

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**WHO headquarters, Geneva
Tuesday, 19 January 2021, scheduled at 14:00**

Chair: Dr H. VARDHAN (India)

CONTENTS

	Page
Pillar 2: One billion more people better protected from health emergencies (continued)	
Public health emergencies: preparedness and response (continued)	2
WHO's work in health emergencies	
• Strengthening WHO's global emergency preparedness and response.....	2
• Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005).....	2

FOURTH MEETING

Tuesday, 19 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

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

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

WHO's work in health emergencies: Item 14.2 of the agenda (documents EB148/17 and EB148/INF./4)

- **Strengthening WHO's global emergency preparedness and response** (document EB148/18)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (document EB148/19)

The CHAIR drew attention to a draft decision on strengthening WHO's global health emergency preparedness and response, proposed by Australia, Canada, Chile, Iceland, India, Indonesia, Japan, Maldives, Monaco, Montenegro, New Zealand, Norway, Peru, Republic of Korea, Singapore, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Member States of the European Union, which read:

(PP1) The Executive Board, having considered the report on strengthening WHO's global emergency preparedness and response,¹ the interim progress report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response,² the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme³ and the interim report of the Independent Panel on Pandemic Preparedness and Response,⁴ referred to in document EB148/INF./4;

(PP2) Recalling resolutions WHA73.1 (2020) on COVID-19 response and WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005);

(PP3) Acknowledging the ongoing work to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 in order to improve capacity for global health emergency prevention, detection, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme;

¹ Document EB148/18.

² Document EB148/19.

³ Document A73/10 and the Interim report on WHO's response to COVID-19, January–April 2020 (available at <https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19>, accessed 16 January 2021).

⁴ Available at https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf

(PP4) Taking into account the recommendations in the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme (document A73/10 and the Committee's interim report on the WHO response to COVID-19), in particular recommendations related to the WHO Health Emergencies Programme, and recognizing the importance of ongoing efforts of the Secretariat to implement the recommendations of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme;

(PP5) Recognizing the need to improve global, regional and country preparedness and response capabilities and capacities for health emergencies, and taking note of the proposals made by Member States, groups of Member States and other stakeholders in this regard, as well as of WHO's work in emergencies;

(PP6) Noting the need to assess and strengthen WHO's capacity for health emergency preparedness and response within the overall mandate and resources of WHO, while enhancing collaborations with relevant United Nations agencies and other partners;

(PP7) Emphasizing that WHO-strengthening efforts must be led by Member States, and reaffirming the fundamental decision-making role of the Executive Board and Health Assembly;

(PP8) Mindful of the ongoing impartial, independent and comprehensive evaluation work of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Independent Panel for Pandemic Preparedness and Response, and without prejudice to their current and future recommendations; decided:

- (1) to call for the development of a resolution, with full participation of WHO Member States¹ for consideration by the Seventy-fourth World Health Assembly, on strengthening WHO's health emergency preparedness and response capacities, including to address the recommendations of the Independent Panel and the two committees mentioned above.

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

Decision:	Strengthening WHO's global health emergency preparedness and response
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	Concerns all outputs of strategic pillar 2.
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Three months.

¹ And, where applicable, regional economic integration organizations.

B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 0.05 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.05 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	Not applicable.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	US\$ 0.05 million.
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.00	0.00
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.05	0.05
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The DIRECTOR-GENERAL said that both the Secretariat and Member States had lessons to learn from the coronavirus disease (COVID-19) pandemic. The Organization was committed to accountability and would continue to learn, change and listen. Several review processes were under way to examine different aspects of the COVID-19 response. The Independent Panel for Pandemic Preparedness and Response had been established in accordance with resolution WHA73.1 (2020) to review experience gained and lessons learned from the pandemic, and to make recommendations to improve national and global preparedness and response. He was grateful for the Independent Panel's work to date and looked forward to its final report and recommendations.

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE, speaking in turn to present the Panel's second progress report, provided an overview of the main findings and messages contained in the report. The scale and impact of the continuing COVID-19 pandemic were unprecedented in living history. At the global level, more decisive action to stem the pandemic was needed, together with fundamental changes to preparedness and response systems. The Panel would continue to gather feedback from a wide range of stakeholders, including Member States, to form the evidence base required for its comprehensive, impartial and independent review of the international health response to the COVID-19 pandemic, and would continue to host public exchanges. A recent meeting with the global nursing community had highlighted the crisis facing health-care facilities and the shortages in the health-care workforce, which had been exacerbated by the pandemic. The speaker acknowledged the commitment of dedicated professionals to detecting and tackling the pandemic and emphasized that the report was focused on learning lessons for the future.

The current course of action to handle the pandemic must be corrected now. All countries should immediately and consistently adopt and implement public health measures to reduce the spread and impact of COVID-19. The Panel had identified a series of critical early failings in the global and national responses to COVID-19, including the failure to prepare adequately for a pandemic threat. Preparedness at the country level had been influenced by a combination of government effectiveness, concerted leadership, capacity to work with communities and adherence to scientific guidance.

The pandemic had spread rapidly across countries. When WHO had declared the outbreak a public health emergency of international concern, too many countries had failed to act decisively and quickly enough to apply necessary and recommended public health measures. The current international system for alert and response was outdated. The Panel was examining the elements required for a modern, fit-for-purpose pandemic preparedness and response system and for mechanisms that would ensure the

necessary speed and capacity to integrate signals into real-time, globally available data-gathering and decision-making tools. Future work should be viewed through the lens of the systemic and structural inequalities within and between nations, which had been deepened by the pandemic. The unequal plans for vaccine roll-out between wealthy and poorer countries were unacceptable. Access to vaccines should be based on public health needs, not narrow national interests, and vaccination programmes should be accelerated to ensure coverage for everyone, including front-line health workers.

She expressed deep concern at the level of implementation of recommendations issued in previous reports on other major health threats. That mistake must not be repeated. Member States had called for implementable, costed recommendations with clear timelines and had recognized the need for action, as well as the opportunity to reset the current system. To ensure real change in global and national health systems, the voices of health-care workers, people managing local responses, and those on the margins of society must be heard and corresponding action taken.

Although the world was more reliant on an effective WHO than ever before, Member States had kept the Organization underpowered and under-resourced to enable it to effectively carry out its work. If assessed contributions remained low, WHO's ability to focus on pandemic preparedness and response, among other core priorities, would be curtailed. Financing for pandemic preparedness should be treated as a global public good. The international community was at a crossroads with respect to pandemic threats and responses: the choices made in the coming months would show whether it was determined to be more prepared, health-secure, equitable and resilient.

The DIRECTOR-GENERAL said that the International Health Regulations (2005) were an essential legal instrument and the foundation of global health security. Even before the COVID-19 pandemic, emergencies such as the Ebola virus disease outbreak in the eastern Democratic Republic of the Congo had demonstrated that some elements of the Regulations might need to be reviewed, including the binary nature of the mechanism for declaring a public health emergency of international concern. In accordance with resolution WHA73.1 and the provisions of the Regulations, he had convened a review committee to examine the functioning of the Regulations during the COVID-19 pandemic. He welcomed the work undertaken to date by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE recalled that the Review Committee had been convened by the Director-General in accordance with resolution WHA73.1 to make technical recommendations regarding the functioning and possible amendment of the International Health Regulations (2005). To date, the Review Committee had held 16 closed meetings and five open meetings, which had been attended by numerous representatives of Member States, international agencies and non-State actors, and had reported on progress made to the Health Assembly at its resumed Seventy-third session in November 2020. The Review Committee would continue to interact regularly with the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response and the Chair of the Independent Oversight and Advisory Committee.

Summarizing the preliminary findings of the Review Committee contained in document EB148/19, he underlined the overwhelming support for the Regulations among Member States and experts as a cornerstone of international public health and health security law but noted the need for improvements in several areas, most of which could be achieved through more effective implementation of the existing provisions rather than changes to their design. National IHR focal points should be further empowered to ensure more effective implementation of the Regulations at the national and subnational levels, including where necessary through national legislation, and should be integrated into national emergency plans and health committees. The possible need for an intermediate level of alert was being considered, including the possible introduction of a grading system. The Review Committee was also examining how regular and regional risk assessments could be better used to drive earlier and more

targeted response measures at all levels so as to prevent the need to declare a public health emergency of international concern.

In addition, the Review Committee was looking at new ways of monitoring and evaluating compliance with the Regulations and strengthening existing tools without overburdening countries. The WHO Universal Health and Preparedness Review was a peer-review mechanism that would shortly be piloted as a tool to increase intersectoral and international coordination and encourage good practices. Political support and resources for implementation of the Regulations remained insufficient and irregular at all levels, and further detailed information on the funding mechanisms for implementation was required. Digital technology was increasingly becoming available as a means of strengthening cooperation during and after health emergencies, enhancing transparency and increasing the regular, detailed exchange of reliable real-time data.

Although the Review Committee was scheduled to submit its final report to the Seventy-fourth session of the World Health Assembly, its findings and recommendations would not necessarily be complete, in view of the continuing nature of the pandemic, and further deliberations might be required. He recalled that the Regulations were a shared instrument; in order for them to be effective, WHO must be given the necessary tools and resources to better prepare and protect humanity against public health risks through an effective, coordinated, multisectoral and evidence-based public health response.

The DIRECTOR-GENERAL said that the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme had been established to provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme and to guide its activities. He welcomed the Committee's continued work both before and during the pandemic, which had contributed to strengthening the Programme.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME said that the Committee had been tracking progress made in the implementation of the recommendations set out in its interim report on WHO's response to COVID-19 from January to April 2020 and in document A73/10. It would continue to monitor WHO's performance in emergencies and would submit a comprehensive annual report to the Health Assembly at its Seventy-fourth session.

The Committee recognized the tireless efforts of Member States and the Secretariat in response to the COVID-19 pandemic and called on all parties to work together to ensure equitable access to therapeutics and vaccines. It was pleased to note the progress made since its interim report, in particular the speed and quality assurance of WHO's technical guidance. Member States, with the support of the Secretariat, must fully implement all public health measures. Surveillance testing and research efforts should be strengthened to rapidly assess the impact of new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

With respect to the recommendation that the WHO Health Emergencies Programme should be based on the principle of a single structure, single budget, single staff workplan and common results framework with clear reporting lines across WHO headquarters and all regional offices, she urged the Global Policy Group to further clarify accountability for health emergency management and recruitment of senior emergency personnel between the regional directors and the Executive Director of the WHO Health Emergencies Programme and to institutionalize the managerial authorities and processes that had already been agreed. She was pleased to note the consensus among management at WHO headquarters on the recommendation of putting in place dedicated teams within the centralized functional divisions to support emergencies, with key performance indicators to track their impact on WHO emergency operations, implementation of which was under way.

The Committee had repeatedly expressed concern regarding the lack of predictable and flexible funding for the WHO Health Emergencies Programme, competing priorities, heavy dependence on a limited number of donors and the current mechanism for the WHO Contingency Fund for Emergencies. The low level of funding for preparedness was of particular concern. She welcomed Member States'

commitment to and ongoing discussions on the adequacy and suitability of WHO financing, and called for an increased proportion of WHO core flexible funding to be allocated to the WHO Health Emergencies Programme.

She expressed deep concern about the lack of clarity regarding accountability and reporting lines for WHO security functions between field, country and regional offices and WHO headquarters. As WHO's role in major emergencies grew and its operations in conflict settings expanded, it was of paramount importance to institutionalize a functional security apparatus with a clear accountability framework across the Organization. While awaiting the findings of the independent commission established by the Director-General in response to the allegations linked to the Ebola virus outbreak response in the Democratic Republic of the Congo, high priority should be given to identifying areas of high risk for potential sexual exploitation and abuse in WHO's current areas of operation and immediately implementing preventive measures, drawing on the guidance of the United Nations Inter-Agency Standing Committee and lessons learned from other organizations of the United Nations system and humanitarian partners. WHO should adopt a people-centred approach to prevent and address any such incidents in the future by strengthening whistle-blower and redress mechanisms, building community trust and putting in place the right local partnerships in high-risk settings. The Committee was reassured by the action taken thus far by the Secretariat and would closely monitor and measure progress in the implementation of the Committee's recommendations.

The Committee would continue to provide oversight of WHO's work in emergencies and report to Member States. It would also continue to support the work of the Independent Panel, the Review Committee and the Global Preparedness Monitoring Board.

The DIRECTOR-GENERAL said that the Global Preparedness Monitoring Board had been established to provide an independent and comprehensive appraisal of global preparedness and response capacities and had published two reports to date. He thanked the Monitoring Board for its work.

The CO-CHAIRS OF THE GLOBAL PREPAREDNESS MONITORING BOARD, speaking in turn to present the Monitoring Board's statement, said that the Monitoring Board was an independent monitoring body, established in 2018 by the Director-General and the President of the World Bank in response to a recommendation issued by the United Nations Secretary-General's Global Health Crises Task Force. It comprised political leaders, heads of agencies and international experts who advocated for greater investment and engagement in health crisis preparedness.

The Monitoring Board's first report, published in September 2019, had warned of the risk of a pandemic of a respiratory pathogen that could kill millions of people, and of its widespread social and economic consequences. It had also warned of the inadequacy of the systems and financing needed to detect and respond to health emergencies. Those fears had been realized in the COVID-19 pandemic. The Monitoring Board's second report had described the catastrophic health, economic and social consequences of the pandemic.

The pandemic had demonstrated that global preparedness was greater than the sum of individual countries' national preparedness. Countries must invest in common goods to ensure mutual accountability. To end the COVID-19 pandemic, countries must ensure fair and equitable access to vaccines, allocating vaccines and other countermeasures according to need and impact, not the ability to pay. To that end, Member States should support the COVID-19 Vaccine Global Access (COVAX) Facility.

Bold reforms of global health emergency preparedness and response must be implemented without delay. Multilateral institutions, including WHO, must be strengthened and empowered. Inadequate and unpredictable financing threatened WHO's capacity to play a central role in global health emergencies and to deliver on its broader mandate; Member States must address that need and strengthen the International Health Regulations (2005) to ensure that they were fit for purpose. Member States and the Secretariat, in collaboration with the United Nations and international financing institutions, should develop mechanisms for sustainable, predictable financing, which in turn should support national

capacities and enable the development of global goods. Financial mechanisms to mitigate and prevent the economic and socioeconomic consequences of pandemics and epidemics were also required.

The Monitoring Board called for a summit on global health security to agree on an international framework for health emergency preparedness and response. The framework should consolidate and harmonize existing mechanisms and facilitate coordination between actors and stakeholders, providing platforms for multisectoral engagement and community involvement and strengthening capacity and accountability. The decision to prioritize health security and invest in preparedness was a political one. The world would not be safer unless leaders committed to preparedness, based on solidarity and sustainability. The global community must take the necessary steps and harness its collective strengths to ensure that no future pandemics could ever occur.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the draft decision on strengthening WHO's global health emergency preparedness and response provided a basis for discussions on the matter, including on how to move forward. In addition to the ongoing guidance provided by the Independent Oversight and Advisory Committee, the Global Preparedness Monitoring Board, the Review Committee and the Independent Panel, multiple formal and informal consultations, engagements, reviews and assessments had taken place at the global, regional and national levels, which had helped to define some key emerging themes.

Those key areas included: ensuring an unbreakable chain of strengthened national health emergency preparedness and response systems, with each nation playing a central role in protecting the health of its citizens and engaging with others in the pursuit of global health security; and developing an enhanced global early warning, alert and emergency response system using state-of-the-art technology to drive decision-making. The pandemic had also highlighted the need for a robust global health emergency end-to-end supply chain and logistics system, incorporating innovation, testing, prequalification, manufacturing, distribution and supply, which would require a comprehensive solution. A global health emergency workforce that was rapidly deployable nationally, regionally and globally to detect and respond to health emergencies was also essential, as was the need to establish comprehensive communities of practice to manage misinformation and disinformation that caused harm and undermined public health, evidence-based approaches, and personal and community compliance with public health measures.

Global platforms, networks and standards should be put in place to harness knowledge and expertise, translating evidence into effective health emergency policy, especially for epidemic- and pandemic-prone diseases, high-threat pathogens, emerging zoonoses and biorisks. That global good would involve information-gathering, assessment, the creation of guidance, dissemination, implementation and review and would require internal multidisciplinary action, external networks and the participation of all actors. Networks, mechanisms and incentives for the sharing of pathogens, biological samples and genomic data should be enhanced and expanded, building on the experience gained from using existing mechanisms; the BioHub initiative launched by the Director-General would contribute to that work.

Work must continue on platforms such as the research and development blueprint for action to prevent epidemics, which was currently underfunded, and research and innovation must be accelerated between, before, during and after epidemics. In addition, a coordinated global platform to ensure rapid, equitable access to the fruits of research and innovation during health emergencies was needed. The systems and partnerships built within the framework of the Access to COVID-19 Tools (ACT) Accelerator must be maintained.

It was also crucial to ensure sustained, predictable funding for health emergency preparedness and response. There was a huge gap between the expectations placed on WHO and its partners and the amount of funding actually received. Additional investment was needed to deliver a high-quality system to prevent, predict, detect and ensure an early response and planned recovery from agents that threatened global health security.

To move forward, political will and international cooperation among all relevant stakeholders and across sectors were needed, in addition to strengthened accountability in the pandemic preparedness system, building on the International Health Regulations (2005). WHO must be empowered and adequately resourced at all three levels to enable it not only to coordinate the global health emergency response but also to direct global pandemic preparedness efforts. Lastly, a multisectoral, One Health approach should be followed, encompassing the interface between humans, animals and the natural world.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova and Armenia, aligned themselves with her statement. She commended WHO staff for their tireless work, courage and commitment to continuously improving the WHO Health Emergencies Programme and recalled the need for transparent and regular follow-up by the Secretariat on progress made in the implementation of the recommendations issued by the Internal Oversight and Advisory Committee. Emphasizing the importance of the evaluation mechanisms, she highlighted the need to strengthen WHO to enable it to remain the lead international agency on global health within a strengthened multilateral system. To better align Member States' expectations with WHO's current capacities, ambitious but realistic decisions must be taken regarding the future biennial budget and sustainable financing in general, while enhancing the transparency and accountability of the Organization.

It was necessary to rethink prevention, control and response to global health crises. The European Union and its Member States stood ready to explore ways to reinforce implementation of the International Health Regulations (2005), including through an effective system to evaluate compliance, and to engage in strengthening Member States' accountability, WHO's prerogatives, and equitable access to health technologies. Transparent, swift, reliable and timely communication was vital. Discussions were needed on how Member States could be better included in decision-making when health events of concern were detected and declared, including by enhancing the role played by the Executive Board. The draft decision would pave the way for further action to strengthen WHO's work in emergencies. A draft resolution on a way forward to address the recommendations of the evaluation groups would be circulated at a later date.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, commended WHO's management of emergencies through the WHO incident management system. Noting that his Region experienced the majority of WHO higher-graded public health emergencies, he requested the Secretariat to prioritize the allocation of resources to improve capacities for emergency preparedness and response and to enable Member States to detect events at an early stage. He welcomed the use of WHO benchmark tools to support the building of core capacities required by the International Health Regulations (2005).

The delivery of quality health services during health emergencies, especially in the African Region, continued to be hindered by limited funding, humanitarian and human resources capacities, mass population movements during crises and ongoing insecurities. He called on the Secretariat to harness political leadership among countries, the African Union and all major stakeholders to enable health emergencies in challenging environments to be controlled and contained. Although States Parties' performance in relation to a number of core capacities required by the Regulations had improved, further support was needed to improve human resources capacity. He looked forward to the roll-out and expansion of national resource mapping and impact analysis on health security investment using the tool developed by WHO. He welcomed the second progress report of the Independent Panel, and looked forward to its forthcoming report to be submitted to the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA, speaking on behalf of the eight core members of the Support Group for Global Infectious Disease Response, namely Kenya, Mexico, Morocco, Peru,

Singapore, the Republic of Korea, Turkey and the United Arab Emirates, expressed appreciation for the updates provided by the chairs of the three review mechanisms and looked forward to their final recommendations. The Support Group had identified the following areas for consideration: improving and actively carrying out periodic joint external evaluations of national core public health capacities; strengthening the information-sharing mechanism under the International Health Regulations (2005); establishing principles on facilitating the essential movement of people; establishing an intermediate level of alert for health emergencies; providing more detailed guidelines to Member States on using digital technologies for health purposes; and ensuring that national IHR focal points were well equipped to fulfil their mandate. The Support Group was strongly committed to actively engaging with all stakeholders to better support WHO in fulfilling its mandate.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the work of the Review Committee and looked forward to its final report. The Member States of the Region had developed national action plans for health security in response to gaps in preparedness revealed by the COVID-19 pandemic. However, those plans had been inconsistently implemented and should be updated. Additional, more effective support should be provided to countries dealing with humanitarian crises alongside health crises, many of which were situated in her Region, including to build national response capacity, which in turn would help to strengthen the humanitarian–development–peace nexus and expand coverage of quality health services.

Further measures were needed to facilitate a more effective and transparent response to epidemics. Data-sharing guidelines should be established, in particular in the context of trade and travel, to enable an accurate reflection of the global health situation. She welcomed the support provided by the Secretariat to enhance national early warning systems but highlighted the need for additional efforts to tackle the dissemination of misinformation. A minimum level of alert for health emergencies must be ensured. Turning to the report on strengthening WHO's global emergency preparedness and response (document EB148/18), additional key areas for consideration were the need to enhance health emergency management capacities at the regional level and to examine restrictions on movement during pandemics.

The representative of INDONESIA said that the deep inequalities and lack of equitable access to tools to tackle COVID-19 should be of collective concern. Multilateral processes to coordinate and monitor global health emergency preparedness and response must be strengthened and supported, including through sustainable and predictable financing and reinforced multilateral leadership. The Independent Panel should examine the economic impacts of the COVID-19 pandemic and the lessons learned, including the challenges faced at the regional and national levels. The three review mechanisms should continue to explore measures to enhance detection and surveillance systems to enable real-time data collection and the sharing of timely information. Principles of inclusivity, fairness and equity must be incorporated in the development of information-sharing mechanisms. Support should be provided to strengthen and harmonize the network of national IHR focal points. She expressed support for the development of a robust system to evaluate compliance with the International Health Regulations (2005).

The representative of BANGLADESH said that, in order to prevent the recurrence of a crisis such as the COVID-19 pandemic, WHO must continue to work with all stakeholders to mobilize predictable and sustainable funding, technical support and technology know-how. There must also be an extensive drive and committed support to strengthen and prepare health systems, increase the coverage and quality of health services, and respond to health emergencies, particularly in the most vulnerable countries. He called for increased engagement with commercial and business entities to ensure access to medicines, vaccines and other tools at an affordable price for low- and middle-income countries. The Organization should pay due attention to the issue concerning allegations of sexual exploitation and abuse and implement its zero-tolerance policy towards such behaviour. WHO should also enhance its engagement

with international and national entities to explore innovative ways of harnessing global support and mobilizing resources to implement visible and effective measures in conflict settings that were particularly vulnerable to health emergencies.

The representative of INDIA commended WHO's response to Grade 3 emergencies. However, concerted efforts were required to deal with the challenges faced in implementing emergency response operations at the country level, particularly in crisis-affected and vulnerable countries. To ensure equitable access to vaccines, WHO should strongly push for intellectual property rights to be waived. Core capacities, such as surveillance networks and sample shipment mechanisms, could be leveraged in the COVID-19 response, but care must be taken to avoid any disruptions to routine surveillance and the functioning of global systems and capacities. Appropriate guidance should be provided by the Organization in that regard. Although progress had been made in the monitoring and evaluation of the core capacities required by the International Health Regulations (2005), the capacity of national health systems should be enhanced to address weaknesses in point-of-entry surveillance and preparedness against chemical, zoonotic and radiological hazards.

The representative of KENYA outlined the health emergency preparedness and response measures taken by his Government. He looked forward to the final report of the Review Committee and welcomed the work undertaken by the Independent Panel. He reiterated the importance of reinforcing the central role of WHO and its governing bodies in future global health governance. Member States should continue to support the three review mechanisms to ensure that their recommendations would guide future reform of WHO financing and the global public health emergency preparedness and response architecture.

The representative of the UNITED STATES OF AMERICA said that efforts to strengthen WHO must be led by Member States, be fully inclusive and transparent, and provide a strong platform to consider and implement the recommendations issued by the three review mechanisms. It was important to listen to the recommendations of all Member States on the matter. In addition, it was the duty of Member States to provide WHO and the broader international system with the tools to carry out its work effectively, efficiently, independently and transparently. Any additional funding requests must be justified and directed towards areas that required strengthening, such as pandemic preparedness and response. His Government would work with other Member States to strengthen WHO to ensure that it was fit for purpose.

The representative of SINGAPORE expressed support for a multilateral approach to health emergency preparedness and response, and in particular the role of WHO as the leading global health authority. It was in the interests of all Member States to ensure that WHO was more effective and able to respond more quickly to outbreaks and health crises. He looked forward to further information on the summit called for by the Global Preparedness Monitoring Board. Turning to the International Health Regulations (2005), one of the key challenges in the context of the COVID-19 pandemic was the global need to verify the vaccination status of travellers. In that regard, an international authentication mechanism could be useful to aid the resumption of global trade and travel. The Secretariat and Member States must work together to improve global capacity to prevent, respond to and overcome pandemics.

The representative of ARGENTINA said that it was important to learn lessons from the response to the COVID-19 pandemic, which had highlighted the need to prioritize the International Health Regulations (2005) on the international agenda. It was necessary to strengthen application of the Regulations rather than amend them. While the evaluation mechanisms were important, it was essential for them to remain voluntary, and the focus should be on responses rather than diagnostics. To avoid a possible duplication of efforts among the various evaluation and review processes, strategies should be developed that took account of the organizational gaps and availability of resources in individual

countries. She was not in favour of introducing an intermediate level of alert that would increase the administrative burden or hinder implementation of the Regulations. Therefore, any changes to the alert system must be further clarified. Regarding the recommendations of the International Health Regulations (2005) Emergency Committee, it was important that a clear position was established on the requirements of essential and non-essential travel, and alternatives should be sought to the adoption of additional measures in situations of high uncertainty. Lastly, no information had been provided to Member States on the international treaty proposed by the President of the European Council to allow for analysis and discussion of the issue. She would welcome the more timely publication of reports in future.

The representative of COLOMBIA welcomed the support provided by the Secretariat to help Member States deal with the COVID-19 pandemic, but called on the Organization to redouble its efforts and the support provided in view of the significant increase in the number of cases at the country level and the emergence of new variants. Measures to strengthen national health systems should be based on scientific evidence and lessons learned. A report on regional management of emergencies could be useful as a means of exchanging experiences and good practices. His Government stood ready to participate in discussions on the subject, including: strengthening preparedness and response at all levels; developing the Universal Health and Preparedness Review; sustainable financing; and managing disinformation. He welcomed the work of the Independent Panel and the Review Committee and looked forward to their future reports. Highlighting the need for cooperation and solidarity, he expressed support for the draft decision.

The representative of AUSTRALIA said that a step change was needed to meet current and future health crises. She expressed appreciation for the work of the evaluation and review mechanisms and looked forward to the recommendations of the Independent Panel. Consideration should be given prior to the Seventy-fourth World Health Assembly to the comprehensive and systemic approach required to implement the necessary reforms. There was a critical need for an independent, authoritative, more responsive and better-resourced Organization and for stronger WHO operations at the country level. Urgent action was required to reduce the risks of zoonotic disease transmission through an enhanced One Health approach. A strategic plan should be developed in collaboration with UNEP to strengthen that approach. Effective implementation of the International Health Regulations (2005) required sustained political will, leadership and prioritization. Collaborative efforts were needed to reinforce the Regulations to ensure that they were fit for purpose. Global cooperation was also key to enhancing global health security and to ensuring that global systems for preparedness, prevention, detection and response to health emergencies were in place. National health systems should also be strengthened. A sense of urgency and ambition for reform must be maintained.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on behalf of the G7, Australia and the Republic of Korea, welcomed the updates and interim reports provided by the Independent Panel and the Review Committee but noted that they had not been issued in time to enable their full consideration. She recognized the need to strengthen and reform the Organization to ensure that it remained fit to tackle evolving challenges. The global health architecture should increase its focus on preparedness and response to health emergencies, and on building more resilient, quality and inclusive health systems.

She looked forward to the final recommendations of the review mechanisms, which should be ambitious, evidence-based and with clear, prioritized areas for action. While awaiting the outcomes of those reviews, the Organization could advance work in several areas where action was urgently needed, including: strengthening communication surrounding the decisions of the emergency committees; setting up the One Health High-Level Expert Council jointly with OIE, FAO and UNEP; facilitating greater access to global public health intelligence; implementing the recommendations on management of the WHO Health Emergencies Programme; establishing the foundation needed to fully implement an

early warning or intermediate public health alert system; enhancing the Organization's normative role with respect to guidance on handling health emergencies; providing clearer and more updated guidance on travel and trade restrictions and their impact; and improving Member State engagement in public health emergencies, including by strengthening the role of the Executive Board. She expressed support for the draft decision and stood ready to participate in efforts to strengthen emergency response.

The representative of the RUSSIAN FEDERATION, highlighting the importance of collective efforts, said that WHO's central coordinating and leadership role in efforts to control epidemics must not be undermined by the creation of mechanisms that duplicated the Organization's functions. Instead of reviewing the International Health Regulations (2005), priority should be given to: enhancing mechanisms for implementation of the Regulations, including by providing support to bolster national capacity; providing technical and consultative support to national IHR focal points; improving the mechanisms and rules for conducting reviews of the Regulations; and improving the work of the emergency committees established under the Regulations. The Regulations should be used as a tool to develop health systems and protect public health; it was unacceptable to use them to put pressure on countries to monitor their biosafety capabilities and ways of controlling epidemics. The sovereignty of Member States must be fully respected. He strongly opposed the introduction of a mandatory mechanism for the external evaluation of implementation of the Regulations. That position was shared by the countries of the Eurasian Economic Union. The recommendations to be issued by the relevant expert bodies would be important but must be objective and unbiased. He supported the call set out in the draft decision for the development of a draft resolution on strengthening WHO's health emergency preparedness and response capacities for consideration by the Seventy-fourth World Health Assembly.

The representative of GERMANY said that the work of the evaluation and review mechanisms was essential in order to learn lessons from the worst global health crisis in recent history. The COVID-19 pandemic must be understood as a turning point for global health and global health security. All necessary action must be taken to ensure that such a crisis could never happen again. Joint responsibility and investment in global health preparedness were required. To achieve successful outcomes, it was critical to rethink existing practices. A common political will and a willingness to learn from past mistakes and implement recommendations were necessary to make the world less vulnerable to global health crises. He had high expectations that the four evaluation and review mechanisms would push Member States to overcome the inadequate status quo in relation to global health preparedness and to fully implement ambitious and truly needed improvements.

The representative of FINLAND said that strong and resilient health systems and the continued provision of health services were critical during a crisis, as was the need for gender-responsive approaches and community engagement. She welcomed the updates provided by the four evaluation and review mechanisms and looked forward to the assessment of the Review Committee. The COVID-19 pandemic had highlighted the importance of strengthening cooperation across all sectors of society and promoting the health of humans and animals, illustrating the need for a One Health approach. The lessons learned to date could provide a valuable basis to further improve monitoring and evaluation of the International Health Regulations (2005). A better understanding of how countries could ensure the appropriate resources and political leadership and commitment required to strengthen preparedness was necessary. More permanent, inclusive platforms for cooperation, innovation and delivery should be developed to ensure a rapid response to evolving health threats. Investing in preparedness was a necessity, and must not be overlooked.

The representative of CHINA expressed appreciation for the work of the three review mechanisms and firmly supported a response to global public health emergencies within the framework of the International Health Regulations (2005). The Regulations should be updated and refined to support collective efforts to tackle the COVID-19 pandemic. His Government had taken immediate action to

notify WHO of the previously unknown SARS-CoV-2 epidemic, share the genomic sequence of the virus and implement strict prevention and control measures. Turning to document EB148/19, the information in paragraph 25 regarding delays in response was inaccurate; his Government had communicated with the Secretariat between 1 and 3 January 2020. It was also regrettable that, despite the wide range of information provided by his Government to the Independent Panel, two paragraphs of the Panel's report were also inaccurate; when cases of pneumonia of unknown origin had been reported in Wuhan, experts had begun to comprehensively study the situation, and a range of strict and unprecedented public health measures, including travel restrictions, had been implemented. Such swift action had provided both China and the international community with valuable time to fight the virus. The current understanding of the COVID-19 pandemic must not be used to judge the action taken in the early days of its emergence. The reports of the Review Committee and the Independent Panel must be based on scientific, objective, fair, comprehensive and balanced assessments. He called on Member States to support the Panel in its work and to ensure equitable access to vaccines.

The representative of OMAN outlined the national measures taken in his country to tackle the COVID-19 pandemic, based on principles of equity. He reiterated his Government's commitment to supporting WHO's leadership role in dealing with emergencies and to exchanging data and information. Equitable access to vaccines must be ensured.

The representative of AUSTRIA commended the work of the three review mechanisms and supported the proposed reform measures. Effective and timely communication and information-sharing between the Secretariat and Member States was crucial. Greater transparency regarding the criteria for the declaration of a public health emergency of international concern was necessary to ensure consistency in the decisions of the International Health Regulations (2005) Emergency Committee for COVID-19 and to enhance support for those decisions among Member States. The criteria for a possible intermediate level of alert for health emergencies should be explored and discussed in more detail.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed proposed measures on: updating and modernizing the early warning system; enhancing transparency with respect to the International Health Regulations (2005) Emergency Committee; and piloting the Universal Health and Preparedness Review. The role of the national IHR focal points should be strengthened and the existing framework for the Regulations enhanced. She encouraged the Chairs of the review mechanisms to work more broadly with the regional committees and offices. The investigation into the origins of SARS-CoV-2 must be open, robust and scientifically rigorous. WHO must continue its efforts to strengthen the operational and administrative resilience of the WHO Health Emergencies Programme, including by: implementing all recommendations issued by the Internal Oversight and Advisory Committee; ensuring strong leadership in complex contexts; further developing recruitment and administrative capacity; ensuring a sensitive approach to conflict settings; and safeguarding staff and communities.

The representative of the REPUBLIC OF KOREA expressed appreciation for the work of the three review mechanisms, whose final recommendations would guide future collective action. Member States must promote early detection of a public health emergency of international concern and notification to WHO. He emphasized the importance of surveillance required under the International Health Regulations (2005), in particular the establishment of an evidence-based surveillance system, the reinforcing of diagnostic capacity and the strengthening of the functions of national IHR focal points. The discussions on improving the Regulations would help to ensure WHO's effective and proactive response to future global infectious diseases. He encouraged Member States to support the work of the Support Group for Global Infectious Disease Response. His Government would continue to actively engage in discussions on reform.

The representative of CHILE expressed appreciation for WHO's capacity to adapt in response to the challenges posed by the COVID-19 pandemic; its work had highlighted the important role played by the Organization. Collaborative work on the Access to COVID-19 Tools (ACT) Accelerator must continue to ensure global access to tools to fight COVID-19, including equitable access to vaccines through the COVAX Facility. He welcomed the Organization's work in implementing resolution WHA73.1, in particular regarding the evaluation process, which should strengthen WHO and result in measures to enable both Member States and the Secretariat to respond more effectively and efficiently in the future. Emphasizing the importance of multilateralism, he thanked the Secretariat and other Member States in the Region of the Americas for their support in his country's response to the pandemic. The pandemic had underscored the vulnerability of older populations; the Decade of Healthy Ageing (2020–2030) would contribute to ensuring that older people had better, healthier and longer lives. He reiterated his Government's commitment to contributing to global health objectives and to ensuring healthy lives and well-being for all.

The representative of JAPAN¹ said that, to improve preparedness, Member States should strengthen the role and functioning of the Internal Oversight and Advisory Committee as a legitimate oversight body for the WHO Health Emergencies Programme. In addition, Member States should consider strengthening networking and early reporting mechanisms and surveillance capacities during crisis-free times, including through increased collaboration with other countries and regional crisis management centres, so as to enable a swift initial response. His Government was committed to contributing to global efforts to improve health for all people, including by promoting universal health coverage through resilient and inclusive health systems, sustainable financing for health and strengthened multilateral and bilateral cooperation.

The representative of PAKISTAN¹ said that the Review Committee must focus on minimizing all factors that could cause delays in response. The COVID-19 pandemic should be used as a catalyst for lasting and systemic change to improve preparedness and response to future incidents. More decisive and effective steps were needed to develop the core capacities required by the International Health Regulations (2005). Collaboration and support should be scaled up and aligned with national efforts to enable countries to build strong, resilient and integrated health systems. Any discussions on the Regulations must focus on technical assistance, financing and capacity-building to enable developing countries to achieve their public health goals. Vaccines against COVID-19 must be distributed early and equitably among all countries, with priority given to older people and health-care workers.

The representative of ZAMBIA¹ commended the work carried out under the ACT-Accelerator and the COVID-19 Technology Access Pool (C-TAP), as well as the initiatives of the Global Preparedness Monitoring Board. Although progress had been made, inequities persisted, particularly among the most vulnerable members of society. It was therefore crucial to ensure that the COVAX Facility attained the purpose for which it had been established. He recognized the Secretariat's efforts to support Member States and applauded its commitment to redoubling efforts in the evaluation work of the three review mechanisms. His Government supported the draft decision and wished to be added to the list of sponsors.

The representative of CHINA, speaking in exercise of the right of reply, said that Taiwan² was part of China, as recognized by the broad consensus among the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and World Health Assembly resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle. Member States

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".

had made irresponsible remarks challenging the one-China principle and undermining global collective efforts to fight against the COVID-19 pandemic and to which he firmly objected. Participation of the Taiwan region¹ in the activities of international organizations should be guided by the one-China principle and organized on the basis of cross-Straits consultations. The Taiwan¹ authorities refused to accept the one-China principle and the political foundation for the participation of the Taiwan region¹ in the meetings of the Health Assembly therefore no longer existed.

The Government of China attached great importance to the health and well-being of the people of Taiwan¹ and special arrangements had been made for the Taiwan region¹ to participate in related activities. Since the outbreak of COVID-19, cross-Straits channels of communication between the Taiwan region¹ and WHO, including for exchanging technical information, had remained open and arrangements during the pandemic had been reasonable and effective, with no gaps in prevention and control. Attempts by Member States to use the meetings of the governing bodies to push for a two-China or one-China, one-Taiwan solution would not succeed. The Member States in question should instead focus on prevention and control of epidemics and safeguarding the health of their populations and the international community through cooperation and solidarity.

= = =

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