

**PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING**

**Palais des Nations, Geneva  
Tuesday, 21 May 2019, scheduled at 09:00**

**Chairman: Dr S.P.V. LUTUCUTA (Angola)  
later: Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)**

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**COMMITTEE A**

**SECOND MEETING**

**Tuesday, 21 May 2019, at 09:15**

**Chairman: Dr S.P.V. LUTUCUTA (Angola)**  
**later: Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)**

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

**Public health emergencies: preparedness and response:** Item 11.2 of the agenda

The CHAIRMAN said that, before commencing consideration of the item, Dr Ilunga Kalenga, Minister of Public Health of the Democratic Republic of the Congo, would provide the Health Assembly with an update on the current Ebola virus disease outbreak in the Democratic Republic of the Congo.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that the response to the Ebola virus disease outbreak was complex, given the constantly evolving nature of the disease, and must be informed by lessons learned. The number of cases, in addition to population mobility and national security issues, exacerbated the complexity of the response. It was therefore important to take a public health approach to stop the spread of the disease, employing a series of actions for each individual case based on surveillance, infection prevention and control, contact and vaccine preparation, research, logistics and organization. He thanked WHO and other partners for the support provided in that regard. In spite of the challenging circumstances, the response, which had focused on dealing with the environmental and internal security issues, had succeeded in containing the epidemic in two provinces of the country. The work performed by teams in the field had been crucial in preventing the spread of the disease to neighbouring countries; over 50 million people had been screened at border controls and over 100 000 people had been vaccinated.

The draft fourth strategic response plan must not only build on the success achieved, but also take into account the shortcomings of the response to date. Weaknesses included the silo effect and lack of information sharing among all actors, including among the health sector in the North Kivu and Ituri provinces, and the lack of involvement of the population. It was essential to break down the silos to ensure effective and constant communication between all stakeholders involved in the response. Given the role of data in guiding the response and identifying at-risk areas, it was vital to strengthen capacities to analyse data. To that end, a system to manage the collection and analysis of data had been established. All stakeholders must be accountable at the operational and financial levels and should share performance indicators. Additional monitoring tools for the use of resources and funding in response efforts should be introduced and existing ones improved. It was crucial that all strategies were based on an effective operational action plan to ensure successful implementation. A bottom-up approach to funding was required, with funding provided to stakeholders based on the activities contained in the associated operational action plan. That approach would also help to eradicate the silo effect, enhance accountability and ensure consistency.

To improve vaccination coverage, contact tracing must be improved, and a strategy incorporating a larger geographical area should be put in place, whereby not only the individual affected but also their household and all those in contact with that household were vaccinated. Such an approach had already been adopted in remote and inaccessible areas. All stakeholders would be invited to attend a meeting in Kinshasa in June 2019 to openly debate the subject of vaccinations, with the aim of achieving consensus.

A clear distinction must be made between community engagement and acts of violence; it should not be assumed that communities' expressions of opinion were necessarily violent, and communities should not be blamed for not engaging appropriately in response efforts. The problems related to community engagement mainly stemmed from difficulties in accessing those communities and the silo mentality, as communities were faced with a lack of information in some cases, and conflicting messages from a range of stakeholders in others. The solution to such fragmentation lay in respecting community and listening to them, soliciting their input on the action to be taken, and liaising with traditional community leaders to fully involve communities in the response to the Ebola virus disease outbreak.

The REGIONAL DIRECTOR FOR AFRICA said that, despite the considerable efforts made by the Government of the Democratic Republic of the Congo, the complex Ebola virus disease outbreak in the country remained deeply worrying and challenging owing to difficulties in building trust with and accessing communities and the lack of security, including attacks on response teams. The risk of the disease spreading beyond the borders of the Democratic Republic of the Congo remained very high due to the cross-border movement of people. She commended the governments of the nine neighbouring Member States who had invested significant resources to improve their preparedness to respond in the event of the spread of the outbreak. Each of the governments had developed and continued to test their national Ebola virus disease contingency plans, which covered all the capabilities required for mounting an effective response, including by conducting full-scale simulation exercises. The key performance indicators used in the exercises included the capacity of each district to institute an effective response within 72 hours of confirmation of a case. Laboratory capacity was in place in all countries to conduct preliminary Ebola virus disease testing using GeneXpert, and screening activities had been improved at major points of entry. Over 7000 frontline health workers in high-risk districts in Uganda, South Sudan and Rwanda had been vaccinated. WHO and its partners had deployed 270 technical experts to support the countries. Those experts had trained around 400 national multisectoral and multidisciplinary rapid response teams.

To ensure effective coordination, national public health emergency operation centres had entered into operation in most of the nine countries. In addition, 16 Ebola virus disease treatment centres had been established across those countries, and over 4500 health workers had been trained to detect and manage cases of Ebola virus disease. The countries continued to raise awareness of the disease among all high-risk communities. A total of 894 alerts had been reported by the nine countries: all had been investigated and confirmed negative for Ebola virus disease. Strong cross-border collaboration and information sharing among countries was facilitating joint actions. As a result of Ebola virus disease preparedness efforts, a yellow fever outbreak in South Sudan had been detected through an Ebola virus alert, leading to timely action. In addition, significant progress had been made in preparedness of non-affected provinces in the Democratic Republic of the Congo for risk mitigation, early detection and prompt response. She expressed the hope that under the leadership of the respective governments and with the involvement of communities, further progress would be made towards preparedness.

The Organization would continue to advocate for the mobilization of additional resources to support the containment of Ebola virus disease in the Democratic Republic of the Congo and preparedness activities in the nine neighbouring countries. The Secretariat had developed a regional plan costed at US\$ 60 million, US\$ 32 million of which had been raised, leaving a shortfall of US\$ 28 million for regional preparedness activities.

The DIRECTOR-GENERAL said that, one year on from the discussions at the Seventy-first World Health Assembly on the Ebola virus disease outbreak in the western part of the Democratic Republic of the Congo, which had been controlled within three months, the country was experiencing a complex outbreak, with almost 1900 cases identified over the previous nine months. Although the outbreak had been confined to the North Kivu and Ituri provinces, the risk of the disease spreading to neighbouring provinces and countries remained high owing to the highly complex, volatile and insecure environment. Over 700 WHO and Global Outbreak Alert and Response Network staff members were

operating on the ground together with thousands of workers from the Democratic Republic of the Congo in a highly dangerous setting. Over 130 attacks on health facilities in the North Kivu province had resulted in injuries and deaths, thereby disrupting the response, stalling access to vulnerable communities and provoking the departure of key operational partners on the ground. As a result, the detection of cases and contacts, as well as vaccinations and isolation, had been delayed and people were taking longer to reach treatment centres. In addition, politicization of the outbreak had caused mistrust, misinformation and hostility towards health workers and responders. The outbreak was therefore persisting as the Organization did not have sustained access to communities.

The Ebola virus disease vaccine had a 97.5% efficacy rate within 10 days of the onset of symptoms, and not only prevented the disease but also reduced fatalities. Over 120,000 people in the Democratic Republic of the Congo and 8660 frontline workers in neighbouring countries had been vaccinated and unprecedented survival rates were being achieved. Community-based approaches had also been introduced with strong community engagement and local leadership, and preparedness work had been carried out in neighbouring countries to increase their capacity to rapidly detect cases and mitigate local spread.

Although the organizations of the United Nations system and non-State actors played a significant role in supporting the Government-led response, escalating attacks, including the death of Dr Richard Valery Mouzoko Kiboung, demonstrated that the epidemic was heading in a dangerous direction. Together with the Regional Director for Africa, he had visited the Democratic Republic of the Congo after Dr Kiboung's death and had listened to the concerns of all stakeholders, including health workers, community members and political, religious and business leaders. The visit had underlined the need to adapt and scale up efforts in all areas of the response. The Organization had been working closely with the Government of the Democratic Republic of the Congo and its partners to identify and implement solutions to better control the epidemic. Although certain changes had been implemented, a public health response required an enabling, peaceful and safe environment for communities and responders to build community confidence and acceptance. He had been working with the Secretary-General of the United Nations and the heads of other organizations of the United Nations system to provide an improved enabling platform to support public health operations and to improve coordination among United Nations bodies and non-State actors, including by assigning more senior staff members to the epicentres of the outbreak. It was vital to intensify political engagement, security and operational support, strengthen engagement with non-State actors and improve financial predictability, planning, monitoring and reporting in order to beat Ebola virus disease, protect vulnerable communities and save lives.

He expressed his appreciation to the Minister of Public Health of the Democratic Republic of the Congo for his work in responding to the outbreak.

The observer of GAVI, THE VACCINE ALLIANCE said that his organization had invested over US\$ 15 million to support operational costs in the Democratic Republic of the Congo and neighbouring countries for the vaccination effort. The Ebola vaccine had played a major role in saving lives, with over 115 000 people vaccinated to date in the eastern part of the country. His organization was working closely with WHO and the vaccine manufacturer to assess the supply situation. Since the beginning of the outbreak, approximately 440 000 doses of investigational vaccine had been made available, and the manufacturer was committed to producing the doses necessary to respond to evolving needs. Based on the recommendations of the Strategic Advisory Group of Experts on immunization, the available supply of vaccines might be sufficient. He welcomed WHO's assessment of the supply situation, but noted that, if the vaccination strategy was further revised for a wider reach, the supply situation should be reassessed. His organization was also continuing to work closely with the Government of the Democratic Republic of the Congo to strengthen health systems and was supporting the country's Mashako Plan, which aimed to increase immunization coverage by 15 per cent in 18 months.

The representative of the WORLD BANK said that his organization had been supporting the Government-led response to the current Ebola virus disease outbreak. It had committed US\$ 100 million

to the response to date, the majority through International Development Association funds to the Democratic Republic of the Congo, and US\$ 20 million from the Pandemic Emergency Financing Facility cash window. It was important to take stock of lessons learned and increase efforts to identify more effective operational plans to unite all responders in collectively implementing a fourth strategic response plan. The response must follow a multisectoral approach and address the development needs of the communities involved. The World Bank stood ready to commit further resources to the fourth strategic response plan.

The representative of NIGERIA encouraged the Government of the Democratic Republic of the Congo to intensify its efforts to respond to the Ebola virus disease outbreak while ensuring national leadership of the response, and to test new approaches, including new vaccines, where available and feasible. He recognized the proactive support provided by the Secretariat and the Organization's role in leveraging resources for the response. He offered his condolences for the loss of Dr Richard Valery Mouzoko Kiboung and other health workers and thanked all those working directly and indirectly in response efforts.

The representative of ETHIOPIA strongly condemned any form of violence against health workers and health facilities involved in the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Strengthening health systems could prevent such outbreaks of disease and ensure an appropriate response when they did occur.

The representative of SOMALIA commended the Government of the Democratic Republic of the Congo and the Secretariat for their efforts in responding to the Ebola virus disease outbreak. It was not possible to respond effectively to the outbreak without gaining the trust and cooperation of the affected community. Given that WHO was not traditionally equipped to deal with the social aspects of health emergencies, he asked how social issues were affecting the overall response to the outbreak.

The representative of LIBERIA, expressing his gratitude to all those involved in the response to the Ebola virus disease outbreak, said that innovative approaches were needed to end the outbreak. His Government stood ready to provide support wherever possible.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that early vaccination in the densely populated North Kivu and Ituri provinces had been crucial to containing the epidemic. He thanked Gavi, the Vaccine Alliance for its support in that regard. He also thanked the World Bank for its considerable contributions and support for government initiatives.

His Government was addressing cultural challenges to response efforts by maintaining open dialogue at the community level and continuously adjusting its approach. A multisectoral approach was needed to gain trust, and the social and economic problems that affected populations had been facing for many years before the outbreak must be taken into consideration. Community engagement and employment measures should be further strengthened and diversified. It was vital that communities took ownership of the response. Using dialogue as a tool to engage communities in the response had led to considerable success in recent weeks, especially in areas with particular community resistance.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Gavi, the Vaccine Alliance and other partners for their continued support, including in relation to the WHO research and development blueprint Global Coordination Mechanism, to ensure the provision of vaccines in response to the crisis. The complex public-private partnerships that had been developed through that process exemplified how innovation and adaptability could be leveraged to deliver real solutions to people on the ground.

It was important to recognize that, while the vast majority of responders were from the Democratic Republic of the Congo, many were from other African nations, notably those trained in vaccinations

during the Ebola virus disease outbreak in West Africa. Such collaboration was an excellent example of South–South cooperation to solve health security issues.

He wished to thank the World Bank for its ongoing support in response to the Ebola virus disease outbreak, including the funding provided to the Government of the Democratic Republic of the Congo, WHO and the United Nations Children’s Fund. He looked forward to working under the leadership of the Government of the Democratic Republic of the Congo to develop the fourth strategic response plan, which would provide a vital financial platform and tool for the next phase of the response.

- **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A72/6)
- **WHO’s work in health emergencies** (document A72/7)
- **International Health Regulations (2005)** (document A72/8)

The CHAIRMAN invited the Committee to consider the three documents under agenda item 11.2 together.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, introducing the report of the Independent Oversight and Advisory Committee contained in the Annex to document A72/6, provided an overview of the main findings and recommendations contained in the report, including field missions to Uganda and to North Kivu in the Democratic Republic of the Congo, where the Ebola virus disease outbreak was ongoing. The Committee was profoundly saddened by the recent death of Dr Richard Valery Mouzoko Kiboung and extended its deepest condolences to his family and to his WHO colleagues.

She welcomed the efforts already undertaken by the Director-General and WHO senior management to follow the Committee’s recommendations to improve the well-being and satisfaction of WHO staff and to increase diversity throughout the Organization. Those efforts should continue and be reinforced.

The Committee welcomed the improvements to the WHO Health Emergencies Programme, including greater senior management capacity and a stronger preparedness component, but cautioned that the consolidation of cross-cutting functions as part of the transformation agenda must not dilute the distinctive functions and business processes required for the Programme’s operations. High priority should be given to increasing human resource capacity and training staff in emergency response at the country level.

With regard to the Ebola virus disease outbreak in the Democratic Republic of the Congo, the intentional politicization of the situation had significantly undermined community trust. Furthermore, the response had been slow to adapt to community feedback. In view of the worsening outbreak, an operational review of the response should be undertaken as a matter of urgency to ensure that field activities followed a community-centred approach.

Security was a prerequisite for delivering life-saving interventions in emergencies. Security risks in the Democratic Republic of the Congo were a result of community resistance and political tensions, which could be addressed by improving dialogue, localizing response operations and rebuilding trust between the response teams and affected communities. However, the security threat in the North Kivu province required a more systematic approach and dedicated capacity for security management. She urged United Nations security services, including the United Nations Department of Safety and Security, to increase its support for the Ebola virus disease response. All necessary security measures must be available to protect response staff, but should not be used in a way that could lead to community mistrust and must be guided by credible security analysis.

WHO's level of engagement in and prioritization of the Ebola virus disease response had not been reciprocated by all partner organizations and Member States. As a result, WHO had been obliged to undertake activities outside its normal areas of expertise, such as security, community engagement and financing. The mismatch between expertise and roles, along with strained communication between some partners, had hampered adaptation of the response strategy. She therefore welcomed the United Nations Secretary-General's recent statement regarding Ebola virus disease, in which he had emphasized his commitment to a collective United Nations approach in close collaboration with leaders from the Democratic Republic of the Congo. Funding for the Ebola virus disease response was an area of concern. Misunderstandings between WHO and donors regarding funding modalities and resource requirements must be resolved urgently, as the response would soon require a major influx of funds.

WHO reforms had enabled the Organization to act quickly, deploy staff and other assets to the field rapidly and fulfil its mandate. She commended WHO's full engagement and commitment in the Ebola virus disease outbreak, as well as the strong ownership of the Government of the Democratic Republic of the Congo, and paid tribute to all those working to contain the outbreak. The Ebola virus disease response must be revised as a matter of priority to prevent further geographical spread and an increase in the number of cases. Member States, the Secretariat, the United Nations and all other partners must work together to put an end to the outbreak. Further financial support from Member States and donors was needed to that end.

The representative of INDIA said that the spread of Ebola virus disease in the Democratic Republic of the Congo was a major concern and cast doubt on the efficacy and sustainability of the current response. WHO must leverage all its expertise to contain the outbreak. The shortage of human resources available to respond to large-scale public health emergencies was a cause of concern. She supported the recommendations of the Independent Oversight and Advisory Committee on building the operational capacity of the Global Outbreak Alert and Response Network and establishing institutional arrangements for deploying experts from the Network. The public health expertise of other Member States, partners and networks should be used to tackle the Ebola virus disease outbreak. Additional support from donors was necessary to address the shortfall in funding for the response and bring the current outbreak under control.

The representative of CABO VERDE, speaking on behalf of the Community of Portuguese-speaking Countries, said that the establishment of the WHO Health Emergencies Programme had greatly contributed to strengthening the capacity of WHO to respond to public health emergencies. The Community of Portuguese-speaking Countries was fully committed to implementing the International Health Regulations (2005) and supported the coordination of joint, united responses to emergency situations. Strengthening implementation of the Regulations was essential in order to achieve the Sustainable Development Goals and better prepare the global community to respond to health crises.

The Community of Portuguese-speaking Countries wished to express its solidarity with Mozambique following the recent cyclone in the country. The Community had established a special fund to support victims of the cyclone and had provided medical teams, humanitarian aid and medicines, as required. He welcomed the rapid response of WHO to that emergency situation.

In 2017, the Community of Portuguese-speaking Countries had established a working group with a view to improving the monitoring of and response to public health emergencies. One of the objectives of the working group was to establish joint emergency medical teams, leveraging its member countries' shared language and culture.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that many countries in her Region were affected by acute and protracted emergencies. She therefore supported the Independent Oversight and Advisory Committee's recommendation to support countries in maintaining preparedness and building capacity to implement the International Health Regulations (2005). The Secretariat should implement the Committee's

recommendations to ensure that the WHO Health Emergencies Programme was fully operational in the Eastern Mediterranean Region. She appreciated the Committee's regular reporting to the Executive Board and Health Assembly and looked forward to the forthcoming report of the Global Preparedness Monitoring Board.

Staff security was an area of concern that warranted special attention. She called for increased recruitment of staff at the country and regional levels, as well as the establishment of a regional roster of health experts in order to respond adequately to health emergencies. While she appreciated the efforts of the WHO Health Emergencies Programme to address health emergencies around the world, the situation in the Democratic Republic of the Congo required innovative approaches and increased collaboration between bodies of the United Nations system, other international organizations and local actors.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that building country capacity was essential for the implementation of the International Health Regulations (2005), which was a key element of the international health system. He called on the Secretariat to provide the necessary support to enable Member States to implement action plans on the basis of joint external evaluations.

The representative of GERMANY supported most of the key political messages set out in the report of the Independent Oversight and Advisory Committee, particularly the call for all capable partners to support WHO in responding to the Ebola virus disease outbreak. He strongly condemned attacks and violence against medical facilities and personnel, as well as any attempts to politicize the response. The WHO Contingency Fund for Emergencies must be adequately funded to ensure that it continued to be effective. To tackle challenges to ensuring readiness for health crises, Member States should support one another to build and maintain core capacities for the implementation of the International Health Regulations (2005). The Secretariat should foster the alignment of international support, with the support of Member States, in order to increase efficiency. His Government would continue to provide bilateral and multilateral support for implementation of the Regulations.

He welcomed the fact that WHO was striving to learn from the experience gained during the Ebola virus disease outbreak in West Africa. However, he would like the Secretariat to analyse whether the high number of short-term staff contracts was hampering organizational readiness to address health emergencies. His Government welcomed WHO's approach to monitoring compliance with the Regulations and requested the Secretariat to conduct a voluntary joint external evaluation in his country.

The representative of GHANA said that implementation of the International Health Regulations (2005) was a driving force in establishing strong health security. In that regard, the Event Information Site for National IHR Focal Points had proven to be a timely and reliable source of information. He urged all States Parties to the Regulations to comply with the relevant provisions thereof so as to prevent delays in event notification and ensure an effective collaborative response. He welcomed the use of joint external evaluations, and the development of the Go.Data software as a useful tool for field data collection.

The representative of FINLAND, speaking also on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, welcomed the significant progress achieved in redesigning health operations at WHO. Active cooperation with partners and stakeholders in preparedness and response was crucial to delivering results. Nevertheless, health challenges persisted, including the current Ebola virus disease outbreak in the Democratic Republic of the Congo. Measures must be put in place to protect health workers and facilities around the world from security threats. New approaches to community engagement should also be explored, as well as measures to ensure adequate and qualified health workers and universal access to primary health care, including by strengthening the capacities of primary health care systems. Gender-sensitive approaches

should be integrated into preparedness, response and recovery policies and care should be taken to ensure that outbreaks were tackled in a manner that did not stigmatize or frighten the people affected. With the support of Member States, WHO must exercise its leadership role in promoting health during complex emergencies to the best of its ability.

The representative of the DOMINICAN REPUBLIC welcomed the level of State Party participation in joint external evaluations and the progress made in information and knowledge sharing regarding public health preparedness and response. Lessons learned in that regard should be more widely shared. Strong and stable health systems were essential to ensure a robust national response to health emergencies.

The representative of PANAMA highlighted the vital role played by National IHR Focal Points in identifying and communicating public health emergencies and ensuring an effective and timely response. On several occasions, her Government had requested verification from or had sent information via other States' National IHR Focal Points without receiving a response. Strengthening the capacities of National Focal Points was therefore a priority to ensure implementation of the International Health Regulations (2005); the commitment of each State Party was crucial in ensuring the required transparency. Continued support from WHO was necessary to achieve the required country capacity at all levels, with a regional and global focus in order to ensure an effective response to health events with intersectoral and inter-agency support.

The representative of CANADA welcomed WHO's continued progress in detecting, preparing for and responding to outbreaks and health emergencies. He supported the Organization's role in the health response to the Ebola virus disease outbreak in the Democratic Republic of the Congo and recognized the challenges associated with managing disease transmission in an unstable security environment. He looked forward to further details on the planned operational revision of the current response. The Global Outbreak Alert and Response Network played a crucial role in mobilizing and deploying partners' resources. He strongly condemned attacks on medical personnel and facilities and called for international humanitarian law to be upheld. He encouraged Member States to support the WHO Contingency Fund for Emergencies, which was crucial to ensuring timely responses to health emergencies and containing outbreaks and represented good value for money. His country had just announced an additional contribution of US\$ 1 million to the Fund.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, noted with satisfaction the progress made in WHO's response to health emergencies around the world as a result of implementing the WHO Health Emergencies Programme, and the support provided for risk management as part of efforts to achieve universal health coverage. He encouraged the development of mechanisms to improve response capacities at the national level. WHO should expand its partnerships with regional and subregional organizations involved in managing health emergencies. Support should also be provided to Member States in strengthening and regularly assessing human resource capacity to ensure rapid mobilization. The recent death of Dr Richard Valery Mouzoko Kiboung, who had been contributing to the Ebola virus disease response in the Democratic Republic of the Congo, highlighted the need to ensure the safety and protection of all workers responding to emergencies. The Secretariat should support States Parties in strengthening their capacity for implementing the WHO event management system, evaluating risk and managing health information. Flexible, predictable and sustainable financing would be needed to respond adequately to health emergencies.

The representative of SENEGAL said that particular attention should be accorded to ensuring sufficient capacity to enable countries, particularly in the African Region, to adequately prepare for and respond to health risks and emergencies. Public financial resources should be allocated to national

emergency response structures to enable timely mobilization of resources. The Secretariat should urge Member States to invest in preparedness in order to minimize or even prevent public health events.

The representative of the UNITED STATES OF AMERICA welcomed the significant improvements made by WHO in enhancing its operational capacities during emergencies and by the WHO Health Emergencies Programme in successfully coordinating across the three levels of the Organization, including in areas such as the supply chain, management and logistics. Although a standardized, predictable and rapid response to health emergencies across the Organization was needed, the centralization of some processes must not dilute the distinctive functions of the WHO Health Emergencies Programme. WHO should continue to strengthen core staffing and leadership, including integration and coordination with the United Nations health cluster, financial management and reporting, and overall coordination with response actors, including nongovernmental organizations and the private sector. As one of the greatest threats to global health security, pandemic influenza must remain a budgetary and programmatic priority of WHO. He commended the Secretariat for its efforts to support Member States in implementing the International Health Regulations (2005), which had served to catalyse efforts to strengthen preparedness for outbreaks of infectious disease and other threats.

The representative of SAMOA described the progress and efforts made to implement the International Health Regulations (2005) in his country, with a particular focus on infectious disease control in preparation for hosting the 2019 Pacific Games. The Government of the United States of America had provided support for the construction of an isolation facility at the country's international airport for suspected cases of infectious disease. The lack of a public health laboratory and shortage of staff in the country remained a challenge.

The representative of JAMAICA welcomed external support and partnerships in implementing the International Health Regulations (2005). WHO/PAHO continued to support her country and had strengthened collaboration between Member States in the Caribbean. Her country had benefited from offering support to other small island developing States.

The representative of TRINIDAD AND TOBAGO expressed deep concern over the increasing number of countries reporting measles outbreaks and epidemics, and noted that the phenomenon of vaccine hesitancy was a major global health challenge. Global collective action was needed urgently to contain outbreaks and epidemics. All Member States should strengthen policies to ensure that children and those at high risk were vaccinated. The sharing of lessons learned and implementation of joint approaches to address the anti-vaccine movement must be explored. He asked the Secretariat to increase its support to Member States in those efforts.

The representative of SINGAPORE encouraged Member States that had not yet done so to undergo a joint external evaluation. In order to build collective resilience against pandemic threats, His Government would continue to share its experiences and expertise, including through training under the Singapore Cooperation Programme.

The representative of BAHRAIN encouraged Member States to provide technical support, especially in relation to laboratory capacity on public health issues. He expressed support for the promotion of the International Health Regulations (2005).

The representative of VIET NAM outlined the progress his country had made, including the establishment of emergency operation centres and the development of a national implementation plan for the International Health Regulations (2005).

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, encouraged the Secretariat to support Member States in operationalizing the humanitarian–development–peace nexus in conflict-afflicted and vulnerable countries in order to advance the coverage and quality of essential services, strengthen the resilience of health systems to withstand further shocks and lay a foundation for long-term health system recovery. That would require more joined-up action from WHO administrative departments at all levels. The effect of protracted emergencies on WHO, and how standard approaches might be adapted to such emergencies, must be explored. The Secretariat should support Member States in documenting lessons on effective health system delivery and health system resilience during humanitarian emergencies and developing a targeted research agenda.

The representative of SAINT LUCIA said that her Government would continue to submit information through the State Party Annual Reporting questionnaire, in line with the International Health Regulations (2005), as it had done following the recent notification of a confirmed case of measles on a cruise ship.

The representative of ALGERIA highlighted the urgency of finding better solutions to provide sustainable support for health systems to ensure a high level of preparation and response to current and future health emergencies. Areas demanding attention included strengthening the capacities of health care professionals, involving all relevant partners in a multisectoral framework and guaranteeing adequate financial and human resources. WHO must continue its leadership role in emergency preparedness and response and remain attentive to Member States' concerns.

The representative of BARBADOS remained committed to the implementation of the International Health Regulations (2005), particularly in view of the risks faced by his country due to its dependence on tourism. He requested the Secretariat to strengthen and invest in his country's laboratory capacity to detect and respond to diseases of international public health concern and to support the implementation of the Regulations by providing technical support to develop domestic legislation and foster global partnerships with other agencies.

The representative of INDONESIA supported the recommendations made by the Independent Oversight and Advisory Committee, especially those on WHO support for countries in developing simplified and impact-oriented national action plans and the streamlining of that process.

The representative of SPAIN recognized the efforts made by WHO to improve the preparedness and response capacity of countries currently facing emergencies. However, the current Ebola epidemic proved that, despite progress, the strengthening of health systems in many countries remained weak.

The representative of PARAGUAY asked the Secretariat to increase its support for Member States in improving their response to threats. She suggested organizing a joint evaluation and event detection exercise in the Region of the Americas to practise notification and communication procedures, and intersectoral coordination and the communication of risks between National IHR Focal Points in emergencies. Only joint efforts would guarantee compliance with the International Health Regulations (2005) and quick and efficient responses to regional and international public health emergencies.

The representative of SAUDI ARABIA emphasized the importance of joint external evaluations. His country had undergone such evaluation in 2017 and had prepared a national plan based on its findings.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC outlined the ways in which his country had developed a strong health system and emergency preparedness in line with the International Health Regulations (2005) in partnership with its development partners and WHO.

The representative of ZAMBIA, expressing concern at the southward spread of Ebola virus, appealed to the Secretariat, Member States and other stakeholders to continue supporting the response. In particular, the Secretariat should use relationships fostered in Africa to improve the response. She strongly supported the recommendations made in the report of the Independent Oversight and Advisory Committee.

The representative of JAPAN said that, in response to the request for additional support to end the Ebola outbreak in the Democratic Republic of the Congo, his country had contributed US\$ 22 million to the WHO Contingency Fund for Emergencies earlier in 2019. The Global Preparedness Monitoring Board should provide practical recommendations on strengthening the global health security system, with a focus on the criteria for releasing funds from the World Bank Group's Pandemic Emergency Financing Facility and the long-term sustainability of the WHO Contingency Fund for Emergencies. The Independent Oversight and Advisory Committee should monitor the latter. He sought more information on cooperation between the WHO Health Emergencies Programme and the department of the Secretariat addressing universal health care and the life course.

The representative of KAZAKHSTAN said that her country had approved a road map on the implementation of the International Health Regulations (2005) and a health protection programme that included real-time epidemiological surveillance, immunization and personnel training.

The representative of MADAGASCAR outlined the ways in which his country had implemented the requirements of the International Health Regulations (2005), including the introduction of electronic surveillance in international public health emergency reporting. In that regard, he highlighted the need for technical and financial cooperation.

The representative of MALAYSIA said that the Secretariat should support Member States by providing the financial and human resources necessary for the implementation of the International Health Regulations (2005).

The representative of MALDIVES gave examples of the progress his country had made in improving public health preparedness and response in line with the recommendations made following its joint external evaluation in 2017. However, there were still substantial improvements to be made. Considering the high rate of global travel and the concomitant increased likelihood of the rapid spread of communicable diseases, he underscored the importance of coordinated efforts towards improving public health preparedness and capacity to respond.

The representative of MALAWI, speaking on behalf of the Member States of the African Region, applauded the support countries in his region had received in the form of joint external evaluations, and mentioned several initiatives that had been undertaken in the region in line with the International Health Regulations (2005). More progress should be made in developing the core capacities required by the International Health Regulations (2005), including by incorporating the Regulations into national legal frameworks and information sharing between countries.

The representative of THAILAND said that well-trained staff within a powerful network with community engagement were key to strong national capacities for preparedness and response. There should be greater focus on strengthening the core capacities required by the International Health

Regulations (2005) and monitoring the progress of national action plans. He encouraged Member States to focus on a multisectoral approach to health system strengthening and to mobilize resources to support work relating to public health emergencies.

The representative of the RUSSIAN FEDERATION said that her Government supported the Organization's efforts to implement measures in response to public health emergencies but did not share the optimistic view of the Independent Oversight Advisory Committee on the work carried out by WHO and its partners. The high rate of injury among health workers was a consequence of shortcomings in their training. Some countries with the capacity to assist in the development of a public health emergency response, including the Russian Federation, had not been involved in the process. Recent efforts to collect and disseminate data on attacks on health facilities therefore breached resolution WHA65.20 (2016), and the issue should be discussed at the 146th session of the Executive Board.

Since the joint external evaluation mechanism had not been approved as a mandatory requirement under the International Health Regulations (2005), it should not be included as a compliance criterion. It was also unfair to criticize countries for exercising their right under paragraph 43 of the Regulations to implement additional health measures in response to specific public health risks. She supported the Secretariat's proposal to draft evidence-based guidance on screening at points of entry and exit.

The representative of the BAHAMAS said that preparedness and response to public health emergencies should be prioritized, given the threat that they posed to collective health and well-being. Despite efforts made by her Government to strengthen laboratory capacity and emergency planning, her country still faced challenges in compliance with zoonotic, chemical and radio-nuclear event core capacities and lacked sufficient human resources to implement the International Health Regulations (2005). She called on the Secretariat to enhance mechanisms and foster collaboration to eliminate gaps in the relevant core capacities to ensure health security. She welcomed the proposed evidence-based guidelines and noted that the simplified format of the revised State Party Annual Reporting questionnaire had eased the reporting burden. WHO should address any gaps identified and enhance capacities at points of entry, in particular to respond to emergencies involving chemicals and radiation.

The representative of CHINA said that the report had provided specific, well-targeted and actionable suggestions on how to tackle existing challenges. Moving forward, the Secretariat should conduct studies and implement improvement measures, in particular to optimize day-to-day operations and procedures to tackle public health emergencies effectively, improve administrative efficiency and accomplish the goals of the WHO Health Emergencies Programme in a timely manner. His Government stood ready to provide support to Member States to safeguard public health and safety.

The representative of ETHIOPIA acknowledged the progress made in building and maintaining the core capacities required by the International Health Regulations (2005). However, gaps remained in vulnerable countries with weak health systems and those in conflict situations. The timely and transparent reporting of country capacities and event-related information was needed in emergency settings. She urged Member States to make a critical assessment of the situation on the ground and refer to WHO advice before implementing health measures in order to avoid discouraging other countries from reporting public health emergency events in a timely manner.

The representative of COLOMBIA said that the Secretariat should help countries to manage their resources, exchange experiences between regions and build capacities in epidemiological surveillance and risk communication. Since WHO played a leading role in international public health emergency control, the Secretariat should continue to promote the implementation of risk management systems among Member States, with a focus on the Region of the Americas in the light of the region's current migration situation.

The representative of the REPUBLIC OF KOREA commended WHO and its partners on their efforts to combat Ebola virus disease outbreaks in the Democratic Republic of the Congo since 2018. However, unsafe conditions in the region and lack of compliance among local communities were causes of concern. The WHO Health Emergencies Programme had played a vital role in the response to and deceleration of the Ebola outbreak. However, the allocation of financial and human resources required further attention and discussion. His Government pledged to donate US\$ 500 000 to the Organization's work to tackle Ebola virus.

The representative of the ISLAMIC REPUBLIC OF IRAN stressed that, given the importance of preparedness for public health emergencies, the Secretariat should help Member States to develop national health security plans and prepare a timely response to potential emergencies with the active participation of countries. More resources should be mobilized towards the fast-track development of effective diagnostic tests, vaccines and medicines and Member States should be kept abreast of developments in the area. The Organization should pay closer attention to risk communication, management and response and improve early warning systems. Member States should channel more investment into readiness and response to signals of health risks and imminent high-priority risks, and the Secretariat should provide more technical assistance in those areas. National technical bodies should take heed of the contents of the report to improve their own systems.

The representative of NAMIBIA commended the implementation of the International Health Regulations (2005) monitoring and evaluation framework, especially the increase in the number of joint external evaluations and simulation exercises completed, and the progress made in surveillance, laboratory capacity and improvements in National IHR Focal Point functions. However, insufficient progress had been made in the development of capacities to respond to chemical events and radiation emergencies and at points of entry. He urged the Secretariat to strengthen collaboration with relevant organizations such as the Organisation for the Prohibition of Chemical Weapons and the International Atomic Energy Agency. Given the current focus on universal health coverage, an addendum to the core capacity index should be included in future reports on the International Health Regulations (2005) submitted to the Health Assembly. He expressed his appreciation for the support provided by the Secretariat to Member States on the development of public health risk profiles.

The representative of AUSTRALIA noted with concern the increase in cases of Ebola virus disease but commended WHO and the Government of the Democratic Republic of the Congo for their response under difficult circumstances. She supported the recommendations of the Independent Oversight and Advisory Committee. The International Health Regulations (2005) remained a key mechanism for the improvement of global health security. Capacity-building should be placed in the context of broader health system strengthening. She expressed her appreciation of the Organization's work to promote the joint external evaluation process as a valuable tool for measuring health security capacity and commended Member States on their engagement in the process. She was pleased to see the continued progress and strengthening of the WHO Health Emergencies Programme, including its improved coordination with technical networks and nongovernmental organizations on initiatives such as the Global Outbreak Alert and Response Network. She encouraged WHO to engage proactively with and leverage those partnerships. She supported WHO's commitment to ensuring the safety of staff and partners in the field and to the protection of staff from sexual harassment, exploitation and abuse.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended WHO on its work to control the Ebola virus outbreak. WHO should work with other United Nations organizations to address security challenges, increase engagement with communities and allow WHO to focus on the public health response in the Democratic Republic of the Congo. The outbreak would only be contained through sustained political support for the Government of the Democratic Republic of the Congo, an enabling environment for the response to Ebola virus and

the mobilization of significant additional financial resources; it was therefore encouraging to hear several Member States pledging funds.

The WHO Health Emergencies Programme should retain its successful structure. She welcomed the recommendation on surge capacity to avoid further overburdening staff members; teams formed for that purpose should comprise an appropriate mix of experts. She supported the recommendations on the development of internal culture and feedback processes among staff. Those recommendations should consider conflict situations to ensure that they were equally applicable to front-line staff.

The representative of INDIA, describing the measures taken by his Government to implement the International Health Regulations (2005), welcomed the Secretariat's efforts to draft guidelines on the implementation of additional health measures during public health events, which would help to prevent the unnecessary imposition of travel and trade restrictions, such as those recently imposed on his country by other Member States. WHO should proactively coordinate with Member States on such issues, and focus on the entire continuum of disaster management, especially mitigation imperatives. Resources had to be mobilized effectively during emergencies and regional offices should be granted sufficient resources and flexibility in decision-making. In particular, the mobilization and maintenance of emergency medical teams in countries requiring humanitarian assistance should be funded through the WHO Contingency Fund for Emergencies. WHO should seek ways to garner support from donors for public health emergencies as a priority.

The representative of the NETHERLANDS said that the situation in the Democratic Republic of the Congo was deteriorating despite the courageous work of local health workers to combat the Ebola virus outbreak and the support provided by WHO and partners to the Government. The political and socioeconomic differences between locals and foreign humanitarian workers complicated the already fragile situation on the ground, and it was difficult to convince people who were already struggling to get by to shift their attention to an unfamiliar disease. A broader, more culturally sensitive approach was needed that addressed not just the physiological but also psychosocial health needs of the affected population. She urged WHO to engage proactively with relevant partners to allow the Organization to focus on its core mandate and for all stakeholders to continue their positive engagement with the community. Investment would be needed to ensure that the Democratic Republic of the Congo could count on the resilience of its own health system after the departure of international stakeholders from the field.

The representative of ISRAEL supported WHO's work in strengthening emergency preparedness among national health systems. She expressed appreciation of the WHO Emergency Medical Teams Initiative, which was aimed at assisting Member States in capacity-building and emergency health system strengthening and facilitating the smooth deployment of quality-assured medical teams during emergencies. The Organization's efforts to lead a joint response to emergencies would only succeed through a comprehensive approach that spanned the full emergency cycle from prevention and preparedness to response and recovery. Although the briefings on emergency operations provided throughout the year were appreciated, the Secretariat should provide more detail in the annual report on its work on health emergencies.

The representative of GUYANA said that her Government was committed to capacity-building for public health emergency preparedness and response. In 2018, WHO/PAHO had supported her country in its response to the emergence of several diseases due to migration from neighbouring countries.

The representative of NIGERIA noted with satisfaction that all countries in the African Region had reported on their public health emergency prevention and response capacities for the second consecutive year. His country had experienced outbreaks of several diseases in the past year, which had

highlighted the critical need to build operational readiness at the national and subnational levels. A mid-term joint external evaluation would be carried out in 2019. He requested continued support from the Secretariat for the implementation of Nigeria's national action plan.

The representative of NIGER said that his Government had completed a joint external evaluation and was finalizing its One Health action plan for health security. WHO should continue to help countries fulfil their obligation to implement the International Health Regulations (2005) by mobilizing financial resources to support capacity-building.

The representative of CAMBODIA described the steps taken by her Government to enhance national capacities for the prevention, early detection and timely response to public health threats in the scope of the International Health Regulations (2005). Her Government would continue to accelerate efforts to build and maintain core capacities by strengthening intersectoral coordination.

The representative of CÔTE D'IVOIRE noted the progress made in his country to strengthen the core capacities required by the International Health Regulations (2005), including the signing of decrees on public health emergency operation centres under a One Health approach and simulation exercises to test their core capacities.

The representative of ERITREA said that the rise in emergencies and acute outbreaks demanded concerted efforts at the national and international levels. He underlined the need for increased coherence among incident management teams and improvements in decision-making and coordination at all levels of the Organization. The Secretariat should work in collaboration with development partners to address the funding gap and tackle staff exhaustion resulting from prolonged operations due to the protracted global health crisis.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that close collaboration with WHO had proved indispensable in strengthening the timely response to public health emergencies of international concern and mitigating their social and economic complications. He outlined steps taken by his Government to develop the national core capacities required by the International Health Regulations (2005). He was confident that WHO would take appropriate action to ensure that all Member States possessed adequate mechanisms and resources for the successful implementation of the Regulations.

The representative of IRAQ requested the Secretariat to upgrade the National IHR Focal Point reporting system. She described her country's efforts to meet the requirements of the International Health Regulations (2005) and follow the recommendations on the application of trade and travel restrictions. She asked for support from the Secretariat in strengthening her country's emergency preparedness and response.

The representative of TOGO said that his Government had made progress in implementing the International Health Regulations (2005). While the recent joint external evaluation had highlighted some positive steps, his Government still needed to strengthen its multisectoral approach and operational capacities. He requested support from partners in the development and implementation of his country's national health security plan.

The representative of the UNITED REPUBLIC OF TANZANIA said that the high rate of annual reporting for 2018 showed the high level of countries' commitment to the International Health Regulations (2005). Embedding health security in national planning was key. With regard to delays in countries notifying WHO of events, low awareness and frequent turnover among National IHR Focal

Points were a challenge in the African Region. WHO and partners should focus attention on areas where progress was lagging, such as capacity-building in the areas of points of entry and ship sanitation certification.

The representative of ZIMBABWE expressed appreciation for WHO support in implementing her country's joint external evaluation, which had identified gaps in national capacity for emergency and outbreak response. The Secretariat should continue to support efforts to build the core capacities required by the International Health Regulations (2005) for effective implementation of related national action plans. She praised the quick action of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme during the response to the Ebola outbreak, which had helped to avert more deaths.

**Dr Assai Ardakani took the Chair.**

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that his organization's work for the Ebola response in the Democratic Republic of the Congo was at a critical juncture. Increased community non-acceptance and the challenges posed by contact tracing were increasing the risk of transmission. To reverse that trend, a community feedback system had been introduced to build trust and local ownership of the response and to collect feedback that could inform operational decision-making. That system demonstrated the need to listen and respond to community concerns.

The observer of GAVI, THE VACCINE ALLIANCE noted that routine immunization and strong primary health care helped to prevent outbreaks and strengthened the country capacities that enabled early detection and response. She expressed concern about the growing number and risk of disease outbreaks, to which communities with large numbers of underimmunized children due to weak primary health care systems were particularly vulnerable. Although the Ebola vaccine had played a major role in saving lives in the Democratic Republic of the Congo, the increasing risk of geographical spread and risks to health workers were of serious concern. Strong political leadership, financing to build resilient primary health care systems and improving routine immunization coverage and equity would be key to averting future disease outbreaks.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed regret that armed conflicts were not recognized in the report as a major risk factor for public health. Health care workers faced increasing attacks during armed conflict, in violation of humanitarian law and human rights. Respect for medical neutrality was a key requirement for an adequate public health emergency strategy. Universal health coverage and robust primary health care were the foundations for sustainable emergency preparedness. A well-trained national health and emergency response force was central to rapid response to health emergencies and prevention of epidemics and pandemics.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on WHO to reaffirm its commitment to United Nations Security Council resolution 2286 (2016), prioritize the safety and well-being of health workers on the front line and support the development of strong primary health care systems. He called on Member States to adhere to the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity, noting concerns regarding blood samples taken during the 2014–2016 Ebola virus epidemic, and to finance the WHO Contingency Fund for Emergencies and the World Bank Group's Pandemic Emergency Financing Facility.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN, called for palliative care to be integrated into responses to humanitarian emergencies and crises, and urged Member States to refer to the WHO guide on *Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises*.

The representative of IOM said that continued support for Member States that were strengthening and maintaining the core capacities required by the International Health Regulations (2005) was critical. In partnership with WHO and the Ministry of Health of the Democratic Republic of the Congo, IOM had used mobility trends to minimize transmission of the Ebola virus to new areas and across borders. Nevertheless, further investment and research into the link between national and international migration, as addressed in the Regulations, was needed.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged Member States to continue building capacities to detect, prevent and respond to health threats, as emergency preparedness in most countries remained inadequate. States had to prioritize investments to stop outbreaks at their source and to develop vaccines, therapeutics, rapid diagnostics, medical countermeasures and other lifesaving tools to prevent the next outbreak from growing into a pandemic. The Ebola virus outbreak in the Democratic Republic of the Congo highlighted the immediate need to strengthen response capacities in conflict-affected and fragile settings. She encouraged WHO to consider all diagnostic tools for emerging infectious diseases and other neglected tropical diseases. WHO should help countries prevent antimicrobial resistance in preparedness activities by strengthening antibiotic capacities, and improve preparedness and response measures.

(For continuation of the discussion, see the summary records of the third meeting.)

**The meeting rose at 13:00.**

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