



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
SPECIAL SESSION ON THE
EBOLA EMERGENCY
GENEVA, 25 JANUARY 2015

RESOLUTION
ANNEX

SUMMARY RECORDS
LIST OF PARTICIPANTS



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2015

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	– <i>Office International des Epizooties</i>
ASEAN	– Association of Southeast Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

The designations used and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

A special session of the Executive Board on the Ebola emergency was held at WHO headquarters, Geneva, on 25 January 2015. The present volume contains the resolution, its financial and administrative implications for the Secretariat, the summary records of the Board's discussions, and the list of participants.

CONTENTS

	Page
Preface.....	iii
Agenda	vii
List of documents	ix

PART I

RESOLUTION

EBSS3.R1	Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies	3
----------	--	---

ANNEX

Financial and administrative implications for the Secretariat of the resolution adopted by the Executive Board	13
--	----

PART II

SUMMARY RECORDS

First meeting

1.	Opening of the session and election of the Chairman.....	17
2.	Tribute to the memory of victims of Ebola virus disease	17
3.	Adoption of the agenda and method of work	18
4.	Ebola virus disease outbreak	
	• Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions	
	• Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies.....	18

Second meeting

1.	Ebola virus disease outbreak (continued)	
	• Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions (continued)	
	• Ensuring WHO’s capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies (continued)	29
2.	Closure of the session.....	48

LIST OF PARTICIPANTS

List of members and other participants	49
--	----



AGENDA¹

1. Opening of the session and election of the Chairman
 2. Adoption of the agenda and method of work
 3. Ebola virus disease outbreak
 - Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions
 - Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies
 4. Closure of the session
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¹ As adopted by the Executive Board at the first meeting (25 January 2015) of its third special session.

LIST OF DOCUMENTS

EBSS/3/1	Provisional agenda ¹
EBSS/3/1 (annotated)	Provisional agenda (annotated)
EBSS/3/2	Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions
EBSS/3/3	Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies

Information documents

EBSS/3/INF./1	Fast-tracking the development and prospective roll-out of vaccines, therapies and diagnostics in response to Ebola virus disease
EBSS/3/INF./2	Building resilient health systems in Ebola-affected countries
EBSS/3/INF./3	Highlight of efforts made to date towards preparing non-affected countries and regions to respond to potential importation of EVD
EBSS/3/INF./4	IHR and Ebola
EBSS/3/INF./5	Ebola at end-2014: "Getting to Zero"

Diverse documents

EBSS/3/DIV./1	List of members and other participants
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¹ See page vii for the agenda adopted by the Board.

PART I
RESOLUTION
ANNEX

RESOLUTION

EBSS3.R1 Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences

The Executive Board,

Having considered the reports on WHO's response to the Ebola virus disease outbreak;¹

Deeply concerned by the 21 831 cases and 8690 deaths reported to date and the continuing infections and deaths in affected countries, as well as the potential risk of spread to neighbouring countries and beyond;

Emphasizing the need for Member States² and other relevant actors to extend urgently all possible means of support to the affected and highly at-risk countries to end the Ebola outbreak, and stressing the importance of evidence-based responses and community engagement to prevent fear, stigma and discrimination;

Reaffirming that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, and reiterating its determination to take further action on social determinants of health;

Recognizing that the current outbreak demonstrates once again the urgency for all countries of having strong, resilient and integrated health systems capable of fully implementing the International Health Regulations (2005), and of having the capacity for health-related emergency preparedness and progress towards universal health coverage that promotes universal, equitable access to health services and ensures affordable, good-quality service delivery;

Recalling resolution WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems, which reaffirms, inter alia, that countries should ensure the protection of health, safety and welfare of their people and should ensure the resilience and self-reliance of the health system, which is critical for minimizing health hazards and vulnerabilities;

Committed to an effective and coordinated response both for the current Ebola crisis and to make the corrective changes needed to prevent, detect and contain future outbreaks, and reaffirming the central and specialized role played by WHO in emergency preparedness and response, including in health emergency situations as described in Health Assembly resolutions WHA54.14, WHA58.1, WHA59.22, WHA64.10, WHA65.20 and WHA65.23;

¹ Documents EBSS/3/2, EBSS/3/3 and EBSS/3/INF./1–5.

² And, where applicable, regional economic integration organizations.

Recalling resolution WHA65.20, which affirms WHO's role as the health cluster lead in responding to the growing demands of health in humanitarian emergencies, and recognizes the specific requirements for effective health-related emergency operations;

Recalling that the WHO's Emergency Response Framework has so far been the basis for WHO's role, responsibilities and work in all emergencies with public health consequences;

Reaffirming WHO's responsibilities under the International Health Regulations (2005);

Noting that an effective response during an outbreak requires all levels of the Organization to continually adapt and adjust resource allocation, methods of work and information practices, with a clear focus on results;

Emphasizing in this respect that the response at all levels of WHO must be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership; and building on effective collaboration within the Organization's mandate with other relevant actors;

Reaffirming the global strategy and plan of action on public health, innovation and intellectual property;

Acknowledging that there is a linkage between addressing Ebola, including the control and elimination of neglected tropical diseases, and the global strategy and plan of action on public health, innovation and intellectual property and a pooled fund of global health research and development;¹

Commending all Member States,² organizations, including nongovernmental organizations, other entities and individuals that have provided assistance in cash and in kind, including the large number of medical professionals, in response to the Ebola outbreak;

Recognizing the urgent need for an improved and more effective and coordinated response capacity for the international community, and especially for WHO and Member States,² in responding to health-related emergencies;

Committing to further mobilize resources to strengthen national, regional and global preparedness and preventive tasks against the threat posed by infectious diseases to global health and strong, sustainable and balanced growth for all;

Emphasizing also the fundamentally civilian character of humanitarian assistance, and reaffirming, in situations in which military capacity and assets are used as a last resort to support the implementation of humanitarian assistance, the need for the use to be undertaken with the consent of affected States and in conformity with relevant provisions of international law,³

Current context and challenges; stopping the epidemic; and global preparedness

1. EXPRESSES its unwavering commitment to contain the Ebola outbreak and to remain engaged in promoting urgent actions to accelerate prevention, detection, control and treatment until we reach

¹ See resolution WHA66.22.

² And, where applicable, regional economic integration organizations.

³ See United Nations General Assembly resolutions 60/124 and 69/135.

zero cases of Ebola virus disease; to contribute to building resilient health systems in the affected countries and other highly at-risk countries; and to provide support for people who have survived Ebola, and their families, and for children orphaned by the disease, including psychosocial support;

Leadership and coordination

2. RECALLS and REAFFIRMS the constitutional mandate given to WHO to act, inter alia, as the directing and coordinating authority on international health work, and to furnish, in emergencies,¹ necessary aid upon the request or acceptance of governments, and recognizes the need to accelerate ongoing reform of the Organization;

3. FURTHER REAFFIRMS WHO's role as the lead agency of the global health cluster, including its role to ensure the timely declaration of appropriate response levels to humanitarian emergencies with health consequences, and calls on Member States² and relevant actors in humanitarian situations with health consequences to support WHO in fulfilling its role as lead agency of the Global Health Cluster within its mandate;

4. FURTHER REAFFIRMS that, in connection with the declaration on 8 August 2014, by the WHO Director-General that the 2014 outbreak of Ebola virus disease in some West African countries is a public health emergency of international concern, all WHO authorities with respect to the administration, deployment and other human resource matters concerning preparedness, surveillance and response rest with the Director-General, and shall be exercised in a manner consistent with the principles and objectives of WHO's Emergency Response Framework, while minimizing the negative impact on the regular and routine work of WHO;

5. INVITES the Director-General to consider assigning, immediately following the special session of the Executive Board, for the duration of the outbreak of Ebola virus disease, a Special Representative with the appropriate grade and authority to be responsible for all aspects of coordination at all three levels of the Organization and response for the current outbreak;

6. REAFFIRMS the authority of the Director-General to reallocate existing resources, as appropriate and needed, subject to existing authorities, procedures and agreements, without compromising the Organization's programme priorities, as needed to enable an efficient and accelerated response to end the current epidemic of Ebola virus disease;

7. AFFIRMS the essential role of the WHO country representatives in any outbreak and response situation and expects all levels of the Organization to cooperate with and support the Director-General in her duty to take all necessary measures so that each country office, in particular for affected and highly at-risk countries and areas, has the right skill set and expertise to match the public health challenges they face;

8. FURTHER AFFIRMS the critical role of the WHO regional offices in any outbreak and response situation, under the authority of the Director-General, and requests the Director-General and Regional Directors to take all measures for the highest level of coordination and collaboration among all levels of the Organization to jointly meet the public health challenges they face, including measures to strengthen the routine and immediate sharing of information on outbreaks of infectious diseases or emergencies with health consequences;

¹ See also resolutions WHA34.26, WHA46.6, WHA48.2, WHA58.1, WHA59.22, WHA64.10 and WHA65.20.

² And, where applicable, regional economic integration organizations.

9. REQUESTS the Director-General to further improve communication, coordination and information sharing between WHO and the United Nations Mission for Ebola Emergency Response, to enable Member States¹ and other partners to engage more effectively in the response, and requests a report outlining the specific role of WHO within the United Nations Mission for Ebola Emergency Response by March 2015;

10. CALLS ON the Director-General to improve the transparency and reliability of health-related needs-assessment processes;²

Health systems

11. CALLS ON Member States¹ to further strengthen coordination on personnel, logistics, supplies, equipment and related infrastructure, with a view to accelerating the effective response to Ebola virus disease and converting it to longer-term health system strengthening, particularly in the most affected countries, building on the results of the WHO meeting held in Geneva on 10 and 11 December 2014 on “Building resilient health systems in Ebola-affected countries” and the implementation of the International Health Regulations (2005), and in this context requests the Director-General to give technical advice to the most affected countries for developing their country plans, to be discussed in an upcoming conference;

12. ENCOURAGES Member States¹ to consider promoting health system strengthening and core capacities required under the International Health Regulations (2005) for inclusion in the implementation of the health goal of the post-2015 development agenda;

13. CALLS ON Member States¹ to strengthen capacities to recruit, develop, train, and retain the health workforce in developing countries, particularly in the most affected and highly at-risk countries;

14. FURTHER CALLS ON Member States¹ to strengthen support for health care workers to enable local and regional surge capacity, as the most important basis for emergency and outbreak response, which includes ensuring the availability of adequate isolation, care and treatment facilities and essential supplies, and strengthening national and regional capacities for surveillance, including providing support for developing countries to build capacity;

15. URGES Member States¹ to establish, promote and foster regional and subregional collaboration, as well as interregional cooperation within WHO, including sharing of experience and expertise for capacity development to strengthen the role of the local health systems and workforce in the response to emergencies and other crises;³

16. REAFFIRMS that integrated health care, based on access to health and universal health coverage, is the best approach for strengthening health systems, and calls on Member States¹ to accelerate implementation efforts;⁴

17. TAKES NOTE of the current challenges facing the operational response to the outbreak of Ebola virus disease,⁵ endorses the steps outlined to meet these challenges,⁶ and requests the

¹ And, where applicable, regional economic integration organizations.

² See United Nations General Assembly resolution 60/124.

³ See resolution WHA64.10.

⁴ See resolutions WHA67.24 and WHA63.16.

⁵ See document EB136/26.

⁶ See document EBSS/3/INF./5.

Director-General to ensure that the required human and other resources are deployed to this end as a matter of priority and urgency;

Medical assistance

18. RECOGNIZES the importance of providing for, as much as possible, the safety and protection of health care workers, taking into account the resolution on global health and foreign policy adopted by the United Nations General Assembly on 5 December 2014;¹

19. CALLS ON health service providers to ensure that health workers are provided with adequate training and necessary protective gear in order to minimize their risk of infection from disease;

20. CALLS ON Member States² affected by outbreaks and health emergencies to provide adequate security to protect all health workers from violence;

21. REAFFIRMS the value of foreign medical teams to the outbreak response, and requests the Director-General to ensure WHO is able, building on the newly established Foreign Medical Teams unit at WHO, to coordinate offers of and requests for the deployment of equipped and experienced foreign medical teams to fill urgent needs and to systematize the formation, training, and support for these foreign medical teams in a timely manner;

22. FURTHER REAFFIRMS the value of ensuring the effective deployment of all possible health services, reserve medical teams and the vital consumables to control diseases, by a process of consultation, coordination and integration based on the request or acceptance of the host countries, recognizing that foreign medical teams are intended to support temporarily the national health system, with a view to its sustainable strengthening;

23. REQUESTS the Director-General, in consultation with Member States,² to further develop mechanisms for the use of existing emergency stand-by capacities, including, where appropriate, regional humanitarian capacities, through formal agreements, and to report on the issue to the Sixty-ninth World Health Assembly;³

Information

24. CALLS ON Member States,² consistent with the International Health Regulations (2005), to strengthen disease surveillance capacity and data and information flows between local and national levels and with WHO at country, regional and global levels in order to enable a full and effective response to the current epidemic of Ebola virus disease, and to ensure early reporting and detection for any future outbreak;

25. REQUESTS the Director-General to take all necessary steps to strengthen surveillance, effective and timely dissemination of data and information, and health information capability, required to control the epidemic, and to apply lessons learnt to WHO's future work in this regard;

26. FURTHER REQUESTS the Director-General to develop, integrate and support common tools and coordination mechanisms, such as web portals, as appropriate, to track activities across all aspects

¹ See United Nations General Assembly resolution 69/132.

² And, where appropriate, regional economic integration organizations.

³ See United Nations General Assembly resolution 60/124, paragraph 13.

of WHO's work to end the current outbreak of Ebola virus disease, and identify gaps and formulate concrete needs in order to prevent and respond more effectively to future outbreaks;

27. FURTHER REQUESTS the Director-General to ensure, in the context of the present emergency, that relevant information, especially concerning details of assistance pledged and delivered to the response effort, is shared actively and in a timely and transparent manner with Member States¹ and other partners, with a view to facilitating effective resource use and response, and requests relevant Member States¹ to assist the Director-General by providing all such information to the United Nations Office for the Coordination of Humanitarian Affairs, through its financial tracking service, in a timely and transparent manner;

Preparedness

28. RECOGNIZES the urgency, in the context of the current outbreak, of addressing the immediate needs in preparedness and response capacity, in particular in highly at-risk States, as identified by WHO, and calls on all Member States¹ and the international community to enhance this effort, giving appropriate priority to the disease surveillance, preparedness, and emergency work of WHO;

29. FURTHER RECOGNIZES the importance of addressing longer-term systemic gaps in capacity to prevent, detect, protect against, control and provide a public health response to the international spread of disease and calls on Member States¹ to fulfil their commitment to full implementation of the International Health Regulations (2005) and, in particular, to accelerate action by and support for West and Central African States and other at-risk States, and furthermore commends in this regard North–South, South–South, triangular and bilateral cooperation and exchange of best practices;

30. URGES Member States,¹ supported by the Secretariat, to work across sectors and stakeholders, including education, transport and regulatory systems, to ensure that preparedness and long-term sustainable capacity to prevent, detect, protect against, control and provide a public health response to the international spread of disease is embedded in communities and can facilitate community mobilization in case of an emergency with health consequences;

31. RECOGNIZES that global preparedness needs continuous commitment to research and development, reliance on a multisectoral approach, strengthening of health systems, economic development in developing countries and improved health status;

32. FURTHER RECOGNIZES the importance of timely sharing of information on diagnostic, preventive and therapeutic products registered at the national or regional level, among Member States,¹ under the auspices of WHO, and the routine evaluation of the effectiveness of such products for the purpose of their timely use in response to an epidemic, and requests the Director-General to provide to the Executive Board at its 138th session options for strengthening such information sharing and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers;

Therapeutic medicines and vaccines

33. RECOGNIZES the good progress made to date, under the leadership of WHO in the process of developing Ebola vaccines, and requests the Director-General to ensure the sustainability of the working groups on therapeutic medicines and vaccine clinical trial designs while they are needed, to ensure continued progress in the development of quality, safe, effective and affordable vaccines and treatments, while emphasizing the importance of completing WHO's work on emergency regulatory

¹ And, where applicable, regional economic integration organizations.

mechanisms and procedures ensuring patient safety, committing results of this work to the most affected countries in West Africa as a first priority, with an accompanying distribution and financing plan, to be communicated to Member States¹ as soon as it is ready;

34. REQUESTS the Director-General to evaluate the current status of the epidemic and to disseminate information on the most critical research studies to complete; and requests the Director-General in consultation with technical experts and Member States¹ regulatory agencies to develop guidance on the value and limitations of the data obtained from the clinical trials, giving particular attention to ethics, quality, efficacy and safety;

Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies

35. AFFIRMS that a primary goal in reforming WHO's capacity to respond to future large-scale and sustained outbreaks and emergencies is to enable the Organization to support and/or build Member States¹ capacity to prevent, detect, prepare for and respond to such outbreaks and emergencies;

WHO's structure and human resources

36. REAFFIRMS that all relevant WHO authorities with respect to administration, deployment and other human resource matters concerning preparedness, surveillance and response rest with the Director-General for outbreaks and emergencies with health consequences, and shall be exercised in a manner consistent with the principles and objectives of WHO and its Emergency Response Framework;

37. REQUESTS the Director-General to strengthen the emergency operational capabilities of the Organization to enable it to fulfil its constitutional mandate and respond to emergencies with health consequences on the basis of an all-hazards approach;

38. UNDERLINES that it is essential in respect of the health emergency response that the Organization be capable of delivering on the complex and varying scale of health emergency response, emphasizing in particular systems for human resources, resource mobilization and financing, planning and information management, and ensuring unambiguous leadership and a coherent approach towards outbreak and health emergency operations for all levels of the Organization;

39. RECOGNIZES that, among other factors, the shortcomings in WHO's human resources systems and processes slowed down the response to Ebola virus disease, and requests the Director-General, on the basis of lessons learnt and taking into account the current reform efforts, to accelerate WHO's efforts on human resources reform, particularly by implementing at all three levels of the Organization robust recruitment and performance management, including performance review and mobility policies by the end of 2015 in order to rapidly match staff skills to urgent needs and to report to the Sixty-eighth World Health Assembly on plans for implementation and further expansion, taking into account the interim assessment requested in paragraph 52;

40. REQUESTS the Director-General to review the system for nomination, selection, training, and the performance review and improvement plan of WHO country representatives, taking into account, and without prejudice to, current reform efforts, with a view to improving expertise in each of the three core areas of WHO's mandate – normative work, technical support to countries, and emergency and outbreak response – and supports the Director-General in exercising her authority to add or

¹ And, where applicable, regional economic integration organizations.

change staff with appropriate expertise at the country and regional levels, and to report on implementation to the Executive Board at its 138th session;

41. STRESSES the importance of WHO personnel understanding and respecting national and local customs and traditions in their countries of assignment and communicating clearly their purpose and objectives to local populations in order to enhance their acceptance, thereby contributing to their safety and security;

42. RECALLS recommendation 12 of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009,¹ which called for the establishment of a more extensive global, public health reserve workforce, and requests the Director-General to take immediately the necessary steps to draw up her plan in consultation with Member States through regular informal consultations, and with the Steering Committee of the Global Outbreak Alert and Response Network, with the following three elements, each of which is composed of comprehensive emergency response teams that can be promptly and efficiently deployed, for service in countries that request or accept such assistance, for adequate periods of time, and with adequate resources, and to report to the Sixty-eighth World Health Assembly for its consideration and decision:

(a) adequate numbers of dedicated and trained WHO staff members with the appropriate range of skills positioned at all levels of the Organization, particularly at country level, to properly implement ongoing emergency relief programmes, including surveillance, and to provide adequate internal surge capacity to respond to acute emergencies with health consequences, with efforts made to enhance representation from developing country practitioners, including at WHO headquarters;

(b) deepened and expanded partnerships building on existing platforms, notably the Global Outbreak Alert and Response Network, the Global Health Cluster, existing and new stand-by partners, and foreign medical teams, with the additional aim of building capacity in countries;

(c) strengthened mechanisms for working with other United Nations specialized agencies, funds and programmes, and relevant actors, as appropriate, to assist in ensuring a response commensurate with the scale of any emergency;

Research and development

43. RECOGNIZES the urgent need to encourage and maximize efforts on scientific, epidemiological and biological research, including the sharing of samples and epidemiological data in accordance with national or regional legislation on Ebola, and on health technologies and promote cooperation in this field between countries, as a contribution to international efforts directed towards tackling the epidemic and for the aim of consolidating the scientific, medical and health capacities of the most affected countries, and the need for the global community to continue work on research and development, including for emerging and neglected tropical diseases;

44. FURTHER RECOGNIZES WHO's leadership role in supporting a prioritized research agenda for Ebola and calls on Member States² and relevant actors to ensure that resources and efforts take into account and support, as appropriate, the prioritized research agenda;

¹ See document A64/10.

² And, where applicable, regional economic integration organizations.

45. FURTHER RECOGNIZES the need to incorporate lessons learnt from the outbreak of Ebola virus disease into the evaluation of the global strategy and plan of action on public health, innovation and intellectual property; considers, as appropriate, the linkage to pooled funds for global health research and development to facilitate the development of quality, safe, effective, affordable health technologies related to the needs of affected countries; and calls on Member States¹ to secure sustainable financing for health research and development on emerging and neglected tropical diseases, including Ebola, and enhance access to health products and medical devices to address the health needs of developing countries;¹

46. CALLS ON Member States² to continue to collaborate as appropriate, on models and approaches that support the delinkage of the cost of new research and development from the prices of medicines, vaccines and diagnostics for Ebola and other emerging and neglected tropical diseases, so as to ensure their sustained accessibility, affordability and availability; and to ensure access to treatment for all those in need;

Resources

47. REQUESTS the Director-General to take all necessary steps to ensure that, in the case of outbreaks and emergencies with health consequences, funding can be speedily reallocated and disbursed to areas of most need, without compromising the Organization's programme priorities;

48. RECOGNIZES the need for adequate resources for the preparedness, surveillance and response work of WHO, agrees in principle to establish a contingency fund, taking into account recommendation 13 of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009,³ subject to a decision to be taken by the Sixty-eighth World Health Assembly, and requests the Director-General to provide options on the size, scope, sustainability, operations and sources of financing for such a fund, and accountability mechanisms, including on possible internal sources of funding from WHO's existing Programme budget, taking into account other relevant financing mechanisms and emergency funds already in operation or being considered, at regional and global levels, taking into account the interim assessment requested in paragraph 52 and to report on such options, through the Programme, Budget and Administration Committee, to the Sixty-eighth World Health Assembly for its consideration and adoption;

49. FURTHER RECOGNIZES the valuable contribution to global capacity to prevent, detect and respond to future outbreaks being made through various initiatives at global and regional levels and other relevant actors, and calls on these efforts to be aligned with the International Health Regulations (2005) and the relevant work of WHO, to ensure coherence and effective action;

50. URGES Member States² to consider supporting and contributing to WHO work in this area as a matter of urgency;

Communication

51. REQUESTS the Director-General to continue to develop and implement an Organization-wide communications strategy to improve routine communications, messaging about preventive measures, risk communication, and emergency communications, ensuring that the new policy entails matching

¹ See resolutions WHA61.21, WHA62.16 and WHA66.22.

² And, where applicable, regional economic integration organizations.

³ See document A64/10.

the content, form and style of communication with the media, timing and frequency that will reach the intended audience and serve its intended purpose;

Evaluation and next steps

52. REQUESTS the Director-General to commission an interim assessment, by a panel of outside independent experts, on all aspects of WHO's response, from the onset of the current outbreak of Ebola virus disease, including within the United Nations Mission for Ebola Emergency Response, in implementing WHO's Emergency Response Framework, and in coordination, including resource mobilization, and functioning at the three levels of the Organization, to be presented to the Sixty-eighth World Health Assembly;

53. FURTHER REQUESTS the Director-General to prepare options for establishing an IHR Review Committee panel of experts pursuant to past practice to conduct an assessment of the overall prevention, preparedness and response to the outbreak of Ebola virus disease and the effectiveness of the International Health Regulations (2005) in facilitating that response, including what was implemented and what was not from the IHR Review Committee in 2011, and consideration given to steps that could be taken to improve the functioning, transparency, and efficiency of WHO's response under the International Health Regulations (2005) in future outbreaks, in all countries, aiming at strengthening health systems;

54. INVITES the Director-General to consider the establishment of an ad hoc advisory group under the auspices of the Executive Board, composed of operations experts from relevant stakeholders, including affected countries, to provide advice on administrative and logistical support to the Director-General as needed in the case of future outbreaks or emergencies with health consequences;

55. REQUESTS the Director-General to engage within the United Nations system on lessons learnt from this response for improving coordination and effectiveness for future outbreaks, and to update Member States¹ on a regular basis;

56. FURTHER REQUESTS the Director-General to consult with Member States,¹ other relevant actors, and the United Nations system on elements of the decisions included in this resolution to be prepared for the Sixty-eighth World Health Assembly with a view to ensuring a consensus on how to strengthen and improve the effectiveness of WHO in outbreaks and emergencies with health consequences and taking into account, and without prejudice to, the overall WHO reform;

57. FURTHER REQUESTS the Director-General to report to the Sixty-eighth World Health Assembly on all Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies where WHO has taken action since the Sixty-seventh World Health Assembly and calls for annual reports on WHO's actions in health emergency response.

(Second meeting, 25 January 2015)

¹ And, where applicable, regional economic integration organizations.

ANNEX

Financial and administrative implications for the Secretariat of the resolution adopted by the Executive Board

<p>1. Resolution EBSS3.R1 Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences</p>
<p>2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)</p> <p>Category: 5. Preparedness, surveillance and response Outcome: 5.6</p> <p>Programme area(s): Outbreak and crisis response</p> <p>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?</p> <p>Full implementation of the resolution would lead to the end of the Ebola outbreak; the implementation of global preparedness plans; the strengthening of health systems for the future; evaluation of the WHO Ebola response; and elaboration of the process to strengthen WHO capacity in responding to future emergencies.</p> <p>Does the Programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</p> <p>No.</p>
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</p> <p>(i) 1 year (covering January – December 2015)</p> <p>(ii) The total cost of the activities is US\$ 689.47 million</p> <p>An updated costing, which will take into account the discussion and direction given by the Executive Board members during the special session in January 2015, will be provided to the Sixty-eighth World Health Assembly in May 2015.</p> <p>(b) Cost for the biennium 2014–2015</p> <p>Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).</p> <p>Total is US\$ 689.47 million</p> <p>Breakdown is as follows:</p> <p>US\$ 688.6 million for Ebola-related activities: (US\$ 420.9 million for response, US\$ 218.9 million for preparedness, US\$ 16.5 million for health systems, and US\$ 32.3 million for research and development). Under the Overview of Needs and Requirements submitted to the United Nations Special Envoy on Ebola, WHO is asking for US\$ 351.7 million for response, preparedness and health systems, and an additional US\$ 18.3 million for research and development. This is a total of US\$ 370 million.</p> <p>Ebola response evaluation: US\$ 0.37 million</p> <p>Elaboration of the process to strengthen WHO capacity: US\$ 0.50 million.</p>

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All three levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

No.

If “no”, indicate how much is not included.

Total is US\$ 557.87 million

Breakdown is as follows: US\$ 557.00 million for Ebola; US\$ 0.37 million for the Ebola response evaluation; and US\$ 0.50 million for the elaboration of the process for WHO reform.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no”, indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Total estimated additional full-time equivalents required: 1219 (both national and international human resources, to be contracted primarily through non-staff arrangements).

The breakdown is as follows:

For Ebola, the total requirement is currently estimated to be 1557 full-time equivalents, with over 70% at the country level. Existing WHO staff have been deployed to cover requirements for 347 full-time equivalents, resulting in additional requirements of a total of 1210 full-time equivalent staff, who are being (and will be) primarily contracted through non-staff arrangements, with contract durations that mainly vary between 3 and 6 months.

For the evaluation the additional requirement is 4 full-time equivalents for 3 months.

For the exploration of the options to strengthen WHO capacity in responding to future emergencies the additional requirement is 5 full-time equivalents for 3 months.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Total funding gap for 2015 is US\$ 588.27 million

Breakdown is as follows: US\$ 587.40 million for Ebola; US\$ 0.37 million for the Ebola response evaluation; and US\$ 0.50 million for the elaboration of the process for WHO reform.

Under the Overview of Needs and Requirements, the WHO funding gap for the first half of 2015 is US\$ 257.50 million, which increases to US\$ 268.80 million when research and development requirements for the first half of 2015 are included.

Source(s) of funds: WHO Member States, multilateral funds (including Multi-Partner Trust Fund for Ebola and the United Nations Central Emergency Response Fund), multilateral organizations (including European Commission and development banks), philanthropic foundations (including the Bill & Melinda Gates Foundation and United Nations Foundation) and the private sector.

PART II
SUMMARY RECORDS
LIST OF PARTICIPANTS

SUMMARY RECORDS

FIRST MEETING

Sunday, 25 January 2015, at 10:20

Chairman: Dr D. CUYPERS (Belgium)

later: Mr M.H. SHAREEF (Maldives)

- 1. OPENING OF THE SESSION AND ELECTION OF THE CHAIRMAN:** Item 1 of the Provisional agenda

The designated VICE-CHAIRMAN declared open the special session of the Executive Board and welcomed all participants, in particular the new Board members: Mr Martin Bowles (Australia), Mr Siniša Varga (Croatia), Mr Mohamed Hussain Shareef (Maldives), Mr Khaga Raj Adhikari (Nepal), Dr Reina Gisela Roa Rodríguez (Panama), Dr Abdullah Assiri (Saudi Arabia), and Dr Tom Frieden (United States of America).

Election of the Chairman

The VICE-CHAIRMAN said that, as Dr Mariyam Shakeela (Maldives) was unable to complete her term of office, the South-East Asia Region had proposed that Mr Mohamed Hussain Shareef (Maldives) be elected Chairman for the remainder of the term.

It was so decided.

Mr Shareef took the Chair.

- 2. TRIBUTE TO THE MEMORY OF VICTIMS OF EBOLA VIRUS DISEASE**

The CHAIRMAN, after extending condolences on behalf of the Board to the people of Saudi Arabia on the recent death of King Abdullah bin Abdulaziz Al Saud, invited the Board to observe one minute of silence in memory of those who had lost their lives to Ebola virus disease, particularly those in the three most affected countries: Guinea, Liberia and Sierra Leone.

The Board stood in silence for one minute.

3. ADOPTION OF THE AGENDA AND METHOD OF WORK: Item 2 of the Provisional agenda (Documents EBSS/3/1 and EBSS/3/1 (annotated))

The CHAIRMAN invited the Board to consider the provisional agenda, bearing in mind that discussion would be limited to the items listed therein, in accordance with Rule 6 of the Rules of Procedure of the Executive Board. The proceedings of the session were being webcast.

The agenda was adopted¹ and the method of work agreed.

4. EBOLA VIRUS DISEASE OUTBREAK: Item 3 of the Agenda (Documents EBSS/3/2, EBSS/3/3, EBSS/3/INF./1, EBSS/3/INF./2, EBSS/3/INF./3, EBSS/3/INF./4 and EBSS/3/INF./5)

- **Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions**
- **Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies**

The DIRECTOR-GENERAL said that the outbreak of Ebola virus disease in parts of West Africa had been the largest, most severe and most complex in the nearly four-decade history of the disease. It had been West Africa's first experience of the virus, and the world, including WHO, had been too slow in responding. The tragedy had taught many lessons about how to prevent similar events in the future. Culture, history, geography and infrastructure had contributed to transmission of the virus. A deep-seated cultural tradition of compassionate care for the ill and ceremonial care of the deceased had facilitated the disease's spread. Mobile populations moving across porous borders further spread the virus and eluded contact tracing teams. Health systems, already weakened during years of civil war and unrest, had collapsed under the weight of the disease, which by December 2014 had claimed the lives of some 500 health care workers, thus reducing the already low physician-to-population ratio in Guinea, Liberia and Sierra Leone.

The outbreak had elicited an extraordinary outpouring of assistance from many countries and partners in a spirit of global solidarity with the people of Guinea, Liberia and Sierra Leone. The Governments of those countries had shown extraordinary leadership. Countless agencies, nongovernmental organizations, physicians, nurses and volunteers had courageously risked their lives to help patients to survive. Development partners, including many African countries, had provided funds, equipment, mobile laboratories and training, while foreign military personnel had provided logistical support and constructed Ebola treatment facilities. WHO and partners had helped to establish 27 laboratories, overseen the construction and operation of many treatment centres, and coordinated the deployment of nearly 60 foreign medical teams provided by 40 organizations. Researchers, the pharmaceutical industry and regulatory authorities had joined forces to fast-track the development of Ebola vaccines, therapies and point-of-care diagnostic tests.

In September 2014, the United Nations Secretary-General and WHO had established the United Nations Mission for Emergency Ebola Response, through which many United Nations agencies had provided much-needed technical and logistical support to the three affected countries. WHO staff members had made a significant contribution to the response, preparedness, and research and development efforts, often taking on tasks not previously performed by WHO; nearly 700 were deployed throughout the three countries and many had been in the field for months.

¹ See page vii.

Data indicated that the tide had turned and the worst-case scenario had been avoided. The efforts by affected countries and the international community had not been in vain. The number of cases was clearly declining in all three countries, but the momentum had to be maintained and complacency and donor fatigue resisted. Attention had to focus on the proven public health measures needed to reduce case numbers to zero, the collective goal. Although systems of data collection, reporting and sharing had improved, not all cases and deaths were being detected and reported, probably because of poor communications and road systems, especially in remote rural areas.

The Ebola outbreak pointed to the need for urgent change in three main areas: rebuilding and strengthening national and international emergency preparedness and response; addressing the way new medical products were brought to market; and strengthening the way WHO operated during emergencies. The Review Committee, convened in 2010 to assess the response under the International Health Regulations (2005) to pandemic (H1N1) 2009, had warned that the world was ill-prepared to respond to a severe global public health emergency and that, although WHO responded well to geographically focused short-term outbreaks, it lacked the systems and capacities to respond to a severe and sustained health emergency. The Committee had recommended the establishment of a more extensive public health reserve workforce that could be mobilized to support a sustained emergency response, the creation of a contingency fund to support surge capacity, and a comprehensive research and evaluation programme.

The Ebola outbreak had revealed some inadequacies and shortcomings in the Organization's administrative, managerial and technical infrastructure. She was therefore proposing reforms, including the establishment of a dedicated contingency fund to support rapid response to outbreaks and emergencies, streamlined procedures for personnel recruitment in emergencies, and application of the "one WHO" approach, with all three levels of the Organization using the same standard operating procedures, tools and frameworks for risk assessment, monitoring and accountability during emergencies. The severity of the outbreak had underscored the need to enhance crisis management and field experience during emergencies in WHO country offices.

WHO's regional structure had advantages, for example in tailoring the implementation of global strategies and guidelines to local cultures and conditions, in shaping the response of neighbouring countries to shared threats, and in helping countries to build and certify the core capacities set out in the International Health Regulations (2005) in order to be better prepared for future emergencies. The Regulations provided the principal line of collective defence against the threat of emerging and epidemic-prone diseases. A far more rigorous methodology than self-assessment was needed for evaluating core capacities in all countries in order to ensure that surveillance, laboratory support, and data collection and reporting were integral parts of the health system. Well-functioning health systems, with adequate numbers of well-trained and appropriately paid health care workers, were essential to prevent societies being ripped apart by sudden shocks. Community engagement and community leadership were also crucial.

Consideration needed to be given to establishing a more extensive public health reserve workforce, which she viewed as having three components. First, countries required support to build their own paid workforce for responding to emergencies. Secondly, WHO needed to strengthen its own workforce, particularly with senior field epidemiologists who could enhance outbreak detection and response. Thirdly, greater surge capacity external to WHO was needed in order to respond to severe, sustained events. The Organization was working with the World Food Programme to establish a common operational platform, especially for the provision of logistical support. WHO needed to build on existing networks, especially its network of collaborating laboratories, to conduct surveillance and testing. The Global Outbreak Alert and Response Network could help to build surge capacity through the deployment of experts from institutional partners.

She urged Member States, especially well-off countries, to turn the Ebola crisis into an opportunity to build a stronger system to protect collective global health security.

Dr NABARRO (United Nations Secretary-General's Special Envoy on Ebola) conveyed a message from the United Nations Secretary-General.¹ A diverse coalition of governments, civil society organizations, development banks and philanthropic foundations was continuing to help the people of Guinea, Liberia and Sierra Leone to stop the spread of Ebola virus disease. The United Nations system, with technical leadership from WHO, had played a central role in mobilizing and deploying funds and resources and had ensured coordination through the United Nations Mission for Ebola Emergency Response. Thanks to national leadership, community action and material, human and financial support from the international community, the number of new cases was declining. Ending the outbreak, however, would require sustained commitment from all actors. Moreover, the right lessons must be learnt for the future. Migration, urbanization, population growth and pressure on natural habitats meant that increasing numbers of people were exposed to animal-to-human disease transmission. The outbreak of Ebola virus disease had highlighted weaknesses in the global institutional machinery for identifying and quickly neutralizing health hazards. The United Nations system must have the capacity to prepare for and respond to future outbreaks and to ensure that health systems could withstand such shocks. The Secretary-General urged all Member States to ensure that WHO had the resources that it needed and called on the Executive Board to adopt policies and structures to prepare for future pandemics.

Speaking in his capacity as the Special Envoy on Ebola, he underscored the extreme societal, economic and political consequences that endemic Ebola virus disease would have for affected countries. All stakeholders must commit themselves to ensuring that the disease was eliminated in human populations. For responses to be successful, they needed to be strategic, strong and speedy, based on pre-arranged roles and responsibilities; it was very difficult to establish new ways of working in the midst of an emergency. Three principles should be borne in mind: people and communities must be at the centre of, and own, the response; national authorities should direct the response with the help of intergovernmental bodies, but should never feel that the latter were taking control; and coordination among the international actors involved was vital for maximum impact. Because diseases did not respect borders, responses should always work seamlessly across all boundaries.

He highlighted the engagement of nongovernmental organizations and the African Union in the response to the crisis. In response to the realization that the outbreak was advancing rapidly within Guinea, Liberia and Sierra Leone and spreading to other nations, the United Nations system in August 2014 developed the STEPP strategy,² drawing on WHO's Ebola Response Roadmap. International assistance had been intensified, for instance through the establishment of the United Nations Mission for Emergency Ebola Response; the provision by various donor governments, agencies, development banks, funds and the business sector of extraordinary financial, material, human and political support, often beyond their mandates; and the full mobilization of the Global Outbreak Alert and Response Network. Following several months of intense effort, behaviours and burial practices had changed and access to treatment had improved. The number of new cases of Ebola virus disease was declining, but the situation remained perilous, not least because many communities did not understand the outbreak or trust those involved in the response.

Halting transmission of the virus required careful detection work to find those infected, care for them and prevent them passing it to others. It was also crucial to reduce the risk to health workers. The response to the outbreak needed to be increasingly flexible and coordinated, adapted to the particular conditions of urban, rural and border areas. Essential services had to be restored. Although the outbreak was subsiding, it was essential to guard against complacency: Ebola would not be gone in any country until it had gone from every country and he urged full engagement with the response

¹ <http://www.un.org/sg/statements/index.asp?nid=8352>.

² Stop the outbreak; Treat the infected; Ensure essential services; Preserve stability; and Prevent outbreaks in countries currently unaffected. See Ebola Virus Disease Outbreak: Overview of needs and requirements. United Nations Office for the Coordination of Humanitarian Affairs, 2014 (https://docs.unocha.org/sites/dms/cap/ebola_outbreak_sep_2014.pdf).

strategy. The most recent United Nations assessment indicated that US\$ 1000 million would be required in 2015 in order to end the outbreak. To honour those who had worked to halt the spread of the disease and those who had suffered and died from it, lessons must be learnt to ensure that when another outbreak occurred, the response would be better, less costly and more resilient.

He asked the Chairman to give the floor to the Director General of the European Commission's Humanitarian Aid and Civil Protection Department, to inform the Board about a relevant forthcoming meeting.

Mr SØRENSEN (Director General, European Commission's Humanitarian Aid and Civil Protection Department) said that over the coming months all relevant organizations and partners should work together to end the Ebola crisis. He paid tribute to the leadership of the Director-General in mobilizing resources to that end. It was crucial to build resilient health systems that had clear command lines and the capacity to act quickly in all States. The huge loss of life and economic activity due to Ebola had shown that even the slightest delay in emergency response could be costly. As part of the humanitarian response, his department had worked to improve efficiency and ensure that health and protection clusters worked together, logistics were in place and orphaned children were protected. It was important to build on existing networks and make sure that action taken by WHO supported the humanitarian response. Local ownership was also crucial. Nothing could be achieved unless the affected country had consented and taken ownership of the response.

A meeting would be convened jointly by the United Nations and the European Union in Brussels on 3 March 2015 to determine the remaining work needed to halt transmission of the virus and to create the basis for recovery and sustainable development in the affected regions. It was important to avoid complacency and donor fatigue, which could lead to a funding gap at a time when further funds were urgently needed to enable the affected countries to get back on their feet.

Ms JOHNSON (Invited Speaker) said that she had worked as a nurse administering care at an Ebola treatment unit in Sierra Leone. Despite having been trained and taking all necessary precautions, she had contracted the disease. Fortunately, she had sought diagnosis and treatment early; otherwise, she would probably not have survived. She had spent four weeks being treated in the unit where she had worked. The medical staff had provided her with support and motivation to recover basic functions, such as walking, and had helped her not to give up hope, even when she had temporarily lost her sight and when she had had to be resuscitated. Although she had been discharged in December 2014 with a certificate stating that she was free of Ebola, she continued to be stigmatized by some members of her community and treated as if she still had the disease.

As a person who understood the effects of Ebola both as a health care provider and as a patient and survivor, she knew that Ebola could be beaten; Ebola was not the end of the world. Although there was no certain cure, early treatment offered the best chance of survival. In order to help others to avoid the suffering she had endured, she had, with colleagues and partners, established a framework for an organization, Pink Cross Sierra Leone, which would work with WHO and other international organizations to establish a centre for disease prevention and control. The organization would provide counselling for victims of Ebola and other deadly diseases. She thanked all governmental, intergovernmental, nongovernmental and other stakeholders involved in fighting Ebola at the national, regional and international levels and appealed to Member States to pledge support to enable Pink Cross Sierra Leone to be launched.

Mr QUINTANA (Colombia),¹ speaking on behalf of the Member States of the Region of the Americas, said that Member States had an ethical responsibility to respond to the outbreak by sustaining the international response in West Africa. The Region of the Americas had contributed medical, human, technical and financial resources, for instance for the development of vaccines and

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

medical countermeasures. It had also sought to strengthen national and regional preparedness, using the Ebola Virus Disease Consolidated Preparedness Checklist, among other tools, to ensure that Ebola could be dealt with in a timely manner if necessary.

The countries of the Region continued to face challenges in fully implementing the International Health Regulations (2005), strengthening health systems and epidemiological surveillance, ensuring preparedness, and adequate training for medical response teams. Full preparedness called for robust national health services, trained workforces and a support network of regional and global partners that could coordinate efforts and channel resources in order to take timely action in the event of an outbreak. It was important to reflect on the lessons learnt from the Ebola crisis and make long-term decisions to reinforce capacities at all three levels of WHO and to harmonize preparedness and response strategies across all regions. The crisis provided an opportunity to redefine priorities in order to strengthen health systems through a sustainable and equitable approach. The Organization should sustain and strengthen its leadership and coordination in those areas, while encouraging multistakeholder and multisector cooperation and commitment.

Mr CROMBRUGGHE (Belgium), speaking on behalf of the European Union and its Member States, said that the European Union remained deeply concerned by the spread of Ebola and the resulting loss of life. It had pledged more than €1000 million in response to Ebola, helped to build and staff treatment centres, provided equipment and logistical support, and put in place a medical evacuation system to ensure rapid access to care. It was important to build and maintain trust between communities and empower them to take ownership of the response. WHO should focus on reducing transmission to zero; much work remained to be done, and complacency must be avoided.

The world must be prepared to tackle future health crises – that needed full implementation of the International Health Regulations (2005). The European Union was working with WHO and countries neighbouring the affected States to strengthen capacity to detect and respond to future Ebola cases and to accelerate research on vaccines, treatments and diagnostics; the meeting in Brussels on 3 March 2015 would contribute to that end. The crisis had highlighted the importance of research and development for neglected diseases and of investment in health systems and qualified workforces. The international community had failed to address the outbreak effectively in the early stages. It should learn from the experience and improve WHO's capacity to respond to health crises as the lead agency in the humanitarian health cluster, a core function that required sustained funding. The Organization should emerge from the Ebola crisis stronger, more fit for purpose and more able to lead and respond effectively to health emergencies. Reform processes should therefore be accelerated.

Professor AL-ADAWY (Egypt) said that his Government was committed to supporting international efforts to control cross-border diseases and had increased its assistance to African countries affected by Ebola, ranging from the provision of health workers and equipment to the organization of the football championship in Guinea. In collaboration with WHO, Egypt had hosted an international workshop (Cairo, 15 and 16 December 2014) to harness technological solutions to combat Ebola. Based on the recommendations made at the workshop, Egypt, in cooperation with WHO and the African Union, had opened an information centre for sharing data related to Ebola and other health threats confronting African countries.

Mr BOWLES (Australia), speaking on behalf of Member States of the Western Pacific Region, said that, although the Ebola virus disease epidemic might have passed its peak, it remained a global health emergency. The Region was committed to supporting those most affected and had provided more than US\$ 300 million to that end. Despite concerted efforts, the response to the crisis had been inadequate. Weaknesses had been exposed in national health systems, implementation of the International Health Regulations (2005) and WHO's response capacity. The Board had to determine where and why those shortcomings occurred and establish systems to ensure better preparedness in future. Local health systems must be strengthened as first responders to prevent local health crises from becoming global health emergencies. Full implementation of the Regulations should remain a global priority.

In the Western Pacific Region, important lessons had been learnt from managing outbreaks of emerging diseases such as avian influenza: the need for effective surveillance systems, timely and active reporting, rapid responses to disease outbreaks and, most importantly, strong leadership. Those lessons should be applied globally. The Region trusted the Director-General to introduce changes that would enable WHO to respond effectively to future global health emergencies and reinforce its role as the global public health authority. He commended the dedication of the many health care workers who had given their time, expertise and, in some cases, lives to respond to the Ebola outbreak and called on all international partners to provide assistance to strengthen health systems in affected countries in order to overcome the current crisis and ensure better preparedness for future health emergencies.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) acknowledged the United Nations' coordination of and WHO's guidance on joint action to prevent the spread of Ebola virus disease. Cuba had contributed financially and practically to the global response, in particular through joint activities with European and African partners to train health care workers in Africa and through the services of Cuban physicians, two of whom had died while combating the disease. Although the situation had improved, it remained a public health emergency of international concern, with severe economic, social and humanitarian impacts. Additional human, material and financial resources were needed to end the crisis. Health systems in affected countries must be strengthened to ensure universal health coverage. Only through the collective contribution of all, but particularly of those with more resources, could the challenges posed by Ebola be overcome.

Dr FRIEDEN (United States of America) said that, despite the decreasing incidence rate, the international response to end Ebola virus transmission must increase. It was essential to build national capacity for preparedness and response, in particular through implementation of the International Health Regulations (2005) and strengthened prevention, detection and response. Health systems should be made more resilient, laboratory networks and surveillance strengthened, and human resources capacity enhanced; for all those activities, increased funding, staffing and accountability were essential. WHO was indispensable, but the Organization must seize the opportunity afforded by the Ebola crisis to make the necessary significant changes. In particular, WHO had to be first and foremost a technical organization, but too often its technical expertise had been overruled by political considerations – that had to be reversed. Global capacity had to be augmented; the Global Outbreak Alert and Response Network should be expanded and better coordinated.

Action and evaluation of that action were needed. With focus and effort, the Ebola outbreak could signify the beginning of stronger capacity at the national and international levels, as well as within WHO itself.

Ms STEVENS (Sierra Leone)¹ said that the considerable progress being made in Sierra Leone following the country's emergence from a long-running conflict had been severely impacted by the outbreak of Ebola virus disease. Despite her Government's passionate pleas for help in the months following the outbreak, the effort to combat Ebola had been inadequate. To date 8000 cases and 3000 deaths had been recorded. Companies had ceased to operate, education establishments had closed, tourism and air travel had stagnated, and gross domestic product was forecast to shrink. Sierra Leone had been isolated and stigmatized. Only in September 2014 had assistance at the required levels begun to arrive. Thanks to that outpouring of support, for which her Government was profoundly grateful, the number of cases had begun to decrease, and there were signs that the epidemic would be under control by the end of 2015. Efforts should not, however, be relaxed until no new case had been detected in West Africa for 42 days. Increased preparedness was essential to ensure that her country's gruelling experience was not repeated anywhere in the world. Shortcomings in surveillance and response and in human and financial resources must be redressed, and WHO must be empowered to

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

provide the leadership required to avert needless loss of life and suffering from future emergencies. Ongoing support for social and economic recovery in affected countries was also crucial.

Dr REN Minghui (China) said that China had taken active and pragmatic measures to support the fight against Ebola and to cooperate with and contribute to WHO's and the African Union's efforts in that regard. It had deployed more than 800 medical staff to the affected areas, provided experts as advisors to the United Nations Mission for Ebola Emergency Response, contributed to the establishment of diagnostic laboratories and treatment centres, and facilitated training for health care staff. The Ebola outbreak had demonstrated yet again the importance of strengthening public health systems in Africa and the close linkage between those systems and global health security. The international community should continue to provide human, financial and technological resources to strengthen case detection, laboratory testing and treatment and to enhance disease surveillance systems and core capacities under the International Health Regulations (2005).

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) said that the international community stood shamed at every level for an initial response that had been too little and too slow. Rapid deployment of health workers and availability of funding were essential, and compliance with the International Health Regulations (2005) must be ensured. The United Kingdom had committed financial resources, burial teams, laboratory capacity and treatment facilities to the ongoing efforts to halt the epidemic. Although the incidence rate was slowing, care must be taken to ensure that the international response remained strong. Social mobilization within affected communities should be emphasized, with due consideration for cultural practices. Active surveillance and epidemiology were needed, as were effective command and control at district level in order to respond to local flare-ups. Support must be provided for the recovery of weakened health systems. Further efforts must be made to strengthen laboratories and provide effective contact tracing. The international community must move from words to action.

Dr NOOR HISHAM ABDULLAH (Malaysia), noting that the outbreak had overwhelmed the health systems of the affected countries, said that inadequate implementation of the International Health Regulations (2005) had increased the possibility of the disease's spread to other regions, threatening global health security. Malaysia applauded the establishment of international teams to strengthen Ebola preparedness and response and requested WHO to develop mechanisms to assist Member States struggling to meet the core capacity requirements of the Regulations. The dissemination of reliable information, systematic information-sharing and improved communication among Member States were essential to curb the outbreak and alleviate global anxiety. He commended WHO's efforts to spearhead new diagnostic and therapeutic modalities, which should be made available to affected countries at affordable rates.

Ms MATSOSO (South Africa), speaking on behalf of Member States of the African Region, said that the current, most devastating outbreak of Ebola virus disease would have long-term economic and social impacts, in particular in terms of education and trade. It was to be hoped that the outbreak was stabilizing, and she congratulated the affected countries and their neighbours as well as health care workers for their tireless efforts to control the spread of the disease. Vigilance, however, must be maintained. There were clear lessons. Health systems must be strengthened immediately. There was a clear relationship between development and vulnerability to epidemics and health emergencies, and the post-2015 development agenda would therefore be central to promoting good health outcomes. Implementation of the International Health Regulations (2005) was essential for reducing vulnerability. Furthermore, through WHO's governing bodies, Member States should create an enabling environment that allowed the Organization to respond swiftly in times of crisis, rather than adopting resolutions that tied its hands.

Dr BARBOSA DA SILVA (Brazil), welcoming WHO's efforts to coordinate the international response to the Ebola outbreak and encourage cooperation, said that disease outbreaks, despite the challenges they posed for the health sector, presented opportunities to develop new technologies and enhance political commitment to improve global mechanisms such as the International Health Regulations (2005). Efforts to control the outbreak must be sustained. At the same time, steps should be taken to ensure that the lessons learnt were used to enhance capacity for early detection and response at global and national levels. New mechanisms and procedures, led by WHO, should be established to ensure a rapid response to public health emergencies. Brazil had adopted an intersectoral approach to emergency preparedness and response, and, in a spirit of solidarity, had provided support for countries affected by the Ebola epidemic, both bilaterally and through PAHO. It stood ready to continue collaborating with the international community to improve national, regional and international response capacity.

Mr JEON Man-bok (Republic of Korea) commended the international efforts to stop the outbreak and prevent further spread of Ebola virus disease. His Government was contributing by providing financial support and deploying health care personnel to West Africa. The outbreak had underscored the need to strengthen health systems. Efforts should be made to prevent social or economic isolation of affected countries. Enhanced cooperation should overcome the outbreak.

Mr SMOLENSKIY (Russian Federation) said that his Government was participating actively in international efforts to respond to the outbreak of Ebola virus disease, deploying experts and medical staff, providing financial resources and humanitarian assistance, and establishing treatment centres in Guinea. It had also provided financial support to several international organizations, contributed to research on vaccines and the development of diagnostic systems, and provided air transport for the evacuation of patients. The severity of the outbreak owed to inadequate prevention mechanisms in affected countries, exacerbated by a slow response from the international community. Good coordination of international support through the United Nations and WHO was a priority. In addition, improved prevention measures, enhanced implementation of the International Health Regulations (2005), better surveillance, strengthened laboratory and treatment facilities, and more training for specialists and medical staff were urgently required. The Russian Federation was committed to working with its international partners to improve prevention and response capacities and prevent future crises.

Dr OMI (Japan) said that the main factor behind the Ebola outbreak was the weak health infrastructure of the affected countries. Viruses were smart and attacked weak links. It was high time to implement the letter and spirit of the International Health Regulations (2005). Urgent consideration should be given to why the outbreak had occurred and how to improve the capacity of Member States and the international community to prepare for, and respond to, emergency situations before examining the possibility of establishing new response mechanisms.

Mr AMMAR (Lebanon) said that the Ebola outbreak represented an opportunity to mobilize WHO at all levels and to accelerate efforts to meet the requirements of the International Health Regulations (2005). Lebanon's risk of exposure to the disease was high owing to the significant number of its citizens who lived in West Africa and maintained close ties to their homeland. As it had experienced many obstacles in sending specimens to reference laboratories, WHO should work with countries to facilitate shipping of specimens and compliance with security requirements. Coordination mechanisms should be reviewed and national focal points trained to communicate better with each other and with WHO, especially concerning the tracking of exposed travellers. The Ebola crisis had revealed the urgent need for financial and technical assistance to ensure that all countries had the core capacities required under the Regulations. Country ownership and capacity for early detection and effective response through resilient health systems remained the best protection for health security.

Mr RASHEED (Maldives) said that, in order to anticipate donor fatigue, countries that were able to, should increase their financial and technical assistance to sustain the response to the Ebola emergency. In many countries, health systems were weak and preparedness and response remained inadequate. Community empowerment and engagement were essential to effective, culturally appropriate national responses. The core capacities required under the International Health Regulations (2005) should be strengthened and a review conducted in order to identify related issues and possible solutions. Ensuring equitable distribution and availability of effective vaccines, therapeutic agents and diagnostics should be discussed in the context of health system building. A well-coordinated, sustainable mechanism should be established for the rapid mobilization of staff at national, regional and global levels to address global public health issues.

Mr CHAND (Nepal), speaking on behalf of the Member States of the South-East Asia Region, said that once a vaccine became available it must be equitably distributed so that it reached the most vulnerable populations. Health systems needed strengthening to prevent future outbreaks of similar scale. Acute shortages of human resources must also be addressed. WHO had an important role to play in coordinating research and development, which required sustained, long-term investment, and in ensuring that innovations were tailored to affected countries' needs and equitably shared.

Mr ASADI-LARI (Islamic Republic of Iran), speaking on behalf of Member States of the Eastern Mediterranean Region, said that the Ebola virus disease outbreak offered an opportunity to improve Member States' public health systems. WHO's support for the implementation of the International Health Regulations (2005) would help Member States to develop improved infectious disease prevention and control measures, surveillance systems and appropriately equipped laboratories. WHO should strengthen its global leadership to end the Ebola outbreak and apply lessons learnt to prevent future tragedies. It should also support Member States in enhancing surveillance at points of entry and for contact tracing and monitoring, strengthening infection control precautions in health care settings, increasing access to quality diagnostic testing and developing appropriate risk communication measures.

Mr ABDULLAH ASSIRI (Saudi Arabia) said that the Ebola virus disease outbreak had provided important lessons regarding organizational response. Once the outbreak was nearly over, a plan needed to be put in place to support health system recovery in affected countries, with the emphasis on country leadership, good governance and sustainable detection and response capacity. The current focus on preparedness in unaffected WHO regions should be maintained and response plans tested through field exercises. The Regional Office for the Eastern Mediterranean had sent missions to 18 countries in order to identify gaps in preparedness, and plans had been established to close those gaps within 90 days. More effective mechanisms for implementation of the International Health Regulations (2005) were needed.

Mr KREMER (Argentina), emphasizing the need to strengthen response capacity within WHO and at local, national and regional levels, noted that many speakers had appealed for fuller implementation of the International Health Regulations (2005). It was important, however, to consider how concretely to do that. More than 40 countries had responded to the outbreak with extremely restrictive measures, such as closing their borders. Such measures, imposed out of fear, led to stigmatization of people and countries and could do more harm from a health, economic and social standpoint than the disease they were designed to contain.

Mr TORRIJOS (Panama) concurred that national and international prevention and response capacity, including that of WHO, should be reinforced. It was essential to implement the International Health Regulations (2005); countries must fulfil their obligations to report new cases in a timely manner and strengthen their surveillance and control systems. All aspects of the outbreak should be addressed, including the development of vaccines, diagnostic tools and treatments. The current intellectual property regime had hindered the needed response to the Ebola epidemic. International and

national cooperation was needed to improve the response capacity of unaffected countries. Panama had a national plan to prevent and control Ebola and provide care, if necessary.

Mr DELFRAISSY (France)¹ said that France had contributed more than €200 million, as well as 600 health professionals, four treatment centres and two training centres to the outbreak control effort. It had also conducted operational research aimed at understanding the societal factors that had contributed to its spread and was engaged in clinical trials of an antiviral agent, favipiravir, which had yielded encouraging results that would shortly be submitted to WHO. The response needed to be flexible, adapting to the changing nature of the epidemic. France would therefore deploy mobile health care teams which could reach patients located far from treatment centres. It was also important to involve local civil society groups in the response. France was ready to support the development of a surveillance and alert system for West African countries with a view to accelerating the response to future outbreaks of disease. WHO should continue to play the leading role in the coordination of responses to health emergencies and was examining the options for the creation of a special fund for emergencies.

Mr SAGUNI (Indonesia)¹ said that the experience of the South-East Asia Region could be instructive in relation to the creation and management of a global contingency fund. The South-East Asia Regional Health Emergency Fund was a communal fund, through which Member States could request up to US\$ 350 000; funds were provided within 24 hours to cover immediate needs and could be used, *inter alia*, for procuring emergency supplies and medicines, mobilizing health staff and providing primary health care for the displaced. To date, the fund had been used to respond to 26 emergencies, including the earthquake in Sumatra in 2009.

Mr ÇARIKÇI (Turkey)¹ said that the outbreak had demonstrated the need for resilient health systems, strong primary health care and universal health coverage, and for greater effort to implement the International Health Regulations (2005), particularly as concerned preparedness and surveillance. Turkey was providing in-kind and financial support to the affected countries, which should not be stigmatized or isolated, economically or socially. The international community should not succumb to “Ebola fatigue”; Turkey would continue to contribute to the fight against the outbreak in the spirit of international solidarity.

Mr GULDVOG (Norway)¹ said that the crisis was continuing and needed the international community’s full attention. It was important to get to zero cases as quickly as possible. The discussions during the present session should lead to a forward-looking outcome and restore confidence in WHO’s ability to prepare for and respond to large-scale health emergencies. Document EBSS/3/INF./5, in combination with the overview of needs and requirements by the United Nations Office for the Coordination of Humanitarian Affairs,² provided a strategy for that purpose, which built on lessons and progress to date. When faced with emergencies on such a scale, WHO must mount an effective response, which might mean reallocating resources and postponing other work. The Director-General’s duty was to direct financial and human resources as required to address the Ebola virus disease outbreak.

Mr EVANS (World Bank) said that the World Bank would continue supporting the response to the Ebola outbreak until the goal of zero cases was achieved. The Ebola crisis had shown that the world was perilously underprepared to manage complex public health threats and underscored the need to enhance pandemic preparedness. Given the interdependence between health and many other

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

² Ebola Virus Disease Outbreak: Overview of needs and requirements. United Nations Office for the Coordination of Humanitarian Affairs, 2014 (https://docs.unocha.org/sites/dms/cap/ebola_outbreak_sep_2014.pdf).

sectors, a whole-of-government response to health emergencies was imperative. At national level, essential public health functions should be integrated fully into the financing of health systems. At regional level, networks of experts and infrastructures for disease outbreak preparedness and response should be strengthened. At global level, the World Bank would continue to assess the costs of disease outbreaks, inaction and effective responses. The Bank was also establishing a pandemic emergency facility to support core functions of pandemic preparedness and response, including, among others, research and development and private-sector engagement in the global response to international health emergencies. Existing financial mechanisms would be used and new ones developed to ensure rapid access to financing for preparedness and response in future.

Ms VIVIANI (United Nations Children's Fund) said that the response to Ebola had highlighted the value of the long-standing partnership between UNICEF and WHO. The crisis had been one of both health and fear, intensified by deeply held beliefs and traditional practices. The outbreak would continue to present challenges, but it provided opportunities to strengthen affected countries' health systems and enhance communities' ability to withstand future threats. WHO's help had been invaluable to UNICEF in establishing community care centres in Guinea, Liberia and Sierra Leone, setting standards for the procurement of critical medical supplies and personal protective equipment and preparing for the reopening of schools. UNICEF's work to reach those worst affected by the outbreak had been assisted by WHO's efforts to support national governments in setting their health agendas, building health ministries' capacity and monitoring all relevant efforts. UNICEF looked forward to continuing collaboration with WHO for the recovery and revitalization of systems and services. Its collaboration with WHO to combat Ebola had offered valuable lessons about how to respond to complex health emergencies.

Mr OBERREIT (MSF International), speaking at the invitation of the CHAIRMAN, said that since the outbreak of Ebola virus disease in March 2014, MSF International had provided care to nearly 5000 patients. It ran eight Ebola treatment centres and was conducting clinical trials of experimental treatments. It had also started to address non-Ebola health needs, such as malaria, in the affected region. Although the number of cases of Ebola virus disease had decreased substantially, the epidemic was not under control. Major gaps remained: there was almost no sharing of information for cross-border contact tracing, surveillance teams lacked basic resources for active case finding, and safe access to health care for non-Ebola cases remained largely neglected. It was necessary to accelerate the development of vaccines, treatments and diagnostic tools and establish an implementation plan. Cases might keep emerging, and health systems therefore had to learn to cope with Ebola. Public health engagement and strong leadership were needed. Thousands had died because of international negligence and because there was no functioning global mechanism to deal with a potential pandemic in countries with fragile health systems. A clear gap remained between commitments made and actions taken.

The meeting rose at 13:05.

SECOND MEETING

Sunday, 25 January 2015, at 15:10

Chairman: Mr M.H. SHAREEF (Maldives)

1. **EBOLA VIRUS DISEASE OUTBREAK:** Item 3 of the Agenda (Documents EBSS/3/2, EBSS/3/3, EBSS/3/INF./1, EBSS/3/INF./2, EBSS/3/INF./3, EBSS/3/INF./4 and EBSS/3/INF./5) (continued)
 - **Current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions** (continued)
 - **Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies** (continued)

The CHAIRMAN announced that a draft resolution on ending the current Ebola outbreak, strengthening global preparedness and ensuring WHO capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences, which had been prepared by a working group, would be introduced later in the meeting.

Mr AUAJJAR (Morocco)¹ commended the Director-General's efforts to strengthen WHO's capacity to prepare for and respond to epidemics, and outlined some of the measures his country had taken in response to the outbreak of Ebola virus disease, noting that it had been one of the first to provide humanitarian and medical aid to Guinea, Liberia and Sierra Leone and that, in keeping with WHO's recommendations, it had imposed no restrictions on travel to or from affected countries. Lessons to be learnt from the current outbreak included the need to work closely with the affected community, prepare good communication plans, strengthen the capacity of health care workers, ensure multisectoral coordination, take account of the importance of national culture, and promote scientific research. The current outbreak had identified shortcomings in WHO's ability to manage crises. The draft resolution would be welcome.

Mr MORENO PALANQUÉS (Spain),¹ noting that the Ebola outbreak was a public health challenge for the entire world, commended all who had worked to stem it, including the two Spanish workers who had lost their lives, and urged the international community to continue working until the outbreak was over. All Member States must develop early detection and response capacities in accordance with the International Health Regulations (2005). The current response, and any future responses, would require robust health systems providing universal coverage; international collaboration should therefore seek to strengthen health systems. Member States should view assistance to those outside their borders as an extension of the area of action of their own health systems and as part of their responsibility to protect those within their borders, since diseases did not respect national boundaries. He recognized WHO's role as a global leader in health and supported any changes that would strengthen its collaboration in the field during health crises.

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

Dr CHIZEMA (Zambia)¹ said that national epidemic preparedness and response had been strengthened in her country in response to the Ebola outbreak, and government resources were being allocated to implementation of a national multisectoral Ebola preparedness plan. Recognizing the potential for a disease outbreak in the southern African region owing to travel and trade, Zambia was seeking to comply with the International Health Regulations (2005), particularly at its points of entry. The outbreak had demonstrated that countries must take ownership of epidemic preparedness and response and ensure functional surveillance systems and adequately funded epidemic preparedness plans. It was also important to respect cultural norms and values to facilitate control and encourage communities to become partners in prevention activities. Zambia was prepared to serve as a field site for Ebola vaccine clinical trials.

Mr KIM Myong Hyok (Democratic People's Republic of Korea) said that it was important to ask why the international community had been unprepared for the current crisis. Cases of Ebola virus disease had been recorded for more than 40 years and yet no vaccine or other preventive tool against it had been developed. Only the magnitude of the current outbreak had led to efforts in that regard. It was important not just to strengthen the global response to the current outbreak but also to plan ahead to counter future pandemics in the early stages, bearing in mind the possibility of virus mutation. WHO should compile a list of potential pandemic threats and coordinate research and information-sharing to enable the international community to strengthen its preparedness and response capacities. Doing so would save both precious lives and financial resources.

Dr DAHN (Liberia), speaking on behalf of the Member States of the African Region, said that the unprecedented outbreak of Ebola virus disease continued to devastate the countries of West Africa, weakened after conflict, with repercussions for the entire region. It had reversed many of the gains made in strengthening health systems and reducing child mortality, threatening Liberia's achievement of Millennium Development Goal 4 (Reduce child mortality). WHO should improve its emergency response capacity, which required adequate and flexible funding. Reductions in WHO staff numbers for financial reasons, in particular in the Region, had hindered the response to the current outbreak; country offices had been blamed, even though they were doing their best.

Member States, with the Secretariat's support, must prioritize health system strengthening and establishment of the core capacities required under the International Health Regulations (2005). The Secretariat should support them to establish public health emergency operations centres; ensure that regional response mechanisms were functional and that national focal points for the Regulations were fully funded and equipped, particularly with regard to prevention; increase technical support for information management and the use of strategic information for national preparedness and response; and work with Member States and subregions in establishing reference laboratories and laboratory networks. She urged donor partners and the Secretariat to support training and research on infectious diseases, particularly those that affected poor people. WHO country offices should be empowered to tackle smaller-scale local events, support training within health ministries, and facilitate national donor coordination to ensure the full and effective use of financial resources. She welcomed the draft resolution.

Mr STAUR (Denmark)¹ said that the Ebola outbreak, with its huge human, health, economic and social consequences, had made it clear that changes were needed to enable WHO and the international community to respond to large-scale emergencies. WHO had to be enabled to fulfil its role as the global leader in emergency response, and Member States should support the Director-General in making the necessary changes, while recognizing the need for discussion of the broader international response framework for crisis situations. He welcomed the proposals made in the

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documents before the Board, especially with regard to strengthening WHO's emergency preparedness and response capacity.

Ms RUIZ VARGAS (Mexico)¹ said that the outbreak had revealed the importance of international cooperation in emergency response and the need to strengthen health systems and increase vaccine and treatment research, development and access. WHO's role in that regard was essential. Good progress had been made in responding to the current crisis, but it was imperative to keep working to reduce the likelihood of such crises in the future and, when they did occur, to ensure a more effective and timely response. The outbreak had also underlined the need to continue pursuing WHO reform and make needed structural and operational changes. Mexico had contributed financially to the Ebola response and participated in WHO's and PAHO's cooperation activities aimed at enhancing regional preparedness.

Dr GNASSINGBE (Togo)¹ commended WHO's efforts to coordinate epidemiological surveillance, share information about Ebola virus disease and circulate guidelines and tools to improve preparedness and response. His President had coordinated the Ebola response among the countries of the Economic Community of West African States, including the formulation of a regional response plan and the establishment of a regional solidarity fund to fight Ebola. He thanked all partners that had worked with the Economic Community to combat the Ebola virus disease and underlined the need for continued international solidarity and coordination. Togo had contributed US\$ 500 000 to the regional solidarity fund.

Dr GONZÁLEZ FERNÁNDEZ (Cuba), referring to document EBSS/3/3, welcomed the five proposals for building WHO's preparedness and response capacity, which would enhance emergency response capacity at all levels of the Organization, improving structure, management and funding. He looked forward to considering the draft resolution.

Dr NCHABI KAMWI (Namibia) commended the efforts of the Director-General, the United Nations Secretary-General and the international community in supporting the three countries worst affected by the Ebola outbreak, and underscored the need to learn from the crisis. The present session must lead to action; the draft resolution to be considered and related proposals on the International Health Regulations (2005) and other topics were therefore welcome. The statement made by Nurse Johnson during the previous meeting and her courage, perseverance and dedication should inspire the international community to see the fight against Ebola through to the end.

Mr VALERO (Bolivarian Republic of Venezuela)¹ said that, although the number of new cases of Ebola virus disease was declining, ongoing effort was needed because the virus was still spreading. He commended the Director-General's efforts to seek resources and establish mechanisms to tackle the crisis. In response to WHO's appeals for funding to address the emergency, his country had made a sizeable contribution to the United Nations for vaccine development. It was also preparing to send a team of doctors to combat the epidemic. Member States should work together to set up laboratories able to detect complex viruses, as the lack of such laboratories had hindered early detection of the current outbreak. Expressing thanks to those working to combat Ebola, he asked what improvements had been made in the field in terms of managing key factors such as logistics and how WHO was ensuring that vaccine trials were being conducted in an ethical manner.

Ms KAIRAMO (Finland)¹ said that steps must be taken to improve emergency preparedness and response. Public health emergencies covered under the International Health Regulations (2005) should be clearly distinguished from humanitarian emergencies in order to determine the type of

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response needed. Health systems must be strengthened, particularly in regard to essential public health functions, as epidemics could be prevented, detected and contained only through strong health systems, which were also the cornerstone of the Regulations. A key lesson of the epidemic was the need to work with nongovernmental organizations and local communities to track cases, share information and provide advice on preventive practices. It was also important to empower women, who had been disproportionately affected by the Ebola outbreak. Despite the recent slowing in the number of new cases, efforts must not be scaled back. A comprehensive study of the emergency should be conducted to identify needed improvements.

Ms DUSSEY-CAVASSINI (Switzerland)¹ said that ongoing support must be provided to the three worst-affected countries and their neighbours. Her Government was contributing humanitarian aid and supporting clinical trials of two experimental vaccines. In the longer term, national health systems must be strengthened and full implementation of the International Health Regulations (2005) ensured in all countries. WHO should carry out its role as the United Nations health cluster lead, in accordance with resolution WHA65.20, and a sufficient proportion of its regular budget should be allocated to emergency preparedness and response. It should also guard against duplication of efforts and work closely with other partners in the United Nations system.

Mr SAMAR (Algeria)¹ said that the Ebola epidemic had highlighted the importance of enhanced global cooperation to strengthen capacity at country level, increased access to medical and other resources, research and development and transfer of technologies and expertise, as well as sustained multidimensional effort to meet the challenges that would remain after the outbreak had been brought under control. It was also important to identify the lessons learnt from the epidemic in order to strengthen the response to future health emergencies.

Dr SURIYA WONGKONGKATHEP (Thailand)¹ said that the Ebola epidemic presented a major threat to national and international security and required a more coherent global response. His Government had adopted a national preparedness and response plan in 2014 and had established Ebola treatment guidelines for national medical centres. It had also provided financial support to Ebola-affected countries and had participated in the drafting by the Association of Southeast Asian Nations of a regional emergency preparedness framework. He welcomed the technical and financial support provided by WHO and the United Nations to control the outbreak, particularly for the development of vaccines and therapeutic agents. Thailand was committed to strengthening public health systems, without which global and regional health challenges could not be addressed effectively.

Dr KABIRU (Kenya)¹ stressed that international efforts must continue in order to halt the spread of the Ebola virus. Her Government had introduced a national emergency preparedness and response plan, and had contributed financial and human resources to the global response. The Ebola outbreak served as a reminder that large-scale disease outbreaks were global crises that threatened the development, stability and security of all countries. Steps should therefore be taken on a global level to provide more funding for disease surveillance, pandemic preparedness and response capabilities in order to build stronger and more resilient national health systems that could absorb the strain of future epidemics.

Mr SMOLENSKIY (Russian Federation) said that the response to the Ebola outbreak had revealed the need for better coordination among countries providing assistance, WHO and other United Nations organizations, for more physicians and other health workers with the necessary training and knowledge, and for further consideration of the role of nongovernmental organizations in such international responses. It had also shown the importance of communication and accurate

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information. He supported the role of a reformed WHO in leading the response to health emergencies. The Organization had the necessary resources, but they needed to be used more efficiently through better coordination and enhanced preparedness. He also supported the creation of a special fund for public health emergencies; contributions to the fund should, however, be voluntary.

Mr ROSALES (Plurinational State of Bolivia)¹ said that the Ebola epidemic had highlighted the need for the international community to seek alternative and sustainable means for financing and coordinating medical research and development on neglected diseases that primarily affected developing countries. Although his country had many domestic needs, his Government had contributed US\$ 1 million to the United Nations Ebola Response Multi-Partner Trust Fund in a spirit of solidarity with the peoples of Africa.

Mr PRAKASH (India)¹ said that his Government fully supported the work of the United Nations to meet the multiple challenges posed by the Ebola epidemic, particularly that of WHO to halt the outbreak and treat those affected. India had responded promptly to the current crisis, contributing to both WHO and the United Nations Ebola Response Multi-Partner Trust Fund. The reported declines in the number of Ebola cases was encouraging, but his Government remained concerned at the epidemic's devastating consequences and welcomed the actions proposed to strengthen the coordination of personnel, logistics, supplies and equipment, and enhance country-level preparedness. As progress was made towards halting the epidemic, the international community's focus should shift to building more resilient national health systems based on universal health coverage and ensuring an adequate health workforce. It should also continue to support research and development on Ebola vaccines and medicines and collaborate to ensure their affordability and availability for affected populations.

Mr SEGARD (Canada)¹ said that continued vigilance would be essential in order to end the Ebola epidemic. His Government remained committed to combating Ebola virus disease in West Africa and had contributed more than US\$ 113 million towards health and humanitarian interventions, including the establishment of mobile laboratories. It had also donated an experimental vaccine to WHO for the treatment of front-line health workers. The focus of international efforts should remain on the urgent task of controlling the outbreak and ensuring the preparedness of high-risk countries. At the same time, action was needed to ensure that WHO had the staff and skills needed to prevent, detect and respond to future outbreaks before they became public health emergencies of international concern.

Ms KOCHLEF (Tunisia)¹ said that coordination among stakeholders, awareness-raising and communication and capacity-building at local level had led to the encouraging downward trend in the number of new Ebola cases. Much remained to be done, however, to end the outbreak, repair the damage caused and avoid future crises. WHO should continue to take the lead in managing the crisis. Cooperation should be strengthened between affected countries, United Nations and other international agencies, civil society and the international community. International cooperation for medical research and development should also be strengthened. Countries, with WHO's support, should work to build and maintain effective health systems.

Mr KÜMMEL (Germany)¹ observed that the international community had been ill-prepared for the scale of the Ebola epidemic. Efforts should be made to analyse the lessons learnt from that mistake and improve international emergency preparedness and response for future outbreaks. The current special session was evidence of the willingness of Member States and the Secretariat to make needed changes, and he supported the five proposals made by the Secretariat in document EBSS/3/3. Robust

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national health systems were an essential component of epidemic preparedness and response, and ongoing international support was needed to restore and strengthen health systems in affected countries. The International Health Regulations (2005) were designed to prevent national public health emergencies from becoming international crises and must be implemented worldwide. As the Ebola epidemic was partly a consequence of global inequalities, supporting vulnerable States would be imperative. The adoption of the post-2015 development agenda offered a unique opportunity to take account of the lessons learned from the Ebola epidemic.

Dr WILLIAMS (Barbados)¹ commended WHO's efforts to improve national health systems, strengthen emergency preparedness and response, and better position itself to deal more promptly and efficiently with future pandemics. Those efforts were of particular importance to countries such as hers that depended on travel and tourism, which increased their exposure to Ebola and other health threats. She commended PAHO's work in improving emergency preparedness and supporting implementation of the International Health Regulations (2005) and thanked donors for their support of countries seeking to strengthen their response capacity.

Mr Ó HAODHA (Ireland),¹ mentioning that his Government was providing financial and other support to combat the Ebola outbreak and strengthen health systems in West Africa, said that increased investment from the international community was needed to rebuild the health systems of affected countries. Efforts should focus in particular on disease surveillance, logistics and political leadership in the fight against future epidemics. WHO should provide strong technical support to Guinea, Liberia and Sierra Leone to support the formulation of plans for national health system strengthening. It should also ensure the strongest possible country-level leadership to support the three countries in their post-Ebola recovery. There was a pressing need for a global network of skilled health care workers with adequate support systems that could be deployed rapidly and efficiently. In the short term, care must be taken to avoid any reversal in the reduction of cases and prevent the overstretching of national health systems that had become heavily reliant on external support.

Mr GULDVOG (Norway)¹ welcomed the proposals contained in document EBSS/3/3 for ensuring WHO's capacity to prepare for and respond to future outbreaks and emergencies and stressed the need to implement its main recommendations. He agreed on the importance of strengthened leadership and coherence to ensure optimal functioning of WHO at all levels, greater surge capacity, and structures more attuned to supporting the complexities and varying scale of emergency response. To achieve those objectives, WHO must take a thorough look at its human resources and planning systems; ensure a clear, single line of command for emergency operations; and redouble its efforts to overcome organizational weaknesses and strengthen its capacities.

Ms NAIDOO (African Union) said that the Ebola outbreak had highlighted the need for health system strengthening and capacity-building for infectious disease surveillance, prevention, detection and emergency response at national, regional and global levels. It had also underscored the importance of health workforce training and retention. The African Union Support to the Ebola Outbreak in West Africa initiative had been established with the aim of mobilizing human resources and political and financial support for the response effort. Through the initiative, 800 health workers had been deployed to Guinea, Liberia and Sierra Leone, and advocacy had been conducted to dispel the stigmatization and discrimination associated with the disease. She paid tribute to Nurse Johnson and all the health workers and volunteers working to fight the outbreak and emphasized the need to sustain those efforts over the coming months.

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

Mr CHIKH (Organisation of Islamic Cooperation) said that his organization had provided emergency funding amounting to US\$ 34 million for health programmes in Guinea, including US\$ 6 million to combat Ebola. The aid programme was in conformity with the goals established by WHO, Médecins sans Frontières and others involved in the response effort. A further US\$ 35 million had been made available to the Islamic Development Bank by the late King Abdullah of Saudi Arabia specifically for combating Ebola. The funding would enable the Governments of Guinea, Liberia, Sierra Leone and also Mali to acquire screening tools and protective materials for use in schools, airports and hospitals, and to build specialized treatment centres.

Mr TORIGOE (International Telecommunications Union) drew attention to the critical role of information and communications technologies in dealing with the Ebola outbreak and other health emergencies. ITU's response to the crisis had included the immediate deployment of satellite mobile phones and equipment to affected countries in order to help their Governments to coordinate relief efforts and improve the flow of information between Ebola treatment units and district offices. An information-sharing application for mobile phones had been developed on the basis of input from international organizations fighting Ebola. It was intended to facilitate coordination among organizations through the sharing of precise information, including interactive maps of affected regions. ITU's future work would focus on finding a possible solution for connecting remote areas to medical experts, building on long-standing cooperation between ITU and WHO in the area of e-health and piloting the use of the mHealth platform to train health workers treating people with Ebola virus disease in West Africa. ITU looked forward to collaborating further with interested parties in order to better leverage the power of information and communications technologies in the fight against Ebola.

Ms WISKOW (International Labour Organization) said that the strengthening of health systems called for significant investment in the health workforce, for whom fair salaries and enabling working environments must be provided. Health workers must be properly protected and supported. WHO and ILO had jointly developed health and safety guidance materials for workers and employers engaged in the Ebola response. ILO stood ready to cooperate with other United Nations agencies and partners to assist the governments of countries affected by Ebola with their recovery plans.

Mr WINBOW (International Maritime Organization) noted that as a result of the Ebola outbreak a significant number of States had adopted measures that went beyond those recommended under the International Health Regulations (2005), negatively affecting maritime trade and international shipping services, including the delivery of medical supplies and other aid. In future the Regulations' provisions regarding additional measures should be properly implemented in order to avoid interference with international maritime traffic and trade.

Mr DE BERNIS (United Nations Population Fund) said that it had become apparent that the international community, including organizations in the United Nations system, needed to improve understanding of emergency contexts and enhance the capacity to respond in a coordinated and efficient manner. A strong and well-funded WHO was the key to success in that regard. UNFPA had been part of the collective response effort, as health systems strengthening and disaster risk reduction were at the core of its mandate. Maternal and newborn mortality had increased in the three most-affected countries, and immediate action was required to restore reproductive, maternal, newborn and adolescent health services. Medium- and long-term planning and programming were also needed in order to ensure resilient health systems with a focus on human resources for health.

Mr BUHNE (United Nations Development Programme) commended WHO's work as the health cluster lead agency in the three countries most affected by Ebola. As part of the effort, UNDP was building stronger and more reliable payment systems and processes in order to ensure that current Ebola responders were paid and to leave a legacy of stronger systems for the future. The epidemic had destroyed the livelihoods of households and communities, and early economic revitalization was essential; it was especially important to address the needs of women, as they were disproportionately

affected. UNDP was working on a range of early recovery activities in the three countries concerned and would lead the United Nations Ebola recovery assessment with the aim of ensuring adequate bridging between the emergency phase, early recovery and long-term development in the post-pandemic phase.

Mr MACPHERSON (International Organization for Migration) observed that the mobility of populations had been a major contributor to the spread of Ebola virus disease. Recalling resolution WHA61.17 on health of migrants, he said that addressing the needs of migrant populations, as a determinant of global health and disease spread, was a core function of WHO. He looked forward to further discussions on the subject.

Ms SLOATE (GAVI Alliance), speaking at the invitation of the CHAIRMAN, said that the current crisis illustrated the need to be better prepared to prevent, diagnose and treat diseases such as Ebola virus disease through, inter alia, fast-tracking the development of vaccines and stockpiling them for the future. The GAVI Alliance had committed up to US\$ 300 million for future procurement of Ebola vaccines and immunization of at-risk populations, with an additional US\$ 90 million for introducing vaccines, rebuilding devastated health systems and restoring immunization services. The latter was particularly important as the Ebola outbreak had led to a huge decline in routine immunization.

Dr BENTON (International Council of Nurses), speaking at the invitation of the CHAIRMAN, commended health workers, in particular nurses, on their role in tackling Ebola and highlighted the impact of their work on their physical and psychological health and the need for adequate training, protection and support for them and their families. Active involvement of nurses in policy-making at all levels was essential in order to end the epidemic and avoid any recurrence. The current outbreak vividly demonstrated the importance of strong, resilient health systems in managing such health crises and he therefore urged governments and donors to invest in health system strengthening.

Ms KAMAL-YANNI (Oxfam International), speaking at the invitation of the CHAIRMAN, noted the devastating social and economic impact of the Ebola outbreak on the affected countries. Oxfam had been involved in the response through mobilization of communities, provision of water and sanitation services, and construction of community care centres. The outbreak had shown that long-term national plans with donor financial support were urgently needed to build resilient health systems. Governments should rethink the global system of research and development for vaccines, diagnostics and medicines for diseases prevalent in developing countries. The current intellectual property regime had failed to provide the necessary tools in response to the Ebola outbreak. Strong community involvement would be critical to the success of future emergency responses. The WHO reform process should provide a clear path to secure, adequate funding for core functions, including health security. An independent evaluation of the Ebola response should be undertaken to assess the role of relevant United Nations organizations, governments and humanitarian agencies and recommend actions for effective preparedness and response.

Ms BAILEY (IntraHealth International Inc.), speaking at the invitation of the CHAIRMAN, urged WHO to support countries in transitioning from independent emergency response units to sustainable capacity-building within health ministries. She also urged action to ensure better protection and support for frontline workers. Her organization recommended the use of mobile telephone technology for surveillance, field epidemiology and rapid response in newly infected areas. WHO should develop and monitor standards for public health emergency responses, including health workforce and facility data, supply chains, surveillance systems and workforce training. It should also draw up a global health workforce strategy with targets, timelines and commitments, in accordance with resolution WHA67.24.

Mr BESANÇON (International Pharmaceutical Federation), speaking at the invitation of the CHAIRMAN, said that his organization had developed specific tools to guide local pharmacy workers in combating Ebola, which were available on its website. Efforts to enhance preparedness and build resilient health systems in countries affected by Ebola should take account of the role of the pharmacy sector. The pharmacy workforce had demonstrated its commitment, support and added value in the management of the outbreak and wished to contribute to the supply chain for new medicines for treating the disease.

Mr CHECCHI (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, said that the overall response to the outbreak had been too slow, disorganized and lacking in leadership. The Ebola crisis had demonstrated the need to strengthen national health systems, including their preparedness for such outbreaks, and to increase access to health services. The proposals for improving WHO's effectiveness were commendable, but the Organization should avoid undue haste in implementing reform, which should be based on substantive, independent evaluation of its Ebola response and its performance in other recent emergencies. The various changes in governance and internal functioning should be considered carefully to see which ones were the most necessary. Increasing WHO's resources alone would not bear fruit without radical, carefully considered reforms. He would welcome consultations with humanitarian and health partners on how to create a flexible yet authoritative entity that would be capable of leading and coordinating the response to health emergencies and be accountable to WHO and the wider humanitarian health community.

Ms RUNDALL (International Baby Food Action Network), speaking at the invitation of the CHAIRMAN, said that research and development in relation to Ebola virus disease was long overdue. Instead of allowing the crisis to undermine its role, WHO should reassert itself as the global leader in health and take measures to prevent further commercial exploitation of public health. Questions to be asked in that regard included whether WHO had the ability to secure a good deal from the big pharmaceutical companies; whether it would supervise clinical trials and secure appropriate regulation of Ebola vaccines; what price controls would be put in place to facilitate access to vaccines; and how intellectual property issues would be managed. She welcomed the inclusion of civil society representatives in the United Nations Mission for Emergency Ebola Response, but wanted to see the involvement of health care workers and their representatives in the countries concerned.

Mr VAN DE PAS (Medicus Mundi International - International Organization for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, said that the epidemic could have been contained at an early stage had lack of adequate assistance by Member States and fiscal pressures imposed by the international financial institutions not undermined the ability of the affected countries to achieve a minimum level of primary health care. Many recommendations in the draft resolution to be considered had already been proposed in the review in 2011 of the implementation of the International Health Regulations (2005), including the establishment of a larger global, public health reserve workforce and a contingency fund for public health emergencies. The current special session could provide the momentum for WHO to re-establish its historic mission of coordinating international action to eradicate epidemic diseases and supporting governments in strengthening health systems. Given the range of pathogens with pandemic potential, there was an urgent need to revise the International Health Regulations (2005) so as to enable WHO to act more swiftly and to establish countries' common but differentiated responsibilities for financing core competencies for outbreak response. The latter could be included in the negotiations on the post-2015 sustainable development goals.

The CHAIRMAN drew attention to a draft resolution entitled "Ebola: Ending the current outbreak, strengthening global preparedness and ensuring WHO capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences", proposed by Algeria, Australia, Bangladesh, Benin, Brazil, Canada, Chile, China, Cuba, Egypt, Georgia, Guinea, India, Indonesia, Israel, Jamaica, Japan, Liberia, Mauritius, Mexico, Monaco, Morocco, Nigeria, Norway,

Panama, Peru, Senegal, Sierra Leone, South Africa, Switzerland, Thailand, Togo, United States of America, Uruguay, Zambia, Zimbabwe, and the Member States of the European Union, and which read:

The Executive Board,

Having considered the reports on WHO's response to the Ebola virus disease outbreak,¹

(PP1) Deeply concerned by the 21 831 cases and 8 690 deaths reported to date and the continuing infections and deaths in affected countries, as well as the potential risk of spread to neighbouring countries and beyond;

(PP2) Emphasizing the need for Member States² and other relevant actors to extend urgently all possible means of support to the affected and highly at-risk countries to end the Ebola outbreak, and stressing the importance of evidence-based responses and community engagement to prevent fear, stigma and discrimination;

(PP3) Reaffirming the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being and reiterating its determination to take further action on social determinants of health;

(PP4) Recognizing that the current outbreak demonstrates once again the urgency for all countries of having strong resilient and integrated health systems capable of fully implementing the International Health Regulations, and having the capacity for health-related emergency preparedness and progress towards universal health coverage that promotes universal, equitable access to health services and ensures affordable, quality service delivery;

(PP5) Recalling resolution WHA64.10 on Strengthening National Health Emergency and Disaster Management Capacities and the Resilience of Health Systems, which reaffirms, *inter alia*, that countries should ensure the protection of health, safety and welfare of their people and should ensure the resilience and self-resilience of the health system, which is critical for minimizing health hazards and vulnerabilities;

(PP6) Committed to an effective and coordinated response both for the current Ebola crisis and to make the corrective changes needed to prevent, detect and contain future outbreaks, and reaffirming the central and specialized role played by WHO in emergency preparedness and response, including in health emergency situations as described in WHA resolutions 54.14, 58.1, 59.22, 64.10, 65.20 and 65.23;

(PP7) Recalling WHA Resolution 65.20, which affirms WHO's role as the health cluster lead in responding to the growing demands of health in humanitarian emergencies, and recognizes the specific requirements for effective health-related emergency operations;

(PP8) Recalling that the WHO Emergency Response Framework has so far been the basis for WHO's role, responsibilities and work in all emergencies with public health consequences;

(PP9) Reaffirming WHO's responsibilities under the International Health Regulations;

(PP10) Noting that an effective response during an outbreak requires all levels of the organization to continually adapt and adjust resource allocation, methods of work and information practices, with a clear focus on results;

(PP11) Emphasizing in this respect that the response at all levels of WHO must be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility, accountability, principles of neutrality, humanity, impartiality, and independence, and predictability, timeliness, and country ownership, and building on effective collaboration within its mandate with other relevant actors;

(PP12) Reaffirming the Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property;

¹ Documents EBSS/3/2, EBSS/3/3 and EBSS/3/INF./1-5.

² And, where appropriate, regional economic integration organizations.

(PP13) Acknowledging that there is a linkage between addressing Ebola, including the control and elimination of neglected tropical diseases, and the global strategy and plan of action on public health, innovation and intellectual property and a pooled fund of global health research and development (WHA66.22);

(PP14) Commending all Member States,¹ organizations, including nongovernmental organizations, other entities and individuals that have provided assistance in cash and in kind, including the large number of medical professionals in response to the Ebola outbreak;

(PP15) Recognizing the urgent need for an improved and more effective and coordinated response capacity for the international community and especially for WHO and Member States¹ in responding to health-related emergencies;

(PP16) Committing to further mobilize resources to strengthen national, regional and global preparedness and preventive tasks against the threat posed by infectious diseases to global health and strong sustainable and balanced growth for all;

(PP17) Emphasizing also the fundamentally civilian character of humanitarian assistance, and reaffirming, in situations in which military capacity and assets are used as a last resort to support the implementation of humanitarian assistance, the need for the use to be undertaken with the consent of affected States and in conformity with relevant provisions of international law (UNGA resolutions A/RES/60/124 and A/RES/69/135);

Current context and challenges; stopping the epidemic; and global preparedness

(OP1) Expresses its unwavering commitment to contain the Ebola outbreak and to remain engaged on promoting urgent actions to accelerate prevention, detection, control and treatment until we reach zero cases of EVD, and contribute to build resilient health systems in the affected countries and other highly at-risk countries, and to provide support for people who have survived Ebola, and their families, and for children orphaned by the disease, including psycho social support;

Leadership and Coordination

(OP2) Recalls and reaffirms the constitutional mandate given to WHO to act, inter alia, as the directing and coordinating authority on international health work, and to furnish, in emergencies,² necessary aid upon the request or acceptance of governments, and recognizes the need to accelerate ongoing reform of the Organization;

(OP3) Reaffirms WHO's role as the lead agency of the global health cluster, including its role to ensure the timely declaration of appropriate response levels to humanitarian emergencies with health consequences and calls on Member States¹ and relevant actors in humanitarian situations with health consequences to support WHO in fulfilling its role as lead agency of the Global Health Cluster within its mandate;

(OP4) Reaffirms also that, in connection with the declaration on 8 August 2014, by the WHO Director-General that the 2014 EVD outbreak in some West African countries is a Public Health Emergency of International Concern, all WHO authorities with respect to the administration, deployment and other human resource matters concerning preparedness, surveillance and response rest with the Director-General, and shall be exercised in a manner consistent with the principles and objectives of the Emergency Response Framework, while minimizing the negative impact on regular and routine work of WHO;

(OP5) Invites the Director-General to consider assigning, immediately following the Special Session, for the duration of the outbreak, a Special Representative with the appropriate grade

¹ And, where appropriate, regional economic integration organizations.

² See also resolutions WHA34.26, WHA46.6, WHA48.2, WHA58.1, WHA59.22, WHA64.10 and 65.20.

and authority to be responsible for all aspects of coordination at all three levels of the Organization and response for the current EVD outbreak;

(OP6) Reaffirms the authority of the Director-General to reallocate existing resources, as appropriate and needed, subject to existing authorities, procedures and agreements, without compromising the Organization's programme priorities, as needed to enable an efficient and accelerated response to end the current EVD epidemic;

(OP7) Affirms the essential role of the WHO Country Representatives in any outbreak and response situation and expects all levels of the Organization to cooperate with and support the Director-General in her duty to take all necessary measures so that each country office, in particular for affected and highly at-risk countries and areas, has the right skill set and expertise to match the public health challenges they face;

(OP8) Affirms also the critical role of the WHO regional offices in any outbreak and response situation, under the authority of the Director-General, and requests the Director-General and Regional Directors to take all measures for the highest level of coordination and collaboration among all levels of the Organization to jointly meet the public health challenges they face, including measures to strengthen the routine and immediate sharing of information on infectious disease outbreaks or emergencies with health consequences;

(OP9) Requests the Director-General to further improve communication, coordination, and information sharing between WHO and UNMEER, to enable Member States¹ and other partners to more effectively engage in the response, and requests a report outlining the specific role of WHO within UNMEER by March 2015;

(OP10) Calls upon the Director-General to improve the transparency and reliability of health-related needs-assessment processes, (based on UNGA resolution A/RES/60/124);

Health Systems

(OP11) Calls on Member States¹ to further strengthen coordination on personnel, logistics, supplies, equipment and related infrastructure, with a view to accelerating the effective EVD response and converting it to longer-term health system strengthening, particularly in the most affected countries, building on the results of the WHO conference held in Geneva on 10–11 December 2014 on “Building resilient health systems in Ebola-affected countries” and the implementation of the International Health Regulations (IHR), and in this context requests the Director-General to give technical advice to the most affected countries for developing their country plans, to be discussed in an upcoming conference;

(OP12) Encourages Member States¹ to consider promoting health system strengthening and IHR core capacities for inclusion in the implementation of the health goal of the post-2015 development agenda;

(OP13) Calls on Member States¹ to strengthen capacities to recruit, develop, train, and retain the health workforce in developing countries, particularly in the most affected and highly at-risk countries;

(OP14) Calls on Member States¹ to strengthen support for health care workers to enable local and regional surge capacity, as the most important basis for emergency and outbreak response, which includes ensuring the availability of adequate isolation, care and treatment facilities and essential supplies; strengthening national and regional capacities for surveillance, including providing support for developing countries to build capacity;

(OP15) Urges Member States¹ to establish, promote and foster regional and sub-regional collaboration, as well as inter-regional cooperation within WHO, including sharing of experience and expertise for capacity development to strengthen the role of local health systems and workforce in the response to emergencies and other crises (fn to WHA 64.10);

¹ And, where appropriate, regional economic integration organizations.

(OP16) Reaffirms that integrated health care, based on access to health and universal health coverage, is the best approach for strengthening health systems, and calls on Member States¹ to accelerate implementation efforts footnote to [WHA 67.24 and 63.16];

(OP17) Takes note of the current challenges facing the operational response to the Ebola outbreak as described in EB136/26, endorses the steps outlined to meet these challenges described in the EBSS3/INF/Doc.5, and requests the Director-General to ensure that the required human and other resources are deployed to this end as a matter of priority and urgency;

Medical Assistance

(OP18) Recognizes the importance of providing for, as much as possible, the safety and protection of health care workers, taking into account the Global Health and Foreign Policy resolution A/RES/69/132 adopted on December 5, 2014;

(OP19) Calls upon health service providers to ensure that health workers are provided with adequate training and protective gear necessary to minimize their risk of infection from disease;

(OP20) Calls upon Member States¹ affected by outbreaks and health emergencies to provide adequate security to protect all health workers from violence;

(OP21) Reaffirms the value of foreign medical teams to the outbreak and response, and requests the Director General to ensure WHO is able, building on the newly established Foreign Medical Teams unit at WHO, to coordinate offers of and requests for the deployment of equipped and experienced foreign medical teams to fill urgent needs and to systematize the formation, training, and support for these foreign medical teams in a timely manner;

(OP22) Reaffirms also the value to ensure the effective deployment of all possible health services, reserve medical teams and the vital consumables to control diseases, by a process of consultation, coordination and integration based on the request or acceptance of the host countries, recognizing that foreign medical teams are intended to support temporarily the national health system, with a view to its sustainable strengthening;

(OP23) Requests the Director-General, in consultation with Member States,¹ to further develop mechanisms for the use of existing emergency stand-by capacities, including, where appropriate, regional humanitarian capacities, through formal agreements, and to report on the issue to the World Health Assembly at its Sixty-ninth session (based on para 13 of UNGA Resolution 60/124);

Information

(OP24) Calls on Member States,¹ consistent with the IHR, to strengthen disease surveillance capacity, data and information flows between local and national levels and with WHO country, regional and global levels to enable a full and effective response to the current Ebola epidemic, and to ensure early reporting and detection for any future outbreak;

(OP25) Requests the Director General to take all necessary steps to strengthen surveillance, effective and timely data and information dissemination, and health information capability, required to control the epidemic, and to apply lessons-learned to future WHO work in this regard;

(OP26) Requests the Director General to develop, integrate, and support common tools and coordination mechanisms, such as web portals, as appropriate, to track activities across all aspects of the WHO's work to end the current Ebola outbreak, and in order to identify gaps and formulate concrete needs to prevent and respond more effectively to future outbreaks;

(OP27) Requests the Director General to ensure, in the context of the present emergency, that relevant information, especially concerning details of assistance pledged and delivered to the

¹ And, where appropriate, regional economic integration organizations.

response effort is shared actively, and in a timely and transparent manner with Member States¹ and other partners, with a view to facilitating effective resource use and response, and requests relevant Member States¹ to assist the Director General by providing all such information to UN-OCHA through their financial tracking service in a timely and transparent manner;

Preparedness

(OP28) Recognizes the urgency, in the context of the current outbreak, of addressing the immediate needs in preparedness and response capacity, in particular in highly at-risk states, as identified by WHO, and calls on all Member States¹ and the international community to enhance this effort, giving appropriate priority to the disease surveillance, preparedness, and emergency work of WHO;

(OP29) Recognizes also the importance of addressing longer-term systemic gaps in capacity to prevent, detect, protect against, control and provide a public health response to the international spread of disease and calls on Member States¹ to fulfil their commitment to full implementation of the IHR and in particular, to accelerate action by and support for West and Central African States and other at-risk States and furthermore commends in this regard North–South, South–South, triangular and bilateral cooperation and exchange of best practices;

(OP30) Urges Member States,¹ supported by WHO, to work across sectors and stakeholders, including education, transport and regulatory systems, to ensure that preparedness and long-term sustainable capacity to prevent, detect, protect against, control, and provide a public health response to the international spread of disease is embedded in communities and can facilitate community mobilization in case of an emergency with health consequences;

(OP31) Recognizes also that global preparedness needs continuous commitment to research and development, reliance on a multisectoral approach, strengthening health systems, economic development in developing countries and improved health status;

(OP32) Recognizes the importance of timely sharing of information on diagnostic, preventive and therapeutic products registered at the national or regional level, among Member States¹, under the auspices of WHO, and the routine evaluation of the effectiveness of such products for the purpose of their timely use in response to an epidemic and Requests the Director-General to provide, to the 138th session of the Executive Board, options for strengthening such information sharing, and for enhancing WHO capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers;

Therapeutic Drugs and Vaccines

(OP33) Recognizes the good progress made to date, under the leadership of the WHO in the process of developing Ebola vaccines and requests the Director General to ensure the sustainability of the working groups on therapeutic drugs and vaccine clinical trial designs while they are needed, to ensure continued progress in the development of quality, safe, effective and affordable vaccines and treatments, while emphasizing the importance of completing the WHO work on emergency regulatory mechanisms and procedures ensuring patient safety, committing results of this work to the most affected countries in West Africa as a first priority, with an accompanying distribution and financing plan, to be communicated to Member States¹ as soon as it is ready;

(OP34) Requests the Director-General to evaluate the current status of the epidemic and to disseminate information as to the most critical research studies to complete; and requests the Director-General in consultation with technical experts and Member States¹ regulatory agencies

¹ And, where applicable, regional economic integration organizations.

to develop guidance on the value and limitations of the data obtained from the clinical trials, giving the particular attention to ethics, quality, efficacy and safety;

Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies

(OP35) quater Affirms that a primary goal in reforming WHO's capacity to respond to future large scale and sustained outbreaks and emergencies is to enable the organization to support/build Member States¹ capacity to prevent, detect, prepare for and respond to such outbreaks and emergencies;

WHO Structure and Human Resources

(OP36) Reaffirms that all relevant WHO authorities with respect to the administration, deployment and other human resource matters concerning preparedness, surveillance and response rest with the Director-General for outbreaks and emergencies with health consequences, and shall be exercised in a manner consistent with the principles and objectives of the WHO and the Emergency Response Framework;

(OP37) Requests the Director-General to strengthen the emergency operational capabilities of the Organization to enable it to fulfil its constitutional mandate and respond to emergencies with health consequences on the basis of an all-hazards approach;

(OP38) Underlines that it is essential in respect of health emergency response that the Organization be capable of delivering on the complex and varying scale of health emergency response, emphasizing in particular systems for human resources, resource mobilization and financing, planning and information management, and ensuring unambiguous leadership and a coherent approach towards outbreak and health emergency operations for all levels of the Organization;

(OP39) Recognizes that among others, the short-comings in WHO's human resources systems and processes slowed down the Ebola response, and requests the Director General based on lessons learned and taking into account the current reform efforts, to accelerate WHO's efforts on human resources reform, particularly by implementing at all three levels of the organization robust recruitment, performance management, including performance review and mobility policies by the end of 2015 to rapidly match staff skills to urgent needs and to report to the Sixty-eighth World Health Assembly on plans for implementation and further expansion, taking into account the interim assessment requested in para 53;

(OP40) Requests the Director General to review the system for nomination, selection, training, and performance review and improvement plan of WHO Country Representatives, taking into account and without prejudice to current reform efforts, with a view to improving expertise in each of the three core areas of WHO's mandate – normative work, technical support to countries, and emergency and outbreak response – and supports the Director-General in exercising her authority to add or change staff with appropriate expertise at the country and regional level, and to report to the 138th Executive Board on implementation;

(OP41) Stresses the importance of WHO personnel understanding and respecting national and local customs and traditions in their countries of assignment and communicating clearly their purpose and objectives to local populations in order to enhance their acceptance, thereby contributing to their safety and security;

(OP42) Recalls Recommendation 12 of the 2011 IHR Review Committee contained in A/64/10, which called for the establishment of a more extensive global, public health reserve workforce, and requests the Director General to take immediately necessary steps to draw up her plan in

¹ And, where appropriate, regional economic integration organizations.

consultation with Member States through regular informal consultations, and with the Steering Committee of the Global Outbreak Alert and Response Network, with the following three elements, each of which are composed of comprehensive emergency response teams that can be promptly and efficiently deployed, for service in countries that request or accept such assistance, for adequate periods of time, and with adequate resources, and to report to the 68th World Health Assembly for its consideration and decision;

- (a) adequate numbers of dedicated and trained WHO staff with appropriate range of skills positioned at all levels of the Organization, particularly at country level, to properly implement ongoing emergency relief programmes, including surveillance, and to provide adequate internal surge capacity to respond to acute emergencies with health consequences, efforts should be made to enhance representation from developing country practitioners, including at WHO headquarters;
- (b) deepened and expanded partnerships building on existing platforms, notably the Global Outbreak Alert and Response Network, the Global Health Cluster, existing and new stand-by partners, and foreign medical teams, with the additional aim of building capacity in countries;
- (c) strengthened mechanisms for working with other United Nations agencies, funds and programmes, and relevant actors, as appropriate, to assist in assuring a response commensurate to the scale of any emergency;

Research and Development

(OP43) Recognizes the urgent need to encourage and maximize efforts on scientific, epidemiological and biological research, including the sharing of samples and epidemiological data in accordance with national or regional legislation on Ebola, health technologies and promote cooperation in this field between countries, as a contribution to international efforts directed towards tackling the epidemic and for the aim of consolidating the scientific, medical and health capacities of the most affected countries, and the need for the global community to continue work on research and development, including for emerging and neglected tropical diseases;

(OP44) Recognizes WHO's leadership role in supporting a prioritized research agenda for Ebola and calls on Member States¹ and relevant actors to ensure that resources and efforts take into account and support, as appropriate, the prioritized research agenda;

(OP45) Recognizes further the need to incorporate lessons learned from the EVD outbreak into the evaluation of the global strategy and plan of action on public health, innovation and intellectual property and considers, as appropriate, the linkage to pooled funds for global health research and development to facilitate the development of quality, safe, effective, affordable health technologies related to the needs of affected countries and calls on Member States¹ for securing sustainable financing for health research and development on emerging and neglected tropical diseases, including Ebola, and enhancing access to health products and medical devices to address the health needs of developing countries (Footnote to the GSPA and Resolution 66.22);

(OP46) Calls on Member States¹ to continue to collaborate as appropriate, on models and approaches that support the delinkage of the cost of new research and development from the prices of medicines, vaccines, and other diagnostics for Ebola and other emerging and neglected tropical diseases, so as to ensure their sustained accessibility, affordability, availability, and access to treatment for all those in need;

¹ And where applicable regional economic integration organizations.

Resources

(OP47) Requests the Director General to take all necessary steps to ensure that, in the case of outbreaks and emergencies with health consequences, funding can be speedily reallocated and disbursed to areas of most need, without compromising the Organization's programme priorities;

(OP48) Recognizes the need for adequate resources for the preparedness, surveillance and response work of the World Health Organization, agrees in principle to establish a contingency fund, taking into account recommendation 13 of the 2011 IHR Review Committee contained in A/64/10, subject to a decision to be taken by the Sixty-eighth World Health Assembly, and requests the Director-General to provide options on the size, scope, sustainability, operations and sources of financing for such a fund, and accountability mechanisms; including on possible internal sources of funding from within WHO's existing programme budget, taking into account other relevant financing mechanisms and emergency funds already in operation or being considered, at regional and global level, taking into account the interim assessment requested in para 53 and to report, through the Programme, Budget and Administration Committee, such options to the 68th World Health Assembly for its consideration and adoption;

(OP49) Recognizes the valuable contribution to global capacity to prevent, detect and respond to future outbreaks being made through various initiatives at global and regional levels and other relevant actors, and calls on these efforts to be aligned with the International Health Regulations and the relevant work of WHO, to ensure coherence and effective action;

(OP50) Urges Member States¹ to consider supporting and contributing to WHO work in this area as a matter of urgency;

Communication

(OP51) Requests the Director-General to continue to develop and implement an Organization-wide communications strategy to improve routine communications, messaging about preventive measures, risk communication, and emergency communications, ensuring that the new policy entails matching the content, form and style of communication with the media, timing and frequency that will reach the intended audience and serve its intended purpose;

Evaluation and Next Steps

(OP52) Requests the Director-General to commission an interim assessment, by a panel of outside independent experts, on all aspects of WHO response, from the onset of the current EVD outbreak, including within UNMEER, in implementing the Emergency Response Framework, and in coordination, including resource mobilization, and functioning at the three levels of the Organization, to be presented to the Sixty-eighth World Health Assembly;

(OP53) Requests the Director-General to prepare options for establishing an IHR Review Committee panel of experts pursuant to past practice to conduct an assessment of the overall prevention, preparedness and response to the Ebola outbreak and the effectiveness of the IHR in facilitating that response, including what was implemented and what was not from the previous IHR review committee in 2011, and consideration given to steps that could be taken to improve the functioning, transparency, and efficiency of WHO's response under the IHR in future outbreaks, in all countries, aiming at strengthening health systems;

(OP54) Invites the Director-General to consider establishment of an ad hoc advisory group under the auspices of the Executive Board, composed of operations experts from relevant stakeholders, including affected countries, to provide advice on administrative and logistical support to the Director-General as needed in the case of future outbreaks or emergencies with health consequences;

(OP55) Requests the Director-General to engage within the United Nations system on lessons learned from this response for improving coordination and effectiveness for future outbreaks, and to update Member States¹ on a regular basis;

(OP56) Requests the Director-General to consult with Member States,¹ other relevant actors, and the UN system on elements of the decisions included in this Resolution to be prepared for the Sixty-eighth World Health Assembly with a view to ensuring a consensus on how to strengthen and improve the effectiveness of WHO in outbreaks and emergencies with health consequences and taking into account and without prejudice to the overall WHO reform;

(OP57) Requests the Director-General to report to WHA68 on all grade 3 and IASC level 3 emergencies where WHO has taken action since WHA67 and calls for annual reports on WHO's actions in health emergency response.

Ms MATSOSO (South Africa), introducing the draft resolution on behalf of the sponsors, said that the proposed wording was strong and action-focused and already had the support of 59 Member States. The working group had devoted many hours to identifying measures aimed at stopping the epidemic; defining and strengthening WHO's leadership role; supporting and rebuilding health systems in affected countries; improving medical care, preparedness and information-sharing among WHO and its partners; facilitating the development of Ebola virus disease vaccines and countermeasures; strengthening WHO's rapid response mechanism and funding options; and fostering changes that could help WHO to become more resilient, responsive, technically capable and well-structured. The best message that could be sent to the governments and people of West Africa fighting daily to bring the disease under control was a strong, clear and forward-looking resolution, focused on reducing cases of the disease to zero and laying the groundwork for future efforts.

Dr CUYPERS (Belgium), speaking on behalf of the European Union and its Member States, said that the world remained ill-prepared for a sustained health emergency. The Union's 28 Member States had cosponsored the draft resolution in the belief that the Organization must have the capacity to respond to all hazards with a health impact. WHO reforms needed to be accelerated: it was crucial to establish a clear line of command for emergency operations, create a global health workforce ready to be deployed quickly and effectively, secure WHO's role as the lead agency for the global health cluster, and ensure that the Organization had rapid access to resources during emergencies. That said, preparedness for emergencies would never be an alternative to strong and resilient health systems and international health regulations.

Dr GWENIGALE (Liberia) said that he would be unable to support the draft resolution unless it gave greater attention to survivors of Ebola virus disease, who were often stigmatized and rejected in their communities, and to children orphaned by the disease.

In response, the DIRECTOR-GENERAL fully agreed on the importance of those two issues. WHO was currently working with UNICEF and the Governments of Guinea, Liberia and Sierra Leone to provide better care for survivors and to tackle stigmatization through social mobilization, education and engagement with local communities. The mission-critical actions under the United Nations STEPP plan also addressed both issues.²

¹ And, where appropriate, regional economic integration organizations.

² Stop the outbreak; Treat the infected; Ensure essential services; Preserve stability; and Prevent outbreaks in countries currently unaffected. See *Ebola Virus Disease Outbreak: Overview of needs and requirements*. United Nations Office for the Coordination of Humanitarian Affairs, 2014 (https://docs.unocha.org/sites/dms/cap/ebola_outbreak_sep_2014.pdf).

Dr OMI (Japan) said that the review of the system for nomination, selection, training and performance review and the improvement plan mentioned in operative paragraph 40 of the draft resolution should not be limited to WHO country representatives, but should also encompass regional offices, which played a vital role in supporting country offices during emergencies. However, as regional offices were mentioned in paragraph 8, he could support the draft resolution without amendment.

Dr ASADI-LARI (Islamic Republic of Iran), speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft resolution and urged further collaboration with Member States of the African Region in their efforts to end the outbreak and rebuild their health systems. It was important to move ahead quickly by implementing the draft resolution's most immediate recommendations for stopping the outbreak. The recommendations to strengthen WHO's capacity to respond to future outbreaks would be more objective and specific if they were based on the findings of the interim assessment by the panel of outside independent experts and subsequent endorsement of those findings by the Executive Board and the Health Assembly.

Mr BOWLES (Australia) said that Australia was fully committed to bringing the epidemic to an end and would continue to support an international response, including its management of the Ebola virus disease treatment centre in Freetown, coordinated by Australia and several other countries. He appreciated the emphasis on core health leadership strategies, including the implementation of the International Health Regulations (2005), to enhance preparedness for and prompt response to global health security issues. Australia was currently working with WHO to strengthen preparedness in the Western Pacific Region.

Dame Sally DAVIES (United Kingdom of Great Britain and Northern Ireland) applauded the draft resolution, which gave the Director-General the flexibility to react to future crises. There was welcome consensus that another outbreak should not leave countries, regions and the Secretariat unprepared. To that end, implementation of the International Health Regulations (2005) must be accelerated and local health systems and regional oversight strengthened. WHO needed the means and mandate to move quickly to put in place skills, resources and capabilities, including through a rapid response team. To support the Director-General's efforts, the United Kingdom pledged an advance commitment of US\$ 10 million to the contingency fund proposed in paragraph 48 of the draft resolution, which she urged the Board to adopt.

Dr REN Minghui (China) supported further efforts to end the outbreak, improve prevention capacity and develop health care centres in Africa. He appealed to the Board to adopt the draft resolution so that it could be implemented as quickly as possible.

Dr AMMAR (Lebanon) endorsed the five proposals in the report on WHO's capacity to prepare for and respond to future outbreaks (document EBSS/3/3), in particular the stress placed on decentralization and delegation of authority. He emphasized that WHO should have the capacity and funds required to be the lead coordinating organization for health in all emergency situations.

Mr KOLKER (United States of America) said that WHO in its current form was not fully capable of responding to health emergencies of the magnitude of the Ebola virus disease outbreak. The measures contained in the draft resolution were specific and far-reaching, as the Director-General needed a strong mandate to improve the Organization's emergency response capabilities, so that by the time of the Sixty-eighth World Health Assembly in May 2015, extensive reform could be proposed. He joined the member for the United Kingdom in advocating immediate financing for a fund to further the important work of WHO. It would also be worthwhile to find creative ways of honouring the health care workers who had lost their lives during the recent epidemic.

Professor VALLET (France),¹ expressing support for the draft resolution and the request by the member for Liberia, said that, to play a lead coordinating role, WHO must secure sufficient competent human resources for rapid response teams. A manager or command centre should be put in place to coordinate the response to specific emergencies. Nomination procedures for country offices should be revised with a view to improving their performance, especially during health emergencies. Preparedness should be improved by strengthening the International Health Regulations (2005). More funds should be channelled into research and development, especially for vaccines and new treatments for Ebola virus disease. An evaluation of WHO's response should be conducted by a panel of independent experts, with its first report to be presented to the Sixty-eighth World Health Assembly.

The DIRECTOR-GENERAL thanked the representative of Japan for his flexibility. To address the concerns of the member for Liberia, she suggested adding at the end of operative paragraph 1: "and to provide support for people who have survived Ebola, and their families, and for children orphaned by the disease, including psychosocial support."

It was so agreed.

The draft resolution, as amended, was adopted.²

The DIRECTOR-GENERAL thanked Member States for their efforts in reaching consensus on action required immediately and in the medium term. The resolution gave the Secretariat measures to help to stop the Ebola outbreak and ensure that the world was better protected from future severe outbreaks. It urged strengthening of health systems through implementation of core capacities under the International Health Regulations (2005) and the fulfilment of WHO's existing mandate as the directing and coordinating authority on health in the United Nations system. The Global Policy Group was committed to delivering on the resolution's action-oriented agenda.

2. CLOSURE OF THE SESSION

After the customary exchange of courtesies, the CHAIRMAN declared the third special session of the Executive Board closed.

The meeting rose at 18:55.

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

² Resolution EBSS3.R1.

LIST OF MEMBERS AND OTHER PARTICIPANTS

MEMBERS, ALTERNATES AND ADVISERS

MALDIVES

Mr M.H. SHAREEF, Minister in the President's Office, Malé (**Chairman**)

Alternates

Mr H. RASHEED, Minister of State for Health, Ministry of Health, Malé

Ms R. RASHEED, First Secretary, Permanent Mission, Geneva

Ms A. SAMIYA, Deputy Director-General, Ministry of Health, Malé

Ms M. ABOOBAKURU, Director, Ministry of Health, Malé

Ms S. RASHEED, First Secretary, Permanent Mission, Geneva

ALBANIA

Dr G. BEJTJA, General Director of Health Policy and Planning, Ministry of Health, Tirana

Alternate

Mrs F. KODRA, Ambassador, Permanent Representative, Geneva

Advisers

Mr F. DEMNERI, First Secretary, Permanent Mission, Geneva

Ms D. XHIXHO, Second Secretary, Permanent Mission, Geneva

ANDORRA

M. J.M. CASALS ALIS, Directeur général, Département de la Santé et du Bien-être social, Ministère de la Santé et du Bien-être social, Andorra la Vella

Alternate

Mme E. CANADAS, Deuxième Secrétaire, Mission permanente, Genève

ARGENTINA

Dra. A. CARBONE, Subsecretaria de Relaciones Sanitarias e Investigación, Ministerio de Salud, Buenos Aires

Alternates

Dra. C. MADIES, Asesora de la Subsecretaría de Políticas, Regulación y Fiscalización, Ministerio de Salud, Buenos Aires

Dr. P.A. KREMER, Director Nacional de Relaciones Internacionales, Ministerio de Salud, Buenos Aires

Sra. A. POLACH, Funcionaria de la Dirección Nacional de Relaciones Internacionales, Ministerio de Salud, Buenos Aires

Sr. D. ALONSO, Coordinador de Administración, Recursos Humanos y Relaciones Internacionales, Ministerio de Salud, Buenos Aires

Sr. D.G. MAGALLANES, Funcionario de la Dirección Nacional de Relaciones Internacionales,
Ministerio de Salud, Buenos Aires

Sra. M. KEMP, Asistente Privada de la Subsecretaria de Relaciones Sanitarias e Investigación,
Ministerio de Salud, Buenos Aires

Adviser

Sr. J.C. MERCADO, Consejero, Misión Permanente, Ginebra

AUSTRALIA

Mr M. BOWLES, Secretary, Australian Government Department of Health, Canberra

Alternates

Mr J. QUINN, Ambassador, Permanent Representative, Geneva

Mr S. COTTERELL, Acting First Assistant Secretary, Portfolio Strategies Division, Australian
Government Department of Health, Canberra

Mr B. DAVID, Principal Health Sector Specialist, Development Policy Division, Australian
Government Department of Foreign Affairs and Trade, Canberra

Advisers

Ms M. HEYWARD, Health Adviser, Permanent Mission, Geneva

Mrs S. ELLIOTT, Development Counsellor (Health), Permanent Mission, Geneva

Dr T. POLETTI, Health Adviser, Permanent Mission, Geneva

Ms J. KAINE, First Secretary, Permanent Mission, Geneva

AZERBAIJAN

Professor O. SHIRALIYEV, Minister of Health, Baku

Alternates

Dr M.N. NAJAFBAYLI, Ambassador, Permanent Representative, Geneva

Dr S. ABDULLAYEV, Head, International Relations Department, Ministry of Health, Baku

Mr E. ASHRAFZADE, Third Secretary, Permanent Mission, Geneva

Mrs S. SULEYMANOVA, Third Secretary, Permanent Mission, Geneva

BELGIUM

Dr D. CUYPERS, Président du Comité de Direction, SPF Santé publique, Sécurité de la Chaîne
alimentaire et Environnement, Bruxelles

Alternate

M. B. de CROMBRUGGHE, Ambassadeur, Représentant permanent, Genève

Advisers

Dr D. REYNDERS, Conseiller général, Chef de Service des Relations internationales, SPF
Santé publique, Sécurité de la Chaîne alimentaire et Environnement, Bruxelles

Dr P. CARTIER, Ministre Conseiller, Mission permanente, Genève

Dr I. RONSE, Expert Santé publique, Représentant du SPF Affaires étrangères, Service
Multilatéral et Programmes européens, Bruxelles

M. J.-M. SWALENS, Secrétaire d'Ambassade, Coopération au Développement, Mission
permanente, Genève

M. L. DE RAEDT, Attaché, Service des Relations internationales, SPF Santé publique, Sécurité
de la Chaîne alimentaire et Environnement, Bruxelles

M. H. MONCEAU, Haut-Représentant des Gouvernements de la Wallonie et de la Fédération
Wallonie-Bruxelles pour les Droits fondamentaux, la Société de l'Information et l'Economie
numérique, Bruxelles

M. K. DIERCKX, Délégué général du Gouvernement flamand, Mission permanente, Genève
Mme B. BOUTON, Inspectrice générale, Département de la Santé, Service public de Wallonie,
Bruxelles
Mme R. BALEDDA, Attachée, Délégation Wallonie-Bruxelles, Genève
Mme A. MONCAREY, Attachée, Délégation Wallonie-Bruxelles, Genève

BRAZIL

Dr J. BARBOSA DA SILVA Júnior, Secretary of Health Surveillance, Ministry of Health, Brasília
Alternates
Mrs R.M. CORDEIRO DUNLOP, Ambassador, Permanent Representative, Geneva
Mrs J. VALLINI, Advisor, International Office, Ministry of Health, Brasília
Advisers
Mr J.L. QUENTAL NOVAES DE ALMEIDA, Minister Counsellor, Permanent Mission,
Geneva
Mr J.R. DE ANDRADE FILHO, Counsellor, Permanent Mission, Geneva
Mr L.V. SVERSUT, Second Secretary, Permanent Mission, Geneva
Ms L. SEGALL CORREA, International Advisor of the Secretary of Health Surveillance,
Ministry of Health, Brasilia
Mrs I.M. GONÇALVES, Chief, Technical Analysis Division, Ministry of Health, Brasília
Mr D.H.T.A. ALVES, Technical Advisor, International Office, Ministry of Health, Brasília
Mr F.V. NEVES DA SILVA, Technical Advisor, International Office, Ministry of Health,
Brasília
Mr E. PIRES, Intern, Permanent Mission, Geneva
Mrs L.G. BRITOS, Intern, Permanent Mission, Geneva
Mr P. BYDLOWSKI, Intern, Permanent Mission, Geneva

CHAD

Dr. Y.P. MATCHOCK MAHOURI, Conseiller du Ministre de la Santé publique, N'Djamena
Alternates
M. M. BAMANGA ABBAS, Ambassadeur, Représentant permanent, Genève
M. A. AWADA, Premier Conseiller, Mission permanente, Genève

CHINA

Dr REN Minghui, Director-General, Department of International Cooperation, National Health and
Family Planning Commission, Beijing
Alternates
Dr CHANG Jile, DG-Level Commissioner, Bureau of Disease Prevention and Control, National
Health and Family Planning Commission, Beijing
Ms ZHANG Yang, Deputy Director-General, Department of International Cooperation,
National Health and Family Planning Commission, Beijing
Ms ZHANG Lingli, Associate Counsel, Department of Maternal and Child Health, National
Health and Family Planning Commission, Beijing
Mr QIN Xiaoling, Deputy Director-General, Department of International Cooperation, China
Food and Drug Administration, Beijing
Mr WU Peixin, Division Director, Department of Science, Technology and Education, National
Health and Family Planning Commission, Beijing

Mr GAO Tianbing, Division Director, Bureau of Investigation and Enforcement, China Food and Drug Administration, Beijing

Ms WANG Ying, First Secretary, Permanent Mission, Geneva

Ms XU Min, Deputy Division Director, Health Emergency Response Office, National Health and Family Planning Commission, Beijing

Ms SHI Ying, Associate Consultant, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, Beijing

Mr CHEN Hu, Deputy Division Director, Bureau of Medical Administration, National Health and Family Planning Commission, Beijing

Ms LI Yan, Second Secretary, Department of International Organizations and Conferences, Ministry of Foreign Affairs, Beijing

Ms WANG Qianyun, Program Officer, Department of International Cooperation, National Health and Family Planning Commission, Beijing

Ms RU Lixia, Program Officer, Department of International Cooperation, National Health and Family Planning Commission, Beijing

Ms GENG Fei, Third Secretary, Permanent Mission, Geneva

Advisers

Ms XIE Zheng, Lecturer, School of Public Health, Peking University, Beijing

Ms HUANG Yangmu, Post-Doctoral Fellow, School of Public Health, Peking University, Beijing

CROATIA

Mr S. VARGA, Minister of Health, Zagreb

Alternates

Dr I. PAVIĆ ŠIMETIN, Assistant Director for Quality, Croatian National Institute of Health, Zagreb

Mrs Z. PENIĆ IVANKO, Chargé d'affaires a.i., Permanent Mission, Geneva

Adviser

Mrs I. KOŽAR SCHENCK, Third Secretary, Permanent Mission, Geneva

CUBA

Dr A.D. GONZÁLEZ FERNANDEZ, Head, Department of Multilateral Affairs, Ministry of Public Health, Havana (**alternate to Dr R. Morales Ojeda**)

Alternate

Mrs A. RODRIGUEZ CAMEJO, Ambassador, Permanent Representative, Geneva

Adviser

Mrs B. ROMEU ALVAREZ, Third Secretary, Permanent Mission, Geneva

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Mr KIM Chang Min, Minister, Deputy Permanent Representative, Geneva

Alternates

Mr SE Pyong So, Ambassador, Permanent Representative, Geneva

Mr MYONG Hyok Kim, Second Secretary, Permanent Mission, Geneva

DEMOCRATIC REPUBLIC OF THE CONGO

Dr M. KUPA, Secrétaire général à la Santé, Ministère de la Santé, Kinshasa

Alternates

M. S. MUTOMB MUJING, Ministre Conseiller, Mission permanente, Genève

Mme B. MUKUNDJI EKAKA EALE, Consultante, Mission permanente, Genève

EGYPT

Professor A. AL-ADAWY, Minister of Health and Population, Cairo

Alternate

Mr A. RAMADAN, Ambassador, Permanent Representative, Geneva

Advisers

Mr A.W. ROUSHDY, Deputy Assistant Minister for Specialized Agencies, Ministry of Foreign Affairs, Cairo

Mr G.M.A. MOHAMED, Second Secretary, Permanent Mission, Geneva

Dr S.M.M. ABDELGELIL, General Manager, Ministry of Health and Population, Cairo

Dr M.A.G. MOHAMED, General Manager, Ministry of Health and Population, Cairo

Dr E.M.A. ATTIA, Director, Viral Hepatitis Control Department, Ministry of Health and Population, Cairo

Dr O.M.A.A. KHAIRALLAH, Director, Non Communicable Disease Department, Ministry of Health and Population, Cairo

Dr H.S.H. HOSNY, Physician, Cairo

Dr N.R. ABDOL SHEBL, Physician, Cairo

Mr Baher M.A. MOHAMED, Student, Faculty of Medicine, University of Cairo, Cairo

Mr Basem M.A. MOHAMED, Student, Faculty of Medicine, University of Cairo, Cairo

ERITREA

Mr B.G. GHILAGABER, Director-General, Department of Health Services, Ministry of Health, Asmara

GAMBIA

Mr O. SEY, Minister of Health and Social Welfare, Banjul

IRAN (ISLAMIC REPUBLIC OF)

Dr M. ASADI-LARI, Director-General for International Affairs, Ministry of Health and Medical Education, Tehran

Alternates

Mr A. BAGHERPOUR ARDEKANI, Deputy Permanent Representative, Geneva

Dr N. KALANTARI, Acting Deputy, Ministry of Health and Medical Education, Tehran

Mr J. AGHAZADEH KHOEI, Expert, Office for International Specialized Organizations, Ministry of Foreign Affairs, Tehran

Dr A. TAKIAN, Deputy Director-General, International Relations, Ministry of Health and Medical Education, Tehran

Mr M. ALI ABADI, First Secretary, Permanent Mission, Geneva

JAPAN

Dr S. OMI, Special Assistant for International Affairs to the Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Tokyo

Alternate

Dr M. USHIO, Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Advisers

Dr E. HINOSHITA, Director, International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Dr Y. KISAKA, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Dr T. SHIMIZU, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Mr Y. ARAKI, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Dr T. SUZUKI, Deputy Director, International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo

Ms M. OKADA, Deputy Director, Office for Global Issues and Development Partnership, Operations Strategy Department, Japan International Cooperation Agency, Tokyo

Dr H. OKABAYASHI, Bureau of International Medical Cooperation, National Center for Global Health and Medicine, Tokyo

Mr Y. SUNAYAMA, Counsellor, Permanent Mission, Geneva

Mr K. FUSHIMI, First Secretary, Permanent Mission, Geneva

Ms T. ONODA, First Secretary, Permanent Mission, Geneva

KUWAIT

Dr A.S. AL-OBAIDI, Minister of Health, Ministry of Health, Kuwait City

Alternates

Mr J. ALGHUNAIM, Ambassador, Permanent Representative, Geneva

Dr O. OMAR, Assistant Undersecretary, Medicine and Medical supplies, Ministry of Health, Kuwait City

Dr M. ABDALHADI, Assistant Undersecretary, Legal Affairs and Ministerial Legal Counselor, Ministry of Health, Kuwait City

Dr M. ALQATTAN, Assistant Undersecretary, Public Health Affairs, Ministry of Health, Kuwait City

Dr N. ALHAMAD, Director, Food and Nutrition Department, Ministry of Health, Kuwait City

Dr R. ALWOTAYAN, Director, Primary Health Care Department, Ministry of Health, Kuwait City

Dr Y. ABDULGHAFOR, Director, International Relations Department, Ministry of Health, Kuwait City

Dr M. ALKHAWARI, Consultant-Chairman, Pediatric Board Section, Ministry of Health, Kuwait City

Dr M. ALJARALAH, Head, Cardiology Section, Ministry of Health, Kuwait City

Dr J. ALHASHL, Head, Neuropsychiatry Department, Ministry of Health, Kuwait City

Mr H. ABULHASAN, Third Secretary, Permanent Mission, Geneva

Mr F. ALDOWSARI, Head, Public Relation Department, Ministry of Health, Kuwait City

Mr A. ALRASHIDI, Director, Minister Office Department, Ministry of Health, Kuwait City

Mr A. ALZUFAIRI, Minister's Office, Ministry of Health, Kuwait City

LEBANON

Dr W. AMMAR, Director-General, Ministry of Public Health, Beirut

Alternate

Ms H. HARB, Ministry of Health, Beirut

LIBERIA

Dr W.T. GWENIGALE, Ministry of Health and Social Welfare, Monrovia

Alternates

Dr B. DAHN, Deputy Health Minister, Ministry of Health and Social Welfare, Monrovia

Mr P.W. TATE, Counsellor, Permanent Mission, Geneva

LITHUANIA

Dr V.J. GRABAUSKAS, Chancellor of the Lithuanian University of Health Sciences, Kaunas

Alternate

Mr K. MISKINIS, Head, EU Affairs and International Relations, Ministry of Health, Vilnius

Advisers

Mr R. PAULAUSKAS, Ambassador, Permanent Representative, Geneva

Mrs B. ABRAITIENE, Counsellor, Permanent Mission, Geneva

MALAYSIA

Dr NOOR HISHAM ABDULLAH, Director General of Health, Ministry of Health, Putrajaya

(alternate to Dr S. Subramaniam)

Alternates

Dr KAMALIAH MOHAMAD NOH, Deputy Director, Family Health Department, Ministry of Health, Putrajaya

Mr M. MUHAMMAD, Ambassador, Permanent Representative, Geneva

Dr NIK JASMIN NIK MAHIR, Head of Global Health Unit, Office to the Deputy General of Health (Public Health), Putrajaya

Ms M.M. AHMAD TERMIZI, Second Secretary, Permanent Mission, Geneva

NAMIBIA

Dr R. NCHABI KAMWI, Minister of Health and Social Services, Winhoek

Alternates

Ms S. BÖHLKE-MÖLLER, Ambassador, Permanent Representative, Geneva

Dr N. FORSTER, Deputy Permanent Secretary, Ministry of Health and Social Services, Winhoek

Advisers

Professor AMAAMBO, Winhoek

Ms N. KRUGER, First Secretary, Permanent Mission, Geneva

Ms W. TJARONDA, Winhoek

NEPAL

Mr K.R. ADHIKARI, Minister for Health and Population, Ministry of Health and Population,
Kathmandu

Alternates

Mr D. DHITAL, Ambassador, Permanent Representative, Geneva

Dr P.B. CHAND, Chief, Policy, Planning and International Cooperation Division, Ministry of
Health and Population. Kathmandu

Advisers

Ms L. SILWAL, Second Secretary, Permanent Mission, Geneva

PANAMA

Sra. R.G. ROA RODRIGUEZ, Directora de Planificación, Ministerio de Salud, Panama

Alternates

Sr. G. SOLER TORRIJOS, Embajador, Representante Permanente, Ginebra

Sr. J.F. CORRALES HIDALGO, Consejero, Misión Permanente, Ginebra

REPUBLIC OF KOREA

Mr JEON Man-Bok, Vice President for External Relation and Cooperation, Catholic Kwandong
University, Seoul

Alternates

Dr KWON Jun Wook, Director-General, Bureau of Public Health Policy, Ministry of Health
and Welfare, Seoul

Mr KIM Ganglip, Minister Counsellor, Permanent Mission, Geneva

Ms LEE Minwon, Director, Division of International Cooperation, Ministry of Health and
Welfare, Seoul

Mr KIM Do Kyun, Deputy Director, Division of International Cooperation, Ministry of Health
and Welfare, Seoul

Dr LEE Dongwoo, Deputy Director, Division of Emergency Healthcare, Ministry of Health and
Welfare, Seoul

Dr BAE Geun-Ryang, Director, Division of Epidemic Intelligence Service, Korea Centers for
Disease Control and Prevention, Seoul

Mr CHU Chaeshin, Senior Researcher, Division of Epidemic Intelligence Service, Korea
Centers for Disease Control and Prevention, Seoul

Ms OH Hyun-Kyung, Senior Researcher, Division of Vaccine Preventable Diseases Control and
National Immunization Program, Korea Centers for Disease Control and Prevention, Seoul

Ms KIM Heesook, Senior Researcher, Division of Chronic Disease Control, Korea Centers for
Disease Control and Prevention, Seoul

Advisers

Mr WON Jongwook, Director, Future Strategies Research Department, Korea Institute for
Health and Social Affairs, Seoul

Mr SHIN Jeongwoo, Associate Research Fellow, Korea Institute for Health and Social Affairs,
Seoul

Mr LA Ki Tae, Specialist, Korea Institute for Health and Social Affairs, Seoul

Dr RHO Yeunsook, Deputy Director, Division of International Research, Health Insurance
Review and Assessment Service, Seoul

Professor KIM So Yoon, Director, Department of Medical Law and Ethics of College of
Medicine, Yonsei University, Seoul

RUSSIAN FEDERATION

Ms V.I. SKVORTSOVA, Minister of Health, Ministry of Health, Moscow

Alternate

Mr A. BORODAVKIN, Ambassador, Permanent Representative, Geneva

Advisers

Mr S.M. MURAV'EV, Department for International Cooperation and Public Liaison, Ministry of Health, Moscow

Mr R. ALYAUDINOV, Deputy Permanent Representative, Geneva

Mr A. NIKIFOROV, Deputy Permanent Representative, Geneva

Ms E.N. BAĬBARINA, Director, Department of Paediatric Health Care and Obstetrics, Ministry of Health, Moscow

Ms M.P. SHEVYREVA, Director, Department of Health Protection and Epidemiological Well-Being, Ministry of Health, Moscow

Ms O.I. GUSEVA, Director, Department for the Organization of Emergency Medical Care and Expert Examinations, Ministry of Health, Moscow

Ms L.A. GABBASOVA, Assistant to the Minister of Health, Ministry of Health, Moscow

Mr D.L. RYZHKOV, Assistant to the Minister of Health, Ministry of Health, Moscow

Dr S.V. AKSEL'ROD, Deputy Director, Department for International Cooperation and Public Liaison, Ministry of Health, Moscow

Mr O.O. SALAGAĬ, Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health, Moscow

Ms N.A. KOSTENKO, Deputy Director, Department of Health Protection and Human Health and Epidemiological Well-Being, Ministry of Health, Moscow

Ms N.S. MARKARJAN, Deputy Director, Department for the Organization of Emergency Medical Care and Expert Examinations, Ministry of Health, Moscow

Mr G.V. USTINOV, Counsellor, Permanent Mission, Geneva

Ms N.E. ORESHENKOVA, Counsellor, Permanent Mission, Geneva

Mr A.V. ALEKSIKOV, First Secretary, Permanent Mission, Geneva

Mr A.M. KUCHKOV, Second Secretary, Permanent Mission, Geneva

Mr D.A. KISHNYANKIN, Third Secretary, Permanent Mission, Geneva

Ms E.F. SAITGARIEVA, Third Secretary, Department of International Organizations, Ministry of Foreign Affairs, Moscow

Mr P.E. ESIN, Consultant, Department for International Cooperation and Public Liaison, Ministry of Health, Moscow

Mr V.J. SMOLENSKIĬ, Chief, Office of Scientific Support for Public Health and Epidemiological Well-Being and International Cooperation, Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being, Moscow

Ms A.A. MEL'NIKOVA, Deputy Chief, Epidemiological Surveillance Department, Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being, Moscow

Ms A.V. SMIRNOVA, Chief, International Cooperation Unit, Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being, Moscow

Dr A.P. AGAFONOV, Deputy General Director, Vektor State Research Centre for Virology and Biotechnology, Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being, Moscow

Mr V.P. SERGIEV, Professor, Moscow State Medical University, Institute for Medical Parasitology and Tropical Medicine, Moscow

Ms T.M. GUZEEVA, Chief Expert, Epidemiological Surveillance Department, Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being, Moscow

Mr A.I. MAZUS, Chief Supernumerary Specialist, Diagnosis and Treatment of HIV Infection, Ministry of Health, Moscow

Mr S.A. BOĬTSOV, Director, National Research Centre for Preventive Medicine, Ministry of Health, Moscow

Ms A.V. KOROTKOVA, Deputy Director, Central Research Institute of Health Management and Information Systems, Ministry of Health, Moscow
 Mr M.S. TSESHKOVSKIĬ, Chief of Department, Central Research Institute for Health Management and Information Systems, Ministry of Health, Moscow
 Mr A.V. NOVOZHILOV, Chief Specialist, Central Research Institute for Health Management and Information Systems, Ministry of Health, Moscow
 Ms G.J. MASLENNIKOVA, Senior Science Officer, National Research Centre for Preventive Medicine, Ministry of Health, Moscow
 Mr E.V. KOVALEVSKIĬ, Senior Science Officer, Occupational Medicine Research Institute of the Russian Academy of Medical Sciences, Moscow
 Dr O.I. KISELEV, Director, Influenza Research Institute, Ministry of Health, Saint Petersburg
 Mr V. MATSEĬCHIK, Second Secretary, Permanent Mission, Geneva

SAUDI ARABIA

Dr A.M. ASSIRI, Assistant Deputy Minister for Preventive Health, Ministry of Health, Riyadh
Alternates
 Dr A. ALBARAK, General Supervisor, National Centre on Prevention and Disease Control, Riyadh
 Dr A. SAEED, Deputy Minister of Health for Public Health, Riyadh
 Mr F.H. TRAD, Ambassador, Permanent Representative, Geneva
 Dr H. ALGARNI, Director of Surveillance at Point of Entry, Riyadh
Advisers
 Mr S. ALSAATI, Health Attaché, Permanent Mission, Geneva
 Mrs E. KARAKOTLY, Health Attaché, Permanent Mission, Geneva

SOUTH AFRICA

Ms P. MATSOSO, Director-General of Health, Pretoria
Alternates
 Ms T.G. MNISI, Director South South Relations, Ministry of Health, Pretoria
 Professor J. PAWESKA, Advisor to the Director-General, Ministry of Health, Pretoria
 Dr L. MAKUBALO, Health Expert, Permanent Mission, Geneva

SURINAME

Dr M. EERSEL, Director of Health, Ministry of Health, Paramaribo

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Dame Sally DAVIES, Chief Medical Officer, Department of Health, London
Alternates
 Dr F. HARVEY, Director-General for Public and International Health, Department of Health, London
 Mrs K. TYSON, Director, International Health and Public Health Delivery, Department of Health, London
 Mr N. TOMLINSON, Deputy Director, EU and Global Affairs, Department of Health, London
Advisers
 Mr M. HARPUR, Joint EU/Multilateral Team Leader, Department of Health, London

Mrs H. SHIRLEY-QUIRK, Director, Health Protection and Emergency Response, Department of Health, London
Mrs N. SHIPTON-YATES, Global Health Policy Manager, Department of Health, London
Miss K. KNIGHT, Multilateral Policy Manager, Department of Health, London
Mr A. BLACK, Joint EU/Multilateral Team Leader, Department of Health, London
Miss E. ISAACS, Global Health Policy Officer, Department of Health, London
Ms N. CADGE, Health Adviser, Policy Division, Department for International Development, London
Ms E. GREEN, Department for International Development, London
Mr A. ROBB, Senior Health Adviser, Department for International Development, London
Dr M. SALTER, Consultant in Public Health Strategy (Global Health), Public Health England, London
Mrs K. PIERCE, Ambassador, Permanent Representative, Geneva
Mr M. MATTHEWS, Deputy Permanent Representative, Geneva
Ms A. COLE, Counsellor, Permanent Mission, Geneva
Mr M. RUSH, Second Secretary, Permanent Mission, Geneva
Ms M. GIROD, Attaché, Permanent Mission, Geneva
Miss D. GOULDING, Attaché, Permanent Mission, Geneva
Miss C. LAVERTY, Intern, Permanent Mission, Geneva
Miss A. GILANI, Press Officer, Permanent Mission, Geneva

UNITED STATES OF AMERICA

Dr T. FRIEDEN, Director, Centers for Disease Control and Prevention, Atlanta
Alternates
Mrs P. HAMAMOTO, Ambassador, Permanent Representative, Geneva
Mr J. KOLKER, Assistant Secretary, Office of Global Affairs, Department of Health and Human Services, Washington, DC
Ms A. BLACKWOOD, Senior Health Advisor, Office of Economic and Development Affairs, Bureau of International Organization Affairs, Department of State, Washington, DC
Mr D. CARROLL, Director, Pandemic Influenza and Other Emerging Threats, Agency for International Development, Washington, DC
Mr J. CUMMINGS, Director, Global Emerging Infections Surveillance and Response System, Armed Forces Health Surveillance Center, Department of Defence, Washington, DC
Ms L. HOLGATE, Senior Director for Weapons of Mass Destruction, Terrorism, and Threat Reduction, National Security Council, Washington, DC
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Mr C. DARR, International Health Advisor, Office of Global Affairs, Department of Health and Human Services, Washington, DC

Mr J. FERNANDEZ, Global Health Security Agenda Team Lead, Office of Global Affairs, Department of Health and Human Services, Washington, DC

Ms D. GIBB, Senior Advisor, Health, Infectious Disease and Nutrition, Bureau for Global Health, Agency for International Development, Washington, DC

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Mr S.S. AL SAADI, Dy. Director-General, Admin and Finance, Khoula Hospital, Muscat

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Dr THANAPHAN SUKSA-ARD, Pharmacist, Professional Level, Pakkred Hospital, Office of the Permanent Secretary, Ministry of Public Health, Bangkok

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Brussels

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and Consumers, European Commission,
Brussels

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Global Health, Directorate General Health
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Brussels

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