds were needed to support countries in implementing the International Health Regulations (2005). She called on WHO to sustainably strengthen local government capacities and national public health systems through the implementation of the WHO Health Emergencies Programme, in consultation with the authorities concerned. She called on WHO to continue to provide support to those countries that actively participated in the emergency response system.

The representative of the UNITED STATES OF AMERICA asked how revisions to self-assessment processes had reduced duplication and enhanced coordination at all levels of the Organization. She echoed the concerns of the Independent Oversight and Advisory Committee, in particular the compromised performance of the Emergency Response Framework owing to ambiguity over roles and responsibilities and the lack of a unified supply chain system and procurement monitoring system, to which a centralized solution must not further encumber the already slow process of supply and logistics in emergency response. It was imperative that WHO release the results of the external review of the implementation of the WHO Health Emergencies Programme in Madagascar in response to the outbreak of the pneumonic plague so as to apply the lessons learned in the future. She urged WHO to maintain the issue of pandemic influenza as a budgetary and programmatic priority for which collaboration with the private sector was indispensable.

The representative of MEXICO expressed the hope that the Ebola virus disease outbreak in the Democratic Republic of the Congo would quickly be brought under control. Member States and the Secretariat should build on progress made under the WHO Health Emergencies Programme, including by strengthening ties with donors and partners. Capacity-building work must continue to ensure early detection of and response to emergencies and to limit risks to public health in such situations. With an eye to guaranteeing health security and promoting universal health coverage, Member States should continue to contribute to the WHO Health Emergencies Programme and implement it in their countries. He supported the draft resolution on cholera prevention and control.

The representative of TRINIDAD AND TOBAGO supported the activation of the incident management system and delegation of authority and accountability for graded events, and welcomed the Independent Oversight and Advisory Committee's recommendations in that connection. Noting that funding for emergency response activities had increased, he welcomed resource mobilization at country level and efforts to conduct a benchmarking analysis for the supply chain process. WHO's continuous event-based surveillance of public health events and verification and assessment of detected events were welcome. Efforts should continue to strengthen national regulatory and ethics bodies to improve public health emergency responses.

The representative of VIET NAM expressed appreciation for WHO's leadership and coordination role under the WHO Health Emergencies Programme during outbreaks in recent years. Progress had been made in the implementation of the Programme, particularly in risk assessment, speed of event verification, communication, adaptation of the incident management system to various contexts, and implementation of the International Health Regulations (2005). Her Government was committed to strengthening public health preparedness and response, in close cooperation with the Organization, international partners and other States.

The representative of JAPAN, expressing sympathy for the victims of the Ebola virus disease outbreak in the Democratic Republic of the Congo, said that the WHO Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility contributed significantly to combat that crisis. His Government promoted universal health coverage as the basis of emergency

prevention and response, and had advocated for the reinforcement of global health architecture at the G7 summit in 2016 and supported funding mechanisms such as the Contingency Fund for Emergencies and Pandemic Emergency Financing Facility. His Government was willing to provide expertise and support where needed. He supported the draft resolution.

The representative of AUSTRALIA, commending improvements made to the WHO Health Emergencies Programme, said that the financial sustainability of the Programme and the lack of human resources remained matters of concern. Noting the increase in the number of Joint External Evaluations conducted, she said national action plans for health security should be developed as the next step. She strongly supported the detailed review of the Programme provided by the Independent Oversight and Advisory Committee, and requested that future reporting on the Programme should cover: efforts towards attaining gender equality and inclusiveness of persons with disabilities, and the impact on health of climate change. She appreciated the additional information regarding cholera prevention and research and development in the area of emergency preparedness and response. Her Government was proud to provide sustainable and flexible funding to the WHO Health Emergencies Programme and would provide Aus$ 8 million in 2018 as part of a Aus$ 26 million investment over five years.

The representative of SWITZERLAND said that the report of the Independent Oversight and Advisory Committee constituted a valuable instrument to ensure WHO's readiness to respond to emergencies. While the 2014 Ebola virus disease outbreak had highlighted the need to reform the WHO Health Emergencies Programme, the current outbreak in the Democratic Republic of the Congo demonstrated the urgency of implementing the lessons learned. Major challenges remained, such as armed conflicts that weakened public health systems and increasing attacks on health personnel. In cooperation with the Government of Afghanistan, her Government had suggested a process for developing a concrete call for action for universal health coverage in emergencies and conflict situations. Other Member States were invited to join the call for its approval by the United Nations General Assembly in September 2018.

The representative of PANAMA said that a strong WHO Health Emergencies Programme was required, which supported the smallest and slowest developing countries. The support provided by WHO and PAHO in countries in her Region was appreciated. The report on WHO's work in health emergencies demonstrated that, despite the work done, it remained necessary to strengthen response mechanisms at all levels to address public health challenges, in close cooperation with other agencies and States.

The representative of GERMANY said that voluntary Joint External Evaluations and national action plans would contribute to strengthening health systems. It was crucial that WHO should adhere to humanitarian principles in its provision of humanitarian assistance. Human resources planning remained a key challenge and she asked the Secretariat to provide more information on the proposed allocation of staff across the three levels of WHO. The WHO Contingency Fund for Emergencies was an effective tool, by which the response to the current Ebola virus disease outbreak in the Democratic Republic of the Congo was being funded initially. However, she remained deeply concerned about the funding situation, as identifying continuous financial resources for the Fund was crucial to the operation of WHO's early response mechanism. Her Government was currently the biggest donor to the Fund and had announced an additional €5 million for efforts to combat the current Ebola virus disease outbreak in Democratic Republic of the Congo. She encouraged the international community and Member States to increase resources to the Fund.

The representative of SENEGAL said that challenges still remained in emergency health management in the Africa Region, despite some successes in that regard, including the response to the

current Ebola virus disease outbreak. WHO should prioritize building national human resources capacities, and the number and skills of staff in WHO country offices should be strengthened. Financial resource mobilization should be increased. Country offices should also be encouraged to mobilize resources, including national funds from private sources, which would help Member States to fund responses to health emergencies in their own countries.

The representative of FIJI, speaking on behalf of the Pacific island countries, commended the work of the Independent Oversight and Advisory Committee and the progress made to improve the WHO Health Emergencies Programme. Sustainable financing of national action plans to fill capacity gaps under the International Health Regulations (2005) was crucial. The small size of the Pacific island States made them vulnerable to outbreaks, and prevention, early response and health systems strengthening were therefore critical. He called on development partners to provide multiyear funding to enable national authorities to implement capacities for health security. Health security capacities were also needed at the regional level for economies of scale to avoid duplication of infrastructure development.

The representative of NIGERIA, commending the WHO Health Emergencies Programme, said that his country had received WHO support to combat various diseases, including Lassa fever. His Government was formulating a national action plan based on the Joint External Evaluation and was involved in the development of the research and development blueprint for action to prevent epidemics. WHO should continue to provide support under the WHO Health Emergencies Programme, supporting countries in strengthening their own capacities; large countries with trade-related migratory activities, such as Nigeria, should be a priority, owing to the associated risk of travel during disease outbreaks.

The representative of TIMOR-LESTE outlined steps taken in her country to build the core capacities required by the International Health Regulations (2005), for which WHO support was appreciated. Such measures included the development of a national health security plan, which covered training on outbreak management and laboratory techniques; the establishment of a rapid response team at national and municipal levels; and joining the Codex Alimentary Commission to enhance food safety standards.

The representative of BOTSWANA commended WHO's emergency response framework and incident management system. The decision to allocate additional core flexible funding to the WHO Health Emergencies Programme to cover such measures was also welcome. He appealed to Member States to allocate further resources to that end.

The representative of GHANA said that the system for continuous event-based surveillance of public health events and verification and assessment of detected events would help to reinforce global health security. The increase in the number of Member States, including his own country, conducting a Joint External Evaluation should be applauded. His Government had taken other measures to improve emergency preparedness and response mechanisms, including the development of a national action plan for health security. Support from WHO and other partners during the influenza pandemic in 2017 had been appreciated and his Government continued to strengthen disease surveillance capacities.

The representative of ZAMBIA supported the strategy entitled "Ending Cholera - A Global Roadmap to 2030" and said that a national legacy goal of eliminating cholera in the country by 2025 had been set. Ensuring early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours required dedicated financial and material infrastructure and human resources and he urged the Secretariat and Member States to accelerate actions against cholera

at the national, regional and global levels. He called on all Member States to support the draft resolution on cholera prevention and control.

The representative of the UNITED REPUBLIC OF TANZANIA commended the progress made in strengthening public health preparedness and response and institutionalizing an incident management system. She noted that efforts to accelerate research had borne fruit in the development of diagnostic tools and a vaccine for Ebola virus disease. In that regard, she welcomed financial contributions to tackling the 2018 Ebola virus disease outbreak, expressing particular thanks to the United Kingdom of Great Britain and Northern Ireland, Australia and Germany for honouring their commitments to donate to the WHO Contingency Fund for Emergencies – commitments that all should honour. Controlling the cholera epidemic still posed a challenge in her country due to reasons that went beyond the health sector.

The representative of the REPUBLIC OF KOREA said that she appreciated WHO's leadership in dealing with large-scale public health emergencies. The WHO Health Emergencies Programme had played a major role in stopping the spread of infectious diseases and controlling global health crises. The new standard packages for combating high-priority high-impact pathogens and diseases, as outlined in the updated Emergency Response Framework would be extremely useful in improving response capacities for public health emergencies at the national level. Her Government had contributed to the WHO Contingency Fund for Emergencies in addition to assessed contributions and her country stood ready to collaborate with WHO in building emergency response capacities in countries with limited resources. She commended the Secretariat's coordinating work on the research and development blueprint for action to prevent epidemics for potentially epidemic diseases and she asked WHO to develop a more systematic and comprehensive mechanism for revising the list of priority diseases and developing road maps for research and development, and for facilitating information sharing among stakeholders.

The representative of the RUSSIAN FEDERATION said that his country was supporting the Secretariat and the Democratic Republic of the Congo and its neighbouring countries in efforts to combat the Ebola virus disease outbreak and noted that the improvements made to the Organization's preparedness and response activities had proven effective. He commended WHO's efforts in the fight against cholera and underscored the importance of strengthening compliance with the International Health Regulations (2005) with regard to outbreak preparedness, early detection and response. He recognized the importance of a multisectoral approach and the need to support long-term national and regional cholera prevention and control programmes. His Government stood ready to offer technical expertise to the Secretariat and Member States in combating Ebola virus disease and cholera. He supported the draft resolution on cholera prevention and control.

The representative of MALTA said that the WHO Health Emergencies Programme was particularly valuable for small and island countries such as Malta. She commended the Organization's leadership in response to the 2018 Ebola virus disease outbreak in the Democratic Republic of the Congo. Recalling the lessons learned from the response to the 2014 Ebola virus disease outbreak and noting the public health gains that had resulted from the use of financing from the WHO Contingency Fund for Emergencies, she recognized that timely response to public health emergencies required adequate financing and capacity-building. Considering the lack of treatment for some diseases, she called for further acceleration of research and development on vaccines, which should be accessible and affordable. Her Government had pledged to contribute to the WHO Contingency Fund for Emergencies and she underscored that the administration of that Fund should remain transparent. She encouraged Member States to contribute to the Fund and to work to strengthen national public health preparedness and response capacities.

The representative of NEPAL expressed his appreciation for the decision to create a minimum corpus of funds for preparedness activities under the South-East Asia Regional Health Emergency Fund. He called on all development partners to provide sustainable financing to low-income Member States for national action plans for health security. A more efficient and decentralized public health emergency response required enhanced stockpiles of emergency medicines, and risk assessments and emergency medical deployment teams should be strengthened. WHO should identify which hospitals were adequately equipped to deal with public emergencies, develop an enhanced epidemic forecasting method, and support Member States in strengthening preparedness and readiness capacities.

The representative of THAILAND commended WHO's efforts in responding to public health emergencies, with particular regard to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo. While she expressed broad support for the draft resolution on cholera prevention and control, she proposed amending it by adding the words "and monitoring of AMR" to the end of paragraph 1(8).

The representative of PAKISTAN said that despite a significant improvement in the security situation in his country and recent collaboration with WHO and partners to improve public health care services in Pakistan, significant funding and human resource gaps persisted and basic health care services such as immunization and emergency outbreak control were inadequately supported.

The representative of KENYA said that his country continued to experience public health emergencies, which were being addressed by the creation of coordinated emergency response plans, risk assessments and capacity-building. He welcomed the Independent Oversight and Advisory Committee's recommendations and its achievements in monitoring public health emergencies, and the inclusion of public health emergencies as one of the three strategic priorities in the draft thirteenth general programme of work, 2019–2023.

The representative of BARBADOS said that valuable lessons had been learned from the 2014 Ebola virus disease outbreak, which must influence current and future outbreak responses. He urged WHO to invest in developing an early warning alert and response system, using PAHO as a focal point and involving the Caribbean Disaster Emergency Management Agency and local emergency agencies and coordination teams. Moreover, it was important to understand that public health threats could have a significant negative impact on the health agendas of small island developing States, owing to the limited financial and human resources available in those countries.

The representative of HAITI said that WHO and its partners played an essential role in helping Member States to prepare, respond and recover from health emergencies, as had been illustrated by the response to the hurricane in Haiti in 2016. He thanked all those who had contributed to the WHO Contingency Fund for Emergencies, which provided the international community, and particularly developing countries, with resources to respond to health emergencies. Recalling the 2010 cholera epidemic in Haiti, he called on Member States and the Secretariat to implement the two-track approach to combating cholera in his country, as adopted by the United Nations General Assembly in December 2016. He noted that the draft resolution on cholera prevention and control, which was the result of several rounds of informal consultations, sought to attain the goal of reducing the number of deaths from cholera by 90% by 2030 in line with the strategy entitled "Ending Cholera - A Global Roadmap to 2030".

The representative of SWEDEN supported the draft resolution.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, proposed amending paragraph 2(6) of the draft resolution on cholera prevention and control so that the whole subparagraph read: "to develop and promote an outcome-oriented research and evaluation agenda for cholera, targeted to address important knowledge gaps, to the improvement of implementation of existing interventions, including WASH, and to the development of improved vaccines for better and more durable prevention and outbreak control, covering all aspects of cholera control".

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE said that the first two years of the WHO Health Emergencies Programme had been a formative and testing period, which had included: outbreaks of the Zika virus disease in the Region of the Americas and beyond, the Marburg virus disease in Uganda, the pneumonic plague in Madagascar, Ebola virus disease in the Democratic Republic of the Congo, and cholera and diphtheria in Yemen, the latter having been compounded by the collapse of the country's health system; several natural disasters; the Rohingya refugee crisis in Myanmar; war-related injuries in Iraq; and 10 grade three emergencies across the world.

The WHO Health Emergencies Programme was detecting approximately 7000 signals of public health threats every month; of which 30 required a field investigation. The systems and processes in the Emergency Response Framework had contributed to critical responses that were saving lives and in some cases protecting economies. However, WHO should not only respond to newly occurring events, and thus the WHO Health Emergencies Programme supported five major long-term strategies focused on prevention and preparedness. The first long-term strategy was to support long-term disease control, of which the draft resolution on cholera prevention and control provided an excellent example. It was unacceptable that cholera claimed the lives of over 95 000 people each year, and conflict, climate change, urbanization and population growth would increase the risk of the spread of cholera, unless prevention and response efforts were scaled up; every infection of and death due to cholera was preventable. The Global Task Force on Cholera Control and other organizations were intensifying efforts to control the disease at all levels, aiming to reduce the number of deaths from cholera by 90% by 2030. Efforts were focused in three areas: a multisectoral approach, early detection response, and an effective coordination mechanism at all levels. The other long-term strategies sought to strengthen: the core capacities required by the International Health Regulations (2005); preparedness and health systems; and partnerships, in order to build a major emergency workforce at the regional and country levels. With regard to the latter, 85 emergency medical teams were being classified and WHO led the Global Health Cluster and had convened the Global Outbreak Alert and Response Network, with capacities contributed from over 200 partners from around the world. Furthermore, WHO ensured that research and development were part of outbreak response, prioritizing research for those diseases identified under the WHO research and development blueprint for action to prevent epidemics.

The Independent Oversight and Advisory Committee has outlined the issues that the WHO Health Emergencies Programme would face in the coming years, which included strengthening WHO's work and building country-level capacities and the need to ensure fit-for-purpose business processes. Standard operating procedures in human resources, procurement and the delegation of authority had been fully drafted and incorporated into the WHO e-Manual, and fast-track procedures were being developed for the Framework of Engagement with Non-State Actors. In that regard, briefings were being conducted for all relevant staff members. In 2018, the WHO Health Emergencies Programme Management and Administration Network was conducting a monthly review of established standard operating procedures and a new repository of standard operating procedures would be launched soon. As many Member States had noted, however, the development of parallel processes by the WHO Health Emergencies Programme was not desirable, particularly when issues such as security, staff welfare, supply chain management and recruitment required Organization-wide solutions. Those, therefore, were top priorities within the Organization's transformation agenda.

The WHO Contingency Fund for Emergencies had provided funds in response to more than 40 events in more than 30 countries and in 80% of cases the money had been transferred to WHO country offices within 24 hours. Addressing the current outbreak of Ebola virus disease would require approximately US$ 60 million, a relatively small amount compared with the US$ 3 billion that had been required to address the 2014 outbreak of that disease. The WHO Contingency Fund for Emergencies was a global public good and WHO must ensure that it was underwritten by long-term investment.

The DIRECTOR-GENERAL thanked the Independent Oversight and Advisory Committee for its report and highlighted his commitment to addressing the issues raised therein as part of the transformation agenda. He thanked the outgoing Chair of the Independent Oversight and Advisory Committee and its members for their service and invaluable contribution. He said that four of the current members of the Committee had been invited to serve a second term, and that two new members and a new Chair had been appointed. He thanked the Committee for its advice which had helped to provide a rapid response to the current Ebola virus disease outbreak in the Democratic Republic of the Congo and which had helped to improve the WHO Health Emergencies Programme. However, he urged the Secretariat and Member States not to become complacent as there was much work still to be done.

The CHAIRMAN took it that the Committee wished to note the report contained in document A71/5.

It was so agreed.

The CHAIRMAN asked whether the Committee was ready to approve the draft resolution on cholera prevention and control, as amended by the representatives of Thailand and Bulgaria.

The representative of BRAZIL requested more time to consider the amendments.

The CHAIRMAN said that a revised draft resolution would be prepared, taking the proposed amendments into account.

The meeting rose at 13:05.

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