

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**WHO headquarters, Geneva
Tuesday, 10 November 2020, scheduled at 10:00**

Chair: Dr B.-I. LARSEN (Norway)

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COMMITTEE A
SECOND MEETING

Tuesday, 10 November 2020, at 10:15

Chair: Dr B.-I. LARSEN (Norway)

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

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:
Item 13 of the agenda (continued)

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:
Item 13.1 of the agenda (document A73/10) (continued)

WHO's work in health emergencies: Item 13.2 of the agenda (documents A73/11, A73/INF./4 and EB146/2020/REC/1, resolution EB146.R10) (continued)

INTERNATIONAL HEALTH REGULATIONS (2005): Item 14 of the agenda (document A73/14) (continued)

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE noted the unprecedented toll of the pandemic of coronavirus disease (COVID-19) around the world on individuals, health systems and economies. The pandemic had also deepened inequities: wealthy countries had deployed significant economic stimulus, while poorer countries were struggling to stabilize their economies; some of the world's poorest children had been left without access to education; women, especially those in caregiving roles, faced additional risks and burdens; and the disease had had an outsized impact on the poor, ethnic and racial minorities, refugees and essential workers. Some governments had nonetheless dealt well with the pandemic by adopting universal mask-wearing in health care and community settings, investing in community-based care, contact tracing and public health system capacity-building, and ensuring that their health systems were prepared for a surge in COVID-19 cases. New vaccines, tests and treatments must be made available to all who needed them. In every pandemic humanity had faced so far, wealthy nations and the privileged had gained access to life-saving tools while the poor and marginalized had been excluded; she urged Member States not to let history repeat itself and to demonstrate equity, solidarity and humility.

Good progress had been made since May 2020, when Member States had requested that the Director-General should launch an independent, impartial and comprehensive evaluation of the international public health response to COVID-19. The progress report contained in document A73/INF./4 covered important milestones, including the steps taken to establish the Independent Panel and form its secretariat, the key outcomes of its first two meetings and an overview of its programme of work. The Panel was a strong, diverse and independent body whose eleven members had a wealth of experience and technical expertise, and who had already begun to ask hard questions, drawing on the knowledge and expertise of Member States, the global scientific community and civil society. The Panel was also working in collaboration with the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Such coordination would be

essential as the roles of the three bodies were complementary. Member States' valuable input and support would also help the Panel in its work.

Four main lines of inquiry would be addressed under the Independent Panel's formal programme of work: building on the past, reviewing the present, understanding the impacts of the pandemic, and examining recommendations for the future. The first priority was to establish an accurate and authoritative chronology of alert and response events by reviewing studies and grey literature on the epidemiological facts regarding COVID-19, as well as other completed and active studies, including those conducted through the tripartite OIE, FAO and WHO collaboration to investigate the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Panel would also review WHO's COVID-19 documentation and interview experts and relevant stakeholders. The evidence would then be used to shape recommendations for future improvements.

The second priority would be to seek answers to a range of questions on the development of national and subnational strategies and the use of scientific evidence to inform countries' responses. Measures taken in countries and regions with differing experiences would be examined and lessons drawn from them, since governments usually found it useful to share their experiences and consider policy solutions that they could adapt to their own circumstances and levels of resources. The third priority was to determine how well WHO and the broader international system had delivered on countries' needs and expectations, and whether the Organization had the right mandate, powers and financing for pandemic preparedness and response. The International Health Regulations (2005) were of special interest in that regard as the legally binding international instrument on health systems. The pandemic's impact on essential health services and access to protective equipment, diagnostic tools, treatments and vaccines was also being examined, as well as the role of trust and communication in communities and economies.

The Independent Panel had been engaging as widely as possible with Member States and other stakeholders, including through regional and bilateral meetings, and welcomed Member States' interest, support and contributions. A new process by which Member States could make contributions through the Panel's website had been well received, and governments and other partners were encouraged to share their experiences and suggestions, including through upcoming surveys.

The representative of MONACO expressed condolences to those who had lost loved ones to COVID-19 and saluted the courage of essential workers, especially health workers. She noted the recommendations contained in the report of the Independent Oversight and Advisory Committee and requested more detailed information on recommendations 1(a), 3(b), 5(a) and 5(b). The draft resolution contained in resolution EB146.R10 was fundamental for the Organization and should be adopted.

The representative of THAILAND said that the COVID-19 pandemic was testing the capacities of the WHO Health Emergencies Programme. There was a clear need to enhance communication strategies and strengthen the public health workforce by engaging with multiple stakeholders under a One Health approach, particularly when it came to risk assessment and disease control. Effective administrative systems, standardized procedures and strong business processes were key. Technology and innovation were needed to deal with complex epidemiological data and support timely decision-making and resource allocation. Resource mobilization for the WHO Health Emergencies Programme must be predictable, reliable and sustainable and should be used effectively and efficiently. Most importantly, Member States must invest in strengthening the core capacities required by the International Health Regulations (2005).

The representative of MEXICO said that, while awaiting the final findings and recommendations of the Independent Panel, work could begin immediately to strengthen WHO and national preparedness and response capacities, including: revision of the global health emergency alert system; creation of a periodic review mechanism for the International Health Regulations (2005); and revision of the criteria for assessing the core capacities required by the Regulations. Discussions in that regard should continue

within the three review bodies and among Member States, such as through the Support Group for Global Infectious Disease Response. She expressed support for equitable accessibility, diversified production and the voluntary transfer of technology and tools to fight the COVID-19 pandemic through such mechanisms as the Coalition for Epidemic Preparedness Innovations, the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility.

The representative of BELIZE, outlining the impact of the pandemic in his country, highlighted the need to reinforce the collective commitment to achieving universal health coverage by 2030, increase investment in primary health care and prevention, and take urgent action against noncommunicable diseases. He welcomed WHO's strong leadership in providing science-based technical and policy guidance and forging partnerships to support Member States, and expressed appreciation for the update on the work of the Independent Panel. The ACT-Accelerator and the COVAX Facility would be essential to helping small States like his to access vaccines. Recalling the Taiwanese Government's exemplary management of the pandemic, he called for it to be included as an observer at future World Health Assemblies. He expressed support for the draft resolution.

The representative of BELGIUM said that the second wave of the COVID-19 pandemic was proving to be even more dangerous than the first. Referring to inequities in the health system in his country revealed by the pandemic, he noted that, to defeat the virus and protect health systems from collapse, it would be important for Member States to learn from one another through WHO. Praising the work of the health and social workforce, he suggested sharing policies and best practices to prevent burnout among essential workers. The international community should reinforce its commitment to multilateralism, solidarity and the guiding principles of WHO in the light of the challenges ahead.

The representative of the REPUBLIC OF KOREA expressed support for the WHO Health Emergencies Programme and its Independent Oversight and Advisory Committee. Outlining action taken by his Government in response to the COVID-19 pandemic, he attributed its success to strong public health preparedness and the core capacities required by the International Health Regulations (2005). He agreed with the recommendations of the Independent Oversight and Advisory Committee, including on the need for further clarity on WHO's roles and responsibilities in public health emergencies and on improving the agility, flexibility and effectiveness of the WHO Health Emergencies Programme. His Government remained fully committed to strengthening WHO's leadership and coordination capacity during the pandemic.

The representative of ARGENTINA said that the COVID-19 pandemic had tested nearly all the provisions of the International Health Regulations (2005). The Review Committee should therefore address the mandatory nature of the Regulations. He supported regional and global initiatives to ensure universal and equitable access to COVID-19 medicines and vaccines as global public health goods. The work of the scientific and technical advisory group on geographical yellow fever risk mapping was crucial and should be supported. Though the work of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 and the WHO Health Emergencies Programme was valuable, the Secretariat should retain the authority to define essential and non-essential travel and provide final approval of technical guidelines, including those relating to travel and border controls.

The representative of IRELAND expressed her firm belief in the need for a coordinated multilateral response to COVID-19 and WHO's central role in that endeavour. While it was important to strengthen the Organization itself, it was also incumbent upon Member States to strengthen their domestic preparedness and response efforts. She therefore supported the draft resolution. In view of the triple billion targets, efforts should be aimed at strengthening not just WHO's work in health emergencies but the Organization as a whole. Expressing deep concern about the allegations of sexual

exploitation, abuse and harassment during the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, she welcomed the rapid establishment of an independent commission to investigate the allegations. Concrete steps must be taken to prevent such occurrences in the future.

The representative of KENYA said that there should be fair and unhindered access to COVID-19 vaccines as global public health goods. The Secretariat should take the recommendations of the Independent Oversight and Advisory Committee into account and increase allocated funding for the COVAX Facility and preparedness activities under the WHO Health Emergencies Programme. WHO country offices should be strengthened when developing the programme budget for the upcoming biennium. He praised the work of the Review Committee and recommended that it should assess progress, including the tools and protocols already in place, in all WHO Regions, particularly the African Region. The greatest possible effort should be made to build on existing mechanisms and processes to avoid unnecessary disruption and increased costs. The report by the co-chairs of the Independent Panel was welcome, and the synergy of efforts they described should continue.

The representative of BANGLADESH agreed with the Independent Oversight and Advisory Committee's recommendation that predictable and flexible funding would be critical to the functioning of the WHO Health Emergencies Programme; the Secretariat should explore innovative and collaborative ways to raise funds for the Programme. The normative function of WHO should be emphasized in the context of the pandemic, particularly with regard to ensuring equitable access to vaccines and treatments. The establishment of the Global Coordination Mechanism for Research and Development to prevent and respond to epidemics was timely. The Organization's focus on research and development would hasten the availability of rapid tests, vaccines and medicines. Member States' progress in building the preparedness and response capacities required by the International Health Regulations (2005) was welcome; however, WHO should continue to provide active support to countries with weak health systems in order to address significant gaps in core capacities.

The representative of ROMANIA said that the COVID-19 pandemic had tested health systems' preparedness and the world was paying the price for not learning from past pandemics. Outlining the steps taken to combat the pandemic in his country, he acknowledged the negative economic and social impact of lockdown measures and school closures but said that such steps were necessary. Only by working together could the current pandemic be stopped and future occurrences be prevented.

The representative of COLOMBIA called on Member States to strengthen their political and operational support for WHO. The COVID-19 pandemic had made clear the need for countries to maintain the core capacities required by the International Health Regulations (2005), and she supported all WHO initiatives to strengthen core capacities and the Organization's emergency response. Efforts by WHO, the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance, to incentivize the development of a COVID-19 vaccine and advocate for its equitable distribution were appreciated. A percentage of COVID-19 vaccine stocks should be set aside for highly vulnerable populations, like migrants, so that receiving countries could include such groups in their immunization strategies. Implementation of the draft resolution contained in resolution EB146.R10 should be aligned with other initiatives, such as the work of the Independent Panel.

The representative of ESWATINI expressed appreciation for WHO's work in response to health emergencies, despite the constraints imposed by insufficient funding, threats to health workers and mass movements of people. The Organization's support for in-country testing and its work on guidelines, protocols, information-sharing and research had all been key to the COVID-19 response in her country. Echoing other representatives' praise of health workers, she noted in particular the role played by nurses, as 2020 had been designated the International Year of the Nurse and the Midwife. She thanked

governments that had shown solidarity by providing her country with personal protective equipment, diagnostic tools and other medical equipment as well as expertise.

The representative of TURKEY noted that the COVID-19 pandemic had demonstrated the merits of transforming WHO into a global leader in public health with normative and operational capacities on the ground. Member States should work to improve the Organization rather than criticizing it or seeking alternative mechanisms. Existing capacities should be built upon and WHO's resources increased. Indeed, his Government had provided US\$ 25 million to accelerate the establishment of a WHO office in Istanbul. The current pandemic had shown that health security must take priority; the International Health Regulations (2005) should therefore be reviewed and strengthened, and reporting requirements and restrictions should be re-evaluated in the light of the current situation. The distribution of COVID-19 vaccines must be carefully planned and Member States should consider the quantities needed when developing their national immunization strategies. WHO should make preparations to guide the vaccine roll-out.

The representative of JAMAICA echoed expressions of condolences to those affected by COVID-19 and support for nurses, midwives and other health care workers. Issues related to funding and human resources for the WHO Health Emergencies Programme must be addressed. Noting that the COVID-19 pandemic had not only strained health systems but had also affected reporting under the International Health Regulations (2005), she thanked the Secretariat for supporting Member States to implement the Regulations and enhance their preparedness for health emergencies. She expressed support for the draft resolution.

The representative of the PHILIPPINES expressed support for the draft resolution. Her Government was both a donor to and beneficiary of the WHO Contingency Fund for Emergencies, and she encouraged all governments, even those with a limited ability to contribute financially, to support the Fund. Preparedness for health emergencies could only be achieved through data; governments and communities that had used science-based approaches had achieved better outcomes for their people and economies. At the global, regional and national levels, there should be continuous assessment of the efficacy of different interventions and constant development of new frameworks, strategies and plans for robust and efficient preparedness and response. The Organization should play a more active role in linking National IHR Focal Points to promote resource sharing and technical discussion. She acknowledged the Organization's support in consolidating scores and providing guidance for self-assessment under the Regulations and outlined her Government's efforts on implementation.

The representative of INDONESIA, referring to the International Health Regulations (2005), said that his Government's experience showed that national intra-action reviews were among the best ways to identify gaps and possible corrective actions in countries' responses to COVID-19. He therefore invited other governments to conduct country COVID-19 intra-action reviews and continue strengthening and maintaining the capacities of their health systems. A peer review mechanism should complement the joint external evaluations and intra-action reviews.

The representative of SWEDEN reaffirmed her Government's support of WHO's crucial leadership in public health. Addressing global health challenges would require further implementation of the International Health Regulations (2005) and the strengthening of global health security structures, including the WHO Health Emergencies Programme. Ongoing reviews were of great importance in that regard, and it was possible that a new peer review mechanism could improve follow-up and compliance under the Regulations. Given the Independent Oversight and Advisory Committee's finding that the WHO Health Emergencies Programme faced chronic financial challenges, Member States must play their part in ensuring that the Programme was sustainably financed, and the Secretariat must ensure that financing was used effectively. An evaluation of the positive and negative impacts of the COVID-19

response and an examination of gaps in knowledge were needed. The increased focus on health security should not interrupt universal access to health services, including services for sexual and reproductive health and rights, nor should it detract from WHO's work to promote health and strong, resilient health systems to leave no one behind.

The representative of BELARUS described the measures taken in his country to be adequately prepared for the second wave of the COVID-19 pandemic. He expressed support for the proposal that 2021 should be declared the International Year of Health and Care Workers in acknowledgement of their dedication to fighting the pandemic. National context should be the determining factor in the decision on whether to impose repeated lockdown measures and each country should develop its own solutions. International unity and solidarity nonetheless remained crucial to an effective response.

The representative of BOTSWANA acknowledged WHO's leadership role in managing health emergencies and praised the work of the WHO Health Emergencies Programme. However, the reported gaps in the Organization's procurement system and supply chain management were cause for concern. He welcomed Member States' progress in building the core capacities required by the International Health Regulations (2005) and supported the use of both mandatory and voluntary monitoring and evaluation instruments under the Regulations. The recommendation to further strengthen joint external evaluations to support preparedness and response efforts, based on lessons learned during the COVID-19 pandemic was welcome. The Organization should continue to be actively involved in promoting equitable access to COVID-19 vaccines, diagnostic tools and treatments, as well as other medical supplies. No one should be left behind as the world worked to recover and build a better future.

The representative of AZERBAIJAN said that many governments had gained valuable experience in responding to the COVID-19 pandemic, and exchanging that experience should be an important area of collaboration. The current increase in the spread of the virus, however, would have serious socioeconomic consequences, which had led his Government to request that a special session on COVID-19 should be convened by the United Nations General Assembly. Describing the measures taken in his country to control the pandemic, he drew attention to the need to restore and build health infrastructure following the cessation of hostilities in the Nagorno-Karabakh region.

The representative of LEBANON noted that the COVID-19 pandemic had put pressure on the tools used to measure preparedness and had highlighted the importance of taking into account the difficulty of behavioural change when drafting policies. Describing the specific challenges facing her country, she highlighted that WHO's information network had provided helpful, tailored information and evidence, especially for countries with fragmented or no health information systems. A health-in-all-policies approach would be important as governments reassessed their health systems in the light of the pandemic. Lessons learned by her Government included the need for: fast and adaptive health information systems; trust and solidarity – which could be strengthened through continuous evaluation of the international health response and sustainably financed emergency preparedness tools; and context-specific implementation of international response efforts. She endorsed the draft resolution.

The representative of SINGAPORE agreed with the Independent Oversight and Advisory Committee's recommendation that pandemic response measures must take socioeconomic implications into account. His Government had taken a number of steps to allow the safe resumption of economic and social activities. The pandemic had revealed the special importance of investing in health emergency preparedness in cities, where human populations and economic activity were concentrated. He expressed interest in working with like-minded partners to champion urban health emergency preparedness and strengthen global resilience against future outbreaks.

The representative of INDIA, noting the report on WHO's work in health emergencies, said that concerted efforts were required from WHO and the United Nations system to address the challenges described in the report. The Organization should not only remain alert to emerging health threats but should also issue timely warnings and propose effective interventions. The International Health Regulations (2005) should therefore incorporate a robust risk assessment mechanism, improved data sharing and a strengthened process for declaring a public health emergency of international concern. A system for facilitating global pandemic surveillance should be established using information technology, and integrated planning software should be used to manage future health crises. The Secretariat must develop global strategies, in collaboration with Member States, on issues including infection control and the equitable distribution of essential medicines, vaccines, diagnostic tools and treatments. The Secretariat must continue to provide technical oversight and should declare public health emergencies of international concern in a timely manner.

The representative of the UNITED STATES OF AMERICA welcomed Member States' commitment to strengthening WHO and noted that several of the proposals put forward by Member States in that regard reflected his Government's views and values, including on increased transparency and accountability, greater global coordination and improved communication. The Organization and States Parties to the International Health Regulations (2005) must improve their preparedness and response capacities, including by: implementing a graded, traffic light approach to the declaration of public health emergencies of international concern; creating a universal review mechanism for compliance with the Regulations; revising travel and trade restrictions more systematically; and integrating a One Health approach to zoonotic diseases. He noted with concern that the terms of reference for the investigation into the origins of SARS-CoV-2 had been shared only a few days previously. The terms of reference and the investigation itself were not transparent and inclusive, as mandated in resolution WHA73.1. Similarly, by not including Taiwan¹ as an observer, WHO was not taking advantage of all available information about the pandemic response.

The representative of PORTUGAL said that the world needed a stronger WHO, and that the complexity and scope of the Organization's mandate required corresponding resources. Multilateralism was the only effective approach to global crises, and lessons learned from the COVID-19 pandemic should steer WHO reform. The Secretariat should prioritize essential health services and promote the development of national plans to that effect. Member States must invest in epidemiological surveillance, laboratory capacity, contact tracing and a scaled-up health workforce. Comprehensive and equitable interventions should be aimed at vulnerable groups such as older persons, those living with mental health conditions or other disabilities, and migrants and refugees, especially children. Resilience and flexibility would be key to meeting those groups' needs despite the constraints posed by the pandemic. Resilient, inclusive and effective health policies must be aimed at leaving no one behind.

The representative of CANADA said that the updates contained in the reports were welcome, particularly the programme of work for the Independent Panel, which should prioritize areas of work that linked most directly to resolution WHA73.1, including a review of the present, and how the system responded to COVID-19, and change for the future. While he supported collaboration between the Independent Panel, the Independent Oversight and Advisory Committee and the Review Committee, he requested clarification as to how the three bodies would manage areas where their work overlapped so as to ensure the best use of time and resources. He thanked the Secretariat for sharing the terms of reference for the investigation into the origins of SARS-CoV-2 and encouraged consideration of how multisectoral, tripartite mechanisms could be enhanced to better integrate a One Health approach into emergency preparedness and response. He noted the importance of considering the impact of health

¹ World Health Organization terminology refers to "Taiwan, China".

emergencies on children's and women's health, including their sexual and reproductive health, as well as implementing the International Health Regulations (2005). He concluded by indicating that his country looked forward to the adoption of the draft resolution.

The representative of CHINA expressed support for the draft resolution. The Organization's tireless work to improve global preparedness and response was commendable, in particular the response to 58 graded emergencies in 2019 and the establishment of the Review Committee and the Independent Panel. The core capacities required by the International Health Regulations (2005) had proven extremely important during the COVID-19 response, and he called on Member States to fulfil their obligations to effectively implement the Regulations. His Government would continue to support WHO's leadership role and the work of the ACT-Accelerator to speed up the development and improve the reliability of COVID-19 vaccines, medicines and diagnostic tools.

The representative of ETHIOPIA said that WHO had played a pivotal role in building unity and solidarity among Member States by providing scientific guidance and other support. Noting the pandemic's disproportionate impact on low-income countries, she stressed the need for a whole-of-government and whole-of-society approach while maintaining essential health services. Health workers formed the cornerstone of all response efforts, and their work and sacrifices should be recognized. Greater coordination, collaboration and solidarity would be paramount to building an effective public health system. Her Government was committed to complying with the requirements of the draft resolution contained in resolution EB146.R10.

The representative of the RUSSIAN FEDERATION said that experience gained during the COVID-19 pandemic should be used to strengthen the International Health Regulations (2005), particularly Articles 5, 13 and 19, but not to revise them. Shortcomings in the pandemic response were not due to the Regulations but rather their improper application. The Review Committee should analyse the experiences of countries that had slowed transmission and reduced the burden on national health systems by imposing travel restrictions early in the pandemic and propose recommendations for striking a reasonable balance when imposing such restrictions. Future efforts should focus on: strengthening the leadership and coordination role of WHO and preventing the proliferation of structures that duplicated its functions; improving mechanisms for the application of the Regulations in all countries regardless of income level; and using the Regulations to develop health care systems, rather than as an instrument of external oversight. The principle of the sovereignty of States Parties in the implementation of the Regulations must also be strengthened.

The approach to assessing the COVID-19 response set forth in resolution WHA73.1 should be reconsidered. The pandemic was far from over, and it was premature to assess the effectiveness of the response so early. Recommendations issued by the Independent Panel and other review bodies would be preliminary in nature and should not be used as the basis for comprehensive decision-making.

The representative of NORWAY said that the pandemic had shown the need for greater multilateral cooperation under the leadership of a strong WHO. While the Organization should have been more assertive in the early phase of the pandemic, including with regard to gaining access to the source of the outbreak, there had been a notable improvement in work on health emergencies since the establishment of the WHO Health Emergencies Programme. The only sustainable way to improve emergency preparedness was through universal health coverage, and Member States should discuss realistic and sustainable approaches to achieving global access to health technologies. Noting with concern the increase in attacks on health workers and hampered access to health services – including sexual and reproductive health services – during the pandemic, she expressed support for WHO's Surveillance System for attacks on health care and for universal access to sexual and reproductive health and rights at all times.

The representative of the GAMBIA observed that the presentations by the chairs of the evaluation bodies and senior members of WHO staff had all made the same point: WHO needed to be better prepared, better financed and ready to take action. Member States should remain patient while the Independent Panel carried out its work and respect the knowledge and experience of its co-chairs. Urging a spirit of multilateralism, he called on all Member States to collaborate with the Independent Panel and wait until all evidence had been put forward before pursuing unilateral action.

The representative of CHILE said that the International Health Regulations (2005), as the international community's main tool for managing the COVID-19 pandemic, required improvement; that process should be spearheaded by global bodies such as WHO. All lessons learned from the pandemic should be taken to heart, including the need for governments to work together in a spirit of solidarity. His Government, together with other South American countries, had gathered ideas on how to strengthen public health architecture and the Regulations and had submitted them to the Director-General and the Independent Panel for consideration together with similar initiatives by other countries. He applauded the creation of the COVID-19 Technology Access Pool, the ACT-Accelerator and the COVAX Facility.

The representative of BRAZIL said that defeating the COVID-19 pandemic would require constant vigilance and cooperation at the national and international levels, as well as affordable vaccines and diagnostic tools. Describing the measures taken by her Government at the national and international levels, she called on Member States to live up to their promises of solidarity and redouble their efforts to reform WHO and build a better multilateral framework for health emergencies. She was pleased to note progress towards the completion of an impartial, independent and comprehensive evaluation of the global response to the pandemic. That work must be guided by effective mechanisms for assessing, monitoring and maintaining preparedness capacities through increased collaboration among Member States and greater transparency from the Secretariat. The road map for WHO reform that had been circulated by the Government of the United States of America set out a framework for collective and national action.

The representative of AUSTRALIA stressed the importance of including all populations and all potential partners when confronting the impacts of the COVID-19 pandemic. Her Government would continue to work with the global community to respond to COVID-19 and ensure that the independent evaluation process enhanced the collective ability to address health emergencies. Transparency must be maintained in the work of the Independent Panel and in the investigation into the origins of SARS-CoV-2. The release of the latter's terms of reference was a positive step, and detailed reporting and updates on the investigation should continue to be provided. She would welcome further information about the Director-General's proposal for the Universal Health and Preparedness Review. Priority areas for reform were: a more independent and authoritative WHO; robust monitoring and evaluation mechanisms for the International Health Regulations (2005); strengthened monitoring and management of emerging zoonoses by reinforcing cooperation among One Health sectors, particularly in high-risk settings; and strong capacity on the ground in order to effectively respond to health emergencies. She welcomed Member States' appetite for reform, urged the Independent Panel to provide practical recommendations with a clear path for prompt implementation and highlighted the collective need to commit to implementation.

The representative of UKRAINE saluted the courage of health workers in responding to COVID-19 amidst rising infection rates and expressed the hope that an end to the pandemic was in sight, thanks to increased understanding of SARS-CoV-2 and the promise of an effective vaccine. She fully supported WHO's efforts to ensure that vaccines were tested and approved and to advocate for their equitable distribution. Highlighting concerns regarding access to health care for people in her country, particularly those affected by the Russian aggression against Ukraine, including those living close to the

areas of conflict, those who had been displaced and those living in the temporarily occupied Autonomous Republic of Crimea. Her Government was dedicated to cooperating with WHO and improving its health system, as shown by the recent signing of a collaborative agreement with the Regional Office for Europe.

The representative of SWITZERLAND expressed appreciation for the assessments of the COVID-19 response, particularly the recommendations by the Independent Oversight and Advisory Committee, but noted that those assessments should be conducted in a coordinated manner. Her Government hoped to contribute to that effort through the Coalition for a Universal Health Protection Architecture, which it had formed with the health ministries of Botswana, Oman and Nepal in June 2020. The COVID-19 crisis was an historic opportunity to strengthen WHO by clarifying its leadership role and bolstering its instruments, including through the creation of a voluntary universal periodic review of health emergencies preparedness. Member States must work together to find a way to ensure more sustainable and predictable financing for WHO, particularly the WHO Health Emergencies Programme, including through larger and more efficient financial contributions.

The representative of JAPAN, highlighting the importance of international coordination, said that countries' responsibilities and requirements under the International Health Regulations (2005) should be clearly defined. The processes for detection, assessment, notification, consultation and verification should be further elaborated; it must be specified that implementation of the Regulations required governments to report information promptly to WHO, especially information regarding an unknown virus or suspicious symptoms. Regarding WHO reform, he echoed calls for coordination among the Independent Panel, the Review Committee and the Independent Oversight and Advisory Committee. Given that no one country could contain a pandemic alone, it was crucial to mobilize all available knowledge and leave no geographic vacuums, especially in places that had responded successfully to COVID-19, such as Taiwan.¹

The representative of URUGUAY recognized WHO's strong leadership and coordination role during the COVID-19 pandemic.

The representative of PAKISTAN said that national health systems would be increasingly tested by inevitable future pandemics, the economic downturn caused by the current COVID-19 pandemic, population growth and climate change. Full implementation of the International Health Regulations (2005) would require the development of core capacities and setting of short-, medium- and long-term priorities for the global health emergency architecture; scaling up of international collaboration and alignment of efforts at the national level to strengthen health systems; investment in strong routine immunization programmes and infrastructure for detecting and responding to outbreaks; and integration of technical support, financing and capacity-building into scores awarded under the Regulations. The international community must work together to accelerate the production of essential medicines and COVID-19 vaccines, which should be declared global public health goods, and to ensure that they were universally and equitably accessible.

The representative of ARMENIA said that his country faced a humanitarian crisis. The health care system in his country and in the Nagorno-Karabakh region, already overburdened by cases of COVID-19, was facing particular challenges due to the ongoing conflict against his people perpetrated by Azerbaijan. Detailing the numbers of COVID-19 cases and deaths in his country, he said that the

¹ World Health Organization refers to "Taiwan, China".

disease's spread had accelerated due to the displacement of people by the war. In the context of the recently agreed ceasefire, there was a need for medical aid and the rebuilding of health care facilities.

The representative of BAHRAIN said that protecting the world from future health emergencies should be a priority. Lessons learned during the COVID-19 pandemic included the need to strengthen preparedness and cooperation and maintain functioning primary health care. Health systems must be made stronger and more resilient so that they were ready to face future threats. She also stressed the need to implement the recommendations of the Independent Oversight and Advisory Committee and to provide flexible and predictable funding to the WHO Health Emergencies Programme.

The representative of SUDAN applauded WHO's work in managing health emergencies since the 2016 reforms, particularly its vigilance during the COVID-19 pandemic. She welcomed the Independent Panel's efforts to draw lessons from previous pandemics, produce practical recommendations and seek input from a broad range of stakeholders. The Organization should work to mitigate the burden imposed by preparedness and response activities and, alongside the broader international community, should advocate for equitable access to COVID-19 vaccines. The work of the Review Committee should lead to the meaningful revision and update of the Regulations, including an adjustment in the focus of core capacities to reflect the need for early alerts, preparedness and response.

(For continuation of the discussion, see the summary records of the third meeting.)

The meeting rose at 13:00.

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