

## SEVENTH MEETING

Thursday, 23 May 2013, at 14:35

**Chairman:** Dr W.T. GWENIGALE (Liberia)

### **1. PROMOTING HEALTH THROUGH THE LIFE COURSE:** Item 14 of the Agenda (continued)

**Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health:** Item 14.2 of the Agenda (Documents A66/14 and EB132/2013/REC/1, resolution EB132.R4) (continued from the sixth meeting, section 2)

Dr BUSTREO (Assistant Director-General), responding to comments made during the sixth meeting, thanked delegates for the information provided on their countries' efforts to advance women's and children's health. Their comments revealed the commitment and interest demonstrated by governments since the launch of the United Nations Secretary-General's Global Strategy for Women's and Children's Health. She noted with appreciation the work carried out by the President of Nigeria and the Prime Minister of Norway and their Governments and their leadership of the United Nations Commission on Life-Saving Commodities for Women and Children.

In the previous two years there had been a surge in commitment and in action to address women's and children's health, as demonstrated by the initiatives to save the lives of mothers and children in the Eastern Mediterranean Region referred to by the delegate of Lebanon. There had also been increased commitment in the African Region, as exemplified by the accelerated campaign for reduction of maternal mortality under the leadership of the African Union.

She had noted the comments made in relation to the recommendations of the Commission on Life-Saving Commodities and wished to assure Member States that the Secretariat would work with other agencies and partners to advance the necessary regulatory work and the inclusion of those commodities in guidelines and training modules for health workers. The Secretariat would also work with governments on adjusting their policies and ensuring that they had the information they needed for policy debates.

Many delegates had highlighted the need for increased coordination and synergies among the various initiatives that had emerged from the global strategies for women's and children's health. The independent Expert Review Group on Information and Accountability for Women's and Children's Health had similarly recommended that the global governance framework for women's and children's health should be strengthened, and WHO and its sister agencies in the Health 4+ (H4+) partnership were working to put in place an improved coordination mechanism to ensure better and more transparent use of resources mobilized for women's and children's health. She acknowledged that in order to access quality commodities, action to strengthen health systems was required, in particular with respect to the human resources needed to deliver those commodities.

Responding to requests for guidance from several Member States, she recalled that revised guidelines on the prevention and treatment of postpartum haemorrhage<sup>1</sup> had been published in 2012. The guidelines addressed the use of misoprostol and other uterotonic drugs. With regard to the request

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<sup>1</sup> WHO recommendations for the prevention and treatment of postpartum haemorrhage. Geneva: World Health Organization; 2012.

to update the global strategy on reproductive health, the Secretariat would provide the evidence that underpinned the strategy.

The CHAIRMAN invited delegations to consider the draft resolution contained in resolution EB132.R4. He requested the Secretary to read out several amendments that had been submitted.

Dr ARMSTRONG (Secretary) said that amendments to subparagraphs 1(1), 1(2) and 1(3) had been proposed. As amended, subparagraph 1(1) would read: “improving the quality, supply and use of the 13 life-saving commodities and other essential commodities for reproductive maternal, newborn and child health under the supervision and guidance of health care professionals, where needed, and building upon information and communication technology best practices for making these improvements”; subparagraph 1(2) would read: “developing plans to implement at scale appropriate interventions to increase demand for and utilization of health services, particularly among underserved populations”; and subparagraph 1(3) would read: “providing universal access to all members of society, regardless of their ability to pay, to have access to the 13 life-saving commodities and other essential commodities for reproductive maternal, newborn and child health”.

Mr KOLKER (United States of America) said that he would prefer the word “facilitating” to “providing” in subparagraph 1(3) and proposed that the reference to “the poorest members of society” should be reinstated and the words “regardless of their ability to pay” should be removed, as they might give the impression that Member States would provide the commodities free of charge. Subparagraph 1(3) would then read: “addressing financial barriers to ensure the poorest members of society have universal access to the 13 life-saving commodities and other commodities for maternal, newborn and child health;”.

Ms HARB (Lebanon) suggested that subparagraph 1(3) should begin: “provide universal access to the poorest members of society” and end with the words: “and facilitate access, regardless of ability to pay, to all 13 life-saving commodities and any other appropriately related commodities”.

Mr KOLKER (United States of America) enquired whether the original amendment proposed by Thailand had included the words “addressing financial barriers”. In his view, that wording should be retained.

Dr CHOMPOONUT THAICHINDA (Thailand) said that the amendment proposed by her delegation had read: “providing universal access to all members of society, regardless of their ability to pay, to access to the 13 life-saving commodities ...”; however, her delegation would accept the proposal by the delegate of the United States of America to replace “providing” with “facilitating” and to delete the words “regardless of their ability to pay”.

The CHAIRMAN noted that the delegate of Lebanon had requested that the words “regardless of their ability to pay” be retained. He sought the assistance of the Committee in crafting wording that would convey the idea that the poor would not be denied access to the commodities because of inability to pay without also giving the impression that no one would be expected to pay for them.

Mr KOLKER (United States of America) said that the wording proposed by the delegate of Thailand was acceptable to his delegation.

Ms HARB (Lebanon) proposed that subparagraph 1(3) should read: “providing universal access to ensure the poorest members of society and facilitating access to all other members, regardless of ability to pay, to the 13 life-saving commodities ...”.

Ms STIRØ (Norway) suggested that subparagraph 1(3) might read: “facilitating universal access for all members of society, in particular the poorest, to the 13 life-saving commodities ...”.

Mr KOLKER (United States of America), Ms HARB (Lebanon) and Dr CHOMPOONUT THAICHINDA (Thailand) indicated their acceptance of the wording suggested by the delegate of Norway.

The CHAIRMAN said that he heard no objections and therefore he took it that the Committee wished to approve the draft resolution, as amended.

**The draft resolution, as amended, was approved.<sup>1</sup>**

Dr PODESTA (Malta), speaking in explanation of its position, said that, while Malta was wholly committed to the overall goal of the resolution, her delegation would nevertheless like to register its reservation regarding the inclusion of emergency contraception as one of the commodities advocated by the Commission as a means of enhancing the health of women and children. Her Government held the view that human life began at conception, and under the national legislation of Malta the termination of pregnancy through induced abortion at any stage of gestation was illegal; neither abortion nor emergency contraception was legally recognized as a family planning method. Consistent with that legislation, her delegation affirmed its reservation with respect to the resolution’s reference to emergency contraception and any other provision that directly or indirectly related to induced abortion.

**Social determinants of health:** Item 14.3 of the Agenda (Document A66/15)

Professor DILMEN (Turkey) said that continuous efforts to strengthen health systems and address social determinants of health were needed if Member States were to reach the goal of ensuring the highest attainable standard of health for their populations. Intergovernmental cooperation both in the policy sphere and in practice was also important, as were multisectoral collaboration and research aimed at identifying practices and problems, such as unfair resource allocation, that affected health status. He appreciated the work done by the Secretariat at headquarters and the regional offices in raising awareness among policy-makers of the importance of including social determinants of health in their national health policies. His Government was committed to shaping its health policies so as to reduce economic, geographical and social inequities and had made good progress towards reducing gaps between population groups with regard to health and development outcomes. Its achievements augured well for future collaborative work within the Government and for more planned, systematic and strategic work to address social determinants of health. Turkey stood willing to collaborate with WHO on multisectoral health programmes with a view to strengthening its capacity to monitor and evaluate progress and sharing its experience with other countries.

Ms BIKISSA NEMBÉ (Gabon), speaking on behalf of the Member States of the African Region, said that the report highlighted the potential of social determinants of health to catalyse concerted effort to accelerate progress towards the Millennium Development Goals before 2015. The preparation of a global workplan to address the five action areas of the Rio Political Declaration on Social Determinants of Health would enable all stakeholders to address the challenges associated with social determinants of health, including health inequalities. The plan could only be implemented, however, if national capacities were significantly strengthened in the areas of good governance, human resources, health information, health research, and development of guidelines and tools for follow-up and evaluation of activities related to social determinants of health.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA66.7.

Dr LUCO (Chile) said that her country's national health strategy for 2011–2020 was in line with the commitment it had made under the Rio Political Declaration to develop inclusive policies that took account of the needs of the entire population, with specific attention to vulnerable groups and high-risk areas. The strategy recognized that health status and illness had social determinants that must be addressed through multisectoral policies and action by both public- and private-sector actors. It had guided the development of intersectoral policies on ageing, health inequalities and other issues, with emphasis on health promotion and disease prevention and strengthening of primary health care. Also in line with Chile's commitment under the Rio Political Declaration to promote participation in policy-making and implementation, young people were being involved in the development of plans and programmes. Their active participation had been key to identifying the health problems that affected them and designing policies to address those problems. The value of youth participation in policy-making was evident in the decline in adolescent pregnancies.

Dr VALDEZ (Philippines) said that the Philippines recognized the importance of integrating social determinants in all health initiatives and saw the value of engaging both local and international stakeholders in the implementation of the Rio Political Declaration. His Government was applying a health-in-all-policies approach to the prevention and control of noncommunicable diseases, bringing together representatives from other government agencies, nongovernmental organizations, the private sector and civil society groups. In order to institutionalize the approach and ensure that social determinants were taken into account in all government policies, support would be required from WHO for training and facilitation of collaborative exchange programmes with expert institutions in order to further research on social determinants of health. The development of a tool to gather and compare case studies would enable the Philippines to share its strategies for addressing health determinants and to learn from other Member States. The establishment of health observatories at the subregional and local levels would also be useful.

Dr AFZAL (Pakistan) said that, because most social determinants of health originated outside the health sector, it was essential to engage actors outside government, especially in civil society, in order to ensure sustainability through social participation and ownership. Recognizing the cross-cutting nature of social determinants of health, Pakistan had taken significant steps to incorporate them into policies and strategies, raise their profile and that of health equity, identify key social determinants and challenges for health inequity and develop an institutional framework to address them.

Dr SAENGNAPHA UTHAISANGPHAISAN (Thailand) observed that the issue of social determinants of health was closely related to health in all policies, health impact assessments, health equity and universal health coverage. WHO should work with Member States and other United Nations agencies to ensure that health targets were properly reflected and included in the post-2015 development goals. Once health targets had been established, it would be imperative for Member States and the Secretariat to provide strong support to strengthen basic health infrastructures, human resources for health and access to essential medicines. Gatherings such as the 8th Global Conference on Health Promotion (Helsinki, Finland, 10–14 June 2013) and the 21st International Union for Health Promotion and Education (IUHPE) World Conference on Health Promotion (Pattaya, Thailand, 25–29 August 2013) would help to keep social determinants of health and health in all policies high on the global development agenda and to translate concepts into concrete practices.

Mr CONSTANT (Trinidad and Tobago), speaking on behalf of the member countries of the Caribbean Community, said that the Rio Political Declaration had helped to focus intersectoral and interministerial attention on the social determinants of health. Many governments in the Caribbean subregion had established multisectoral committees to implement the Declaration and had developed national action plans that advocated a health-in-all-policies approach. The emphasis on collaboration and systemic engagement with other sectors was expected to reduce health inequities, improve living

conditions and lead to a more equitable distribution of power, money and resources. Emphasis had also been placed on monitoring and evaluation of projects and programmes in order to assess their impacts. An integrated approach was needed in order to address health inequities effectively. Countries in the Caribbean subregion had benefited from and were grateful for the global integrative approach facilitated by WHO, PAHO and others and requested continued support, especially through training, in order to build capacity to act on social determinants of health. Social determinants of health must be part of the post-2015 development agenda.

Dr KAMALIAH MOHAMAD NOH (Malaysia) said that Malaysia recognized the important effects of social determinants on the population's overall health outcomes and health status. WHO should continue to work closely with other international agencies and Member States in order to strengthen social protection for health, especially for vulnerable populations. Because many health determinants fell outside the purview of the health sector, it should also facilitate more forums to promote intersectoral collaboration.

Dr OLLILA (Finland), welcoming the inclusion of social, economic and environmental determinants of health in the Twelfth General Programme of Work, stressed that action on health determinants would require a critical mass of knowledge and capacities, both in countries and within the Secretariat. Addressing the social determinants of health would also require action on health systems and the promotion of policies in other sectors that would protect and promote health and health equity. Cross-cutting policies were particularly important in times of austerity in order to limit the negative impacts of the economic crisis. Even more important was a sustained focus on health inequalities and on ensuring equity in access to health care. Health-in-all-policies approaches offered a means of strengthening action on the social determinants of health and would be further explored at the 8th Global Conference on Health Promotion.

Ms BELL (Canada) said that health outcomes in Canada were good and continued to improve although health inequalities persisted and, in some cases, were growing, especially among Canada's indigenous peoples, low-income populations and those living in the north of the country. The Government would continue to invest in health and social support, explore new and innovative approaches and engage in intergovernmental and intersectoral action in order to address the social determinants of health. Canada looked forward to the development of the reporting approach for the Rio Political Declaration and to the presentation of the WHO report on the subject at the Sixty-eighth World Health Assembly. It would also welcome opportunities to learn about global best practices and to collaborate with the Secretariat and other Member States in order to advance the Rio commitments.

Dr AL HINAI (Oman) said that Oman monitored most social determinants of health by means of regular reports and surveys. As health was a shared responsibility, all sectors should join forces to enhance the quality of life of all members of society. National capacity-building was required in the various action areas covered by the Rio Political Declaration. Oman was committed to the principles set forth in the Declaration and to its implementation. She called for greater technical cooperation and the sharing of expertise in developing indicators that could be used in monitoring and assessing social determinants of health.

Mr SHI Guang (China) said that China had always been an active participant in and advocate for studies on social determinants of health. The Government had recently signed a national strategic cooperation agreement with WHO, which provided for collaboration with other sectors and for promotion of health in all policies. WHO should continue to support Member States in building capacity, strengthening cooperation and sharing experiences, knowledge dissemination, technological development and policy support in relation to social determinants of health. Greater attention needed to be paid to health determinants in order to reduce health gaps and promote sustainable development; they should therefore be given prominence within the post-2015 development agenda.

Mrs CARTER TAYLOR (Barbados) said that the Government of Barbados had entered into a formal social partnership with the private sector and labour unions in order to advance sustainable and economically manageable social development that would ensure that improvements in health status were maintained. It stood ready to share its experience with others. She noted the development of tools and web-based applications to support capacity-building and encouraged their sharing among WHO Member States.

Dr AL-TAAE (Iraq) said that social determinants of health could be promoted through intersectoral collaboration and community participation, in order collectively to improve the health status of populations and thus contribute to the achievement of the Millennium Development Goals. In line with the Rio Political Declaration, Iraq had embraced an approach that recognized that community development was a prerequisite for health development and that reaffirmed the importance of primary health care. All strategic workplans should incorporate indicators relating to social determinants of health.

Dr VALLEJO (Ecuador) said that the report should have contained more references to progress on social determinants of health in the Region of the Americas, and especially in Latin America and the Caribbean, where many ideas and much of the discussion on the topic had originated. Referring to the section in the report on collaboration within the United Nations system, he emphasized that WHO should collaborate not only with traditional partners such as those mentioned in paragraph 23, but with organizations outside the health sphere, such as WTO and FAO. The involvement of such organizations in efforts to address social determinants of health was essential. Lastly, he highlighted the importance of health-in-all-policies approaches. Ecuador had made significant progress in reducing health inequities by introducing such an approach and would be sharing its experiences in that regard at the 8th Global Conference on Health Promotion.

Mr KLEIMAN (Brazil) noted that there was consensus on the need to promote health in all policies and foster intersectoral action, since health could not be improved by the health sector working in isolation. It was impossible to speak of social determinants of health without also speaking of the development model being pursued at the global level and of the role that health should play in the development agenda post-2015 and beyond. Governments and the Secretariat should promote greater involvement of society in the debate on social determinants of health.

Ms RIGHETTI (Switzerland) said that the Secretariat had a critical role to play working with governments to identify and reduce inequalities in health. Her delegation welcomed the initiatives mentioned in the report, especially research aimed at developing new tools for monitoring inequalities and identifying best practices, as well as training initiatives for health professionals, which should include an emphasis on social determinants of health and on adapting health services to combat inequalities. Weak health systems that were difficult to access were a significant determinant of health inequality, and ensuring access to the resources needed to lead a healthy life should therefore be part of the drive to achieve universal health coverage. Intersectoral action was essential in order to address social determinants, an approach that would be reinforced at the 8th Global Conference on Health Promotion. Switzerland noted with interest the joint United Nations initiative in Mozambique and Rwanda. It welcomed the growing recognition that health was a precondition for and an outcome and indicator of sustainable development. The work undertaken on the Millennium Development Goals had demonstrated that global health challenges could only be met through action on social, economic and environmental health determinants, and such determinants should certainly be reflected in the post-2015 development agenda.

Dr DAULAIRE (United States of America) said that his Government strongly supported a social determinants of health approach, which was a central aspect of its current health care reform initiative. WHO had an important role to play in working with Member States to identify best

practices, set targets and indicators that fit their political and social systems and establish standards for the collection and analysis of data on health disparities. The United States of America looked forward to reports on the collaboration between WHO and other organizations in the United Nations system on the selection, use and monitoring of a common set of indicators on social determinants of health. Since many of the indicators would pertain to matters falling outside the health sector, cross-sectoral collaboration would be critical.

Ms POLACH (Argentina) said that in order to achieve improvements in health it was crucial to adopt a comprehensive view of social, economic and environmental policies in order to foster intergovernmental and intersectoral action and generate synergy among public policies, recognizing that the health sector should take the lead in addressing social determinants of health, especially at the local level. Noting that Argentina had been a strong advocate of the inclusion of social determinants of health as a distinct category of work in the PAHO Strategic Plan for 2014–2019, she endorsed the views expressed by the delegate of Ecuador concerning the progress made on the issue in Latin America, incorporation of social determinants of health in the post-2015 development agenda and the involvement of agencies such as WTO and WIPO whose work had an impact on health.

Dr LOKADI OTETE OPETHA (Democratic Republic of the Congo) said that his country had updated its strategy on health system strengthening in 2010. The strategy called for intersectoral collaboration and partnerships for action on the various social determinants of health, as well as collaboration with civil society, the private sector and development partners. He emphasized the need to strengthen the legal framework for intersectoral collaboration and partnerships.

Mr OVIEDO (Costa Rica) said that it was imperative to integrate a health determinants approach into all health processes: a major challenge in achieving that end would be the incorporation of health in all policies. Other challenges in the post-2015 era would include increasing the production and quality of, and ensuring equitable access to, scientific knowledge and technologies for improving action on social determinants of health; strengthening human resources for health; and enhancing collaboration between institutions, sectors and civil society with a view to improving the health of populations and reducing health inequity.

Dr MARTÍNEZ DE CUELLAR (Paraguay) said that Paraguay's activities with regard to the social determinants of health had focused on reducing inequality and attaining health equity. To that end, public–public and public–private partnerships had been formed. Steps had been taken to address a number of health determinants, including access to drinking-water and sanitation and access to health care. An intersectoral technical commission had been set up to develop policies and strategies for the prevention and control of noncommunicable diseases. Steps had also been taken to increase the availability of online information and to strengthen epidemiological surveillance and establish a monitoring and evaluation mechanism in order to improve the quality of information.

Dr ALZAYANI (Bahrain), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed WHO's initiatives to implement the provisions of the Rio Political Declaration and its collaboration with other partners. The Member States in the Region had endorsed a set of strategic directions, among other things for operationalizing the Rio Declaration, which stressed the need for disaggregated data and evidence on the key social determinants of health and on existing disparities within and between countries. Such data were crucial to understanding the barriers to improved planning, implementation and monitoring in some countries. In implementing the Declaration, consideration needed to be given to two key questions: what mechanisms were needed by Member States to improve multisectoral coordination and engagement, and how to utilize current resources effectively, while mobilizing others, in order to integrate a health determinants approach into programmes. WHO should ensure that global discussions, including on the post-2015

development goals, were complemented by discussions at the national and regional levels, in order to account for differing perspectives.

Professor ELIRA-DOKEKIAS (Congo) said that environmental determinants of health, especially deforestation and climate change, were particular concerns for his country and others in Africa. The many poverty-related health issues already faced by African countries were being exacerbated by the effects of climate change. His delegation would have liked to see the report focus more on the issue and called on the Secretariat to increase its action to mitigate the health risks caused by growing imbalances in ecosystems, changing weather patterns and natural disasters.

Ms CALDERÓN DE COPETE (Panama) said that Panama had made great progress in addressing social determinants of health, focusing in particular on the most vulnerable groups and, among other measures, extending social protection and free health care to women, children and the elderly. In her Government's experience, it was important to implement cross-cutting action that mainstreamed health determinants in all public health programmes, to foster awareness of health determinants in other sectors, and to utilize social networking to promote healthy lifestyles.

Ms Yu-Hsuan LIN (Chinese Taipei) said that social determinants of health must be addressed in order to reduce inequality and promote development. Regarding the core actions set out in the Rio Political Declaration, Chinese Taipei already offered universal health insurance with full coverage, but was still seeking to reduce health inequalities faced by those living in remote and rural areas where medical resources were in short supply. It was also working to improve maternal and child health services and preventive services and to address noncommunicable disease risk factors. In addition, it had taken an active role in facilitating regional exchange and cooperation aimed at reducing health inequalities and stood ready to provide financial, medical and human resources to assist countries in need.

Ms DELORME (The World Medical Association, Inc.), speaking at the invitation of the CHAIRMAN and also on behalf of the International Council of Nurses, the International Pharmaceutical Federation and the World Confederation for Physical Therapy, stressed the need for clear and complementary action on the social determinants of health and on the prevention of noncommunicable diseases. A coherent framework to address the social, economic and environmental determinants of health was essential to sustainable development, and health determinants should therefore be at the core of discussions on the post-2015 development goals. It was unfortunate that the report had not paid more attention to the key role that health professionals could play in addressing health inequalities. In that connection, education and training curricula for health professionals should incorporate a health determinants perspective, something that the Association would encourage.

Ms HAYNES (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, observed that the report included a list of activities without any qualitative assessment of their impact. Moreover, it reflected a rather narrow and superficial understanding of social determinants of health, and it failed to identify the root causes of health inequities. WHO should undertake more robust research and action to address the structural causes underlying many health determinants – for example, austerity measures introduced in response to the present financial crisis in Europe were leading to the privatization of health systems and the dismantling of the welfare state. Similarly, trade and financial liberalization policies and global power imbalances had a profound impact on health. WHO should also allocate more funding for its work on social determinants of health, as the amount allocated accounted for only 0.7% of WHO's overall programme budget. Such underfunding reflected a clear discrepancy between the Organization's stated commitment to action on social determinants of health and its actual work programme.



Dr KIENY (Assistant Director-General) said that, although WHO had been working with UNDP, ILO, UNICEF and other organizations, the Secretariat recognized the need to expand collaboration to other United Nations agencies and global development partners. She acknowledged the requests for support in capacity-building for the implementation of the Rio Political Declaration and noted that many Member States had already prioritized social determinants of health in their country cooperation strategies. Some had also established national commissions on social determinants of health. It was to be hoped that the financing dialogue and the Organization's new financing model would help to address the current lack of resources needed to scale up technical cooperation with Member States on the issue. The Secretariat recognized the need for a realistic and concise framework for monitoring progress on social determinants of health and was currently developing four sets of indicators for that purpose.

**The Committee noted the report.**

## **2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 15 of the Agenda**

Dr ARMSTRONG (Secretary), noting that several Member States had requested further information on the novel coronavirus, suggested that before commencing its discussion of subitem 15.1, the Committee might wish to hear two presentations on the subject.

**It was so agreed.**

Dr FUKUDA (Assistant Director-General), using a slide presentation, drew attention to the unusual current global situation in which two exceptional new viruses – a novel coronavirus and avian influenza A(H7N9) virus – had emerged. The two were unrelated, but they were both highly pathogenic and considered to have the potential to evolve and spread. The first known cases of illness caused by the novel coronavirus – which a consensus group had recently agreed to call “Middle East respiratory syndrome coronavirus (MERS-CoV)” – had been detected retroactively in April 2012. To date, there had been 44 laboratory-confirmed cases and 22 deaths. Most cases had occurred in men in older age groups. It was not known how the index cases had become infected, but human-to-human transmission from index cases to contacts was known to have occurred. The virus had been acquired in-country from an unknown source in four countries: Jordan, Qatar, Saudi Arabia and United Arab Emirates. Cases associated with travel or contact with an infected traveller had also occurred in France, Germany, Tunisia and the United Kingdom of Great Britain and Northern Ireland. The vast majority of patients to date had presented with respiratory symptoms and many had developed severe pneumonia; immunocompromised individuals had sometimes exhibited atypical symptoms such as diarrhoea. No approved virus-specific vaccine or therapy had yet been identified, but general supportive care could be life-saving.

The Secretariat had assessed the situation as evolving, urgent and complex and was concerned about several critical gaps in understanding, the potential for sustained person-to-person transmission, and the lack of adequate preparation by countries and the global community for another severe pandemic so soon after pandemic (H1N1) 2009. The Secretariat's strategic goals with respect to both the novel coronavirus and avian influenza A(H7N9) virus were to protect people and communities, to assess and monitor the situation, to ensure preparedness by all countries and to provide global leadership and coordination. Proper application of the International Health Regulations (2005) would be crucial in order to minimize the public health and economic impact of the virus. Member States would need to ensure, in particular, that they upheld their obligations for notification and continued reporting. It was also essential to raise awareness at country level, especially among health workers and travellers, of the need to report any suspected cases.

Dr MEMISH (Saudi Arabia), outlining his country's response to novel coronavirus, said that 22 of the 44 laboratory-confirmed cases to date had been related to a cluster occurring in a health care facility in Saudi Arabia. The first reported case had occurred in June 2012 in a man aged 60 years. He had presented with pneumonia, had subsequently developed acute respiratory distress and renal failure and had died within less than a month. The patient's contacts had been investigated and none had been found to be symptomatic. It had not been discovered until late September 2012 that the illness had been caused by the novel coronavirus. In response to that discovery, the Ministry of Health had convened the National Scientific Committee for Contagious Diseases, coordinated with the WHO Regional Office for the Eastern Mediterranean and headquarters, and sought support from colleagues from the United States Centers for Disease Prevention and Control, Columbia University and EcoHealth Alliance.

The situation had been monitored closely in the subsequent months, especially at the time of the hajj, when several million pilgrims had travelled to Saudi Arabia. Strict surveillance had been carried out in the destination cities, including screening of any patient seen in hospital for respiratory symptoms in any of those cities. More than 3 million samples had been collected, all of which had tested negative. Samples collected from pilgrims when they departed Saudi Arabia after the hajj and/or when they re-entered their own countries had also all been negative.

A technical consultation meeting had been convened by the Regional Office for the Eastern Mediterranean in January 2013, during which sessions had been held on five topics: epidemiological information; virological and animal investigation; development of diagnostic tests; lessons learnt from severe acute respiratory syndrome; and risk communication and preparedness. A second expert consultation aimed at identifying the source of the virus had been held in March 2013. More than 500 samples from bats had been collected and none had tested positive for the virus.

In April and May 2013, there had been an outbreak of illness caused by novel coronavirus in the Al-Ahsa region of Saudi Arabia, with most reports coming from one private hospital. A Ministry of Health emergency team had been dispatched to the region, and WHO had been notified immediately after the first case had been confirmed in a laboratory on 24 April. Experts from the Regional Office for the Eastern Mediterranean and from several countries outside the Region had been consulted. The infection control measures put in place in the hospital had proved effective, and no new cases had been detected there since 1 May 2013. Contacts had been investigated extensively, and two cases had been identified. All cases had been reported to WHO in accordance with the International Health Regulations (2005). Active surveillance was ongoing across the country, and more than 1100 samples had been tested to date.

Many challenges remained, as the source of the virus had yet to be determined and many epidemiological aspects of the situation were still unclear. Diagnosis remained a challenge, as well, mainly because the virus had been patented by scientists who had not allowed it to be used for research by other scientists. The Government was working to strengthen laboratory capacity at the national level and would maintain active surveillance and continue to disseminate updated epidemiological information.

Professor MESBAH (Algeria) asked whether there had been any asymptomatic carriers of the virus.

Dr MEMISH (Saudi Arabia) said that it was not yet possible to tell whether community transmission was occurring because serological testing was not yet available.

Mr JAMIL (Iraq) asked if any joint epidemiological research had been undertaken by the countries affected by outbreaks and also asked for information on the availability of diagnostic test kits to enable countries such as his to ensure surveillance.

Dr FUKUDA (Assistant Director-General) said that the technical consultation had been convened by the Regional Office for the Eastern Mediterranean in January 2013 precisely for the

purpose of bringing together leading researchers and pooling the information available at the time. The Secretariat foresaw the need for additional meetings of that nature in order to stimulate as much collaboration and information exchange as possible.

Regarding the diagnostic kits, serological tests were still under development. The primary means of detecting the virus at present was polymerase chain reaction, for which the primers were publicly available and could be synthesized by national laboratories. In laboratories that did not have that capacity but could carry out the polymerase chain reaction testing, primers could be ordered.

Mr AL OWAIS (United Arab Emirates) asked whether, in order to respond to concerns of the public, the Secretariat could confirm that there was no need to restrict travel and no need to conduct screening at border points or to restrict trade as a result of the novel coronavirus outbreak.

Dr BROU (Côte d'Ivoire) asked what similarities there were between the novel coronavirus and the virus detected in China.

Dr ABDULLA (Maldives) enquired whether patenting of the virus had had any implications with respect to the cost of the primers needed for polymerase chain reaction testing.

Dr MEMISH (Saudi Arabia) said that the delay in development of a serological test and other diagnostic procedures was certainly related to patenting of the virus, which had been sent out of his country and patented; contracts had subsequently been signed with pharmaceutical companies, which now required anyone wishing to use the virus for research to sign a material transfer agreement. That should not have been allowed to happen.

Dr FUKUDA (Assistant Director-General) said that, for the moment, the Secretariat was not recommending any restrictions on travel or any screening for the virus at borders, which – even if it were considered advisable – would be difficult with the technology currently available. The Secretariat would continue to monitor the situation and inform Member States if any such restrictions or other actions became necessary.

As to the similarities between the two viruses, the most important ones were that both viruses were contained, but both also posed a risk of potential future spread. All countries needed to be aware of the risks and ensure that their surveillance systems were capable of detecting cases of illness possibly caused by either virus. Countries should also ensure that the procedures set out under the International Health Regulations (2005) were being followed, that their health care professionals were alert to the possibility of outbreaks and that good communication networks were in place so that the public could be kept informed.

Responding to the question about the cost implications of patenting of the virus, he pointed out that although the Pandemic Influenza Preparedness Framework applied strictly to pandemic influenza viruses, many of the concepts involved and the spirit behind it were relevant to the current situation and to the occurrence of any emerging infectious disease. In such cases, it was critical to avoid delays in the development of diagnostic tests and in the dissemination of information. He therefore strongly urged any country where infection had occurred to make the viruses available to laboratories, so that as much information about them could be obtained as quickly as possible and delays in producing and distributing diagnostic tests could be avoided. Such action should be undertaken systematically whenever any unusual pathogen was detected.

The DIRECTOR-GENERAL pointed out that any new disease came with uncertainties and that there were many questions about the novel coronavirus that could not yet be answered. Inability to answer certain questions, however, should not be equated with lack of transparency. The Secretariat was in the process of setting up joint expert groups on the novel coronavirus, as it had done on avian influenza A(H7N9) virus, and would share any information that became available with Member

States. She would welcome suggestions regarding epidemiologists and virologists with the requisite expertise who might form part of those groups.

WHO, a multilateral organization, provided a platform for Member States to collaborate and share information and knowledge and, more important, to share viruses and specimens. She urged national health authorities to make it clear to scientists in their countries that viruses and specimens should not be shared bilaterally in a manner that would result in their being subject to intellectual property restrictions; rather, they should be shared with WHO collaborating centres. Intellectual property matters must not stand in the way of governments' ability to protect their people's health. She would look carefully at the legal implications of the issue and would follow up with the Government of Saudi Arabia.

Underscoring again that intellectual property rights must not be allowed to stand in the way of public health actions, she pledged to mobilize the resources needed to ensure that critical public health work, such as that of Dr Fukuda and his team with respect to the novel coronavirus and the avian influenza A(H7N9) virus, would not be left unfunded.

(For continuation of the discussion, see the summary record of the eighth meeting, section 2.)

**The meeting rose at 17:05.**