

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

**WHO headquarters, Geneva
Wednesday, 20 January 2021, at 10:15**

Chair: Dr H. VARDHAN (India)

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FIFTH MEETING

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

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

WHO's work in health emergencies: Item 14.2 of the agenda (continued) (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)

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (continued from the third meeting, section 1) (document EB148/20)

The representative of MEXICO¹ endorsed the remarks delivered by the representative of the Republic of Korea on behalf of the Support Group for Global Infectious Disease Response and expressed support for the draft decision. Given the apparent consensus, he hoped that discussions on the creation of a peer review mechanism, among other proposals, would continue to advance in the coming weeks. The various review bodies must be allowed sufficient time to cover all areas of inquiry, especially regarding the effectiveness of travel restrictions, possible amendments to the International Health Regulations (2005) and a graded alert system for declaring health emergencies of international concern.

The representative of CANADA¹ endorsed the statements delivered by the representatives of Australia and the Republic of Korea. The draft decision would help Member States to reach a consensus. There should be further reflection on the content of the reports under consideration, with a view to drawing up a draft resolution for the next Health Assembly. Further work from the Independent Panel on Pandemic Preparedness and Response should include recommendations on a new global pandemic framework encompassing institutions from across the policy spectrum; inquiry into how the global alert system could be modernized; and investigation of how metrics for assessing national preparedness capacity could be improved.

The Secretariat should engage transparently with Member States on the proposed universal health and preparedness review and provide additional details. Any new review mechanisms should build on or incorporate existing mechanisms, such as the joint external evaluations. The Independent Panel and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response should also continue to mainstream gender and equity considerations.

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

The representative of SRI LANKA,¹ speaking on behalf of the Member States of the South-East Asia Region, said that the complexity of WHO's role during the COVID-19 pandemic required strong collaboration and coordination at the national, regional and global levels. The ongoing WHO-led discussions and initiatives were therefore welcome. It would be essential to engage with a wide range of stakeholders when deliberating and collecting information, and to recognize each stakeholder's respective role and area of responsibility. The focus should be on promoting universal implementation of the International Health Regulations (2005) while striking a balance between economic concerns and public health when it came to international travel and trade. WHO was facing expectations that were arguably beyond its capacity; Member States in her Region were therefore committed to doing their part to strengthen global health security.

The representative of the PHILIPPINES¹ outlined legislation enacted in her country to strengthen the whole-of-government approach to implementing the International Health Regulations (2005) in response to public health threats, adding that the limited authority of national IHR focal points often led to delayed reporting. She expressed appreciation for the logistical and technical assistance provided to her country and encouraged other governments, even those with limited capacity to contribute financially, to support the WHO Contingency Fund for Emergencies.

The representative of DENMARK¹ expressed strong support for the independent evaluation of the COVID-19 response; it would be important for all recommendations to be reflected in future work. The COVID-19 pandemic had shown the need for a strong, sustainably funded WHO. Her Government therefore planned to double its voluntary contribution. Emergency preparedness and response was a key objective, but the Organization's capacity to carry out other key tasks set forth in its Constitution must also be safeguarded. She stressed the importance of improving emergency alert and reporting mechanisms, sharing outbreak information in timely fashion, increasing international cooperation on zoonotic diseases and strengthening WHO's normative role.

The representative of NEW ZEALAND¹ said that, given that the COVID-19 pandemic had exacerbated inequalities and stalled progress towards the Sustainable Development Goals, equity must be put at the centre of health protection initiatives and emergency response. The Secretariat should provide Member States with guidance and support that were tailored to their unique circumstances, particularly for lower- and middle-income countries and small island developing States. While it was important to make existing national capacity reporting mechanisms more transparent, she was open to considering a new mechanism for reviewing countries' preparedness. Immediate intersession work should be carried out to strengthen WHO and identify quick wins to improve the global health emergency response system.

The representative of JAMAICA¹ said that WHO must continue to support targeted government action to provide access to safe, high-quality essential health services, particularly in smaller, resource-constrained countries. Multilateral work should also be maintained on priority issues such as noncommunicable diseases, human resources for health and the health impacts of climate change. He welcomed the key areas for action that had been identified and proposed that support packages to Member States should include adaptable communication strategies for addressing issues such as vaccine hesitancy.

The representative of MONACO¹ said that, while the full economic and health impacts of the COVID-19 pandemic remained to be seen, a multilateral response would clearly be needed to prevent and control future epidemics and pandemics. The reports under discussion contained useful

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

recommendations for the way forward. Her Government was committed to working over the coming months to strengthen implementation of the International Health Regulations (2005), improve the global emergency alert system, fight misinformation and, most importantly, save human lives.

The representative of NORWAY¹ expressed support for the draft decision and for raising assessed contributions and strengthening WHO's authority, including through an independent investigation into the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Secretariat should also develop a programme for generating knowledge on non-pharmaceutical interventions and how they might be applied effectively.

The representative of SWEDEN¹ welcomed the proposed universal health and preparedness review and the ongoing reviews of WHO's role in emergencies. All Member States must work together to deliver on the reviewers' recommendations once finalized. The COVID-19 pandemic and recent Ebola virus disease outbreak had highlighted the need for better prevention and well-equipped country offices. It was also crucial to boost donor trust so as to secure flexible funding for the WHO Emergencies Programme and the WHO Contingency Fund for Emergencies. Despite the increased focus on global health security, the Organization must not lose sight of its important role in promoting health and supporting resilient health systems.

The representative of AFGHANISTAN¹ said that the Secretariat and Member States must prepare for future emergencies by supporting countries with weak and fragile health systems and helping them to build resilience. He commended the Secretariat and its partners for working to develop the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility; the emerging variants of the disease made a rapid and equitable rollout of COVID-19 vaccines all the more important.

The representative of CUBA¹ expressed support for WHO's work, particularly on implementation of the International Health Regulations (2005). However, a more exact definition of implementation was required. The Organization should focus on vulnerable populations and achieving universal access to medicines, avoiding impartial or excessive criticism of specific countries in its reports. He looked forward to receiving the final reports from the review bodies at the following Health Assembly.

The representative of FRANCE¹ expressed support for the ongoing evaluations and proposed reforms, in particular in respect of reinforcing WHO's role in coordinating emergency preparedness and response; scaling up alert systems; strengthening implementation of the International Health Regulations (2005); and establishing an on-the-ground investigation mechanism. The COVID-19 crisis had thrown into relief the need for reliable, science-based information on the link between human, animal and environmental health, which must be better understood and taken into account by governments and civil society. She therefore supported the establishment of the One Health High-Level Expert Council. It would be particularly important to decide on a timeline for implementing the proposed reforms once the review bodies issued their final reports.

The representative of the SYRIAN ARAB REPUBLIC¹ agreed with the representative of China that the evaluation of emergency preparedness and response efforts must be objective, global and balanced. She hoped that WHO's work in that regard would concentrate on international cooperation and joint efforts to defeat the COVID-19 pandemic.

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

The representative of SWITZERLAND¹ said that there must be coordination between the various ongoing evaluations. Member States should be consulted with a view to forming common recommendations. Her Government favoured an approach based on a universal health architecture and would continue to provide input in that regard. The recommendations of the report contained in document EB148/18 were welcome, but Member States needed more information regarding some of them. The WHO Emergencies Programme required better tools and more sustainable financing. She therefore supported the draft decision.

The representative of THAILAND¹ said that it was urgent to reinforce risk communication and community engagement. The WHO Emergencies Programme should strengthen not only its operations but also its governance and management of health emergency systems, which would require a whole-of-government approach and coordination across sectors, among other considerations. The Programme also required predictable, reliable and sustainable financing. Improved epidemiological and laboratory data would help to address the root causes of public health emergencies, identify weak links and improve early warning systems. He called on the Board to adopt the draft decision.

The representative of BRAZIL¹ said that Member States' role in oversight and decision-making should be strengthened by clarifying mandates; fostering mutual trust; using resources more effectively and aligning funding with the priorities set by the full membership; and putting equitable access to high-quality medicines and other health products at the centre of the Organization's work.

The initiatives launched by the Secretariat in parallel to the review processes would have benefited from prior discussions with Member States to avoid duplication of efforts and pre-emption of Member-State-led negotiations; WHO must not risk according privileges to States with greater financial resources. In that regard, the Secretariat should provide more details on expanded pathogen-sharing networks, in particular the new WHO BioHub. Collaborative structures that took advantage of countries' existing capacities would be a more inclusive way forward. She also requested more information on the planned global strategy on arboviruses.

The representative of BELGIUM¹ said that it was urgent to revise the Organization's approach to international travel recommendations, especially given the emergence of new variants of COVID-19. The low correlation between the outcomes of assessments on implementation of the International Health Regulations (2005) and the real effectiveness of countries' responses to the pandemic was a reason fundamentally to rethink the concept of preparedness. WHO, OECD, the European Union and other relevant organizations should align their visions and actions on emergency preparedness into a coherent global approach.

The representative of TURKEY,¹ observing that the presentations on the review processes had set forth key areas for action and ways forward at the national and international levels, expressed confidence that an achievable roadmap could be developed, and that the Independent Panel would take into consideration the shortcomings and strengths of WHO's current work in health emergencies.

The representative of SPAIN¹ said that the COVID-19 pandemic had shown the need to improve WHO's capacities, preparedness, guidance and support for Member States. The Organization should strengthen its efforts to coordinate international health emergencies, take coherent action and avoid duplication of efforts. The work of the various review bodies must be promoted. It was important not to neglect events that did not meet the criteria of a public health emergency of international concern under the International Health Regulations (2005) but nonetheless required an urgent, large-scale response tailored to the country in question. A strong and well-trained network of national IHR focal points was

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also essential. Tangible results of the WHO transformation process should be presented at the next Health Assembly.

The representative of ECUADOR¹ said that the respective functions and responsibilities of the Secretariat and Member States should be more clearly defined in the International Health Regulations (2005). Political support and resources for implementing the Regulations were insufficient and inconsistent at both the national and international levels, and major gaps in pandemic preparedness remained, particularly in terms of surveillance and other essential public health functions; the role of national IHR focal points; and risk communication and management.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that collective efforts from all stakeholders were needed to save lives and minimize the impact of public health emergencies. Member States should therefore work more closely with non-State actors (including youth-led organizations), establish a comprehensive strategy, encourage data-sharing and transparent communication, and ensure the safety and well-being of all health-care workers in emergency settings, including students.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, condemned the killing of health workers in conflict zones. Community health workers were being deployed in the COVID-19 response without proper pay or personal protective equipment; Member States must ensure their safety and security, and invest in improving their working conditions.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, expressed concern that palliative care was not included in the report on health emergencies. Surveys showed that the vast majority of people living through humanitarian crises did not receive the palliative care they needed, despite the inclusion of palliative treatments on WHO's list of essential medicines. It was crucial that palliative care should be integrated into WHO's work in emergency situations and its response to health emergencies.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO was uniquely placed to deliver a democratic and equitable emergency response, but was underfunded. The Organization should raise the amount of assessed contributions and not let powerful donors shape its priorities. The International Health Regulations (2005) should be amended to include the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, and the Secretariat should support implementation to avoid placing an unfair burden on lower- and middle-income countries. She called on Member States to endorse the COVID-19 Technology Access Pool and the waiver to the Agreement on Trade-Related Aspects of Intellectual Property Rights.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that it was critical to develop technical capacity in field of epidemiology to protect the world from future pandemics and other health emergencies and that, to that end, the Secretariat and Member States should support the work of his association's strategic leadership group.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that the ability of health systems to respond to current and future public health emergencies would remain limited until investment in anaesthesia and perioperative care was prioritized. Member States should develop national

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anaesthesia plans, invest in training the necessary workforce and adopt the recommendations of the WHO essential medicines list and the International Standards for a Safe Practice of Anesthesia drawn up by WHO and her federation.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that his statement was also on behalf of the Global Self-Care Federation. The COVID-19 pandemic had proven the importance of timely pathogen-sharing. However, sharing of samples and data was hampered by the burdensome bilateral system set forth under the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity. He therefore supported the approach recommended by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.

The representative of THE COCHRANE COLLABORATION, speaking at the invitation of the CHAIR, said that timely, evidence-informed global health policy was essential in the era of COVID-19. As the world began to look beyond the pandemic, it should reflect on what preparedness for future emergencies should involve, which surveillance systems were needed and what the research community could do to support WHO and countries. Her association would continue to provide WHO with evidence syntheses for the remainder of the pandemic and contribute to global health emergency preparedness in the future.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, described the challenges faced by frontline health workers in emergency situations, including protecting civilians and adhering to medical neutrality. Those issues must be incorporated into discussions of public health emergency policy. She called on Member States to promote and implement the Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies; implement United Nations Security Council resolution 2286 (2016); and support WHO efforts to document attacks on health workers and facilities.

The CO-CHAIR OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE noted the call for the Independent Panel and other review bodies to be complementary and agreed with the Board's view that the Independent Panel should produce a practical, robust, contextualized and implementable report. The Independent Panel's second progress report had been informed by the review of hundreds of documents, cross-sectoral expert consultations, peer studies and submissions from Member States, academia, civil society and individuals. The Independent Panel had also collected nearly one hundred interviews from people working on the front lines of the pandemic and would continue to access data from China as it worked to establish an exact chronology of the emergence of SARS-CoV-2.

Investment in pandemic preparedness was an investment in collective health security. The massive loss of life and gross domestic product around the world should be argument enough for governments to invest in real change. She looked forward to working with all Member States to achieve that shared objective.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) said that Member State comments on the importance of risk communication and community engagement were particularly pertinent. In response to concerns over strained health infrastructure and workers, the Secretariat was tracking working conditions, training and provision of personal protective equipment for frontline health workers. The Cochrane Collaboration's collaboration with WHO to synthesize evidence was greatly appreciated; it was crucial to use every resource on the global stage to support that process and quickly enhance the Organization's capacity. The Independent Oversight and Advisory Committee had also played a fundamental role, providing regular input and constructive guidance on WHO's field response.

As one representative had noted, regional platforms were essential to translating the global health architecture into national and local action. The Secretariat was working with the regional directors and regional emergency directors to ensure that regional platforms, which provided the bulk of real-time support to Member States and were a huge asset to the Organization, were effective.

In response to comments on transparency and data reporting by the WHO Health Emergencies Programme, he reminded representatives that the Programme received its initial epidemic alert data from an open-source platform that generated 9 million hits every month on potential epidemics around the world; artificial-intelligence-driven engines reduced that number to 500 000 hits requiring review, of which 7000 had to be followed up with Member States, with 300 then requiring on-the-ground investigation. WHO and its partners were thus constantly conducting field investigations, and it was up to Member States whether teams were deployed. Facilitating global and regional platforms to access the field was thus an important driver of success for epidemic alert and response, and for health emergencies management more generally. Representatives should take that into consideration as they continued their deliberations.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that the COVID-19 pandemic had revealed gaps in evaluation tools that needed to be complemented and enhanced by initiatives such as the proposed universal health and preparedness review. A number of Member States were already involved in developing the review; comments, contributions and expressions of interest in joining were all welcome. Simulation exercises also provided useful perspectives on national and regional preparedness, as did after- and intra-action reviews. WHO would continue to consult with all parties in 2021 to draw lessons from the current pandemic and translate them into action.

Member States should carry on building their local, national and regional capacities, especially in urban centres, where weaknesses remained. More than 70 national health plans had been identified as being insufficiently implemented and financed. Sustainable financing at the local and international levels would enable the Secretariat to better map out resources and channel them to support those national plans. The Secretariat would also continue to support Member State efforts to build their capacity to contain outbreaks and empower local communities to engage with their health systems.

On the One Health approach, he agreed that it was important to strengthen the prevention and early detection of zoonotic diseases and related health issues affecting humans, animals and the environment. All available technologies must be used to contain emerging zoonotic diseases and determine their sources. Oversight of health measures must also be improved in collaboration with parliaments, the health sector and the private sector.

Member States had made it clear that they considered the International Health Regulations (2005) to be the cornerstone of global health emergency preparedness. However, as the Independent Panel stated in its report, some aspects of the Regulations might require reconsideration if the world was to be better prepared. He agreed that the national IHR focal points played a fundamental role in promoting the Regulations and should be further empowered; the Secretariat would continue working with the regional and country offices to that end, drawing lessons, sharing up-to-date knowledge and exchanging information, expertise and best practices.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that, while responding to COVID-19 was the current priority, WHO emergency response teams were also responding to other health crises and to natural and human-caused disasters such as the explosion in Lebanon. Their work was science-based and guided by openness to learning. While the WHO R&D Blueprint had been discussed primarily in the COVID-19 context, it had also led to the development of the Ebola virus disease vaccine, the ultra-cold-chain technology for transporting it, and vaccines for other priority diseases.

The Emergency Response Framework was being updated to take into account lessons learned during the current pandemic, including in terms of operational support and risk management. The

updated edition also gave pre-eminence to prevention of sexual abuse and exploitation; WHO was determined to ensure that the issue was given the same importance as technical considerations. The global network of emergency response centres was also being strengthened, to create a more direct link between alerts, verification and response.

Thanks to the Member States' support, WHO was able to respond to most emergencies within 24 to 48 hours. The Organization worked with over 900 partners on health situations in humanitarian crises, and he hoped for a strengthened presence in the countries concerned so that the WHO country offices could provide a frontline response. The idea of a global emergency workforce that went beyond WHO was also being developed. The Organization would continue to respond to all emergencies and to update its approach to national preparedness.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response), continuing to respond to points raised, assured Member States that the Secretariat was very conscious that gender was both a risk factor for disease and a driver of inequitable access to health services, particularly in emergency situations. All data collected by WHO were disaggregated by gender in order to track those inequities. He thanked the Government of Denmark for its increased voluntary contribution and focus on emerging zoonoses. Roles and responsibilities under the One Health approach to zoonotic diseases were shared across the Organization, with the Deputy Director-General leading WHO's participation in the One Health High-Level Expert Council. Regarding the spread of misinformation, he said that "infodemic" management was becoming a major part of WHO's activities in risk communication and community engagement. For the first time, WHO had aligned one of its specific operations – not merely shared ideas – with UNICEF and the International Federation of Red Cross and Red Crescent Societies to provide collective risk-communication and community-engagement services during health emergencies. He agreed that better understanding was needed of how non-pharmaceutical interventions were being adopted, how to measure compliance, and how to implement and monitor their use. Insufficient understanding of non-pharmaceutical interventions could damage the relationship between WHO and communities. The influenza programme, in particular, was focusing on the issue.

The DIRECTOR (Global Infectious Hazard Preparedness) said that many countries had already offered to share samples and viruses through the WHO BioHub on a voluntary basis. The Secretariat was therefore working with the Swiss Government on how to operationalize the platform rapidly and contacting laboratories where samples might be sent. The plan was to take concrete steps within the coming weeks, starting with limited sharing of SARS-CoV-2 samples, before potentially scaling up the system. She hoped to provide more details at the next Health Assembly. The requisite discussions with Member States on access and benefit-sharing would take place in parallel to operationalization.

The Secretariat had begun to develop a global strategy on arboviruses, which could well cause a future pandemic. While a global strategy was needed, the diseases spread by arthropod vectors were diverse; for some, vaccines were already available, and strengthened prevention and control – including a comprehensive and coordinated approach to vector control – were required. WHO would build on its previous achievements to address the remaining gaps and challenges.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) added that dealing with arboviruses involved not only epidemic alert and response operations but also prevention, environmental control and vector control. Such diseases required a multidepartmental, multiagency, multisectoral response.

The DIRECTOR-GENERAL observed that there was a clear consensus that WHO must be strengthened, repositioned and recalibrated so that it could deliver better results to the people it served. The considerable changes that had taken place over the past three years, including on emergency preparedness and response, had been in line with Member State requests. In response to regular calls since the start of his tenure to take emergencies seriously, the Secretariat had created the Global

Preparedness Monitoring Board, the Emergency Preparedness Division, the Division of Data, Analytics and Delivery for Impact, and the Science Division (and position of Chief Scientist), to address the normative angle. Such efforts took time but would continue to be built upon.

The current pandemic was unprecedented, and while the various review bodies were still developing their recommendations, certain steps could be taken immediately. One such initiative, the WHO BioHub, functioned as a platform for voluntary sharing. Having been part of a Member State delegation, he knew that the sharing of genetic material could be contentious, but nonetheless called on all Member States to join. The universal health and preparedness review would likewise be piloted as a voluntary mechanism. As with the BioHub, Member State support and cooperation would be key to its success in translating national preparedness into strong global preparedness.

Drafting a treaty on epidemic preparedness and response was an excellent way to generate political impetus for the International Health Regulations (2005). He requested Member States to form a working group to move the idea forward and, at a minimum, to prepare a draft resolution for the next Health Assembly. The Global Preparedness Monitoring Board had proposed holding a summit, which was another excellent idea that could be implemented immediately. Member States should form a team to work alongside the Secretariat and the Monitoring Board to prepare for the summit, which would also generate momentum for a possible treaty and rally political support behind other ongoing changes at WHO.

In response to the comments on gender considerations, he noted that gender parity had been achieved at the executive management level, and gender equity was taken seriously in all aspects of the Organization's work. He thanked Member States for their support in that regard. Multilingualism was another area receiving attention, and much of the documentation related to COVID-19 was translated into up to 41 languages; Member State support would also be important to that effort.

The Board noted the reports and adopted the decision.¹

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (continued from the third meeting, section 1) (document EB148/20)

The representative of the REPUBLIC OF KOREA emphasized the fact that there could be no health without mental health and said that, while anxiety and fear had been the most common mental health issues in the early stages of the COVID-19 pandemic, socioeconomic disruptions were the current cause of widespread depression and anxiety. The following areas required attention: long-term monitoring of a range of mental health issues; continuous sharing of national policy interventions, which WHO should facilitate; the importance of sharing case studies on country interventions for mental health and psychosocial support and for WHO to support that exchange to support the mental health of staff in medical institutions; and the creation and distribution of messaging and press communications aimed at helping people with COVID-19 and other members of the public manage their own mental health and directing them to services where necessary.

The representative of BRAZIL² said that his Government attached great importance to mental health promotion, as evidenced by its participation in various international initiatives, the integration of mental health services into its unified health system, and its strengthened national reintegration programme for people who had been resident in psychiatric hospitals over a long period and whose social networks had been broken. As a recent WHO survey had shown, health emergencies risked disrupting existing mental health services in addition to being a risk factor for mental health issues.

¹ Decision EB148(2).

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

The representative of CANADA¹ welcomed the report and its recommendations and agreed that COVID-19 response and recovery efforts should prioritize mental health and psychosocial support. The current crisis had revealed gaps in mental health services and demonstrated the need for effective tools to support mental health and well-being, for reliable information and for access to services without stigma or discrimination. People whose mental well-being had been disproportionately affected by the pandemic, including frontline health and care workers, must remain a priority. There was no health without mental health, and no recovery without mental health recovery. In anticipation of future crises, people-centred mental health services and psychosocial support should be integrated into all aspects of preparedness and response. All interventions must be evidence-based, and innovative ways should be developed of reaching people in vulnerable situations and remote communities.

The representative of JAMAICA¹ thanked the Secretariat for developing technical guidance, other resources and the recommended actions outlined in the report. Her Government remained committed to reducing stigma, discrimination and other barriers to accessing mental health services, especially during the pandemic, and she called on Member States to redouble their efforts to ensure their populations had access to essential mental health services.

The representative of FRANCE¹ said that mental health had been a worrisome issue worldwide even before the COVID-19 pandemic, which had only worsened the situation. She was pleased that it was being made a priority. She described action taken in her country and said that the third Global Ministerial Mental Health Summit, to be held in France in October 2021, would focus on the promotion of good-quality mental health systems that were based on human rights and best practices, thereby creating momentum for better integrating mental health into the global health agenda.

The representative of the PHILIPPINES,¹ noting the importance of legislation in standardizing and enabling remote mental health interventions, said that the available data did not capture the full spectrum of the pandemic's impact on mental health, but that indicators pointed to the need for improved access to, and delivery of, mental health services, especially among vulnerable populations such as seafarers. His Government, which wished to be added to the list of sponsors of the draft decision, supported the recommendations made in United Nations policy briefs on COVID-19, including on the need for greater investment in mental health infrastructure and workforce to improve service delivery. Continued technical guidance from WHO would be appreciated; the WHO Special Initiative for Mental Health and the results of the mental health investment case would help his country scale up efforts to build a mental health system that was resilient even during pandemics.

The representatives of CHILE and COLOMBIA said that their Governments wished to be added to the list of sponsors of the draft decision.

The representative of DENMARK¹ thanked the Secretariat for the actions taken to mitigate the effects of the COVID-19 pandemic on mental health. It was urgent to address the tragic fact that mental well-being was among the most neglected areas of health. Access to mental health services must be maintained for those who needed them most. The current momentum should be used to strengthen efforts for the future.

The representative of SPAIN¹ agreed with the Director-General's assessment that mental health should occupy an essential place in COVID-19 response measures. The pandemic had affected in particular the mental health and well-being of people suffering from COVID-19, their families, health-care workers and people with mental disorders. She outlined her Government's approach to mental

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

health care during the pandemic, which was in line with the recommendations contained in the report and would continue to be adapted and improved for the post-pandemic future.

The representative of **EDUADOR**¹ said that his Government had developed its COVID-19 preparedness and response plan based on the model provided by the international community and conducted annual self-assessments of its capacities in accordance with the International Health Regulations (2005). It was vitally important that the Secretariat and Member States join forces and take concrete steps to develop effective COVID-19 treatments and make vaccines available.

The representative of **PERU**¹ said that mental health was an ongoing challenge that merited greater attention. She was pleased that it had been included on the Board's agenda and supported the recommendations on maintaining mental health services and psychosocial support in emergencies. Measures taken by her Government included the establishment of telephone consultations, emotional support helplines and support groups for the bereaved.

The representative of the **WORLD ORGANIZATION OF FAMILY DOCTORS**, speaking at the invitation of the **CHAIR**, expressed disappointment that the report failed to mention the long-term symptoms affecting roughly 10% of COVID-19 patients. Family doctors played a key role in delivering and coordinating mental health care and advocating for better integration of specialized and community-based services. Like all frontline health workers, family doctors required support to manage their mental well-being during the pandemic.

The representative of **MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL**, speaking at the invitation of the **CHAIR**, said that mental health and well-being could only be achieved by shifting from an individualistic, clinical approach to a holistic, people-centred one that took social and economic factors into account. She urged WHO to develop effective guidelines so that health-care workers were provided with decent working conditions and access to personal protective equipment and mental health helplines. Mental health services should be integrated into universal, solidarity-based, publicly funded systems.

The representative of the **INTERNATIONAL COUNCIL OF NURSES**, speaking at the invitation of the **CHAIR**, said that nurses all over the world were experiencing rising rates of mental distress. Service disruptions, underfunding and continued neglect of nurses' mental health risked making workforce shortages worse. Nurses were invaluable to mental health promotion, prevention and care, especially during the COVID-19 response. She urged governments to place mental health at the centre of their national COVID-19 response and recovery, and to scale up investment in sustainable, community-based mental health services.

The **DEPUTY DIRECTOR-GENERAL**, noting that the current discussion was a historic moment in that it marked the first time mental health was being considered under an emergency agenda item by the Executive Board, said that the Secretariat shared the concerns expressed by the European Union, the African Union and others, notably that mental health must be an integral part of preparedness, response and recovery from emergencies. She took note of the calls for a multisectoral, whole-of-society approach, better data and a consensus-based strategy. Mental health must be an unquestionable priority for all parties moving forward. She welcomed France's announcement that the third Global Ministerial Mental Health Summit would focus on the human rights dimension; the Secretariat would collaborate in the preparations.

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

One of the critical lessons learned from previous public health emergencies was that mental health care and psychosocial support were essential to short- and long-term recovery plans. Major stressors like the COVID-19 pandemic were a risk factor for a range of mental health conditions, especially when coupled with separation from social support networks, loss of loved ones and economic turmoil caused by the pandemic. COVID-19 infection was itself associated with mental and neurological complications, and pre-existing mental disorders increased the risk of severe illness, long-term complications or death from COVID-19. Human rights violations were also of particular concern.

The WHO Health Emergencies Programme and the Department of Mental Health and Substance Use had been working together closely during the COVID-19 pandemic to ensure that mental health and psychosocial support were an integral component of the response across the Organization's different areas of work, including case management, risk communication, community engagement, continuity of health service and coordination within countries and operations. It was an excellent example of intra-organizational cooperation that she expected to continue.

The Director-General had sent a message to all regional directors in April 2020 with a recommendation that they should integrate mental health and substance abuse into their emergency preparedness, response and recovery plans. Among other directives, the message had stressed that mental health care and psychosocial support in emergency situations should, at a minimum, feature cross-sectoral coordination and situation analysis, and that services must be maintained for people with severe mental health conditions. She assured Member States that funds had been allocated for mental health initiatives in 2020 and that the Secretariat would continue to monitor needs and communicate with donors and partners to ensure that the mental health and substance abuse component of emergency preparedness and response plans was sufficiently funded. The next step would be to make sure that Member States received sufficient support at the level of primary health care and communities. In that regard, she was pleased to note the request to include a side event on the implementation of operational plans for primary health care at the next Health Assembly.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) said that the Secretariat was actively working to better understand long-term symptoms of COVID-19 ("long COVID" syndrome) and collaborating with technical experts in mental health, neurology and rehabilitation across departments and units. A chapter on the syndrome had been included in the new expanded guidance on COVID-19 rehabilitation and management. A case definition was being developed, and the Chief Scientist was working to create a code under the International Statistical Classification of Diseases. The Secretariat was conducting global surveillance of the syndrome and would soon provide a formal definition for Member States. The Director-General had personally engaged with people suffering from long-term symptoms of COVID-19, and various departments across the Organization were working together to explore the issue and develop cohort studies in collaboration with patient groups and research institutions.

The DIRECTOR (Mental Health and Substance Use) said that emergencies presented the opportunity to strengthen mental health services, as had been demonstrated in a number of countries. The Secretariat was committed to demonstrating interagency leadership on mental health and to helping Member States build resilient mental health care systems capable of responding to the current crisis and future emergencies. Safeguarding the mental health of frontline health workers was an essential, collective priority.

Her Department had designed technical tools to guide the COVID-19 response on each of the aforementioned issues and would pursue those efforts. The Secretariat would also continue to provide documentation on lessons learned and train emergency staff at all three levels of the Organization on mental health issues. WHO and its partners were developing a range of technical tools and specialized materials on mental health as part of the response to the current crisis, including a package of minimum services for mental health and psychosocial support in emergencies, to be published shortly in partnership with UNICEF and UNHCR.

The Board noted the report and adopted the decision.¹

The meeting rose at 13:00.

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¹ Decision EB148(3).