

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

**Palais des Nations, Geneva
Wednesday, 23 May 2018, scheduled at 18:00**

Chairman: Dr S. BROSTRØM (Denmark)

CONTENTS

	Page
Strategic priority matters (continued)	
Public health preparedness and response (continued)	
• Implementation of the International Health Regulations (2005).....	2
• Polio transition and post-certification.....	13

COMMITTEE A

SIXTH MEETING

Wednesday, 23 May 2018, at 18:20

Chairman: Dr S. BROSTRØM (Denmark)

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

Public health preparedness and response: Item 11.2 of the agenda (continued)

- **Implementation of the International Health Regulations (2005)** (documents A71/7 and A71/8 and decision EB142(1))

The CHAIRMAN drew attention to the draft decision contained in decision EB142(1).

The representative of the RUSSIAN FEDERATION said that efforts must continue to be focused on building the core capacities of States Parties under the International Health Regulations (2005), strengthening WHO's leading role in their implementation, and improving public health emergency management and public health risk assessment and reporting. He did not support the current form of the draft decision and draft five-year global strategic plan to improve public health preparedness and response, 2018–2023. Recommendations to States Parties to perform joint external evaluations and to formalize such evaluations by referring to them in official WHO documents should not be included. Moreover, including an indicator on the number of countries that had carried out joint external evaluations in the draft strategic plan was inconsistent with the voluntary nature of such assessments. He therefore proposed deferring consideration of the draft decision and draft strategic plan to allow for additional informal consultations to take place. He invited other Member States to comment as to whether they, too, supported redrafting the text of the draft decision and draft strategic plan.

The representative of FIJI said that small island developing States faced particular challenges in responding to health emergencies due to their remote geographical locations and susceptibility to the effects of climate change. Given that such states could not individually attain some of the core capacities required under the International Health Regulations (2005), regional pooling of resources would be important, and WHO had a key role to play in developing regional reference laboratories and emergency medical teams. She was pleased to note Pillar 1 of the draft five-year global strategic plan contained results-based indicators. However, the second and third pillars lacked indicators for establishing emergency operations centres and additional voluntary monitoring and evaluation instruments; indicators for simulation exercises and after-action reviews would be valuable, as past experience had shown that self-assessments could reveal whether necessary systems were in place, but not whether they worked. Moreover, the stated goal of the draft strategic plan was to strengthen the capacities of both the Secretariat and Member States; however, the current indicators appeared mainly to measure the Secretariat's progress. She supported adopting the draft strategic plan and draft decision, but urged the Secretariat to consider amending the monitoring and evaluation framework.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia, Albania, the country of the

stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The link between core capacity-building and public health system strengthening in the draft five-year global strategic plan was welcome. She underscored the importance of developing a conceptual framework for harmonizing core capacity requirements with national health systems and essential public health functions, with the expectation that the WHO Health Emergencies Programme would work closely with units responsible for health systems and universal health coverage. The new voluntary monitoring and evaluation framework was valuable, and its use in developing national health security action plans was to be encouraged. Voluntary joint external evaluations were an important component of that framework, and WHO support for them would be essential. She emphasized the usefulness of simulation exercises, and welcomed the ongoing revision of the self-assessment reporting tool. Coordination with regional organizations such as the European Union was vital to achieve the target of one billion more people protected from health emergencies. She therefore supported endorsing the draft strategic plan.

The representative of GREECE emphasized that the International Health Regulations (2005) were a key legislative pillar of global health security, supporting public health authorities worldwide called on to address issues in collaboration with other sectors and develop core capacities to respond to public health threats. He outlined measures taken by his Government to maintain a high level of public health security, despite facing unique challenges owing to its location at the crossroads of three continents, the refugee influx, increasing numbers of tourists and a financial recession.

The representative of PANAMA, supporting the adoption on the draft five-year global strategic plan, said that her country was confident that the goals and objectives of the plan would be achieved through monitoring and evaluation and building response capacities in all countries. Diseases knew no boundaries and the failure of one country affected all. She requested WHO/PAHO to continuing supporting States Parties in implementing the Regulations, which was a much-needed global tool.

The representative of AUSTRALIA, speaking on behalf of Australia and the Cook Islands, said that implementation of the International Health Regulations (2005) was a global priority, and that past disease outbreaks had highlighted the urgent need to agree and implement a strategic plan. She therefore supported adopting the draft five-year global strategic plan and opposed any further negotiations on the text. Recognizing that strong leadership, investment in global and regional partnerships and sustainable financing would be required to fully implement the draft strategic plan, she welcomed the focus on reinforcing the core capacities within the context of broader health system strengthening efforts to support the prioritization of support to high-vulnerability, low-capacity countries. She strongly supported inclusion of the joint external evaluation process in the draft strategic plan, as it was a key instrument in assessing and monitoring the core capacities.

The representative of MEXICO said that it was crucial for States Parties to implement the International Health Regulations (2005), particularly those relating to the immediate reporting and assessment of international public health risks. He supported adopting the draft five-year global strategic plan, which would help strengthen the efforts of States Parties to implement the core public health capacities fully and effectively. He called on all States Parties to continue to strengthen their public health preparedness and response to health emergencies.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the recent Ebola virus disease outbreak was a reminder that improving public health preparedness and response must remain a key priority for all countries. He urged the Secretariat to take into account existing national and regional strategies and frameworks when considering how to monitor and evaluate the draft five-year global strategic plan. The capacity-

building strategies of National IHR Focal Points were also paramount. The Secretariat should provide support and guidance to countries in developing, funding and implementing their national action plans for health emergency preparedness based on the findings of the joint external evaluations, in collaboration with international partners. Moreover, a multisectoral approach should be taken in developing national action plans.

The representative of JAPAN strongly supported adopting the draft five-year global strategic plan and upgrading the event information site used by the National IHR Focal Points. Her Government also attached great importance to the Contingency Fund for Emergencies, which should be provided with more solid financing and made more sustainable through a careful evaluation of the scope of emergencies covered by the fund. She supported continued use of the joint external evaluation tool by the Secretariat and other States Parties. There was a strong link between health emergencies and universal health coverage, and synergies could be achieved by tackling both together.

The representative of SOUTH AFRICA noted that the draft five-year global strategic plan was comprehensive and would aid emergency prevention, preparedness, response and recovery. The greatest challenge in implementing the draft strategic plan would be financing; it would therefore need to be accompanied by a realistic budget allocation. He supported the draft decision and the draft strategic plan.

The representative of the PHILIPPINES expressed support for the draft decision and draft five-year global strategic plan. WHO support would be welcome in building, strengthening and maintaining the core capacities of States Parties, especially in developing multisectoral preparedness plans. A strategy to develop the capacities of National IHR Focal Points would also be important in improving implementation of the International Health Regulations (2005). The Organization should take an active role in ensuring compliance with the requirements listed in Pillar 2 of the draft strategic plan. The goal of measuring progress and promoting accountability was welcome.

The representative of BRAZIL supported the draft decision, and noted with satisfaction that the principles of consultation and country ownership had been taken into account. For example, the report underscored the voluntary nature of additional evaluation tools not originally provided for in the International Health Regulations (2005) and rightly recognized that funding or technical cooperation were not contingent on carrying out such evaluations. Since the monitoring and evaluation framework was a non-binding document, it should be used purely as guidance and adapted, as appropriate, to the geographical and institutional circumstances of each State party.

The representative of GERMANY welcomed the draft five-year global strategic plan and opposed reopening discussion of the text. She supported adopting the draft decision as recommended by the Executive Board. It was important to ensure that national action plans developed under the International Health Regulations (2005) were integrated or aligned with national health strategies. Compliance with the Regulations was critical, National IHR Focal Points had a key role to play, and the ongoing revision of the self-assessment reporting tool were welcome. States Parties should support the Secretariat's work to advance implementation and should themselves implement Article 44 of the Regulations on collaboration and assistance.

The representative of ALGERIA said that one of the most important provisions of the International Health Regulations (2005) was the requirement for States Parties to ensure that they had the capacity to detect, evaluate and alert other States to health emergencies. Efforts to maintain that capacity should be ongoing and States must rapidly respond to and take preventive measures against health threats at a local and national level. The Secretariat should provide the necessary technical support to countries facing obstacles in that respect. It was important to strengthen capacities and

practices related to data management and examine the lessons that could be drawn from past experience in the implementation of the Regulations.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, fully supported the draft five-year global strategic plan, particularly its focus on countries at the greatest risk of emergencies and outbreaks. He also appreciated the focus on building and maintaining resilient health systems and essential public health functions, country ownership and building preparedness capacities. It was crucial that the draft strategic plan was aligned with existing global and regional instruments and plans in order to achieve synergies with other initiatives and plans and avoid duplication. He urged the Health Assembly to adopt the draft strategic plan.

The representative of COSTA RICA supported the draft five-year global strategic plan. Countries in her region needed the support of the Secretariat to improve their core capacities, as they experienced vulnerability and scarcity of resources. Monitoring and evaluation were crucial to the progress of States Parties and required WHO support; promoting the implementation of voluntary monitoring tools was essential in that regard.

The representative of CHINA supported the draft five-year global strategic plan in principle, but asked the Secretariat to take into consideration concerns expressed by some Member States. The joint external evaluation and other methods to monitor the monitoring and evaluation of the International Health Regulations (2005) could be a way for States Parties to accept on a voluntary basis the support of technical advisory groups. The number of countries accepting joint external evaluations should not be an indicator in the annual report; he suggested that content in the draft strategic plan on that issue should be further discussed to achieve consistency. He supported WHO playing a greater role in the overall coordination of implementation of the draft strategic plan.

The representative of the UNITED STATES OF AMERICA said that the current Ebola virus outbreak served as a reminder of how critical it was for all countries to come together to prioritize public health preparedness for the safety of the global community. The content of the draft five-year global strategic plan to improve public health preparedness and response reflected the open consultations that WHO had held during the drafting process. He noted the emphasis on multisectoral engagement and coordination contained in the draft strategic plan. He encouraged States Parties to engage all relevant sectors in the promotion of adequate support and resources for health security capacity-building, which was one of the key challenges to implementing the International Health Regulations (2005). The draft strategic plan provided a reasonable path forward and should be accepted without any changes.

The representative of the ISLAMIC REPUBLIC OF IRAN supported the Russian Federation's proposal to defer consideration of the draft five-year global strategic plan pending further informal consultations.

The representative of IRAQ emphasized the importance of: exchanging expertise at the intra-regional and interregional levels; external auditing to improve and develop the International Health Regulations (2005); analysing strengths, weaknesses, opportunities and threats at the regional level to reduce discrepancies in performance between countries; capacity-building in other sectors to facilitate implementation of the Regulations; increasing community participation in the implementation of the Regulations; and including the Regulations in the Thirteenth General Programme of Work, 2019–2023.

The representative of MALAYSIA, concurring with the recommendations made by the Executive Board on the draft five-year global strategic plan, called on the Secretariat to provide States Parties with the necessary financial and human resources to support the implementation of the draft strategic plan and its adaptation to existing regional frameworks.

The representative of AZERBAIJAN said that the threat of pandemics and epidemics was compounded by the difficulty of detecting and monitoring infectious diseases, particularly in the light of globalization, strengthened transport links and migration. Modern information technology was indispensable in making the International Health Regulations (2005) fully operational.

The representative of the REPUBLIC OF KOREA said that a strong network of National IHR Focal Points that met regularly at regional and global meetings would encourage more transparent and timely information sharing during public health emergencies. Furthermore, the establishment of a network of emergency operations centres would bolster response capacities. The joint external evaluation was an important tool to objectively evaluate and identify ways to improve a State Party's capacity for public health emergency preparedness and response. Her Government supported the draft five-year global strategic plan and stood ready to join collaborative efforts to ensure its successful implementation.

The representative of THAILAND said that most of the indicators in Appendix 3 to the Annex of document A71/8 were process indicators rather than outcome indicators. Moreover, they had been devised without adequate participatory and inclusive processes. She urged the Secretariat to take immediate action to engage Member States and other stakeholders in the development of more outcome indicators for the draft five-year global strategic plan. She endorsed both the draft strategic plan and draft decision.

The representative of PARAGUAY said that he valued States Parties being able to develop national action plans without mandatory external assessments. National IHR Focal Points should play a more prominent role in national public administration, both within and outside the health sector. He requested the Secretariat to make the revised version of the self-assessment annual reporting tool available to States parties once it had been developed, so that they could make suggestions for further improvements. The self-assessment annual reporting tool must continue to be the mechanism by which States parties fulfilled their obligation to report annually to the World Health Assembly. He emphasized that the move from exclusive self-assessment to approaches that included external procedures must take place with the agreement of States parties and with the participation of national experts if the government concerned saw fit.

The representative of UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the current outbreak of Ebola virus disease in the Democratic Republic of the Congo served as a stark reminder that even basic surveillance infrastructure could make a big difference when it came to initiating timely responses to public health threats. His Government fully supported the draft five-year global strategic plan. In fact, he was in favour of a more ambitious time frame for its delivery, and hoped to see significant progress on the implementation of the draft strategic plan by the Seventy-second World Health Assembly.

The representative of QATAR commended the significant progress made towards implementation of the International Health Regulations (2005) and the establishment of the draft five-year global strategic plan. To build on that progress, he recommended: expanding support to countries, especially in the Eastern Mediterranean Region, which continually experienced public health emergencies; accelerating the implementation of the draft five-year global strategic plan and providing an effective regional implementation framework; encouraging transparency among States Parties and

timely reporting on health goals; continuing with annual simulation exercise reviews in each State party and reporting on achievements and lessons learned; and improving communications and information sharing between countries and international organizations.

The representative of CANADA said that he valued the importance attached to the building and maintaining of core capacities in the draft five-year global strategic plan. He approved of the voluntary instruments for the monitoring and evaluation of the implementation of the International Health Regulations (2005). He supported the draft decision, and was not in favour of holding any further discussions on the text of the draft strategic plan.

The representative of FINLAND said that her Government fully supported the monitoring and evaluation framework as it stood and had found the joint external evaluation process valuable, especially when it came to strengthening national multisectoral collaboration on preparedness.

The representative of TURKEY supported efforts to increase the capacity of WHO to help Member States to improve their public health preparedness and response. Health security was a health priority in Turkey. The Government had therefore agreed to establish a WHO/EURO geographically dispersed office for preparedness for humanitarian and health emergencies in Turkey. She supported the draft five-year global strategic plan.

The representative of NAMIBIA emphasized the need to mobilize domestic and external resources to implement national action plans on the International Health Regulations (2005). He urged WHO to adopt a proactive advocacy role in that regard. He sought clarification regarding Pillar 1 of the draft five-year global strategic plan, specifically as to whether WHO would make all of the resource investments required for its implementation in States Parties whose health systems were classified as suboptimal, and whether criteria had been established for making such a classification. He endorsed the draft decision.

The representative of KIRIBATI said that the Asia-Pacific Strategy for Emerging Diseases had served as a useful guide for her country's efforts towards achievement of the seven core capacities required under the International Health Regulations (2005). She endorsed the draft five-year global strategic plan, but emphasized the need for flexibility in its implementation to take into account different national contexts and priorities.

The representative of the NETHERLANDS said that his Government fully supported the draft five-year global strategic plan and endorsed the draft decision. The Committee should not open discussions on redrafting the strategic plan and draft decision.

The representative of SINGAPORE said that implementation of the International Health Regulations (2005), a key component of preparedness and response, could be supported through international collaboration in capacity-building. Countries with a high-level of expertise in public health, in the areas of pandemic preparedness, laboratory testing and infection control, for example, could share their knowledge and best practices with others. She supported the draft five-year global strategic plan.

The representative of FRANCE said that her Government appreciated the clear link established in the draft five-year global strategic plan between the International Health Regulations (2005) and the need to strengthen health systems as part of the drive towards universal health coverage. She supported the monitoring and evaluation framework and its four component parts and encouraged WHO to continue to provide States Parties with assistance in establishing national action plans. Her

Government welcomed and supported the priority given to strengthening the capacities of the National Focal Points, and in particular their training, and counted on the WHO Lyon Office, which had strong expertise on this subject. The strategic plan and draft decision should be adopted without redrafting.

The representative of the UNITED REPUBLIC OF TANZANIA said that joint external evaluations were important for bringing stakeholders together under the One Health approach to identify public health gaps and make joint plans for implementation of the Regulations. Securing financial resources for the implementation of the Regulations remained a challenge, however. The Secretariat should continue to help States Parties to mobilize resources for the implementation of their national action plans and to provide technical support after joint external evaluations. She endorsed the draft five-year global strategic plan and draft decision, underscoring the importance of having skilled and competent personnel at the regional and country levels to oversee the strategic plan's implementation.

The representative of TRINIDAD AND TOBAGO commended WHO on the maintenance of the event information site as a successful platform for sharing information about public health events. She recognized the work of the scientific and technical advisory group on geographical yellow fever risk mapping, given the yellow fever situation in the Region of the Americas. She welcomed the work of the Secretariat and the WHO regional offices to support implementation of the International Health Regulations (2005) at the national level, and expressed appreciation for the high level of country engagement in the development of the draft five-year global strategic plan and the technical support provided for the development of core capacities. She also expressed appreciation for the option of additional voluntary assessment methods. She endorsed the draft decision.

The representative of SWITZERLAND said that, as evidenced by the Ebola virus outbreak in the Democratic Republic of the Congo in May 2018, all countries, particularly those with suboptimal health systems and structures, must work towards acquiring the core capacities required under the International Health Regulations (2005). He endorsed the draft five-year global strategic plan as it stood.

The representative of COLOMBIA said that the International Health Regulations (2005) were one of the most important instruments established by WHO; their monitoring and evaluation should therefore be prioritized. The Regulations should be promoted regionally to respond to and overcome international public health concerns. Migratory fluxes required an adequate application of the Regulations and stronger national core capacities, and States Parties should continue to increase their regional cooperation on the Regulations to respond to the public health challenge posed by migration, sharing information through the National IHR Focal Points and adopting regional measures to prevent regional public health risks.

The representative of BELGIUM said that the development of the core capacities required under the International Health Regulations (2005) was key to improving the global ability to detect and respond to health threats efficiently. WHO had a responsibility to monitor the level of preparedness. He therefore welcomed the tools and activities proposed in the report, but nevertheless understood the concerns raised by the representative of the Russian Federation; a tool should be an evolving document. However, neither the report nor the draft five-year global strategic plan should be redrafted. He supported the draft decision as it stood. If a consultation process was opened, it should be limited to discussion of the wording of the draft decision.

The representative of GHANA said that his country had undergone a joint external evaluation in 2017, which had enabled the Government to identify strengths and weaknesses in its health system. The resulting observations and recommendations would be used in the preparation of a national action

plan and a corresponding monitoring and evaluation programme. The exercise had brought together multiple stakeholders whose actions had a bearing on the prevention of, preparedness for and response to public health emergencies. As a result, Ghana was better prepared for detecting and tackling public health issues through a One Health, whole-of-government approach.

The representative of PAKISTAN said that implementation of the Independent Health Regulations (2005) should be a priority to ensure national and global health security. He outlined steps taken by his country to implement the Regulations, and thanked the Secretariat and other partners for their support and technical support.

The representative of NEW ZEALAND said that he supported the draft five-year global strategic plan and draft decision as they stood; he did not support the redrafting of either document. His Government had valued its involvement in several joint external evaluations in the Western Pacific Region and encouraged other States Parties to participate.

The representative of MONGOLIA, expressing support for the draft five-year global strategic plan, detailed some of the steps taken by her Government to improve its preparedness and response capacities. Translating its national action plan into a functional disaster risk management system remained a challenge, however, and Mongolia was not ready to respond to large-scale and complex events in an effective and coordinated way. Her Government therefore required closer cooperation with and increased support from WHO to further strengthen its preparedness for public health emergencies.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION agreed that continued support to States Parties to strengthen the core capacities required of them under the International Health Regulations (2005), including those relating to points of entry, was critical. There was also a need to strengthen and promote broader community engagement in surveillance. With the ongoing negotiations on the global compact for safe, orderly and regular migration and the global compact on refugees, and as part of the push towards attaining migration- and health-related targets under the Sustainable Development Goals, the International Organization for Migration continued to call on governments and partners to ensure the inclusion of migrants and mobile populations, irrespective of their migration status, in their national plans for the implementation of the Regulations, and stood ready to provide technical and operational support.

The representative of the GAVI ALLIANCE said that only a minority of countries had the capacities required to prevent, detect and respond to outbreaks as defined under the International Health Regulations (2005). The accelerated development of new vaccines was essential to reducing the risk of large-scale epidemics, and the GAVI Alliance supported the important work of the WHO research and development blueprint in that regard. Although emergency vaccine stockpiles were critical in supporting countries' responses to outbreaks, the need to strengthen routine immunization and health systems should not be forgotten.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that, despite the importance of breastfeeding to babies' resistance to water-related diseases, emergency responses often included unsolicited donations of baby-feeding products. Public appeals often made things worse, by propagating the myth that women living in emergency situations could not breastfeed because of stress or malnourishment. WHO could play a key role in reversing the situation by promoting emergency preparedness protocols that protected breastfeeding and improved food security, such as the updated Operational Guidance for Emergency Relief Staff and Programme Managers, which offered practical guidance to emergency workers on how to feed infants and young children appropriately and how to ensure that breast milk

substitutes, when required, were purchased, distributed and used in line with strict United Nations standards.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that greater emphasis should be placed on recovery after public health emergencies. When drafting the recovery phase of their national actions plans, States Parties should keep in mind that emergencies could destroy health and social systems, undermine efforts to attain targets under the Sustainable Development Goals and lead to lax security and safety, reduced access to health care services, family separation, abuse, neglect and exploitation, with long-lasting negative social consequences. In addition, managing public health emergencies without disrupting the delivery of health care services was not possible without enough well-trained health care professionals. She urged the Secretariat and Member States to focus on long-term health workforce planning and the continuous training of health care professionals as a first step towards building resilient health systems.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that, according to surveys conducted by his organization, biomedical and clinical engineers' involvement in health care services significantly benefited patients. WHO should therefore consider recruiting more biomedical and clinical engineers when filling vacant positions. His organization stood ready to provide support to WHO in the fields of biomedical and clinical engineering, health-technology assessment and disaster management.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged all international organizations and stakeholders to adopt a multisectoral approach to building and sustaining the core capacities of health care professionals and other professionals involved in responding to public health emergencies at the local, national and international levels. Member States and funding organizations should make unearmarked funds available rapidly in the event of public health emergencies and should increase their contributions to the WHO Contingency Fund for Emergencies. Young people, including medical students, global-health advocates, volunteers, and local front-line responders, through their unique placement in local communities, were essential partners in the prevention of, response to and recovery from public health emergencies. All stakeholders should support them in their efforts.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIRMAN, said that the inability of most countries to respond adequately to public health emergencies could only worsen if the global lack of access to health care workers trained and supported in the implementation of the International Health Regulations (2005) continued to deepen. He therefore urged the Secretariat, Member States and all partners to better align their initiatives and investments and ensure that communities had access to skilled frontline health care workers. Workforce coordination and reporting under the Regulations must include concrete targets and adequate financing to address the long-term, systemic needs of the health care workforce. Improving access to trained health care workers who were able to implement the Regulations, as well as ensuring the health and safety of all health care workers, would help make economies more resilient to health-related shocks and would accelerate progress towards attaining the Sustainable Development Goals.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that, despite the lessons learned from outbreaks of Ebola virus disease, global public health emergency response capacities were still underfunded. The Secretariat and Member States should therefore ensure that the WHO Health Emergencies Programme and the Contingency

Fund for Emergencies were fully funded. Although she welcomed the draft five-year global strategic plan, the financial and technical burden of implementing the International Health Regulations (2005) and the lack of core capacities in lower-middle income countries could undermine other strategic investments in their health systems. The costs of the global response to public health emergencies should be shared between countries according to the principles of equity and solidarity.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that, increasingly often, health care professionals and facilities were attacked during armed conflicts, in clear violation of international humanitarian and human rights law. She urged governments to fulfil their obligations under international law and implement United Nations Security Council Resolution 2286 (2016), which condemned attacks and threats against medical personnel and facilities in conflict situations and demanded an end to impunity for those responsible for them. She urged those involved in conflicts to protect civilians and health care providers and facilities and respect the ethical obligation of health care personnel to treat all patients irrespective of their identity. She called for implementation of the Ethical Principles of Health Care in Times of Armed Conflicts and Other Emergencies. She recommended that WHO should further collaborate with health care professionals' organizations to ensure that accurate and timely clinical-care guidelines were available to health care providers; promote training on disaster medicine for health care professionals; and work with governments and other partners to ensure the availability of information on disease prevention, optimal hygiene, and infection-control practices in zones prone to the emergence or re-emergence of infections.

The representative of PATH, speaking at the invitation of the CHAIRMAN, said that, although the Secretariat and States Parties to the International Health Regulations (2005) had completed a significant number of joint external evaluations and national action plans, persistent challenges remained. He urged the Secretariat and its Member States to engage with a range of partners in the preparation, evaluation and costing of national action plans. Moreover, ensuring a standardized, transparent process would be required to sustain progress. In addition, the recommendations of the 2017 International Working Group on Financing Preparedness, established by the World Bank, should be implemented to ensure that every country had a costed, financed national action plan in place by 2019.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed ongoing WHO efforts to strengthen its role in public health preparedness and response, but critical work remained to be done. Moreover, questions regarding the financing and implementation of national action plans remained unanswered. She applauded the emphasis on multisectoral action and support for the One Health approach, which was critical for antibiotic resistance, but continued support would be needed in that area. The Secretariat, in collaboration with international donors, should continue to help States Parties to prepare and implement financed national action plans to strengthen their health systems, workforces, and core capacities during public health emergencies. Given the different threats that outbreaks posed to women, and the impact of epidemics on the private sector, she recommended greater engagement with the private sector and civil society, particularly women's organizations, in the preparation and implementation of national action plans.

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE said that greater awareness raising and commitment to the reporting and core capacities required under the International Health Regulations (2005) had changed how WHO had responded to the recent Ebola virus outbreak; that sense of urgency should not be lost. He thanked Member States for raising the issue of National IHR Focal Points and the need for Member States and the Secretariat, collectively, to invest in their capacities, which was clearly necessary after a period of underinvestment. Many Member States had recognized the importance of the links between the twin

priorities of the Thirteenth General Programme of Work, 2019–2023, universal health coverage and global health security. The General Programme of Work presented a real opportunity to adopt an approach based on those interconnected topics. The Regulations and their core capacities were a starting point to building upon national action plans and ensuring that they related to health sector and health system plans. In health emergencies, WHO had the opportunity to increase its focus on essential health services and packages and move beyond an acute focus towards a long-term strategy of recovery and an inter-system approach.

He reaffirmed that the central and only obligatory element was the annual reporting; all other monitoring and evaluation instruments were voluntary and should not be considered as preconditions for technical or financial support. With regard to monitoring and evaluation indicators, the draft plan was a strategic, not an operational document. Thus, it was expected that regions would further discuss it at their regional committees and prepare regional implementation plans tailored to regional specificities, which would be the occasion to deal with specific questions regarding indicators.

He reiterated that assessment was not an end unto itself. The obligatory self-assessment tool and the voluntary monitoring and evaluation instruments were important for two reasons: first, to identify disparities between countries and thus determine which countries were most vulnerable and in need of urgent investment and, secondly, to ensure that, within countries, gaps requiring technical and financial investment were identified. The gap between assessment and implementation had already begun to be addressed. The next collective set of priorities for the Secretariat and Member States should be the completion of all national action plans, their linkage with broader health sector plans and, ultimately, general advocacy for the financing of those plans.

The CHAIRMAN said that he took it that the Committee wished to note the report contained in document A71/7.

The Committee noted the report.

The CHAIRMAN asked whether the Committee was ready to approve the draft decision contained in decision EB142(1).

The representative of the RUSSIAN FEDERATION said that his delegation could not agree to the joint external evaluation mechanism as proposed in the draft five-year global strategic plan. As most delegations were not interested in redrafting the text of the draft strategic plan, he put forward a compromise in the form of the following amendments to the draft decision. In paragraph 1(a), “endorse” should be amended to “take note of”. In paragraph 2(c), all wording after “International Health Regulations (2005)” should be deleted and a full stop inserted. Those amendments took into account some of the concerns of Member States without hindering the successful implementation of the draft strategic plan.

The CHAIRMAN said that, as several delegations had expressed their approval of the adoption of the draft decision as it stood, he took it that the Committee was not in agreement on the proposed amendments. He therefore suggested that informal consultations on the text of the draft decision should take place and that discussion of the subitem should be suspended until the outcome of the consultations.

It was so agreed.

- **Polio transition and post-certification:** Item 11.3 of the agenda (document A71/9)

The representative of MONACO said that the draft strategic action plan on polio transition should remain open to drafting so that it could be updated, refined and revised in future. The Secretariat should submit a revised version for consideration by the 144th meeting of the Executive Board. The primary objective of polio eradication should remain at the forefront. Work towards polio eradication and polio transition and post-certification should be undertaken simultaneously.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, said that the Region was committed to maintaining its polio-free status, with some countries already investing significant domestic resources into regional programmes previously funded by the Global Polio Eradication Initiative. Member States' capacities and assets must be clearly identified to facilitate progress in other programmatic areas and to contribute to polio eradication. Sustaining a polio-free world would require global political will and would be a technical endeavour for WHO and its partners. Polio surveillance and laboratory networks were essential resources for the strengthening of core capacities required under the International Health Regulations (2005), which would in turn help Member States to contain and respond to polio events effectively. Moreover, a comprehensive approach to immunization system strengthening should be adopted to effectively prevent and control vaccine-preventable diseases. WHO should provide technical support in that regard, helping priority countries in the preparation of logical and systematic plans for their transition from oral polio vaccine to inactivated poliovirus vaccine. In that connection, lessons should be learned from the stock outs of inactivated poliovirus vaccine that occurred in 2016 after the switch from trivalent to bivalent oral vaccine. Regarding poliovirus type 2 outbreak response plans, WHO should formulate plans for responding to all cases of polio through the swift mobilization of vaccines and funds worldwide.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She fully supported the draft strategic action plan, which should be implemented urgently. Given its relevance to the proposed programme budget 2020–2021, the draft strategic action plan should be considered as a living document and the Secretariat should submit an updated version of it for consideration by the regional committees, the 144th Executive Board and the Seventy-second World Health Assembly. Implementation of the draft plan should not be hampered by continued scrutiny, however.

Further work would be required to integrate polio essential functions into the core budget of WHO and to deal with the resulting implications for human resources. Integration measures should be based on well-defined criteria so that a decision could be taken on which polio-related functions it was essential to maintain. Member States should ensure prompt and adequate funding for their national action plans and all stakeholders, particularly Member States and international organizations such as UNICEF and the GAVI Alliance, should provide continuous support to countries for which polio transition was a priority.

Polio transition would require strong leadership from WHO at all three levels of the Organization, as well as continued political commitment from all governments concerned. The Secretariat should submit a detailed report on polio transition and post-certification to the Seventy-second World Health Assembly through the Executive Board.

The representative of MONGOLIA said that her country had managed to remain polio-free through various preparedness, vaccination and surveillance efforts. Inactivated poliovirus vaccine would be introduced into the routine immunization schedule as of October 2018. The establishment of a national polio task force and a national polio-containment coordinator was under discussion.

The representative of BHUTAN welcomed the alignment of the draft strategic action plan with the Thirteenth General Programme of Work, 2019–2023, and the scaling up of the implementation of the International Health Regulations (2005). Wild poliovirus continued to circulate in various parts of the world and the possibility of the cross-border importation of the virus should not be forgotten. She expressed concern that progress might be undone by the withdrawal of support from partners such as the GAVI Alliance. Member States continued to face financial constraints to the implementation of their transition plans. Moreover, not all Member States had benefited from the Global Polio Eradication Initiative, which could further complicate transition plans. WHO and its partners should therefore provide support to countries like Bhutan, to help them maintain their polio-free status.

The representative of the UNITED STATES OF AMERICA emphasized that, while transition planning efforts were critical, they should not distract from the primary goal of eradication or result in the premature dismantlement of the WHO polio programme. The programme should not end with the eradication of wild poliovirus; all vaccine-derived polioviruses should also be eradicated. An appropriate, rational plan for oral polio vaccine withdrawal and the assurance that all outbreaks detected would be responded to quickly were essential. The Post-Certification Strategy did not adequately address the need to ensure all vaccine-derived viruses were eradicated after the withdrawal of bivalent oral polio vaccine.

The Secretariat should submit an updated draft strategic action plan on polio transition that included financial estimates for consideration by the 144th session of the Executive Board and the Seventy-second World Health Assembly. She supported the proposed merger of polio functions and capacities into the immunization programme and the transfer of outbreak response and containment activities to the WHO Health Emergencies Programme. In addition, the general administrative services currently supporting the polio programme could reinforce the corporate services of the Organization in the future. Lastly, the Secretariat should work with all stakeholders to define the ownership and financial implications of polio essential functions in the post-wild-poliovirus certification era.

The representative of INDIA welcomed the alignment of the draft strategic action plan with the Thirteenth General Programme of Work, 2019–2023, and the proposed transfer of polio-funded assets to other public health programmes, including the proposed absorption of the staff and systems of the Global Polio Eradication Initiative into general primary health care and public health systems. National polio surveillance efforts should not be scaled down too quickly, as that could cancel out the gains made and threaten other immunization efforts. Global funding would ensure that national polio surveillance continued at the current level.

The representative of CANADA said that much work remained to be done at the national and global levels to identify and support essential polio functions. She encouraged the continued refinement of the specific WHO budgetary requirements for successful polio eradication and the maintenance of essential polio functions post eradication. It was critical for transition planning to be closely guided by the Post-Certification Strategy. A clear costing of country-level functions, including countries' contributions to the strategy, and a clear understanding of the roles of the key actors engaged in its implementation would therefore be necessary. WHO should continue to demonstrate leadership by bringing countries and global health partners together to ensure the successful implementation of polio transition and the Post-Certification Strategy. All transition planning efforts must focus primarily on achieving eradication and ensuring that WHO was adequately resourced and the Global Polio Eradication Initiative well supported, so that certification could be achieved before any substantial assets or resources were transitioned.

The representative of the PHILIPPINES welcomed the Post-Certification Strategy. The draft strategic action plan should include specific strategies to ensure a sustained supply of inactivated poliovirus vaccine after the withdrawal of bivalent oral polio vaccine, and contingency plans in the

event of global shortages. WHO must continue to provide technical support to countries in the development, updating and monitoring of their national transition and post-certification plans.

The representative of GHANA commended the Secretariat on the comprehensive report and the draft strategic action plan on polio transition, and was optimistic that the three key objectives of the action plan could be achieved through continued commitment to sustaining the gains and legacy of the Global Polio Eradication Initiative. He agreed that, after eradication, essential polio functions should be integrated into other programme areas to ensure efficiency and sustainability.

The representative of MEXICO thanked WHO for its work on developing the draft strategic action plan and agreed that ongoing guided planning would help to define the technical standards and guidance for the essential functions required to sustain a polio-free world. His Government endorsed the measures in the action plan and would ensure that essential polio functions were maintained beyond the conclusion of the Global Polio Eradication Initiative. Recognizing the significance of epidemiological surveillance, he urged Member States to continue strengthening systems and set up inter-institutional and intersectoral coordination mechanisms at the national level to be ready to respond in the event of an outbreak.

The representative of the RUSSIAN FEDERATION commended WHO's work on the draft strategic action plan. Some of the indicators needed to be more clearly formulated and the baselines determined. In the post-certification period, countries should focus their efforts on strengthening immunization and outbreak preparedness and response, which would require ongoing surveillance and significant financial support. In planning time frames and strategies for the end of the use of oral poliovaccine for routine immunization, lessons must be learned from the shortages of inactivated poliovirus vaccine and surveillance gaps experienced during the switch from trivalent to bivalent oral polio vaccine in 2016.

The representative of SAUDI ARABIA highlighted the ongoing need in his Region for activities such as mass immunization and long-term surveillance to ensure polio eradication and certification in countries where the disease was endemic or which were experiencing emergency situations. It was important to mitigate risk and to strengthen immunization and emergency response programmes, surveillance and laboratory networks. He called on Member States to remain committed to supporting the transition at the global level.

The representative of ANGOLA said that the gains from the polio eradication process must not be lost and efforts must focus on becoming less dependent on the resources that had supported the process, enabling a smooth transition once support ended. She reaffirmed her Government's commitment to securing funding for its national transition plan, strengthening national capacities to implement vaccination and epidemiological surveillance activities that had integrated essential polio functions, and to harmonizing national transition plans with the draft strategic action plan.

The representative of IRAQ said that the draft strategic action plan should be implemented strictly in emergency situations, taking into account Member States' different circumstances. Campaigns should be coordinated effectively, which would require assessment at the regional and country level, and effective surveillance should include environmental surveillance. Member States must strengthen procurement policy and vaccination stockpile management, and WHO country offices should contribute to staff and organizational capacity-building.

The representative of JAPAN said that special attention should be paid to ensuring that immunization programmes, particularly in fragile States, were not adversely affected by polio

transition. Essential polio functions, especially surveillance, must be properly maintained during the integration process, given the increased risk of outbreaks. Funds from the proposed contingency fund should be allocated according to criteria, and he requested the Secretariat to provide further details on the transition budget plan. Coordination and collaboration on governance and finance with UNICEF and the GAVI Alliance should continue to ensure a polio-free world once the Global Polio Eradication Initiative had ended; WHO should provide leadership in that area.

The representative of NORWAY said that the draft strategic action plan reflected the complexity of the challenge ahead and welcomed that it highlighted financing as a major risk. She requested the Secretariat to report to the 144th session of the Executive Board and the Seventy-second World Health Assembly on polio transition planning, any decisions taken in the interim, progress made in securing an agreement among all stakeholders on the ownership of essential polio functions in the post-certification period, and on oversight and governance of the Post-Certification Strategy and the financial implications. Joint efforts were needed to sustain essential polio functions, many of which had to shift to national health systems and domestic financing, and to finalize and approve ambitious national polio transition plans by June 2018. She sought clarification on how the polio transition team would be set up to follow up on the process and on what steps the Secretariat would take to ensure access to inactivated poliovirus vaccine.

The representative of the REPUBLIC OF KOREA commended WHO and the Global Polio Eradication Initiative on their efforts to eradicate poliomyelitis worldwide and develop the draft strategic action plan on polio transition. She expressed the hope that previous recommendations made by the Executive Board and Health Assemblies would be incorporated into the draft plan to take into consideration the different situations of Member States at all levels.

The representative of COSTA RICA endorsed the draft strategic action plan on polio transition. Noting that poliovirus had been eradicated in her country in 1983 thanks to frequent immunization campaigns and political, economic and institutional support for ongoing immunization programmes, she considered it appropriate that endemic countries should receive financial support from the Global Polio Eradication Initiative until certification in 2021.

The representative of GERMANY said that, with polio eradication closer than ever before, the Secretariat and Member States must intensify their joint efforts to successfully complete the process; the major institutional challenge in the coming years would be polio transition. The Global Polio Eradication Initiative had helped WHO to establish a presence in high-priority regions and had contributed significant human, financial and material resources. He welcomed the high level of attention that WHO was giving to polio transition planning, which should be maintained. The biggest risk would be to believe, naively, that donors would continue funding eradication efforts far beyond the completion of the process. Moreover, the Global Polio Eradication Initiative had been funding many functions that were the core responsibilities of domestic authorities. Member States must assume their responsibilities and commit to national polio transition plans, including the integration of polio assets into national health systems.

The meeting rose at 21:00.

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