

**PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING**

**WHO headquarters, Geneva  
Thursday, 25 January 2024, scheduled at 10:00**

**Chair: Dr H.M. AL KUWARI (Qatar)**

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## EIGHTH MEETING

Thursday, 25 January 2024, at 10:10

Chair: Dr H.M. AL KUWARI (Qatar)

**1. REPORT OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE:** Item 5 of the agenda (document EB154/5)

The CHAIR OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE said that recent global health emergencies – including the coronavirus disease (COVID-19) pandemic – presented the world with a unique opportunity to assess and strengthen its response; the global health system must be strengthened and Member States' needs met through a coordinated global architecture for health emergency preparedness, response and resilience. A network of relevant global, regional and country-wide networks must also be identified. The Standing Committee's primary role was to provide guidance and support to the WHO Health Emergencies Programme, including by facilitating discussions and information-sharing among Executive Board members and non-members. The Standing Committee coordinated with other bodies, including the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to avoid duplication of efforts. It strove for inclusive and collective decision-making and coordination that leveraged the guidance and recommendations of other committees.

Outlining the contents of the report contained in document EB154/5, he highlighted the appointment of a new Vice-Chair and the consensus reached on matters relating to COVID-19, mpox, poliomyelitis and the procedures and logistical and administrative arrangements of the Standing Committee.

Cooperation and a coherent approach across organizations was needed to address gaps in health emergency management. The 2023 report of the Global Preparedness Monitoring Board had revealed weaknesses and declining preparedness in crucial areas, alongside signs of fragile improvements that must be consolidated immediately; its key findings and recommendations should be prioritized, with a focus on technical solutions to address gaps and prevent disruption to health systems. A bottom-up approach should be embraced that took into account the challenges faced by Member States, particularly low- and middle-income countries. WHO must remain diplomatic, focus on rewards rather than punitive enforcement in the implementation of its initiatives, navigate geopolitical pressures and concentrate on saving lives. The goal was to avoid compounding problems and to ensure fairness and inclusivity.

The representative of BRAZIL said that the range of topics discussed by the Standing Committee underscored WHO's dedication to addressing significant public health challenges and public health emergencies of international concern. He endorsed the proposed additional agenda items for upcoming meetings of the Standing Committee set forth in the report; an item on the implementation status of the recommendations of the Independent Oversight and Advisory Committee would be particularly welcome. Standing Committee members must also keep abreast of deliberations within the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the Working Group on Amendments to the International Health Regulations (2005), as they related directly to the Standing Committee's mandate. His Government stood ready to provide support and share its experience and expertise with countries seeking to eradicate poliovirus.

The representative of MOROCCO said that the conclusions and recommendations of the Standing Committee were in perfect alignment with his country's directives. Member States and the Secretariat should work together to: ensure widespread distribution of materials related to the framework for strengthening health emergency preparedness, response and resilience; advocate sustainable financing to guarantee effective implementation of the five core health emergency components; and promote inclusivity, transparency and equity when implementing related measures.

The representative of JAPAN said that the Standing Committee's work was essential to improve WHO's response to health emergencies. To improve the WHO Health Emergencies Programme, the state of implementation of recommendations by the Independent Oversight and Advisory Committee should be reviewed – a report on the matter should be presented at the next Standing Committee meeting. The adoption of standard operating procedures for extraordinary meetings of the Committee and the plan to discuss a detailed draft agenda for future extraordinary meetings were both welcome. While the period leading up to the next Standing Committee meeting in April 2024 promised to be busy, its intersessional work must not be compromised. He requested the Secretariat to keep Member States informed of progress on preparing the draft agenda for extraordinary meetings and noted that it would be helpful to include an analysis of lessons learned from past emergency response efforts on that draft agenda.

The representative of FRANCE noted that the Standing Committee was an important forum for advancing collective understanding of issues related to health emergency prevention, preparedness and response. Although it was a relatively new instrument, the Committee had become the preferred setting for exchange between Member States and the Secretariat on current and future threats, and contributed to strengthening the global health security architecture.

The representative of the UNITED STATES OF AMERICA agreed that a stronger, more coherent, inclusive and equitable global health architecture was needed. She also agreed on the need for further Member State consultations on health emergency preparedness, response and resilience. The proposed health emergency framework would be useful when considering how to make the global health architecture more agile and interoperable, however, any new framework must reinforce, not duplicate, existing tools, such as the International Health Regulations Monitoring and Evaluation Framework. Substantive Member State engagement would be needed and ongoing consultations in that regard were thus welcome. The framework should recognize and take into consideration major stakeholders outside of WHO, since the Organization did not have sufficient resources or in-house expertise to implement the actions envisaged under the framework. WHO must therefore coordinate with, and leverage the strengths of, the many other organizations and initiatives focused on global health security, including those in the private sector and civil society. She welcomed the updates on the Standing Committee's agenda-setting process and requested additional information as to how the Committee was fulfilling its mandate.

The representative of BARBADOS said that the Secretariat's timely assistance of Member States was critical in a context of global uncertainty and new and emerging conflicts. The Organization had provided an unprecedented scale of technical and financial support during the COVID-19 pandemic to help disadvantaged, vulnerable and displaced people, and its work in coordinating public health activities in areas affected by conflict was particularly appreciated. He called for a well-funded rapid response team that could be deployed within the Caribbean region and that would draw on local expertise to provide guidance and to help to minimize the effects of natural disasters on local communities.

The representative of SWITZERLAND, highlighting the importance of the Standing Committee at a time of concurrent emergencies, said that it had great potential and must be used in a targeted manner. She suggested that the Committee's officers should draw up a proposed draft agenda based on

the decisions made by the Board on the agenda items under Pillar 2: One billion more people better protected from health emergencies. The reports on WHO's work in health emergencies could be used to direct discussions within the Committee, which would render it a useful forum for open dialogue on the issues at hand that was allocated sufficient time for its work.

The representative of CHINA expressed appreciation for the report's recommendations and perspectives on COVID-19, mpox and poliomyelitis. He agreed that the global architecture for emergency preparedness, response and resilience must urgently be strengthened and expressed support for WHO's leadership and coordination role in enhancing preparedness and response capacity for future pandemics. China would continue to participate in emergency response initiatives and programmes and was able to provide the Secretariat with technical, financial and human resources.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, praised the professionalism shown in reaching a decision on the new Vice-Chair of the Standing Committee, especially as the lack of a Vice-Chair had negatively impacted the Committee's work. Although two of the three diseases of focus in the report were no longer classified as emergencies, cases continued to be detected in her Region. She noted that Member States had emphasized the need for continued monitoring and allocation of resources, with a greater focus on sustainable approaches.

The amendment process for the International Health Regulations (2005) must be fast-tracked so that the world was better prepared for the next pandemic, and post-COVID-19 conditions should be studied in each country. Support was needed for stronger surveillance systems, including event-based surveillance. Complexities in tackling poliovirus had become evident during the COVID-19 pandemic. While her Region supported the framework for emergency preparedness, response and resilience, it should incorporate a focus on readiness for response; the challenges faced by COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator, must not arise again. The Region supported an interim coordination mechanism on medical countermeasures, pending the finalization of the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. She noted that although the report highlighted armed conflict as a major cause of health emergencies, a growing number were linked to extreme weather driven by climate change.

The representative of THAILAND<sup>1</sup> expressed appreciation for the work of the Standing Committee, the support provided to countries affected by Grade 3 emergencies and work to strengthen pandemic prevention, preparedness and response at all levels of the Organization. He agreed on the importance of maintaining the five core health emergency components. The WHO Health Emergencies Programme should continue to provide tecovirimat to Member States for the treatment of patients at risk of severe disease from mpox. Public health emergencies were not limited to communicable diseases, and emergencies arising from human activity and natural disasters should be included in discussions of public health emergency management.

The representative of ECUADOR<sup>1</sup> expressed full support for the work of the Standing Committee, especially regarding the COVID-19 pandemic. Outlining her country's response to COVID-19 and action taken to prevent outbreaks of other diseases, she urged countries in the Region of the Americas to collaborate closely to protect vulnerable populations and strengthen immunization coverage, testing and surveillance for COVID-19, poliomyelitis and other diseases with pandemic potential.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MOZAMBIQUE<sup>1</sup> said that Secretariat support had been invaluable for her country's response to outbreaks of poliomyelitis, cholera and measles and other health emergencies, which were hampering the health system's recovery following the COVID-19 pandemic. Primary health care was crucial to emergency preparedness and response, as was an all-of-government and all-of-society approach. It had become evident during the COVID-19 pandemic that strengthened primary health care and community involvement were fundamental for surveillance and tracing efforts. She commended the strong engagement of those working to develop a legally binding pandemic agreement and update the International Health Regulations (2005).

The representative of the PHILIPPINES<sup>1</sup> expressed support for amending the International Health Regulations (2005). Better prepared, resilient and responsive health systems were imperative for every country, and there must be an equitable distribution of health technologies – particularly vaccines and other drugs – between developed and developing countries. The role of regulatory agencies in health emergencies must be strengthened, including in oversight, surveillance, expedited approvals for essential health products, effective communication, and collaboration with international health partners. WHO should take the lead in strengthening and sustaining regional and global platforms for equitable knowledge generation and data-sharing, ensuring that all benefited, including lower-middle-income countries.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Standing Committee's focus on poliomyelitis and mpox was appreciated, and its recommendations on COVID-19 demonstrated the need for a sustained and sustainable response. COVID-19 had not gone away: the number of intensive care patients, hospital admissions and deaths were rising, even as surveillance and clinical systems were contracting, putting the world on the brink of losing the health capacity gains made during the pandemic. He was grateful to the Standing Committee for continuing to raise the issue. The Secretariat would continue to update the Committee on the development of an interim countermeasures platform, in addition to providing general briefings to keep the Committee abreast of negotiations in the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005).

He thanked Member States and the Standing Committee for their continued focus on sustainable funding for the WHO Health Emergencies Programme, which had a high cash turnover, mainly related to emergency appeals and contingency funds. In the previous biennium, only 17% of funding for core functions had come from assessed contributions and core voluntary funds, yet it was specified funding for core programmatic deliverables that allowed the Programme to deliver on health emergency appeals and frontline operations.

Member States' praise for WHO's efforts to cushion the impact of health emergencies on the most vulnerable people was greatly appreciated. He agreed that developing a provisional agenda and standard operating procedures for extraordinary meetings of the Standing Committee was paramount, as the Committee must be prepared for the next emergency; the issue should be central to discussions at its fourth meeting in April 2024. The Committee's next report to the Board would contain elements of a road map for implementing key components of the health emergency framework, developed in collaboration with Member States. All improvements to the framework, which continued to evolve, would be made together with technical, operational and financial partners and he thanked Member States for their input.

The CHAIR took it that the Board wished to note the report contained in document EB154/5.

**The Board noted the report.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

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

### **2. WHO'S WORK IN HEALTH EMERGENCIES:** Item 14 of the agenda (documents EB154/14, EB154/15 and EB154/51)

The CHAIR invited the Board to consider the reports contained in documents EB154/14, EB154/15 and EB154/51 and to provide guidance on the questions in the final paragraph of each document. She drew attention to a draft decision, which contained a draft decision to be submitted to the Seventy-seventh World Health Assembly, on the Universal Health and Preparedness Review, proposed by Cameroon, the Central African Republic, the Dominican Republic, Samoa, Sierra Leone, Switzerland, Thailand, Timor-Leste and the Member States of the European Union. The draft decision read:

The Executive Board, having considered the reports on WHO's work in health emergencies,<sup>1</sup>

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:

The Seventy-seventh World Health Assembly, having considered the report by the Director-General,

Decided:

(OP)1. to take note of the reports of the Central African Republic,<sup>2</sup> Iraq,<sup>3</sup> Portugal,<sup>4</sup> Thailand<sup>5</sup> and Sierra Leone<sup>6</sup> made during the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review<sup>7</sup> process meant to occur; and

(OP)2. to request the Director-General, in consultation with Member States, to continue developing the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review according to

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<sup>1</sup> Documents EB154/14 and EB154/15.

<sup>2</sup> Universal Health and Preparedness Review (UHPR): National Report of Central African Republic. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-and-readiness-review--\(uhpr\)--national-report-of-central-african-republic](https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-central-african-republic), accessed 18 December 2023).

<sup>3</sup> Universal Health and Preparedness Review (UHPR): National Report of Iraq. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)--national-report-of-the-republic-of-iraq](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-the-republic-of-iraq), accessed 18 December 2023).

<sup>4</sup> Universal Health and Preparedness Review (UHPR): National Report of Portugal. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)--national-report-of-portugal](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-portugal), accessed 18 December 2023).

<sup>5</sup> Universal Health and Preparedness Review (UHPR): National Report of Thailand. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)-2022--thailand](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)-2022--thailand), accessed 18 December 2023).

<sup>6</sup> Universal Health and Preparedness Review (UHPR): National Report of Sierra Leone. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-and-readiness-review--\(uhpr\)--national-report-of-sierra-leone](https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-sierra-leone), accessed on 18 December 2023).

<sup>7</sup> Universal Health and Preparedness Review (<https://www.who.int/emergencies/operations/universal-health---preparedness-review>, accessed on 18 December 2023).

the report submitted to the Seventy-fifth World Health Assembly,<sup>1</sup> and feedback from Member States, without prejudice to the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) processes, building on existing mechanisms under and in support of the International Health Regulations (2005) in a manner complementary to and non-duplicative of existing modalities and evaluation tools and processes used by Member States, namely those in the IHR Monitoring and Evaluation Framework; and

(OP)3. to request the Director-General to report to the Seventy-eighth World Health Assembly, through the Executive Board at its 156th session, on lessons learned, implications, benefits, challenges, and options for the next steps.

The financial and administrative implications for the Secretariat were:

<b>Decision:</b>	Universal health and preparedness review
<b>A.</b>	<b>Link to the approved Programme budget 2024–2025</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b> 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
<b>2.</b>	<b>Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> 22 months, to report to the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total budgeted resource levels required to implement the decision, in US\$ millions:</b> US\$ 16.08 million.
<b>2.a.</b>	<b>Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b> US\$ 16.08 million.
<b>2.b.</b>	<b>Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b> Not applicable.

<sup>1</sup> Document A75/21.

3.	<b>Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b> Not applicable.
4.	<b>Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> Not applicable.
5.	<p><b>Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 5.00 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 11.08 million.</li> <li>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b> It is expected that approximately US\$ 4–6 million can be mobilized with the support of the governments and government agencies. Fundraising activities are continuing.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions) <sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	1.14	0.58	0.44	0.53	0.90	0.45	4.17	8.20
	Activities	1.50	1.20	1.20	0.67	1.30	1.18	0.83	7.88
	Total	2.64	1.78	1.64	1.20	2.19	1.63	4.99	16.08
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.4. Future bienniums resources to be planned</b>	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<sup>a</sup> The row and column totals may not always add up, owing to rounding.

The CHAIR also drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on strengthening health emergency preparedness for disasters resulting from natural hazards, proposed by Australia, Bangladesh, Costa Rica, Croatia, Fiji, France, Germany, India, Ireland, Italy, Monaco, Mozambique, Nepal, Pakistan, Peru, Samoa, Slovakia, Slovenia, Türkiye, the United States of America and the United Republic of Tanzania. The draft decision read:



The Executive Board, having considered the report by the Director-General,<sup>1</sup>

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Recalling the International Health Regulations (2005), the Sustainable Development Goals 2030, the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Bangkok Principles on the implementation of the health aspects of the Sendai Framework, the Paris Agreement on climate change and the United Nations Framework Convention on Climate Change, the Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda of the Third United Nations Conference on Housing and Sustainable Development (Habitat III), and WHO's Thirteenth General Programme of Work, 2019–2025 with its strategic priority of one billion more people better protected from health emergencies;

(PP3) Recalling further Health Assembly resolutions WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA65.20 (2012) on WHO's response, and role as health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, WHA75.17 (2022) on human resources for health, WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, and the report of the Director General on strengthening WHO preparedness for and response to health emergencies;

(PP4) Recalling United Nations General Assembly resolutions 75/124 (2020) on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development, and 77/28 (2022) on strengthening of the coordination of emergency humanitarian assistance of the United Nations;

(PP5) Noting with concern that the increasing frequency and intensity of climate-related extreme weather events, and their impacts on health, put additional pressure on health systems, and require progress on adaptation, risk reduction and preparedness efforts to protect populations, in particular those at high risk of the devastating consequences of extreme weather events;

(PP6) Noting also with concern the continued risk of the occurrence of natural hazards, intersecting health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people around the world, particularly among those living in vulnerable and fragile situations;

(PP7) Recognizing that countries continue to face emergencies resulting from natural hazards, according to the WHO classification of hazards in Annex 1 of the WHO Health Emergency and Disaster Risk Management Framework;<sup>2</sup>

(PP8) Recognizing also that the devastating health, social, and economic impacts of the COVID-19 pandemic, and the lessons learned from the responses to it, have highlighted the need to strengthen health emergency preparedness, response, and resilience for disasters

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<sup>1</sup> EB154/15.

<sup>2</sup> Health Emergency and Disaster Risk Management Framework (pp. 22–36). Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf?sequence=1&isAllowed=y>, accessed 17 January 2024).

resulting from natural hazards, as concurrent and converging emergencies challenge communities and health systems;

(PP9) Underlining that preparation for, and responses to, health emergencies are primarily the responsibility and role of governments, and recognizing the importance of integrating health preparedness, response, and resilience into wider emergency preparedness for disasters, as well as recognizing the role of international cooperation in supporting national efforts and addressing cross-border risks;

(PP10) Recognizing that the health sector plays a fundamental role in emergency preparedness, prevention, response and recovery, and that timely and efficient attention to the health care needs of those living in vulnerable and fragile situations is one of the priorities in the overall management of major emergencies and disasters;

(PP11) Emphasizing the importance of trained, equipped and diverse health and care workers at the forefront of emergency preparedness, prevention, response and recovery, including but not limited to community health workers and capacitated community volunteers, and their key role in terms of whole-of-society engagement and in strengthening efforts towards comprehensive community resilience-building for disasters resulting from natural hazards;

(PP12) Recognizing the multidimensional aspects of disasters, the complex interdependencies between different stakeholders and the critical role that communities and civil society play in prevention, preparedness, response and recovery from disasters resulting from natural hazards;

(PP13) Recognizing also that with advances in technology and forecasting capabilities, it is increasingly important to anticipate, prioritize and mobilize risk reduction and readiness actions to mitigate the impacts of the adverse health consequences of disasters resulting from natural hazards, including through multi-hazard early warning systems that enable countries to be ready to respond rapidly and effectively;

(PP14) Recognizing further the immediate, shorter-term, and permanent health impacts of disasters resulting from natural hazards, including those due to injuries, diseases, and death, health infrastructure destruction and services disruption, as well as longer-term health impacts due to the interruption of the prevention and control of communicable and noncommunicable diseases, including the management of mental health and psychosocial conditions, and other public health programmes;

(PP15) Recognizing that an adequate response to health emergencies due to disasters resulting from natural hazards requires a resilient and functional health care system, including primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, and mental health and psychosocial support, including equitable and timely access to water, sanitation and hygiene, health products and technologies, which are a critical part of both integrated health care and a robust emergency health care system;

(PP16) Recognizing also that building resilient public health systems at the local or community, subnational, national and regional levels, is essential for preparedness for and response to disasters resulting from natural hazards;

(PP17) Recognizing further the importance of risk communication, addressing misinformation and disinformation and ensuring community engagement to drive more community centred and equitable approaches for disasters resulting from natural hazards, including informing, engaging and empowering communities to take proactive action and build resilience;

(PP18) Recognizing the significant potential of digital technologies and innovation to increase the accessibility, safety and cost-effectiveness of health services, especially during emergencies;

(PP19) Noting with concern that persons facing vulnerability and marginalization are often disproportionately affected by the impacts of disasters resulting from natural hazards and are under-represented in emergency preparedness decision-making,

(OP)1. URGES Member States, taking into account their own national contexts and priorities:

- (1) to ensure that efforts to strengthen health emergency preparedness and response for disasters resulting from natural hazards are based on systematic and regular evidence-based cross sectoral risk assessment;
- (2) to ensure that health emergency preparedness and response efforts are firmly grounded in risk reduction, risk-mitigation and health system resilience building approaches that advance progress towards Universal Health Coverage and are oriented towards primary health care, enabling the sustained provision of essential health services during and after disasters resulting from natural hazards;
- (3) to sustain political commitment and provide human and financial resources, as appropriate, and follow systematic and comprehensive approaches to strengthening and sustaining capacities for health emergency prevention, preparedness, response and recovery for resilience and strengthening health security, including through: strengthening and development of emergency risk management policies/strategies; planning and coordination of essential health and related services; training of health and care workers; information, education and knowledge management; building community capacities; and the provision of safe, accessible and resilient health infrastructure and logistics;
- (4) to strengthen risk-informed operational response, coordination and management at all levels, including cross border cooperation, to ensure timely, safe, accessible and effective understanding of health risks, impacts and delivery of health services to affected persons and populations that adequately addresses their urgent health and recovery needs, to incorporate technical standards, best practices, clear incident management systems and regularly evaluated and updated [gender]<sup>1</sup> and age [responsive/sensitive]<sup>1</sup> and disability-inclusive multi-hazard health sector emergency response plans for disasters resulting from natural hazards;
- (5) to engage as appropriate at local or community, subnational, national, regional and global levels to advance risk reduction, prevention, preparedness and response efforts for health emergencies from disasters resulting from natural hazards and recovery of communities and health systems;
- (6) to facilitate effective collaboration between national and international partners, experts and key stakeholders to ensure that knowledge and expertise are up to date and relevant, and to disseminate this knowledge and provide appropriate technical support to international and national health preparedness, response and mitigation programmes to shape the global health emergency preparedness landscape towards greater readiness for response;
- (7) to develop, implement and monitor policies and programmes that prioritize investments to improve the safety, accessibility and resilience of health facilities, including through ensuring that they are safely located, properly constructed and able to continue functioning during and after emergencies, minimize disruptions to essential health service delivery, and protect the lives of patients, the health and care workforce and the community;

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<sup>1</sup> To be discussed through further consultations.

- (8) to coordinate action across the whole of government and whole of society, in an inclusive manner, and with the WHO Secretariat and the international community before, during and after disasters resulting from natural hazards, to ensure that the health sector is fully embedded into multisectoral coordination mechanisms based on participatory, community-centred and [gender]<sup>1</sup> and age- [responsive/sensitive],<sup>1</sup> and disability-inclusive approaches;
- (9) to leverage existing communication and collaboration networks, including communities and networks established through multisectoral approaches, to strengthen and streamline mitigation and response efforts before, during and after disasters resulting from natural hazards;
- (10) to facilitate timely access for affected persons and populations to medicines, diagnostics, vaccines and other medical products needed in emergency response as part of a comprehensive package of prioritized and essential health services, including adequate access to primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, gender-based violence services and mental health and psychosocial support services, during and after disasters resulting from natural hazards, including through existing operational partner networks, such as the Global Health Cluster, the WHO Emergency Medical Teams Initiative, and the Global Outbreak Alert and Response Network and Standby Partnerships;
- (11) to facilitate and promote the production, supply and distribution of essential products needed for emergency preparedness and response to disasters resulting from natural hazards, by means that include, when necessary, supporting strategic stockpiling and equitable access to medical products based on epidemiological data, vulnerability situation and other scientific evidence;
- (12) to regularly and systematically conduct evidence-based risk assessments to inform actions, engage all key stakeholders, including local communities, and establish a clear leadership for preparing for health emergencies and disasters resulting from natural hazards;
- (13) to improve the support of health and care workforce, including community health workers and capacitated community volunteers, by providing relevant technical health and safety training and supporting lifelong learning in coordination with academic, research and training institutions, including training provided by the WHO Academy and WHO collaborating centres;
- (14) to enable health and care workers to update and adjust their technical skills, and to better prepare for prevention, the immediate rescue of victims, to prevent deaths, prevent and minimize injuries, mental health impacts and other illnesses among communities, and prevent and respond with a survivor-centred approach to sexual exploitation and abuse;
- (15) to support, as appropriate, the strengthening of data collection, disaggregated data, including by sex, age and disability, and research in a systematic manner for continuous improvement of the evidence base and outcomes of health emergency preparedness and response;

(OP)2. REQUESTS the Director-General:

- (1) to provide technical guidance, including supporting tools outlining evidence-based requirements, for mechanisms and capacities to strengthen health emergency preparedness for disasters resulting from natural hazards and help to facilitate access to financing for national health emergency and disaster risk management capacity;
- (2) to provide support to the Member States, upon their request, where possible, to address challenges in the health sector due to climate change, including support

for small island developing States, other climate vulnerable countries, urban settings and other geographical areas that are prone to disasters resulting from natural hazards and face similar challenges in terms of risks, vulnerabilities and capacities, and require dedicated, context-specific approaches;

(3) to provide support to Member States, upon their request, to develop, strengthen and operationalize their local, subnational and national emergency rapid response capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories, and community-based interventions and resources, in coordination with relevant response actors;

(4) to enhance the capacity, resources and expertise at all levels of WHO, to provide the necessary technical guidance and support to Member States, upon their request, to strengthen sustainable local, subnational, national and regional capacities [gender]<sup>1</sup> and age- [responsive/sensitive],<sup>1</sup> and disability-inclusive health emergency preparedness and response for disasters resulting from natural hazards;

(5) to mobilize timely, adequate, sustainable and flexible financial and human resources at all levels of WHO, including through the WHO Contingency Fund for Emergencies, to support Member States to strengthen their health systems, including the safety and resilience of health facilities;

(6) to include updates on efforts to implement this resolution in appropriate preparatory documents and briefings to the Standing Committee on Health Emergency Prevention, Preparedness and Response and to report to the Health Assembly, on progress made, lessons learned and best practices in implementing this resolution in 2026, 2028 and 2030 as part of the consolidated report on WHO's work in health emergencies.

The financial and administrative implications for the Secretariat were:

<b>Decision:</b>	Strengthening health emergency preparedness for disasters resulting from natural hazards
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	<p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p> <p>2.1.2. Capacities for emergency preparedness strengthened in all countries</p> <p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p>
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Seven years (2024–2030 inclusive).

<sup>1</sup> To be discussed through further consultations.

<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 45.68 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b>	US\$ 12.69 million.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b>	US\$ 13.20 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 19.79 million.
<b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the decision in the current biennium:</b>	US\$ 4.11 million.
– <b>Remaining financing gap in the current biennium:</b>	US\$ 8.58 million.
– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b>	
	The Secretariat is actively engaging with various donors to mobilize resources, including Member States and other partners.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	0.62	0.51	0.44	0.53	0.45	0.45	1.57	4.56
	Activities	1.05	1.05	1.05	1.05	1.05	1.05	1.83	8.12
	Total	1.67	1.56	1.49	1.58	1.50	1.50	3.41	12.69
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	0.64	0.53	0.46	0.55	0.46	0.46	1.64	4.74
	Activities	1.09	1.09	1.09	1.09	1.09	1.09	1.91	8.46
	Total	1.73	1.62	1.55	1.64	1.55	1.56	3.54	13.20
<b>B.4. Future bienniums resources to be planned</b>	Staff	0.96	0.80	0.69	0.82	0.69	0.74	2.40	7.10
	Activities	1.64	1.64	1.64	1.64	1.64	1.64	2.86	12.69
	Total	2.60	2.44	2.33	2.46	2.33	2.38	5.26	19.79

<sup>a</sup> The row and column totals may not always add up, owing to rounding.

The CHAIR said that consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period since that text was not yet ready for adoption. She further drew attention to a third draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on strengthening laboratory biological risk management, proposed by the United States of America and the Member States of the European Union. The draft decision read:

The Executive Board, having considered the reports by the Director-General,<sup>1</sup>

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

(PP1) Acknowledging the increasing risk of outbreaks of emerging and re-emerging diseases<sup>2</sup> and the need for strengthened global preparedness, including in the area of life science research and public health microbiology;

(PP2) Recalling the previous resolution WHA58.29 (2005) on the enhancement of laboratory biosafety, which proposed actions to implement an integrated approach to biosafety, and other relevant resolutions;<sup>3</sup>

(PP3) Recognizing the efforts and actual progress made in strengthening laboratory biosafety and structurally improving biocontainment conditions by both Member States and the WHO Secretariat in collaboration with and alignment to relevant WHO technical guidance, as outlined in resolution WHA58.29;

<sup>1</sup> Documents EB154/14 and EB154/15.

<sup>2</sup> WHO South-East Asia Dialogue. New Delhi: World Health Organization, Regional Office for South-East Asia; 2023 (<https://www.who.int/publications/i/item/9789290210955>, accessed 17 January 2024).

<sup>3</sup> See, inter alia, resolutions WHA58.3 (2005), WHA71.16 (2018), WHA74.7 (2021), and WHA76.5 (2023).

(PP4) Noting the implementation of specific programmes consistent with WHO guidance,<sup>1</sup> and development of national preparedness plans, mobilization of national and international resources and collaboration;

(PP5) Noting also WHO's provision of technical support to Member States through the updating and publication of relevant guidance documents;

(PP6) Stressing the importance of continuing implementation and strengthening of laboratory biological risk management, which includes institutional and personnel biosecurity measures;

(PP7) Recognizing the critical role of relevant sectors'<sup>2</sup> laboratories in global health security and that the growing number of maximum containment and facilities engaging in research with high-consequence pathogens<sup>3</sup> affecting human, animal, and other living organisms,<sup>4</sup> as well as the widespread use of new technologies, are changing the landscape of laboratory biosafety and laboratory biosecurity;<sup>5</sup>

(PP8) Noting that the evolution of laboratory biological risk mitigation and management towards a more risk- and evidence-based approach requires Member States' effective control measures, practices and competencies as well as the strengthening of responsible conduct at all organizational levels;

(PP9) Considering that research and development using high consequence and other biological agents, as appropriate, in laboratories is critical for preventing, detecting, and controlling outbreaks of emerging and re-emerging diseases and that their release from any type of containment facilities, including those belonging to pharmaceutical manufacturing and private entities, may have global ramifications;

(PP10) Expressing concern regarding gaps in the implementation of laboratory biosafety and laboratory biosecurity measures, according to reports and evaluations under the International Health Regulations (2005),<sup>6</sup> and the additional appropriate actions required to minimize laboratory-associated biological risks;

(PP11) Mindful also that the rapid advancement of technology, including easier access to genetic engineering, synthetic biology, and research involving genetically modified pathogenic microorganisms, and those for which the highly contagious and/or virulent potential for humans, animals, and other living organisms as well as inter-species transmission, is not fully characterized and predictable;

(PP12) Underscoring the importance of Member State commitment to address the gaps as identified by evaluations under the International Health Regulations (2005), strengthen and raise the profile of laboratory biological risk mitigation and management as

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<sup>1</sup> Including the Tianjin Biosecurity Guidelines for Codes of Conduct for Scientists.

<sup>2</sup> Advanced global health security: from commitments to actions. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/WHO-HSE-GCR-2016.15>, accessed 17 January 2024).

<sup>3</sup> As per WHO's document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized): High-consequence material, technology and information: A biological agent, biological material, technology and the information about it, capable of causing, direct or indirect, disease or other harmful effects in humans, animals, plants and/or the environment with severe or even catastrophic consequences.

<sup>4</sup> As per WHO's document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized): High-consequence research: Biomedical research that uses or creates material, technology or information that could, besides its intended benefits, be misused to cause significant harm to humans, animals, plants and/or the environment.

<sup>5</sup> Laboratory biosecurity is defined as preventing "unauthorized access, loss, theft, misuse, diversion or release, including protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling". See WHO's laboratory biosafety manual 4th edition (Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020, available at <https://www.who.int/publications/i/item/9789240011311>, accessed 17 January 2024).

<sup>6</sup> Including the State Party Self-Assessment Annual Report (SPAR) and other voluntary tools, as appropriate.



one of the necessary health security capacities for preventing, preparing for and responding to health emergencies, including pandemics and other emergencies,

(OP)1. CALLS on Member States<sup>1</sup> in accordance with national context and priorities:

(1) to comprehensively strengthen implementation of WHA58.29 on enhancement of laboratory biosafety by including essential elements of biological risk mitigation and management within their national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms;

(2) to approve, strengthen and implement, within the capacities and priorities of each sovereign Member State, whole-of-government, multisectoral national laboratory biosafety and laboratory biosecurity strategies, policies, programmes, and mechanisms including research and transportation, in line with WHO guidelines, involving high-consequence biological agents,<sup>2</sup> that would, in case of release or exposure, cause significant harm or potentially catastrophic consequences;

(3) to strengthen training and continual development of competent human resources, including in the areas of research, data, and incident management systems on laboratory biological risk mitigation and management;

(4) to promote a risk-based approach in support of a sound technical foundation through evidence-based measures, a sound culture of biosafety and biosecurity<sup>3</sup> at all institutional levels, and appropriate awareness, including cultural and behavioural approaches, practices, and interventions that support transparent communication with prevention of and resilience to misinformation and disinformation;

(5) to develop and align, as appropriate with relevant international standards, legislation and/or regulation and policies around laboratory biological risk mitigation and management, including involving possession, use or transfer of high consequence biological agents and relevant containment facilities, the handling of research data, methodologies in synthetic and other newly developed fields of biology and their products, where legislation, regulation, and policies should support inclusivity in the context of promoting people-centred health, disease prevention, early detection and response to health emergencies and to reduce the burden on health systems;

(6) to augment and secure international cooperation, technical tools development, and sharing of information about laboratories and incidents to practically implement laboratory biological risk mitigation and management with considerations for information security, and potential risks of international spread in line with the International Health Regulations (2005);

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> WHO consultative meeting high/maximum containment (biosafety level 4) laboratories networking: meeting report; WHO document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized).

<sup>3</sup> As per WHO's laboratory biosafety manual 4th edition (Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020, available at <https://www.who.int/publications/i/item/9789240011311>, accessed 17 January 2024): Biosafety culture is the set of values, beliefs and patterns of behaviour instilled and facilitated in an open and trusting environment by individuals throughout the organization who work together to support or enhance best practice for laboratory biosafety.

(OP)2. REQUESTS the Director-General:

- (1) to provide technical assistance and normative guidance to Member States, upon request, in developing comprehensive, biological risk management strategies, measures, and oversight systems, including for laboratory containment, research and the responsible use of the sciences, and for scaling up the implementation based on the needs and priorities of Member States;
- (2) to assist Member States' development and implementation of laboratory biosafety and biosecurity national strategies in line with national legislation and the applicable General Programme of Work with the appropriate structure, resources, assets, and capabilities in alignment with financial support based on the structure at country level strategy;
- (3) to ensure that WHO builds on its strengths, by developing and updating guidance for laboratory biological risk management in cooperation with other international organizations, including, but not limited to convening discussions for proposing consensus-based baselines for enabling objective assessment and incident reporting under the International Health Regulations (2005) of facilities working with microbiological agents through the identification and promotion of best practices, such as evidence- and risk-based interventions, in the context of each Member State and its current phase of the national laboratory biosafety and biosecurity programme development;
- (4) to monitor at all levels of WHO and to report to the Health Assembly developments, evidence and trends in laboratory biosafety and laboratory biosecurity-related tools, technologies, methodologies, and standards in health systems, public health, training programmes of all stakeholders, including academia and private sectors, and data science, and to analyse their implications and possible usage for the achievement of the health-related Sustainable Development Goals with the engagement of all relevant sectors;
- (5) to promote WHO's collaboration with other organizations and relevant stakeholders in line with the Framework of Engagement with Non-State Actors in a manner cohesive to the strengthening of laboratory biological risk mitigation and management implementation by leveraging their capabilities via WHO collaborating centres and other relevant technical partners or national and international voluntary partnerships;
- (6) to enable continued discussion among Member States and relevant international organizations or stakeholders for possible additional proposals to strengthen biological laboratory risk mitigation and management comprehensively;
- (7) to report back on progress in the implementation of this resolution, and challenges faced, to the Health Assembly in 2026, 2028 and 2030.

The financial and administrative implications for the Secretariat were:

<b>Decision:</b>	Strengthening laboratory biological risk management
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Six years (2024–2030).
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 33.59 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b>	US\$ 9.17 million.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b>	US\$ 9.54 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 14.88 million.

**5. Level of resources already available 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\$ 1.49 million.

– **Remaining financing gap in the current biennium:**

US\$ 7.68 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Discussions are ongoing to mobilize US\$ 9.8 million over 4 years from one donor source. Other mobilization efforts are also under way.

**Table. Breakdown of estimated resource requirements (in US\$ millions) <sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	1.39	0.81	0.42	0.54	0.63	0.46	2.35	6.59
	Activities	0.34	0.34	0.34	0.34	0.34	0.34	0.54	2.58
	Total	1.73	1.15	0.76	0.88	0.97	0.80	2.89	9.17
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	1.45	0.84	0.43	0.57	0.65	0.47	2.44	6.85
	Activities	0.35	0.35	0.35	0.35	0.35	0.35	0.56	2.68
	Total	1.80	1.19	0.79	0.92	1.01	0.83	3.00	9.54
<b>B.4. Future bienniums</b> resources to be planned	Staff	2.26	1.31	0.67	0.88	1.02	0.74	3.81	10.69
	Activities	0.55	0.55	0.55	0.55	0.55	0.55	0.88	4.19
	Total	2.81	1.86	1.23	1.43	1.57	1.29	4.69	14.88

<sup>a</sup> The row and column totals may not always add up, owing to rounding.

The CHAIR also invited the Board to consider a draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, proposed by Egypt, Indonesia, Kuwait, Lebanon, Malaysia, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Spain and Yemen. The draft resolution read:

The Executive Board,

Having considered the report by the Director-General,

RECOMMENDS that the Seventy-seventh World Health Assembly adopt, mutatis mutandis, the resolution EBSS7.R1 (2023) as is, other than the following textual revisions:

- (1) In operative paragraph 5(a) to replace the phrase "submit recommendations in this regard to the 154th session of the Executive Board and to the fourth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Seventy-seventh World Health Assembly" with "submit recommendations in this regard to the fifth meeting of the Standing Committee on

Health Emergency Prevention, Preparedness and Response and to the 156th session of the Executive Board and, to the Seventy-eighth World Health Assembly”;

(2) In operative paragraph 5(b) to replace the phrase “prior to the Seventy-seventh World Health Assembly” with “prior to the Seventy-eighth World Health Assembly”.

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b> Health conditions in the occupied Palestinian territory, including east Jerusalem
<b>A. Link to the approved Programme budget 2024–2025</b>
<p><b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft resolution would be implemented if adopted:</b></p> <p>2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings.</p>
<p><b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b></p> <p>Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the resolution:</b></p> <p>Four months (January–May 2024).</p>
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<p><b>1. Total budgeted resource levels required to implement the resolution, in US\$ millions:</b></p> <p>Zero.</p> <p>The work requested to implement the resolution falls under the provisions of resolution EBSS7.R1 (2023). The associated financial and administrative implications of that work are contained in document EBSS/7/CONF./1 Add.1.</p>
<p><b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>Not applicable.</p>

**5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions****– Resources available to fund the resolution in the current biennium:**

Not applicable.

**– Remaining financing gap in the current biennium:**

Not applicable.

**– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

The representative of BRAZIL commended WHO's invaluable efforts towards addressing health emergencies worldwide in the face of complex operational challenges. He welcomed the recommendations on how to improve health conditions in the occupied Palestinian territory, including east Jerusalem, and the appeal for an immediate and sustained humanitarian ceasefire by all parties to the conflict. He fully supported WHO's central role in coordinating prevention, preparedness and response to health emergencies within the global health architecture.

The global health system should not only ensure access to suitable and affordable health care but also uphold human rights, racial and gender equality, the rights of Indigenous Peoples, people with disabilities and minority groups, and sexual and reproductive health and rights. Local and regional scientific, technological and innovative capabilities should also be supported. Equity should be the guiding principle within the Working Group on Amendments to the International Health Regulations (2005), the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and other WHO initiatives. He agreed with the proposal to continue developing the Universal Health and Preparedness Review through an evidence-based process in consultation with Member States. The Review should build upon the International Health Regulations Monitoring and Evaluation Framework, without prejudice to ongoing negotiations within the Working Group and the Intergovernmental Negotiating Body.

His Government was committed to delivering an ambitious and game-changing pandemic agreement that incorporated legally binding measures to advance health equity, including a pathogen access and benefit-sharing mechanism, support for local and regional production, technology transfer and a fit-for-purpose revision of the International Health Regulations (2005). Member States must be allowed autonomy in developing laboratory guidance, which included biological safety standards.

The representative of CANADA acknowledged WHO's central leadership and coordination role in health emergency response and reaffirmed the need to ensure that the WHO Health Emergencies Programme was properly resourced. Member States and the Secretariat should leverage existing mechanisms to secure sustainable financing for the Programme.

She expressed concern at the many health emergencies around the world, especially the escalating humanitarian crisis in the Gaza Strip and the disproportionate health implications for women, children and newborns. Medical and humanitarian staff and objects were not legitimate targets; all parties to conflict must uphold international humanitarian law and allow the rapid and unimpeded passage of humanitarian relief. She called for resumed humanitarian pauses in the Gaza Strip and supported international efforts towards a sustainable ceasefire.

The focus on the five core components of health emergency response was welcome. Work to strengthen the global health security architecture, including through more equitable access to medical

countermeasures, should be grounded in a multisectoral, multistakeholder, all-hazards approach. Her Government would continue to engage in the amendment process for the International Health Regulations (2005) and the development of a pandemic agreement. The two instruments must be complementary and address gaps in the health security architecture while advancing equity, accountability and transparency. The Secretariat's assistance in ensuring coherence between the two processes was therefore welcome.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, described natural disasters that had impacted public health in the Region and noted that disease outbreaks reflected a deterioration in health systems due to conflict, fragile State systems and climate change. The crises of greatest concern were those taking place in the occupied Palestinian territory and in the Sudan, where health facilities and workers had been attacked repeatedly. It was incomprehensible that no sustainable ceasefire had been reached in those conflicts, and aid agencies were struggling to reach people in need and mobilize funds. The effectiveness of WHO's response to emergencies had improved, but that work must continue. Without political solutions, climate action, greater investment in health security and respect for shared humanity, the world would continue to experience increasingly severe crises.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the increasing number of attacks on health care facilities and workers was unacceptable; health workers and buildings should never be targeted during armed conflict. The European Union and its Member States had outlined their concern over the situation in the Gaza Strip in various European Council conclusions, and their position regarding the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, had been expressed at the Board's seventh special session.

Continued engagement from Member States was needed to ensure the sustainability of the WHO Contingency Fund for Emergencies; protracted and mounting financial needs were cause for concern, as was the chronic underfunding of health appeals and operational plans. He looked forward to the successful outcome of the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005). The intention to strengthen WHO's emergency coordination capacity and its operational mandate was a welcome inclusion in the draft fourteenth general programme of work, 2025–2028; the investment case could include suggestions to address financing needs in the light of a system-wide approach. All people had a right to the highest attainable standard of health, including those affected by crises. He called upon all Member States to commit the necessary resources to ensuring that health systems were functional and resilient in the face of concurrent hazards, and that policy and investment took into account a whole-of-government approach to health protection.

Highlighting the impact of acute and protracted crises on women, girls and vulnerable people, he expressed particular concern over declining access to sexual and reproductive health services and neonatal care. The heightened risk of sexual and gender-based violence during emergencies – and its impact on physical and mental health – was also deeply concerning. Civil society organizations and communities had a crucial role to play in that regard. The European Union and its Member States supported the adoption of the draft resolution.

The representative of the UNITED STATES OF AMERICA expressed strong support for the WHO Health Emergencies Programme. WHO should continue to play a leadership and coordination role during emergencies through the Global Health Cluster and to support frontline health workers. The Organization should further its leadership in the surveillance system for attacks on health care, address gaps in reporting, analyse data and identify opportunities to use data to advocate for health workers and facilities. Holistic approaches must continue to be applied to the prevention of, and response to, sexual exploitation, abuse and harassment during emergencies.

Her Government remained committed to negotiating a pandemic agreement and amendments to the International Health Regulations (2005). She appreciated the Secretariat's work to facilitate both sets of negotiations; it should continue supporting Member States to work as transparently, flexibly and creatively as possible to meet the May 2024 deadline.

The dedication of WHO staff working in conflict situations was commendable, and the impact of the Israel–Hamas conflict on humanitarian workers was devastating. Both Palestinians and Israelis deserved to live in safety, dignity and peace, and every civilian death, whether Palestinian or Israeli, was heartbreaking. Her Government continued to support Israel's right to defend itself against terrorism, while urging the application of all feasible measures to protect civilian lives. Health facilities and health workers must be protected. As indicated at the seventh special session of the Board, her delegation did not agree with every aspect of resolution EBSS7.R1 (2023) on health conditions in the occupied Palestinian territory, including east Jerusalem, and the explanation of position provided at that session remained applicable.

The representative of MALAYSIA said that health emergency preparedness and response required a comprehensive approach to communicable diseases, natural disasters and other threats. The Secretariat's technical support in developing a robust disease surveillance system was therefore appreciated. She highlighted the importance of training and simulation exercises, and a whole-of-government and whole-of-society approach to pandemic preparedness and health emergency planning that was flexible, holistic and country-specific.

Noting the degradation of health infrastructure in the occupied Palestinian territory, including east Jerusalem, she condemned Israel's aggression and expressed support for the recommendations set forth in document EB154/51, which all parties were urged to apply. She joined the call for collective action to end the hostilities and ensure unimpeded humanitarian access and the provision of food, water, fuel, electricity, medicine and supplies; Member States must step up their humanitarian efforts. An immediate ceasefire was needed for those efforts to succeed. All parties must uphold their obligations under international humanitarian law and international human rights law. Palestinians had the legal right to live in peace, within internationally recognized pre-1967 borders, with east Jerusalem as their capital, as well as the right to return to homes and property from which they had been forcibly displaced.

The representative of FRANCE said that responding to health emergencies was among WHO's most important tasks and the source of its legitimacy. In 2023, his Government had increased its contribution to the Contingency Fund for Emergencies. Emergency response work should focus on: the international regulatory framework, in particular amendments to the International Health Regulations (2005) and the pandemic agreement; promotion of the One Health approach within a single preparedness and response plan; strengthened diagnostic capacity; closer collaboration among the three levels of WHO and with local and regional humanitarian organizations; and promotion of – and compliance with – the highest human rights standards.

The collapse of the health system in the occupied Palestinian territory made action by WHO all the more necessary. He condemned the terrorist attacks of 7 October 2023 and called for the immediate and unconditional release of all hostages. Immediate action must be taken for a sustainable ceasefire, application of international humanitarian law in all circumstances, and safe and unhindered access by humanitarian organizations. Civilians and civilian infrastructure, including hospitals, schools and humanitarian workers, must be protected, and the world must remain mobilized. His Government supported WHO's work on the ground in the Gaza Strip and had responded as soon as the operational response plan had been released; it would continue to provide diplomatic and financial support. He supported the adoption of the draft resolution.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that certain regions, such as his, were particularly affected by health emergencies and merited special attention. He noted with concern the continued increase in humanitarian needs, the resulting



imbalance in the budget of the WHO Health Emergencies Programme and the challenges faced by governments in responding to health emergencies. The Region advocated more strategic and holistic responses to health emergencies; sustainable and predictable funding was needed to strengthen community resilience and core capacities in health security and promotion and primary health care, based on a multistakeholder approach.

In response to the questions posed in documents EB154/14 and EB154/15, he recommended that the Secretariat should continue supporting Member States to develop health emergency contingency plans with actionable outcomes and promote an agile multisectoral framework for prompt and effective emergency response. Emergency surveillance should be integrated into routine surveillance, with enhanced investigation and response capacity. Multisectoral collaboration should be institutionalized to respond to emergencies and further strengthen health systems. The Secretariat should also: support the establishment and operationalization of national and multi-country public health emergency operations centres; provide training and refresher courses for rapid response teams; establish a logistics roster; and enhance existing synergy and complementarity between the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, taking into account the importance of disease monitoring, transparency, collaboration and health equity. He took note of the reports.

The representative of AFGHANISTAN lauded the dedication and bravery of emergency health workers, whose sacrifices and tireless efforts in conflict zones must not go unnoticed. Although armed conflict had subsided in his country, the emergency situation persisted and the current leadership appeared to be ignorant of its historical susceptibility to both human-caused and natural disasters. WHO and other international organizations must fill the gap; the Organization had played a commendable role in developing his country's health emergency preparedness and response capacities during two decades of armed conflict and the COVID-19 pandemic, but regrettably, those efforts had not been sustained. The WHO Health Emergencies Programme was urged not only to maintain health emergency preparedness and response capacity in Afghanistan as a top priority, but also to engage actively with the current leadership on the importance of the issue. The Programme should also foster local leadership and ownership, and sustained political and technical attention to health emergencies.

The representative of JAPAN saluted the dedication of WHO and its partners in responding to increasingly complex emergencies and expressed concern over the ongoing crises driven by armed conflict around the world. The health dimension of such crises could rarely be resolved by WHO alone; the Secretariat should thus continue to engage with partners. Collaboration among the sectors involved in water, sanitation and hygiene should be promoted to address cholera outbreaks. The Secretariat should work with Member States to protect health workers by promoting a comfortable working environment, ensuring access to medical countermeasures and expediting the issuance of guidelines based on the latest evidence. Improving health literacy and combating misinformation and disinformation were also crucial to protecting health workers' dignity and ensuring continuous provision of services.

Efforts to strengthen the global health emergency architecture, particularly by coordinating diverse global partners, were welcome. WHO should further optimize its efficiency as a coordinator. His Government had worked to strengthen the global health architecture during its presidency of the G7 in 2023, and those efforts should be continued by the global community.

Given the importance of the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, Secretariat coordination of the two processes to ensure complementarity and synergy – especially in terms of financing and the definition of a pandemic – was welcome. For those processes to be successful, the general public must understand their importance; he therefore called upon the Secretariat and Member States to explore options to further promote transparency in the negotiations.

The representative of SWITZERLAND said that neither levels of media coverage nor individual interests should affect the world's response to an emergency. Local authorities and health facilities should be strengthened as part of building preparedness and response capacity in countries affected by crisis. Member States must exchange accurate health information in a timely manner for effective response. The emergency medical teams initiative was a direct means of strengthening the coordination essential to meeting people's needs and avoiding the duplication of efforts. Investment in surveillance systems and novel techniques like wastewater epidemiology could help to rapidly identify potential threats.

She supported the draft decisions on strengthening laboratory biological risk management and the Universal Health and Preparedness Review. The results of the latter could help to improve and accelerate preparedness capacity-building by identifying where resources were needed at the country and global levels.

The representative of PARAGUAY said that the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body must respect countries' sovereignty and focus on promoting equity and international solidarity to ensure that decisions took into account each country's circumstances and needs. Her Government would work with both bodies with the aim of reaching a consensus that guaranteed equitable benefits for all countries.

Accountability and transparency must be ensured at all levels of the Organization and Member States should know that their perspectives were considered in decisions affecting global public health. Any new initiatives must take into account the difficult financial situation faced by many countries in the aftermath of the COVID-19 pandemic, and the optimization of existing initiatives should be given preference over the introduction of new mechanisms.

A comprehensive and inclusive response to health emergencies was crucial; in view of its excellent management of the coronavirus disease (COVID-19) crisis, the Republic of China (Taiwan)<sup>1</sup> should therefore be included in WHO technical meetings, activities and mechanisms and participate in the Health Assembly as an observer.

The representative of AUSTRALIA acknowledged WHO's leadership role in responding to major emergencies while building capacities for prevention and preparedness. The Organization should continue to report on attacks against health staff, facilities and transport and to mitigate health system vulnerabilities in line with resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005).

Support for core capacities under the International Health Regulations (2005) must be urgently redoubled, drawing on lessons learned from the COVID-19 pandemic. Member States should use financing mechanisms, including the Pandemic Fund, to accelerate implementation of the Regulations. His Government would follow the global peer review phase of the Universal Health and Preparedness Review with interest, supported the related draft decision and would continue to engage actively in the pilot phase to ensure that the process was effective and fit for purpose.

He joined other Member States in expressing deep concern over the dire humanitarian situation in the Gaza Strip, commending WHO's work there and the contributions of its staff. Health workers, civilians and civilian infrastructure, including hospitals, must be protected. While his Government unequivocally condemned the attacks by Hamas against Israel as apparent acts of terror and affirmed Israel's right to defend itself, international humanitarian law must be respected. His Government called for the immediate, unconditional release of all hostages, and unimpeded and sustained humanitarian access in the Gaza Strip and safe passage for civilians. Humanitarian pauses were needed as steps towards a sustained and permanent ceasefire, which must not be one-sided.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

WHO's leadership in strengthening the global health architecture was appreciated, and he stressed the importance of building momentum in the negotiations of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. He acknowledged the Secretariat's coordination of those processes, where proactive provision of information was essential to informing decision-making. It was pleasing to see valuable Member State-led draft resolutions aimed at strengthening health systems and improving preparedness on the Board's agenda.

The representative of CHINA noted with regret that certain speakers had made statements that were irrelevant to the matters at hand and infringed on his country's sovereignty. The Board was a forum for discussion of technical health issues and Member States should refrain from making statements not related to the issues under discussion.

Requesting that his Government be added to the list of sponsors of the draft resolution, he noted that an immediate ceasefire and an end to the fighting were important conditions for the implementation of resolution EBSS7.R1. Passivity on the issue was indefensible. Countries with influence should promote implementation of a two-State solution as soon as possible to bring peace to the region.

His Government also wished to sponsor the draft decision on strengthening laboratory biological risk management. His Government would continue to support WHO's work in disease outbreaks and health emergency preparedness and response. The international community should draw lessons from its experience in past crises, strengthen solidarity and cooperation, increase funding and policy investments to strengthen health emergency capacity-building and preparedness, improve pandemic contingency plans and conduct simulation and staff training exercises.

The work of the Secretariat and the officers of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) was appreciated. The pandemic agreement and the amended Regulations should respect the sovereign rights of Member States, uphold the multilateral governance system, enshrine common but differentiated responsibilities, enhance equity and other fundamental principles, account for the gap between aspirations and realities and provide feasible solutions. Little time remained before the Seventy-seventh World Health Assembly, yet divergent positions persisted among Member States on various points; the Secretariat should arrange a joint meeting to help Member States to focus on key areas and discuss cross-cutting provisions to accelerate the negotiation process.

The representative of YEMEN stressed the need to apply resolution EBSS7.R1. Israel was depriving civilians in the Gaza Strip of their most basic rights and WHO must act immediately to save lives. He joined others in urging an end to the conflict so that patients and the wounded could receive appropriate health care. Israel's aggression had also contributed to the current conflict in the Red Sea, which had had repercussions for his country's health system. His Government was working to strengthen the country's response capacity but still required humanitarian aid to provide services such as health care, sanitation and clean drinking water. The Secretariat was urged to continue providing support to low- and middle-income countries. More resources must be allocated to country and regional offices for emergency response, and the Secretariat should encourage Member States to contribute to the Contingency Fund for Emergencies.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the Secretariat should apply a country focus when organizing support to help Member States to fill technical and financial gaps in health emergency preparedness and response. He expressed deep concern over the humanitarian crisis in the occupied Palestinian territory, including the Gaza Strip. His Government demanded an immediate ceasefire and an end to the perpetration of war crimes and crimes against humanity, in conformity with United Nations General Assembly resolution ES-10/21 on the protection of civilians and upholding legal and humanitarian obligations. All parties must comply with their obligations under international humanitarian law and international human rights law. He commended

the staff of WHO and other United Nations agencies for their tireless efforts to improve the situation on the ground despite the danger to their lives.

The representative of SLOVENIA expressed alarm at the rise in Grade 3 emergencies and their devastating consequences. The deteriorating situation in the Gaza Strip and the broader Middle East region was also deeply concerning, and there was a need to scale up humanitarian aid and allow rapid, safe, unhindered humanitarian access. Mental health, especially among children, was of particular concern and would require a comprehensive humanitarian response. Her Government had repeatedly called for full compliance with international law, including international humanitarian law and human rights law. All reports, including the report on implementation of United Nations Security Council resolution 2712, showed that the Gaza Strip was becoming uninhabitable. The time had come for an immediate ceasefire and a concrete peace plan. Implementation of all operational paragraphs of resolution EBSS7.R1 must begin immediately.

Speaking on behalf of Belgium, Finland, Ireland, Malta, Luxembourg, Norway, Portugal, Spain and Slovenia, she expressed support for the draft resolution and requested to be added to the list of sponsors.

The representative of PERU said that his Government unconditionally condemned all violence against civilians and acts of terror. International law and international humanitarian law were binding and must be respected in all circumstances.

His Government attached great importance to the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, including activities that facilitated synergy and complementarity between the two bodies to foster in-depth debate and allow both instruments to be put into practice. Processes to institutionalize the future pandemic agreement and accountability mechanisms to encourage compliance with its obligations would be needed. Mechanisms to monitor and review countries' progress and report on those instruments should be independent of the bodies responsible for their implementation.

On improving coherence between global, regional and country health emergency initiatives and strategies, current response capacities must be measured and gaps identified to develop a road map or comprehensive plan to optimise the response to future pandemics and other emergencies. There should be support for analysis of communities' resilience and preparedness, and tools and mechanisms should be created to measure countries' true capacities and fill any gaps. High-level political engagement was needed for a coordinated response to the next pandemic.

The representative of ETHIOPIA said that it was crucial to enhance health emergency prevention, preparedness and response and explore sustainable financing for core health system capacities to ensure resilience. He requested the Secretariat to update the grading of health emergencies to account for recent developments. He looked forward to finding consensus on the language of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards. He welcomed the draft decision on strengthening laboratory biological risk management – an area that required greater attention.

The representative of BELARUS said that Member States' participation in joint evacuation missions carried out by the United Nations and the Palestinian Red Crescent Society in the Gaza Strip was welcome. He called on the relevant authorities to do everything possible to allow humanitarian corridors and safe medical evacuations. Certain Member States' engagement in negotiations to ensure the delivery of humanitarian supplies and secure the release of hostages was noted and efforts to set up field hospitals for Palestinians were welcomed.

His Government firmly supported the one-China principle as essential to stability and sustainable development in the Western Pacific Region. Participation by Taiwan<sup>1</sup> in WHO's governing bodies was thus contrary to the Organization's technical nature and would politicize its work.

The representative of the REPUBLIC OF MOLDOVA described how the influx of Ukrainian refugees into her country had affected its health system, and thanked the Secretariat for coordinating support for the Ministry of Health. She agreed with the finding in the report contained in document EB154/14 that emergency response efforts in the context of humanitarian crises must build strategic resilience, in addition to meeting urgent short-term health needs. Past experience showed that health systems must be prepared for all types of crises in advance, especially as natural disasters, wars, nuclear incidents and pandemics were growing more frequent. WHO was best placed to take the lead in such situations. It should be compulsory for Member States to plan for every type of disaster; her country was already doing so in collaboration with international partners.

The representative of MALDIVES, recognizing WHO's important role in health emergencies, particularly the humanitarian crisis in the Gaza Strip, stressed the need for a comprehensive approach to addressing the challenges arising from conflicts and natural disasters. Continued collaboration with Member States and partners was crucial to ensure life-saving health assistance that neglected no one and sustained vital services. Member States must commit to ensuring that the WHO Health Emergencies Programme had sufficient resources to optimize its response to growing challenges. He urged engagement with governments and health cluster partners to counteract the escalating trend of attacks on health workers and facilities, including those in the Gaza Strip, where worsening security conditions and impaired humanitarian access must be addressed. He joined other Member States in calling for a ceasefire in the Gaza Strip and the protection of health facilities and workers in conflict situations, and in strongly condemning violations of international humanitarian law. He expressed support for the draft decisions on the Universal Health and Preparedness Review and on strengthening laboratory biological risk management, and the draft resolution.

The representative of SLOVAKIA acknowledged WHO's central coordination role in health and humanitarian emergencies and its impactful work on developing the global health architecture, including through the pilot phase of the Universal Health and Preparedness Review and efforts to strengthen preparedness for disasters resulting from natural hazards. The senseless loss of lives in conflicts and emergencies was deeply concerning, and he called for greater support and protection – including mental health and psychosocial services – for all health workers and victims. Humanitarian law and standards must be upheld under all circumstances.

In the draft decision on strengthening laboratory biological risk management, emphasis had been placed on the need for comprehensive risk management strategies, international collaboration and continuous efforts to strengthen global health security. The text sought to address current gaps in a key component of the global health architecture and establish a framework for enhanced cooperation and preparedness in managing biological risks, including the potential impacts of synthetic biology, artificial intelligence and other new technologies. More than 400 experts from around the world had collaborated on the draft, in which diversity across regions and countries was recognized, alongside the need for collaboration on training, knowledge- and experience-sharing and strengthened technical capacities at the global and regional levels. The aim was to deliver technical guidance that allowed equal implementation by taking into account countries' context-specific needs.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

His delegation was keen to work with fellow sponsors of the draft decision and other Member States, members of the Technical Advisory Group on Biosafety and other experts and WHO staff to improve biological risk management and strengthen early response capacity.

The representative of CANADA asked to be added to the list of sponsors of the draft decision on strengthening laboratory biological risk management.

The representative of AFGHANISTAN asked to be added to the lists of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and the draft decision on strengthening laboratory biological risk management.

The representative of CROATIA<sup>1</sup> said that natural hazards, exacerbated by climate change, continued to pose significant threats to global health and well-being, while health system preparedness for such disasters had been falling behind for over a decade. The draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards was aimed at advancing high-level strategic dialogue and renewing and sustaining political and financial commitment and support in that area. Among other actions, it requested the Director-General to provide technical guidance and strengthen emergency preparedness while addressing context-specific approaches for vulnerable settings. Member States had reached consensus on all elements of the draft text except the issue of gender. He therefore requested the continued discussion of the draft text in the intersessional period, with a view to submitting a final draft for adoption at the Seventy-seventh World Health Assembly.

The representative of GEORGIA<sup>1</sup> asked to be added to the lists of sponsors of the draft decisions on strengthening laboratory biological risk management, strengthening health emergency preparedness for disasters resulting from natural hazards, and the Universal Health and Preparedness Review.

The representative of the PHILIPPINES<sup>1</sup> stressed the value of the service of health and care workers during public health crises and emergencies. The Secretariat should support Member States' efforts to institutionalize the management and development of health workers during public health emergencies. Systems must encourage health workers to serve voluntarily and ensure their safety and well-being through protocols and provisions for logistics, and psychological and other support, including post-crisis assistance.

He thanked the Secretariat for assisting Member States in striving for coherence and complementarity between the future pandemic agreement and the amended International Health Regulations (2005). The Secretariat should facilitate the effective operationalization of both instruments, with equity as its guiding principle.

The representative of THAILAND<sup>1</sup> called for technical guidance and flexible, accessible funding for humanitarian operations, with particular emphasis on enhancing preparedness and response capabilities for health and care workers. Resources must be allocated strategically to boost the Organization's capacity to address health emergencies effectively, promote resilience and ensure sufficient resources to safeguard public health. WHO's social and intellectual capital had declined with regard to COVID-19 pandemic countermeasures; a limited number of Member States had implemented WHO recommendations regarding travel restrictions, face masks and vaccine combinations. Member States needed timely, accurate and realistic recommendations, which in turn required good human resources management to retain technical staff with integrity.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of INDONESIA<sup>1</sup> outlined some of the main elements of a robust health emergency response, including uninterrupted essential services, sustainable and predictable financing, strong partnerships, integrated surveillance systems and enhanced risk assessment capacities. The Secretariat should work with Member States and partners to reinforce the capacities built during the COVID-19 pandemic, and collaboration among Member States should be strengthened. Ongoing support for the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body was paramount; Member States should aim to produce consensual and ambitious documents that put equity at the centre of an effective global health architecture.

On health conditions in the occupied Palestinian territory, including east Jerusalem, he underscored the common responsibility to uphold international humanitarian law and protect health facilities, health workers and people's right to health in the Gaza Strip.

The representative of BULGARIA<sup>1</sup> said that international and regional health security was a major priority for his Government. A stable international framework to streamline emergency preparedness and response should be built by: raising awareness throughout society; accelerating action through strategic partnerships between governments, non-State actors and communities at national, regional and international levels; using financial resources efficiently; and ensuring transparency and accountability. The focus in the draft fourteenth general programme of work on addressing gaps in WHO's response to emergencies and protecting health workers was therefore welcome. Achieving sustainable health security at a time of volatility and mounting risks would take sustained will and effort, and placing the topic high on government agendas was the key to success.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR and also on behalf of FDI World Dental Federation, the International Pharmaceutical Federation, The World Medical Association, Inc., and the World Confederation for Physical Therapy, said that those organizations had contributed to negotiations on the pandemic agreement, including by suggesting the recently added clause requiring parties to protect health workers during emergencies.

She commended governments for including language in the agreement on the continuation of essential health services before and during pandemics. The focus on health systems strengthening and on safeguarding, protecting and sustaining an interdisciplinary health and care workforce was also appreciated. However, it was a cause of concern that the agreement did not currently require ethical international recruitment, decent work, due protection of employment or economic and social rights consistent with instruments such as the WHO Health Workforce Support and Safeguards List, the Working for Health 2022–2030 action plan and the WHO Global Code of Practice on the International Recruitment of Health Personnel. WHO's work in emergencies and beyond must aim to create a sustainable health workforce through effective planning, training and retention strategies to reduce the need to recruit internationally.

The representative of BANGLADESH<sup>1</sup> condemned the attacks on hospitals and civilian infrastructure in the Gaza Strip and expressed sorrow at the heavy loss of life among Palestinians and United Nations staff. He called urgently for: humanitarian pauses; exit permits for patients in need of medical treatment outside the Gaza Strip; provision of medicines and medical equipment; and respect and protection for all health and humanitarian workers in line with the Geneva Conventions of 12 August 1949 for the Protection of War Victims, their additional protocols, and relevant customary international law. There must be an immediate humanitarian ceasefire and the creation of safe corridors for humanitarian aid. Ending the illegal occupation of the Palestinian territory was a precondition for any lasting solution to the crisis. He therefore urged the international community to pursue diplomacy to end

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Israel's war of aggression. He wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of PAKISTAN,<sup>1</sup> speaking on behalf of the Organization of Islamic Cooperation Group in Geneva, noted with regret that health conditions in the Gaza Strip had further deteriorated since the Board's seventh special session, with a rising death toll, the destruction of health facilities, widespread mental health disorders and severe shortages of food, water and sanitation. As other Member States had observed, attacks on health facilities, health workers and ambulances were illegal under international law. It was lamentable that no lasting solution for peace had been found. While he supported the important work of WHO to meet basic health needs in the Gaza Strip, urgent humanitarian aid was needed to complement those efforts. The group remained committed to helping WHO and other partners on the ground to provide aid, including essential medical supplies. The Director-General's call for an immediate ceasefire and adherence to international humanitarian law was welcome. Health facilities in the Gaza Strip and elsewhere in the occupied Palestinian territory must be urgently rehabilitated. The group was committed to Palestinians' aspiration to live in peace in an independent State of Palestine with Al-Quds Al-Sharif as its capital.

The representative of ESWATINI<sup>1</sup> said that the growing number of critical emergencies and humanitarian crises required comprehensive, multisectoral responses and equitable access to health products, technology and know-how. The COVID-19 pandemic had highlighted the importance of equitable allocation of health products, and he commended all those who had contributed to the COVID-19 Technology Access Pool and the Taiwanese<sup>2</sup> vaccine manufacturer Medigen Vaccine Biologics Corporation for their efforts. As the global authority on health, WHO must address the multifaceted nature of global health challenges. The Secretariat should conduct an evaluation of the initiatives undertaken during the COVID-19 pandemic using the evaluation policy of 2018. The WHO Health Emergencies Programme must be sustainably financed in order to meet the needs of populations in fragile and vulnerable contexts that were affected by emergencies and to strengthen community resilience.

The representative of CUBA,<sup>1</sup> lamenting the high levels of mortality, morbidity and displacement and the massive degradation of the health system in the Gaza Strip, condemned the bombardment of civilians, hospitals and health infrastructure as war crimes and crimes against humanity. The aggression must cease, the transfer of humanitarian assistance must be allowed and a permanent ceasefire must be established, leading to the self-determination of the Palestinian people. She reiterated her Government's commitment to the one-China principle as enshrined in the relevant resolutions and stressed the importance of not politicizing WHO's work.

The representative of the RUSSIAN FEDERATION<sup>1</sup> disagreed with the assertion in document EB154/15 that the negotiation processes for a future pandemic agreement and amendments to the International Health Regulations (2005) were harmonized, as it had not yet been decided which document would govern certain aspects being examined by both bodies. Moreover, Member States remained divided on several fundamental issues. He also disagreed with the report's finding that the work of both bodies had demonstrated the need to balance sovereignty with the promotion of mutual accountability. The new pandemic agreement and amendments to the Regulations should not be used as an excuse to interfere in Member States' domestic affairs and Member States' concerns about sovereignty should be addressed, not dismissed as unfounded. In that context, universal health and preparedness reviews should be purely voluntary.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".



The proliferation of health emergency initiatives, including those involving WHO, should be approached with care, due to the risk of complicating coordination and reducing the effectiveness of the global response. The designation of WHO as an implementing entity for active projects of the Pandemic Fund must not affect the Organization's ability to meet existing objectives or lead to requests to increase its budget. The future pandemic agreement and amendments to the International Health Regulations (2005) must take into account the interests of all Member States if they were to be fair, universally acceptable and implementable. The only practical way to adopt such a universal document by the deadline was in the form of a framework convention. The Russian Federation stood ready to participate constructively in both negotiation processes and supported WHO's central and impartial leadership role in responding to health emergencies.

The representative of ISRAEL<sup>1</sup> read the testimony of a hostage who had been held in a hospital following the attacks of 7 October 2023, and listed evidence provided by the Israeli armed forces of the military use of hospitals by Hamas. She said that WHO had turned a blind eye to the strategic militarization of the entire civilian area of the Gaza Strip, including hospitals. Resolution EBSS7.R1 failed to address the hostages or the full reality and amounted to an endorsement of Hamas's use of human shields and medical facilities for terrorism. Her Government was deeply concerned about the humanitarian situation in the Gaza Strip, and she outlined the efforts made to facilitate the provision of aid. Her Government was not limiting the entry of humanitarian aid to the territory; rather, United Nations agencies must increase their efforts so that more aid could be delivered. Recalling the horrific attacks of 7 October 2023, she said that there could be no health while Hamas was embedded in hospitals, and she reasserted Israel's right to defend itself.

The representative of POLAND<sup>1</sup> said that the international community should step up cooperation to ensure that health emergencies were not neglected and that life-saving health services were provided and essential services were sustained. The Secretariat should strive to provide more efficient, tailored assistance and support. She underscored the importance of ensuring synergy between different regional systems: for example, between the WHO emergency medical teams initiative and the European Union Civil Protection Mechanism. Most important, however, was the need to prepare for future crises through the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. The pandemic agreement should be ambitious, clear and consistent; the ambition and quality of the final text must not be compromised due to time pressures, and in that regard, the feasibility of presenting an agreed draft in May 2024 might need to be re-examined.

The representative of MONACO<sup>1</sup> expressed appreciation for WHO's key role in responding to public health crises and the Organization's sustained efforts to support countries experiencing emergencies. Noting the increasing trend of health emergencies that arose from armed conflict, climate change and natural disasters, she said that the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards was more relevant than ever.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR and also on behalf of the International College of Surgeons, HelpAge International, Médecins Sans Frontières International, the World Federation of Societies of Anaesthesiologists and The Worldwide Hospice Palliative Care Alliance, said that Member States should work to ensure that internationally controlled essential medicines were available and that first responders were trained to use them. Such medicines were often unavailable in countries experiencing disasters, as customs and border control authorities removed them

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

from incoming emergency kits and they were not included in WHO emergency packs for noncommunicable diseases. As a result, effective anaesthesia, relief for severe pain and treatments for mental health and substance use disorders were often lacking when people needed them the most. Government authorities and policy-makers should collaborate with prescribers to ensure sufficient supplies and emergency stockpiles. Rational planning could mitigate diversion and non-medical use while ensuring availability. Member States were invited to review the joint statements on the availability of controlled medicines in emergencies issued by WHO, UNODC and INCB and the 2023 WHO report on access to morphine, *Left Behind in Pain*.

The representative of SINGAPORE<sup>1</sup> said that countries should find ways to adapt the capabilities gained during the COVID-19 pandemic to regular service delivery so that health systems were able to deal with future emergencies. The Secretariat should support information- and experience-sharing by Member States that had implemented successful prevention, preparedness and response models during the pandemic. His Government strongly supported WHO's leadership role in health emergencies, given the risks of fragmentation, duplication and competition. WHO should maintain strategic and – where appropriate – operational oversight of key global public health goods, such as the future global medical countermeasures platform and international surveillance networks. Since Member States might not be best informed about emergency response coordination at the global level, the Secretariat should provide expert guidance to the Intergovernmental Negotiating Body on issues such as logistics and supply chains, surveillance and pathogen-sharing.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that she noted the courageous efforts of WHO health and humanitarian workers and abhorred the increase in attacks on health care facilities. She echoed concerns at the deterioration of the humanitarian situation in the Gaza Strip following the terrorist attacks of 7 October 2023 against Israel. There should be an immediate humanitarian pause in the Gaza Strip as a vital step towards building a sustainable, permanent ceasefire. Her delegation remained committed to reaching a consensus on the new pandemic agreement by May 2024. That work offered a critical opportunity to improve preparedness against future pandemic threats, complemented by strengthened International Health Regulations (2005) and while respecting countries' sovereignty. Secretariat support of the negotiations on both instruments was welcome, along with its continued support for the equitable and timely development and distribution of medical countermeasures, including through the development of the interim medical countermeasures platform. Experts and data from all parts of the world must be consulted when considering how best to prevent, prepare for and respond to health emergencies. An increased focus on prevention was needed, including through stronger surveillance and health systems.

The representative of NORWAY<sup>1</sup> said that WHO's normative and coordination work must be complemented by the efforts of the Pandemic Fund, multilateral development banks and the rest of the United Nations system, among others. The interim medical countermeasures network of networks would be important in that respect. She called upon the Secretariat and its partners to better coordinate their support to countries. The conclusion of negotiations by the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body was a historic opportunity to ensure better pandemic prevention and response; strong commitments were needed on prevention, the One Health approach and more equitable access to countermeasures.

Lamenting the health crisis, the suffering of civilians and the attacks on health workers and facilities in the Gaza Strip, she called for a ceasefire and for all parties to comply with their obligations

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

under international humanitarian law. Safe zones and sufficient medical supplies should be provided urgently.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> paid tribute to WHO staff who risked their lives and health to respond to health emergencies. Her Government had supported the Universal Health and Preparedness Review initiative from the start, as it was an important aspect of emergency preparedness that would allow countries to strengthen their core capacities, identify gaps and garner high-level support in related sectors, as well as international support and cooperation through the peer review process. She asked to be added to the list of sponsors of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards.

**The meeting rose at 13.00.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.