

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**WHO headquarters, Geneva
Thursday, 6 February 2020, scheduled at 09:00**

Chair: Dr H. NAKATANI (Japan)

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EIGHTH MEETING

Thursday, 6 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 15 of the agenda

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 15.1 of the agenda (document EB146/16)

WHO's work in health emergencies: Item 15.2 of the agenda (document EB146/17)

The CHAIR drew the attention of the Board to the reports contained in documents EB146/16 and EB146/17. Informal consultations were ongoing to prepare a draft resolution on strengthening preparedness for health emergencies that would be circulated in due course.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's seventh report to the Board. She expressed her deepest condolences to the family, friends and WHO colleagues of the late Dr Peter Salama, former Executive Director of the WHO Health Emergencies Programme, who had worked with integrity, compassion and thoughtful determination, inspiring all those who knew and worked with him.

Following reports of a cluster of cases of pneumonia in Wuhan City, China, the Committee had held ad hoc consultations in January 2020 and had been continuously monitoring the outbreak of novel coronavirus infection. The Committee had acknowledged the declaration of the outbreak as a public health emergency of international concern on 30 January 2020. The strong commitment of WHO's senior leadership was commendable, as were the tireless efforts of health care workers tackling the outbreak, particularly those working on the frontline in China. The Committee extended its sympathies to all those affected by the outbreak. It urged all parties to collaborate with WHO to foster a better understanding of the transmissibility and severity of novel coronavirus and recommended that WHO should provide intensified support for preparedness and response, especially in vulnerable countries and regions.

Since 2016, WHO had made significant progress in outbreak management. There had also been improvements in the application of WHO's Emergency Response Framework and in coordination between WHO headquarters and regional and country offices for both acute and protracted crises. The Committee emphasized the importance of transparency, risk sharing and building trust with donor institutions and recommended that the capacity of WHO country offices to implement systematic risk assessment and prevention measures should be strengthened, with priority given to building human resources capacity in emergency settings. Regarding the Framework of Engagement with Non-State Actors, the Committee recommended that WHO should promote and ensure the systematic application of the policy to waive due diligence processes for partners with a proven track record.

The Committee commended WHO for its leadership in the ongoing response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, in particular in view of the concurrent measles outbreak in the country. Progress made in infection prevention and control, risk communication, laboratory capacity, vaccination and community engagement had resulted in a steady decrease in new

cases, although the risk of transmission remained high owing to the security situation in the Democratic Republic of the Congo. WHO must strengthen its own security capacity to guarantee the safety of its staff, and a robust, sustainable and functional security apparatus should be developed as part of the WHO transformation agenda.

Noting that WHO's innovative and operational "Whole-of-Syria" approach to the complex humanitarian and health crisis had been effective in responding to the health needs of the population in the north-west of the Syrian Arab Republic, the Committee urged Member States to support WHO in continuing to carry out cross-border operations. The Committee recommended that WHO should document its success in supporting the Government of Turkey in the provision of health services to Syrian people living in Turkey in order to inform future responses. It was pleased to note the progress of the WHO research and development blueprint and recommended that WHO work closely with Member States, Global Outbreak Alert and Response Network partners and stakeholders to ensure a rapid roll-out of the Go.Data software tool.

Effective human resources policies and the capacity to carry out emergency operations and protect staff from burnout were crucial. Further improvement was urgently needed in the areas of emergency roster management, internal surge, geographical mobility, leadership training, contractual modalities for use in emergencies and a reward and compensation system based on workload. The Committee encouraged Member States to provide guidance to the Secretariat in improving the well-being and satisfaction of staff and in driving diversity and inclusiveness at WHO.

It was critical for Member States to ensure the sustainability of the WHO Contingency Fund for Emergencies, which had been dangerously depleted. It was also of concern that donors had shown little interest in Ebola virus regional preparedness and that investment in preparedness was generally undervalued. The Committee reiterated the need to build national capacity and recommended that the Secretariat should continue to work with Member States and partners to enable States Parties to build the core capacities required by the International Health Regulations (2005). The Committee was cautiously optimistic that the consolidation of cross-cutting functions and business processes under the transformation agenda would support WHO's work in emergencies. Close coordination between the Executive Director of the WHO Health Emergencies Programme and the regional directors was essential to ensure coherent work as "One Programme".

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, expressed appreciation for the work of the Secretariat and its leadership in health emergency preparedness and response and commended the efforts of those working on the ground. She strongly welcomed the Independent Oversight and Advisory Committee's recommendation for a strengthened and functional internal security apparatus and urged the Secretariat to expedite its implementation. The completion of mandatory training on sexual harassment, sexual exploitation and abuse should be used as a central criterion for the selection of external consultants to be deployed in response to health emergencies.

She requested further information on the measures put in place to minimize the risk of the transformation agenda disrupting existing emergency response systems during the transfer of capacities from the WHO Health Emergencies Programme to centralized WHO structures. She commended the Secretariat for advocating for political support and mobilizing resources to ensure a rapid response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, as well as for its contribution, together with local scientists, to the research and development of an Ebola vaccine. She urged the Secretariat to prioritize efforts to encourage Member States to increase domestic resources for epidemic preparedness and called for the harmonization of efforts with all stakeholders in the response to health emergencies to avoid duplication and prevent the unnecessary waste of resources.

Turning to WHO's work in health emergencies, she commended all stakeholders for the work carried out to contain the outbreak of novel coronavirus infection. She welcomed the mechanism to release funds within 24 hours for outbreak response, which had led to a reduction in the response time for emergencies in the African Region. However, the delivery of quality health services during

emergencies was hindered by limited funding, human resources capacity and ongoing insecurity. The Secretariat should continue to support Member States to strengthen capacity and should provide resources for emergency preparedness and response. It should also engage with leaders and work with all relevant stakeholders to ensure that health emergencies in humanitarian situations could be controlled and contained. It was imperative that all Member States, with support from the Secretariat, continued to conduct cross-border simulation exercises and national bridging workshops on the human–animal health interface and ensure the timely sharing of information. She looked forward to the roll-out of the Epidemic Intelligence from Open Sources initiative, which could enhance early detection of hazards with the potential to become acute health events.

The representative of SUDAN said that an all-hazards approach should be taken to increase the resilience of health systems and build core capacities. Adoption of the Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 through a One Health approach would improve national health emergency preparedness and response. It was crucial to unify reporting channels and integrate the Regional Strategy into national health information systems in order to ensure early detection of and timely response to all hazards. She commended WHO's efforts to encourage adoption of the regional framework for the implementation of the Global vector control response 2017–2030 among WHO regions and highlighted the need to strengthen institutional and human capacity to implement vector control and improve research to tackle insecticide resistance. She urged the Secretariat to advise Member States on measures needed to prevent the international spread of outbreaks and to encourage countries to strengthen cross-border preparedness and response. The Secretariat should also support States Parties in applying the International Health Regulations (2005) and provide advice on justifiable restrictions on the movement of people and goods between countries in cases of outbreaks.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. She encouraged WHO to strengthen its role as the health cluster lead in humanitarian emergencies to ensure the effectiveness of the cluster as a tool for joint analysis, response planning and priority-setting. She agreed with the Independent Oversight and Advisory Committee on the need to improve WHO's capacities to provide support in emergency situations, including through the provision of psychological support for staff and the roll-out of tools such as Go.Data. It was crucial that WHO had a robust monitoring and control system in place, with transparent reporting on issues identified.

Risk management and mitigation measures should also be reinforced and the preparedness and emergency response capacities of WHO country staff should be enhanced. Owing to the increasingly complex settings in which WHO was operating, further measures must be taken to guarantee the safety and security of health workers and facilities and enable an effective response. Like numerous other Member States, she commended the Government of China for its response to the outbreak of novel coronavirus infection. Cooperation at the global level, effective communication and community engagement were crucial in controlling outbreaks. It was critical for the scientific community to share its findings with WHO without delay to enable real-time analyses of epidemics. She welcomed the preparation of a draft resolution on strengthening preparedness for health emergencies and called on WHO to develop a horizontal approach at the intersection of health security and health systems, focusing on essential public health functions, primary health care and capacities for prevention, detection and response to health emergencies.

Speaking in her capacity as the representative of Germany, she supported the Committee's recommendations and urged the Secretariat and Member States to contribute to the sustainable financing of the WHO Contingency Fund for Emergencies. WHO's ongoing reform processes should lead to the strengthening of its emergency programmes.

The representative of BRAZIL said that her Government had implemented a range of measures in response to the outbreak of novel coronavirus infection in China, including the establishment of an operational centre for public health emergencies and biomolecular testing at three national laboratories. The outbreak should serve as a reminder of the need to build stronger and more accessible health systems for all, and the international response should be guided by transparency, cooperation and solidarity.

The representative of INDONESIA, speaking on behalf of the Foreign Policy and Global Health Initiative, a group comprising Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, emphasized the importance of WHO's role as the health cluster lead in humanitarian emergencies and called for continued efforts to strengthen global capacity and preparedness and response capabilities. She commended WHO's clear public communication on the outbreak of novel coronavirus infection. The international community should enhance global solidarity, coordination and preparedness, particularly by ensuring that Member States with weaker health systems had the support and capacity necessary to prevent and address public health emergencies. All States Parties should implement Article 44 of the International Health Regulations (2005) on collaboration and assistance, and the international community should accelerate research in order to contain the outbreak of novel coronavirus infection.

The representative of SINGAPORE said that the outbreak of novel coronavirus infection was a sombre reminder of the importance of building capacities to prevent, detect and respond to public health risks. The sharing of critical data under the International Health Regulations (2005) had been instrumental in supporting the global response to the outbreak. There was a higher risk of infectious disease transmission in major cities. Despite their differences, there was much that cities could learn from each other on urban health preparedness, particularly with levels of urbanization expected to increase. Her Government looked forward to working with the Secretariat and Member States to ensure that cities were better prepared for health emergencies.

The representative of SRI LANKA thanked WHO for making health emergencies a priority on the global health agenda. His Government welcomed the establishment of the South-East Asia Regional Health Emergency Fund, from which it had benefited during the 2017 outbreak of dengue haemorrhagic fever. Member States of the Region were implementing strategies to enhance their emergency preparedness and response capacity.

The representative of JAPAN said that staff safety should be a priority for WHO. He expressed his gratitude to those who risked their lives while working to improve the health of others. The Secretariat should consider how to ensure sustainable financing for the WHO Contingency Fund for Emergencies. He was pleased that WHO had applied the lessons learned from the operational issues concerning the WHO country office in Yemen across the Organization, and trusted that it would continue to do so. In order to maintain trust, problems should be addressed proactively and the results communicated immediately to donors and Member States. Turning to WHO's work in health emergencies, he said that the rapid and transparent sharing of information on novel coronavirus was essential. His Government would be providing additional funding in the order of US\$ 10 million, which would enhance the preparedness of countries with weak health care systems and would also support the recently launched WHO 2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan. As it was impossible to tell when and how a new outbreak would occur, it was important not to make a geographical vacuum by creating a situation where a specific region could not join WHO even as an observer. In addition, consideration should be given to the method used for counting confirmed cases among passengers of cruise ships anchored in harbours, which should be separate from the confirmed cases within a country, particularly where passengers were fully quarantined and transmissions were under control.

The representative of the UNITED STATES OF AMERICA welcomed the progress made by WHO on emergency preparedness under the International Health Regulations (2005), which it hoped would continue. The ongoing outbreak of Ebola virus disease in the Democratic Republic of the Congo, together with the outbreak of novel coronavirus infection, had emphasized the importance of strong coordination at all levels and of a multisectoral approach for pathogens of pandemic potential. WHO must demonstrate steadfast global leadership while providing timely and effective coordination with all relevant stakeholders to identify gaps in preparedness. He welcomed the establishment of the WHO emergency preparedness and response division. Coordination between the incident management system and the health cluster should be prioritized. It was imperative for WHO to present visible public health data on Taiwan¹ and to engage directly with the public health authorities of Taiwan¹ on action. His Government was implementing appropriate public health measures in response to novel coronavirus in accordance with WHO recommendations and the International Health Regulations (2005). He requested the Secretariat to provide technical support to Member States on appropriate travel restrictions.

The representative of FINLAND said that country preparedness had rightly become an area of focus. The recommendations of the Independent Oversight and Advisory Committee that WHO should push more for the translation of political commitments into funding allocation and build national capacity to strengthen core capacities required by the International Health Regulations (2005) were in line with those of the Global Preparedness Monitoring Board. Her Government was committed to demonstrating political leadership in the area of preparedness and called for increased national and global cooperation.

The representative of ISRAEL expressed appreciation for WHO's leadership in health emergencies. He agreed with the recommendations of the Independent Oversight and Advisory Committee on coordinating efforts to develop solutions and operational capacity, and on developing a policy to facilitate engagement with non-State actors with a proven record in disaster relief. He suggested creating an annual questionnaire on emergency preparedness as an efficient follow-up mechanism. His Government would be interested to learn more about the use of the newly launched Go.Data software tool and to be involved in its further development. With respect to WHO's work in health emergencies, he commended the work undertaken to combat the outbreak of Ebola virus disease and the rapid response to the outbreak of novel coronavirus infection. Noting the budgetary allocation to the WHO Health Emergencies Programme, he said that his Government would welcome a more detailed report on preparedness, response, health system recovery after crisis and WHO's work as the health cluster lead in humanitarian emergencies. He supported the increased focus on preparedness at the country level, including through the establishment of national focal points and the emergency medical teams' initiative, which should be strengthened at WHO headquarters. The Secretariat should continue providing support to Member States to reinforce health system capacity to deal with emergencies.

The representative of AUSTRALIA commended the efforts of the WHO Health Emergencies Programme to continuously improve transparency and encouraged the timely release of audit findings. Her Government supported the recommendations of the Independent Oversight and Advisory Committee with regard to building operational capacity at the country level, conducting risk assessments, and grievance and redress. Efforts must be made to ensure the sustainability of the WHO Contingency Fund for Emergencies and consideration should be given to how the Fund could be better positioned with respect to other emergency response financing mechanisms. Her Government would welcome future reporting on the impact of pilot incentives to encourage staff to take positions in

¹ World Health Organization terminology refers to "Taiwan, China".

hardship duty stations and of the Programme's work in convening high-level events, as well as on the effectiveness of the Global Strategic Preparedness Network.

She commended the Secretariat's continued leadership in helping Member States to respond to severe large-scale emergencies. The outbreak of novel coronavirus infection served as a reminder of the importance of the timely sharing of information, strong political commitment and financing for health emergency preparedness. Her Government acknowledged WHO's efforts to support States Parties in achieving the core capacities required by the International Health Regulations (2005) and encouraged the Organization to continue working with countries to develop and finance national action plans in that regard. She strongly supported initiatives to externally assess national preparedness capacities under the Regulations.

The representative of BANGLADESH said that her country had been heavily affected by the unprecedented influx of more than 1 million forcibly displaced nationals from Myanmar in 2017, which remained the only protracted Grade 2 emergency in the South-East Asia Region. She expressed her appreciation to WHO for its support in providing health care services and in responding to that complex health emergency and called for the continued development and delivery of emergency preparedness and response activities for the displaced persons and local populations in need. She requested further information on WHO's latest plans in that regard and continued support from the international community in addressing the health needs of the Rohingya populations until their safe return to Myanmar.

The representative of ARGENTINA, noting the need to continue working to strengthen emergency preparedness and response capacities, agreed with the Independent Oversight and Advisory Committee that the impact of joint external evaluations and national action plans on strengthening core capacities required by the International Health Regulations (2005) was still unclear. The first joint external evaluation had been completed in Argentina the previous year, but many of the preliminary recommendations made by the external evaluators did not clearly relate to strengthening core capacities. She therefore expressed support for the Committee's recommendation that WHO should make further efforts in streamlining that process and supporting countries in developing simplified and impact-oriented national action plans.

Speaking also on behalf of Brazil, Chile, El Salvador, Mexico, Peru and Uruguay, she welcomed WHO's response to the outbreak of novel coronavirus infection. Member States should support WHO in its role as coordinator by implementing WHO's recommendations, in keeping with the International Health Regulations (2005), in order to ensure a coherent, coordinated global response. She supported the Director-General's call for solidarity and for an evidence-based approach in order to prevent the spread of misinformation. There was a need for a better early warning system for public health emergencies of international concern, which could be achieved without amending the Regulations, and would welcome guidance from the Secretariat in that regard.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the progress made by the WHO Health Emergencies Programme, especially in response to conflicts and outbreaks. Noting that the Region included the greatest number of countries affected by acute and protracted health emergencies, he called on the Secretariat to implement the Independent Oversight and Advisory Committee's recommendations in order to ensure that the WHO Health Emergencies Programme was fully operational in the Region. He highlighted the Committee's recommendations that WHO should document the lessons learned from its work in the Syrian Arab Republic, conduct systematic risk assessments and strengthen the capacity of WHO country offices in the areas of partnerships, internal communications, risk management and compliance, with a focus on offices in countries affected by health emergencies. WHO's capacity to surge in emergencies and to ensure the security of its operations also needed to be strengthened, its core flexible funding increased and the sustainability of the WHO Contingency Fund for Emergencies ensured.

He commended WHO for its work in emergencies and called on the Organization to more effectively address the growing problem of violent trauma and actively implement the humanitarian–development nexus. In terms of health security preparedness, it was important to accelerate the implementation of national action plans, focusing on countries affected by protracted humanitarian emergencies. Further work was needed at the country level to strengthen early warning systems and better monitor the effectiveness of emergency operations through implementation of the Standards for Public Health Information Services.

The representative of CHINA agreed with the comments and recommendations of the Independent Oversight and Advisory Committee. Noting that around one third of the positions planned for the WHO Health Emergencies Programme had been vacant in November 2019, he expressed deep concern that the Secretariat had taken no effective action to address the situation and requested an explanation from the Secretariat in that regard. The Secretariat should strengthen communication with Member States and pay due attention to ensuring a geographical, gender and cultural balance in the recruitment process. WHO should enhance its leadership role in coordinating the global response to health emergencies, in line with the WHO transformation agenda, and should step up its fundraising efforts in order to ensure the sustainability of the WHO Contingency Fund for Emergencies. He expressed support for the Committee’s recommendation regarding the development of simplified and impact-oriented national action plans and agreed that the impact of joint external evaluations and national health security action plans on strengthening the International Health Regulations (2005) was still unclear.

Concerning WHO’s work in health emergencies, WHO should enhance preparedness by supporting countries, and particularly those with weaker health systems, in building strong and adaptive health systems and by supporting States Parties in strengthening the core capacities required by the International Health Regulations (2005), as well as by providing guidance on their obligations under the Regulations. In response to the outbreak of novel coronavirus infection, his Government had shared information and the genome sequence in a proactive and timely manner. A comprehensive set of strict measures had been put in place to contain the spread of the virus, allowing more time for global preparedness. He called on Member States to respond to the outbreak in accordance with the Regulations and WHO recommendations and in a scientific, calm, rational and cooperative manner, and to refrain from panic or excessive interventions that could disrupt global prevention and control efforts. His Government stood ready to cooperate with and support all Member States.

The representative of TUNISIA outlined the national action plan put in place by his Government in response to the outbreak of novel coronavirus infection. Measures included border surveillance, transparent communication on prevention, daily epidemiological updates and quarantining of individuals returning from highly exposed areas. Collaboration with WHO, the Government of China and laboratories in Germany had been crucial in that regard. He commended WHO’s timely and effective response to the outbreak.

The representative of AUSTRIA said that addressing the operational challenges highlighted by the Independent Oversight and Advisory Committee would require close intersectoral collaboration. Joint external evaluations provided Member States with a good basis for an objective review of their national situation. Transparency and open communication were key to effectively tackling health emergencies. The WHO Collaborating Centre for Evidence-Based Medicine in Austria was supporting WHO’s response to the outbreak of novel coronavirus infection by analysing and summarizing reliable facts and scientific studies in a timely manner in order to inform decision-making.

The representative of ITALY said that his Government had applied all relevant WHO recommendations in response to the outbreak of novel coronavirus infection, including on the isolation of suspected and confirmed cases and contact tracing. All preventive measures brought in by his

Government were being implemented under the principle of precaution and were subject to review. The virus had been cultivated in his country and was available to other Member States for scientific purposes. His Government was committed to actively contributing to the global response to the outbreak and the strategy put in place by WHO.

The representative of HAITI¹ encouraged the Independent Oversight and Advisory Committee to continue its work in order to further refine WHO's response to health emergencies. Since it was essential for all countries to be able to contribute to and be included in WHO strategies and action plans, Taiwan² should be granted observer status, especially given that the outbreak of novel coronavirus infection was so close to its borders and the risk of a global pandemic was high.

The representative of the SYRIAN ARAB REPUBLIC¹ expressed strong reservations regarding the references in the report of the Independent Oversight and Advisory Committee to the management of cross-border operations by the Gaziantep office and the Committee's recommendations on strengthening the office's work. She expressed concern about the office's politicization of humanitarian work, its provision of health and medical support to areas under the control of listed terrorist groups, and its use of incorrect data and information from hostile States. Although the support provided by the Organization to meet the health needs of Syrian people during the crisis in the Syrian Arab Republic was welcome, she emphasized that the role of WHO was complementary to and supported that of the Ministry of Health. The WHO country office in Damascus was pivotal to the success of WHO's work in the country.

The representative of HONDURAS¹ said that due attention should continue to be paid to countries with fragile health systems and that efforts should be stepped up to improve prevention, detection and the frontline response. Given the importance of ensuring that no individual, no country and no region was left behind, Taiwan² must be included in the global health network.

The representative of TURKEY¹ said that the proactive, timely and transparent response to the outbreak of novel coronavirus infection further illustrated the need for a strong WHO with effective operational capacity. Her Government stood ready to contribute to response efforts. She thanked WHO for its support in providing health care to the large numbers of refugees in her country.

The representative of COLOMBIA,¹ outlining her Government's response to the public health challenges posed by the arrival of Venezuelan migrants, called for the sharing of information on interventions used during emergencies in order to improve preparedness and response. She welcomed the increased use of the incident management system, which should be adapted for application in local contexts. Lastly, she commended the response of WHO to novel coronavirus.

The representative of THAILAND¹ said that WHO's advice not to impose any travel restrictions due to the outbreak of novel coronavirus infection was not being followed. Convening a global meeting of WHO staff and experts in China would contribute to efforts to restore global confidence and solidarity and prevent panic.

The representative of ETHIOPIA¹ said that, although no cases of novel coronavirus infection had yet been confirmed in Ethiopia, his Government was undertaking all necessary preparedness measures with the support of the WHO regional and country offices. However, there was no need for additional measures that could interfere with international traffic and trade. The Secretariat should support Member

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² World Health Organization terminology refers to "Taiwan, China".

States to strengthen their health systems and provide support to States Parties to implement the International Health Regulations (2005); more specifically, his Government would appreciate further support in implementing its national action plans for health security.

The representative of BELGIUM¹ commended WHO for its strong leadership in public health emergencies and preparedness. Her Government would continue to work with WHO in response to the outbreak of novel coronavirus infection, which required an inclusive approach that left no one behind. Turning to the report of the Independent Oversight and Advisory Committee, she expressed concern regarding failures to implement the lessons learned from crises, despite the high number of Member States undergoing joint external evaluations; crisis response efforts should not detract from crisis preparedness. Furthermore, pandemic preparedness could not exist without well-functioning health systems. Health system strengthening was key to crisis preparedness in view of the risk posed by fragile health systems to global health security.

The representative of the MARSHALL ISLANDS¹ encouraged the Board to pursue WHO's core mission by including all relevant stakeholders, irrespective of political considerations, in its mechanisms for addressing severe global health situations, including the recent outbreak of novel coronavirus infection. Indeed, the absence of any region from the global health network placed everyone at risk. She therefore called on WHO to allow Taiwan² to participate in the Organization's technical meetings.

The representative of SWITZERLAND¹ highlighted the importance of implementing systematic risk assessment and prevention measures in fragile and conflict settings. In addition, States Parties should report regularly on their implementation of the International Health Regulations (2005) and the required core capacities, with a view to strengthening preparedness capacities.

The representative of SWEDEN¹ commended the strong leadership shown by the Director-General in scaling up the Organization's work on health emergencies. The outbreak of novel coronavirus infection highlighted the importance of a robust global system for public health preparedness and response, including strong health systems. It was concerning that financial resources for the WHO Contingency Fund for Emergencies were low, as that threatened WHO's ability to respond to emergencies. She stressed the importance of preparedness and coordination and the need to link emergency preparedness and response to the recovery and reconstruction phase and take the needs of vulnerable groups into account.

The representative of BELARUS¹ commended WHO's response to recent emergency situations, especially the Ebola virus disease outbreak. He also praised the response to novel coronavirus; the effective cooperation between the Government of China and WHO demonstrated a responsible approach to protecting lives and had set new standards for reacting to health emergencies.

The representative of GUATEMALA¹ said that his Government had launched a public information campaign and strengthened epidemiological and clinical surveillance in response to the outbreak of novel coronavirus infection. He expressed appreciation for the leadership shown by WHO and stressed the importance of transparency, solidarity and cooperation and of leaving no one behind. To prevent a recurrence of the lack of information in Taiwan² that had caused lives to be lost during the

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² World Health Organization terminology refers to "Taiwan, China".

early stages of the outbreak of severe acute respiratory syndrome, it was vital to include Taiwan¹ in the global response to novel coronavirus and to allow it to participate as an observer in WHO meetings.

The representative of SENEGAL² expressed solidarity with all Member States experiencing health emergencies, particularly China, and welcomed the progress made by WHO in its leadership in health emergency situations. He outlined national measures taken in relation to the International Health Regulations (2005) and encouraged the Secretariat to continue providing support to States Parties in relation to the Regulations. He called on Member States to ensure the availability of sufficient funds to enable WHO to tackle the challenges faced in the area of emergency response. Lastly, he stressed the need to ensure the security of personnel working in humanitarian emergencies.

The representative of CANADA,² praising the response to novel coronavirus, said that an inclusive approach should be taken regarding global health emergencies, as the control of emerging infectious diseases was essential to the health and safety of people around the world. He welcomed the Director-General's work to increase the political visibility of emergency preparedness, noting that the outbreaks of novel coronavirus infection and Ebola virus disease provided an opportunity to strengthen global preparedness efforts. In view of WHO's commitment to integrating gender into all areas of its work, information should be provided on the progress made in that respect in the field of health emergencies. Agreeing with the Independent Oversight and Advisory Committee that partnerships and effective health cluster leadership were key to ensuring an effective emergency response, he requested information on the Secretariat's plans to strengthen its leadership and improve coordination.

The representative of NICARAGUA² outlined the national steps taken to improve the core capacities required by the International Health Regulations (2005) and protect the population from the threat of novel coronavirus, which included increased disease surveillance, prevention and control measures, and an information campaign. He urged Member States to avoid introducing travel or trade restrictions on areas affected by novel coronavirus.

The representative of SAINT KITTS AND NEVIS² said that infectious diseases such as novel coronavirus were of particular concern to island nations such as Saint Kitts and Nevis and thanked WHO for its briefings on the outbreak of novel coronavirus infection, which could only be defeated if all countries worked together. He encouraged the Secretariat to continue working with global experts, governments and partners to expand scientific knowledge on the virus, and to provide guidance to Member States and individuals. The Secretariat should include Taiwan¹ in all WHO's work and make use of its expertise in order to ensure that there were no gaps in global disease control systems.

The representative of the RUSSIAN FEDERATION² stressed that the International Health Regulations (2005) were the main instrument for managing emergency health situations and, as such, they needed further strengthening and developing. Furthermore, the Secretariat should ensure that States Parties applied and used the Regulations correctly; introducing subsidiary instruments would reduce the effectiveness of the Regulations in emergency situations and waste resources. His Government would continue to support WHO's work on the Regulations, including through bilateral support to other States Parties.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND² said that the outbreak of novel coronavirus infection underscored the need to improve preparedness by strengthening health systems. National action plans might not be sufficient without

¹ World Health Organization terminology refers to "Taiwan, China".

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

political commitment to invest in health systems. She agreed with the recommendations of the Independent Oversight and Advisory Committee regarding security, staffing, and sexual exploitation and abuse and recognized that it was critical to address waivers of due diligence processes for implementing partners in order to boost surge capacity. Noting the overreliance of the WHO Health Emergencies Programme on flexible funding and the precarious position of the WHO Contingency Fund for Emergencies, she urged Member States to reflect on the sustainability of those entities. In addition, given the global reach and rapid spread of health emergencies, it was vital to include all parties that were able to contribute in response efforts. She queried the lack of analysis of the operating constraints of the WHO Health Emergencies Programme. While it was clear that excellent work was being done by the WHO country office in Turkey, other WHO country offices in emergency situations were struggling to operate; could the Secretariat comment on the Programme's strategic plans to address those key constraints?

The representative of the REPUBLIC OF KOREA,¹ highlighting measures taken to improve national public health emergency preparedness and response following the 2015 outbreak of Middle East respiratory syndrome, agreed that early detection through a strong surveillance system was needed for effective preparedness and response. His Government therefore welcomed the Epidemic Intelligence from Open Sources initiative and would continue to support its expansion to other Member States to improve surveillance systems worldwide. He urged the Secretariat to continue its prompt communication of information on the outbreak of novel coronavirus infection.

The representative of NEW ZEALAND¹ said that the current outbreak of novel coronavirus infection highlighted the importance of preparedness and the need for partnerships. Timely cooperation with all health communities was indeed key to the response; such emergencies highlighted the need to avoid politicization and promote inclusivity in global health matters. The outbreak also reaffirmed the importance of implementing the International Health Regulations (2005). Her Government was working with its neighbours in the Pacific region to identify effective ways to prepare for and respond to novel coronavirus.

The representative of NORWAY¹ welcomed the strengthening of WHO's work on health emergencies and highlighted the value of the WHO Contingency Fund for Emergencies, which had enabled WHO to respond quickly to the outbreak of novel coronavirus infection before the WHO 2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan had been formulated. His Government would consider supporting the humanitarian elements of that plan. It was vital to support countries with weak health systems to improve preparedness. He encouraged donors to provide humanitarian and development resources for long-term preparedness and response efforts and endorsed the recommendations of the Independent Oversight and Advisory Committee on strengthening the protection of health care workers and providing clear guidelines on dealing with sexual harassment, including preventive measures and timely response to complaints of harassment. Lastly, he encouraged the Secretariat to keep donors informed regarding the allegations of corruption against the WHO country office for Yemen in order to maintain trust in the Organization.

The representative of SOUTH AFRICA¹ praised WHO's outstanding leadership in responding to health emergencies and encouraged the Secretariat to act on the recommendations of the Independent Oversight and Advisory Committee and to strengthen early warning systems. It was essential to replenish the WHO Contingency Fund for Emergencies; the announcement of additional contributions by several Member States was therefore welcome. She requested urgent support for countries on the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

African continent to strengthen laboratory capacity and the core capacities required by the International Health Regulations (2005), which would complement domestic investment.

The representative of INDIA¹ commended the work of the Independent Oversight and Advisory Committee. He expressed concern regarding the persistence of Ebola virus disease in the Democratic Republic of the Congo and called on WHO to harness all its expertise to contain the outbreak. In addition, the security, protection and welfare of staff were vital to ensure adequate human resources during outbreaks involving high-risk pathogens or protracted crises. WHO should therefore take all necessary risk mitigation measures. In view of the need to ensure the sustainability of the WHO Contingency Fund for Emergencies, his Government supported the recommendation to empower WHO representatives to mobilize resources at the country level. He commended WHO's response to recent Grade 3 emergencies and the outbreak of novel coronavirus infection and highlighted the national measures taken in response to the latter. Concerted efforts were required to deal with the challenges faced by national health systems with limited capacities in responding to such emergencies. WHO's progress in the monitoring and evaluation of the core capacities required by the International Health Regulations (2005) was satisfactory, and initiatives to harness innovative technologies, which should be introduced more widely via technology transfer, were welcome.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ outlined the multisectoral action taken by his Government to address the urgent health needs of populations affected by emergencies in the most efficient, effective and sustained way, as well the range of measures taken in response to the outbreak of novel coronavirus infection, including the communication of guidelines based on the latest available information from WHO and the establishment of screening facilities. He emphasized the need to pay greater attention to the resilience of health care facilities and hoped that the Secretariat would resolve any issues related to the dispatching of laboratory diagnostic kits to countries such as his.

The representative of BARBADOS¹ expressed support for the strong global response to the outbreaks of Ebola virus disease and novel coronavirus infection and the initiatives outlined. Regional and international solidarity and support during emergencies were vital. The aftermath of Hurricane Dorian in the Bahamas in 2019 had shown that it was almost impossible for a small island developing State to mount an effective response alone. The commendable efforts of the PAHO Disaster Response Team had been critical in that regard. It was essential to have sustainable funding to respond efficiently to health emergencies. Technical support was needed for resource mapping to advance the implementation of national action plans for health security.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that the imposition of unilateral coercive measures on her country had reduced its capacity to purchase vaccines, medicines and other medical supplies. Highlighting the measures taken by her Government regarding novel coronavirus, including making information on novel coronavirus infection available at airports and ports, in keeping with the recommendations issued by WHO, she called for the prevention of stigmatization regarding novel coronavirus infection.

The representative of NAURU,¹ commending WHO for its continued efforts and work in health emergency preparedness and response, outlined the challenges faced by small island developing States such as Nauru in tackling the transmission of infectious diseases and the need for health systems strengthening. Health emergency preparedness must be inclusive; the absence of regions or countries in the global health network would undermine global preparedness and response efforts. In that regard, and

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

in the interest of leaving no one behind, Taiwan¹ should be granted observer status and allowed to participate in technical groups and WHO meetings.

The observer of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that population mobility should be a key consideration in preparedness and response to health emergencies. IOM and WHO had collaborated on a methodology for mapping population mobility to enhance evidence-based public health decision-making, in line with the advice of the International Health Regulations (2005) Emergency Committee regarding Ebola virus disease in the Democratic Republic of the Congo in June 2019. In the light of the current outbreak of novel coronavirus infection, IOM stood ready to offer technical support to governments and partners on understanding population mobility trends and, in partnership with WHO, to support sound public health measures that minimized disruption to society and the economy. Global health security should be expanded to include global health solidarity.

The observer of GAVI, THE VACCINE ALLIANCE said that he would forward his full statement to the Secretariat for placement on the appropriate website. Member States should prioritize routine immunization and interventions in low-coverage communities to benefit “zero-dose” children as part of national strategies to achieve universal health coverage. The board of Gavi had recently approved an investment of US\$ 178 million to create a global stockpile of about 500 000 licensed Ebola vaccines for the next five years, which would support targeted preventive vaccination of high-risk populations in at-risk countries.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that the Secretariat needed to improve engagement with local partners and affected communities in preparedness, response and recovery, as local frontline providers were better placed to prevent outbreaks and deliver improved health outcomes over time. Wider collaboration building on existing coordination mechanisms was needed to link intersectoral efforts. Sexual and reproductive health and rights must remain a priority in health emergencies, as women and girls were often disproportionately affected. WHO should coordinate consistently between the gender-based violence sector and the sexual and reproductive health sector to support a holistic and dependable response for survivors.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, commended the Secretariat on declaring the outbreak of novel coronavirus infection a public health emergency of international concern and supported the temporary recommendations. She encouraged WHO to continue facilitating the sharing of scientific data to develop new tools, countermeasures and policies; reprioritize capacity-building; better prepare for the impact of infectious diseases caused by climate change; and strengthen efforts to build a health workforce with expertise in infectious diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that she would forward her statement to the Secretariat for placement on the appropriate website. She requested clarification on how many statements non-State actors were permitted to make for the entire duration of the meeting.

The CHAIR responded that non-State actors should make a limited number of interventions, which should focus on areas relating to their core mandate.

¹ World Health Organization terminology refers to “Taiwan, China”.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme thanked participants for their insightful comments and support. Responding to points raised, she said that the outbreak of novel coronavirus infection had underscored the importance of health security and investment in preparedness. She agreed that more resources were needed to support priority countries and WHO's coordination work. New Zealand's financial contribution, particularly for preparedness work, was welcome. Joint external evaluations, implementation of national action plans and health systems strengthening were crucial. She had noted the concerns regarding joint external evaluations and their impact on building the core capacities required by the International Health Regulations (2005). A progress report on those areas of work would be submitted to the Seventy-third World Health Assembly.

There was an increasing need for cross-border collaboration. In that context, WHO should promote global solidarity regarding the outbreak of novel coronavirus infection and enhance its coordination with partners. The Committee would oversee WHO's work on the crucial areas of early warning, surveillance, monitoring and evaluation, and the sharing of epidemic intelligence. The safety and security of WHO staff was paramount. Given the increasing demand for WHO to work in conflict and complex political settings, a more systematic approach and dedicated capacity for security management were required.

Noting the concerns surrounding the sustainability of the WHO Contingency Fund for Emergencies, she encouraged the Secretariat to improve its strategy for sustainable financing and resource mobilization activities to ensure that the Fund was fully capitalized. Thanking the Government of Japan for its financial commitment, she urged all Member States to step up their financial support. Calls for continued support of the Ebola response were welcome. Flexible funding for the WHO Health Emergencies Programme and strengthening of the human resources capacity of WHO country offices were essential. She agreed on the need to improve transparency and donor trust when operating in fragile settings. The comments regarding the Framework of Engagement with Non-State Actors and emergency medical teams had been noted and progress in those areas would be reported on. Preventive measures, including staff training, to prevent sexual harassment, exploitation and abuse would continue to be monitored. She urged Member States to guide the Secretariat to fully implement the recommendations on the grievance and redress system. The suggestion to review the impact of convening high-level meetings and the concern regarding the transformation agenda had also been noted. The Committee was committed to reporting on progress made in WHO's work in health emergencies to the Seventy-third World Health Assembly.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Member States for their constructive feedback and WHO partners in the private and public sectors for their collaboration. Recent outbreaks of novel coronavirus infection, Ebola and cholera reflected not only health pressures but also the ecosystemic, economic and demographic pressures driving epidemics and health emergencies and highlighted the need for mitigation measures to reduce those risks and vulnerabilities. Health emergency preparedness and response and functioning health systems with sufficient investment were vital, as reflected in the International Health Regulations (2005) and pillar 2 of the Thirteenth General Programme of Work, 2019–2023. He looked forward to continued financial support and collaboration in that regard. Many of the factors that affected WHO's response capacity, such as safe water, sanitation, urban management and education, lay outside the health sector. A multisectoral approach and a fundamental broadening of accountabilities and contributions were therefore vital.

Noting points raised by Member States on ways of improving WHO's operations, its financial and administrative risk management and its ability to coordinate with all partners, he thanked donors for their contributions to the WHO Contingency Fund for Emergencies, particularly those that had made multiple contributions. With the allocation of US\$ 83 million to 21 countries for 22 events in 2019 and US\$ 10 million for the first response to the outbreak of novel coronavirus infection, only US\$ 17 million remained in the Fund, which was an uncomfortably low level. The calls for a sustainable mechanism to

replenish and fund the WHO Contingency Fund for Emergencies were therefore welcome. Member States and donors should clearly be closely involved in the current process of designing a funding mechanism for the Fund.

The emphasis on staff health and security was appreciated given the increasingly complex and dangerous operational settings. Action was being taken internally and externally to scale up security capacity. He commended the Director-General on his numerous missions to the Democratic Republic of the Congo to visit WHO staff and show his solidarity. A total of 73% of country positions were now filled, up from 37% in 2017 and 53% in October 2018. The gap was primarily because of a lack of funding and difficulty attracting people to work in more challenging environments. About 75% of the budget for the WHO Health Emergencies Programme for the biennium 2020–2021 had been allocated to regional and country offices, with more than 50% of that budget being allocated at the country office level.

The WHO Health Emergencies Programme endeavoured to support all populations, including in conflict settings, prioritizing those most in need and operating in line with resolutions of the United Nations and of WHO. Over the previous weeks, advice, input and technical briefings had been provided to health experts from Taiwan, China, who had been invited to participate, with their colleagues from mainland China, in all WHO technical processes.

He extended his condolences to the Government of Canada and the Public Health Agency of Canada for the death of Dr Frank Plummer the previous day and praised the courage and forbearance of the staff of the WHO Health Emergencies Programme and the Universal Health Coverage Division following the death of Dr Peter Salama.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations), thanking Member States for their support, said that the importance of emergency preparedness had been highlighted by recent events; the 2019 outbreak of novel coronavirus infection had made it clear that investment could not wait until an outbreak happened and that more proactive measures were needed to reduce the impact of health emergencies. Much had been done since 2016 to assess country capacity and develop national plans for emergency preparedness, but more action was needed at the national and international levels to implement them. The draft resolution on strengthening preparedness for health emergencies, the text of which was being prepared through informal consultations, was therefore timely. The Secretariat looked forward to working with Member States and its partners on a multisectoral basis to strengthen and finance health preparedness, including by enhancing country capacity, focusing on the least prepared countries and implementation of the International Health Regulations (2005) and the required core capacities, and forging connections in the areas of universal health coverage and the One Health approach. Examples of multisectoral collaboration included working with ministries of finance on financing national plans of action, investing in preparedness capacity through building an investment case to demonstrate that investment in preparedness would benefit communities and reduce the cost of response, and supporting national public health institutions as a sustainable source of a skilled health workforce for emergency preparedness and response.

Together with the World Bank and the Governments of Morocco and Rwanda, WHO would be hosting the High-Level Meeting on Diplomacy for Health Security and Emergency Preparedness in Marrakesh in March 2020, marking the start of a series of advocacy events that formed part of the campaign on “Keeping the World Safe, Protecting Economies, Connecting Nations”. An expert group had been established to advise WHO on the subject of warning systems. The group had concluded that there was no need to review the International Health Regulations (2005); instead, the Director-General and the Secretariat could work on developing a grading system for warnings, perhaps in the form of a traffic light system, to alert the world about events before they reached the level of a public health emergency of international concern. The group was expected to complete its deliberations in the coming weeks.

Emergency medical teams were a significant component of the WHO Health Emergencies Programme and the WHO emergency medical teams' secretariat would continue to support response activities and focus on developing the national capacities of emergency medical teams to ensure that they could be deployed as the first responders in emergency situations. Welcoming the concept of urban preparedness proposed by the representative of Singapore, the Secretariat was working with the Ministry of Health of Singapore to develop proposals for consideration by Member States.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) welcomed the support and engagement of Member States and partners, including the deployment of national experts and high-level visits to many emergency response areas. Capacity-building was a high priority for the WHO Health Emergencies Programme; resources included an online platform for capacity-building open to all experts, focusing on outbreaks and emergency management, which had attracted 150 000 course registrations to date, including 25 000 for training related to novel coronavirus. The Secretariat was also focusing on building capacity in emergency response and leadership in priority countries, using evidence from risk assessments and vulnerability data from joint evaluations to target priority areas.

Staff security, safety and welfare were of paramount importance, particularly given that WHO staff operated in extremely dangerous environments. Thus, investment and support from the Secretariat, the entire United Nations system and Member States were vital to ensure the operational safety of staff. Regarding the duration of the Ebola virus outbreak in the Democratic Republic of the Congo, the complex environment on the ground and the virtually non-existent national health system had hampered progress and disease detection. However, the number of cases reported per week had fallen significantly since the peak recorded in April 2019, as had the spread to different health zones and districts. Efforts were on the right track and the primary aim was to avoid disruptions.

There was an urgent need to invest in health cluster coordination, particularly in protracted crises and responses to outbreaks. It was necessary to ensure that the incident management system forged close links between health clusters and response activities. In line with the country business model, the first posts filled in priority countries were related to health cluster coordination. However, noting that it was an area without many investment partners, he expressed the hope that partner contributions would increase. It was also important to focus on the integrated vector control strategy. Most vector-borne diseases were neglected tropical diseases and although there was financing for some diseases, such as yellow fever, it was important to adopt an integrated approach and to leverage adequate resources to tackle all such diseases. Surveillance was crucial. In that context, the Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 adopted by the African Region and the WHO surveillance and early warning strategy would help to identify priorities for investment and action. He reiterated WHO's commitment to continuing its efforts relating to the crisis concerning the Rohingya people, which was a protracted Grade 2 emergency. The Organization was working with more than 100 partners to deliver services and invest in strengthening early warning and surveillance systems.

The DIRECTOR-GENERAL said that, as part of the WHO transformation agenda, a new division on emergency preparedness had been established, headed by Dr Jaouad Mahjour. Expectations were high for the High-Level Meeting on Diplomacy for Health Security and Emergency Preparedness, to be held in Marrakesh in March 2020, which would include representatives from States in the most vulnerable areas. The Secretariat was also working with the private sector on issues relating to emergency preparedness.

The outbreak of novel coronavirus infection had proven the importance of WHO's work on ensuring preparedness. To maintain the current momentum and strengthen preparedness efforts, he asked Member States to put aside their differences and approve the draft resolution on emergency preparedness to be circulated in due course.

The Board noted the reports.

The representative of CHINA, speaking in exercise of the right of reply, said that several Member States had made irresponsible and unacceptable comments regarding Taiwan.¹ The Chinese central Government had been cooperating with the Taiwanese authorities, and both sides had made dozens of notifications and exchanged information and reports. Experts from Taiwan¹ had also visited Wuhan and obtained first-hand information on the outbreak of novel coronavirus infection. The Government of China was sincere about protecting the health and well-being of Taiwanese¹ people and the measures taken had been comprehensive and adequate. In line with the one-China principle, the Government of China and the Secretariat had worked to ensure that Taiwanese¹ authorities had access to accurate, timely information on public health so that appropriate and effective arrangements could be put in place. Therefore, the authorities of Taiwan province¹ had full access to epidemiological information through cross-Straits channels and from WHO. Talk of an “epidemic prevention gap” was completely baseless and merely political hyperbole. He stressed that Taiwan¹ was part of China and requested Member States to respect the guidance of the Chair and to abide by the Rules of Procedure of the Executive Board in order not to waste time.

The representative of MYANMAR,² speaking in exercise of the right of reply, said that her Government shared the concerns of displaced people in her country and that bilateral arrangements had been signed to facilitate their voluntary, safe repatriation. Repatriation efforts would succeed if undertaken in a sincere and honest manner. She urged neighbouring States to implement those arrangements in good faith; “megaphone diplomacy” would only serve to hamper implementation efforts.

The representative of GUATEMALA,² speaking in exercise of the right of reply, said that he wished to reiterate his country’s position. His country’s statement had been relevant to the topic under discussion and complied with the Rules of Procedure of the Executive Board. Taiwan¹ was part of a globalized world and should not be denied access to information, especially during a public health emergency of international concern.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that her delegation stood by its earlier statement, which sought to raise public health concerns relating to novel coronavirus and was not politically motivated. The right of reply should not be used for political purposes.

The CHAIR encouraged the Board to work on the basis of mutual respect and to focus on technical issues.

2. EPIDEMIOLOGICAL UPDATE ON THE OUTBREAK OF NOVEL CORONAVIRUS INFECTION

The DIRECTOR (Health Emergency Information and Risk Assessment) said that of the 3697 new confirmed cases of novel coronavirus infection reported in China, 80% had been reported in Hubei province; 640 were severe cases and 73 had been fatal. During the previous 24 hours, 5328 suspected cases had been reported in China and 25 new confirmed cases had been reported in other countries, namely Australia, Japan, Malaysia, the Republic of Korea, Singapore and the United States of America, as well as 10 confirmed cases on a cruise ship docked in Japan. The patient identified in the United States had travelled from Beijing, rather than Hubei province; it was only the second case exported from

¹ World Health Organization terminology refers to Taiwan, China.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

China where a patient's travel history had not included Hubei province. Overall, cases of novel coronavirus infection had been reported in 25 countries, with the vast majority reported in China.

The WHO 2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan included establishing regional and global coordination and operational support platforms, providing support to high-risk and vulnerable countries and accelerating priority research and innovation.

The meeting rose at 12:35.

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