

**PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING**

**WHO headquarters, Geneva  
Tuesday, 10 November 2020, scheduled at 14:00**

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

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**COMMITTEE A**  
**THIRD MEETING**

**Tuesday, 10 November 2020, at 14:05**

**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 representative of NICARAGUA outlined the activities undertaken in her country to develop health emergency response capacity while maintaining regular health care services. Measures had been taken to prevent and combat coronavirus disease (COVID-19), including preparing for a vaccine roll-out. She recognized the contribution of Taiwan<sup>1</sup> to the global COVID-19 response, and commended the work of WHO in response to the pandemic.

The representative of KAZAKHSTAN said that COVID-19 had become one of the most pressing health issues globally. She outlined current measures in her country in response to the disease, such as strengthening legislation and ensuring epidemiological monitoring and surveillance. Those measures to prevent the spread of COVID-19 had only been possible with the support of WHO and its Member States.

The representative of POLAND expressed his appreciation for WHO's work on health emergencies. The COVID-19 pandemic was an unprecedented threat in recent world history but it was not the only challenge to global health security. Counteracting such threats was a core function of WHO and should be its highest priority. He therefore hoped that it would be an important component in the ongoing discussion on reforming and strengthening WHO.

The representative of NEW ZEALAND said that the COVID-19 pandemic had shown that the global capacity for pandemic response must be further strengthened. Health systems worked best when they were transparent, robust and flexible. His Government would submit its views to the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response in the coming weeks. It was

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

important that the views and experiences of all countries were listened to during the evaluations. Outlining the basis of the COVID-19 elimination strategy in his country, he said that his Government stood ready to share its experience and would continue to learn from the experience of others. He underscored the importance of timely and full cooperation with all health communities in responding to the outbreak. Such emergencies highlighted the importance of non-politicization and inclusivity in matters of global health.

The representative of GHANA said that closer and more meaningful engagement with Member States would ensure that the review of the WHO Health Emergencies Programme was successful. He requested that the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme include an assessment of the skills mix and diversity of the Programme's workforce in its report. That Programme had improved the effectiveness of WHO's leadership in the global response to health emergencies and must therefore be adequately resourced. Assistance was required to develop national capacities to detect, assess, notify and report events and respond to public health emergencies. The Annual report on the implementation of the International Health Regulations (2005) had revealed gaps in core capacities and collaborative action was required to address those weaknesses. He called for more meaningful engagement between the Review Committee and Member States to ensure that all experiences were represented in that Committee's outcome document. He supported the adoption of the draft resolution on Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) recommended in resolution EB146.R10.

The representative of SAINT KITTS AND NEVIS outlined her Government's national response to the COVID-19 pandemic, which included training health care workers, introducing a mobile application and scaling up surveillance systems. She urged all countries to participate in the COVID-19 Vaccine Global Access (COVAX) Facility to generate the necessary funds for the successful development of vaccines and thus prevent further loss of life. She thanked her Government's many partners for their support, which had contributed to the success of the COVID-19 response in her country. In particular, she noted the significant contribution of Taiwan,<sup>1</sup> and reiterated her appeal for Taiwan<sup>1</sup> to be recognized as a global development partner in health and technology and to have a seat at the table.

The representative of PARAGUAY outlined her Government's national COVID-19 efforts, which had been necessarily strict in the light of the recent dengue fever outbreak in her country. Additionally, under the leadership of Paraguay, the presidents of the members of the Southern Common Market (MERCOSUR) had issued a declaration on regional coordination to contain and mitigate COVID-19 and its impact and guidelines relating to vaccines, intellectual property and border controls. Regional forums had been held to discuss epidemiological questions and monitoring, and the management of medicines. She commended the work of WHO and PAHO in her Region. There was a need for transparency, technology transfer and agreements to facilitate the equitable global sharing of treatments and vaccines, which should be considered to be global public goods. Challenges included slowing the international spread of the virus and supporting developing countries with vaccine research and production. However, COVID-19 was not the only pandemic being faced; noncommunicable diseases also presented a serious threat.

The representative of FIJI said that the COVID-19 pandemic had emphasized the importance of achieving pillar 2; as more people needed better protection during health emergencies, particularly public health emergencies of international concern. Notification of health emergencies was critical. Country offices must investigate the reasons for any lack of reporting or consistent misreporting and the

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

Secretariat should support capacity-building and training for notification activities. The declaration of a public health emergency of international concern should not lead to trade restrictions or stockpiling measures that hampered Member States' access to basic foods. WHO should support Member States that relied on medical tourism and visiting medical teams to mitigate the risk of multidrug-resistant nosocomial infections, which could be introduced by returning patients or imported medical equipment. He called on WHO and development partners to support capacity-building for health practitioners in the face of increasing numbers of health emergencies.

The representative of CAMEROON said that COVID-19 was one of several disease outbreaks faced by the Member States of the African Region which had provided experience in health emergency preparedness and response. His Government had continued to take steps to build capacities required by the International Health Regulations (2005), despite ongoing health emergencies in his country. The implementation of the Regulations was critical, as it would build trust in governments' response measures. He welcomed the Organization's focus on preparedness, and the planned development of the Universal Health and Preparedness Review. He supported the draft resolution contained in resolution EB146.R10.

The representative of HONDURAS emphasized the importance of capacity-building to support the implementation of the International Health Regulations (2005). Human resources at border crossings and financial resources for emergency response activities should be allocated on an equitable basis to all States Parties to the International Health Regulations (2005), and equitable access to equipment and tools that would improve preparedness must also be ensured. Her Government had benefited from international cooperation to develop epidemic prevention measures, based on those that had been used in Taiwan.<sup>1</sup>

The representative of KYRGYZSTAN said that the COVID-19 pandemic was a burden on the health care systems of all countries, regardless of their level of economic development and thanked WHO for its support in responding to that disease. The health sector was not the only sector affected; the socioeconomic consequences of the pandemic could slow efforts towards attaining the Sustainable Development Goals. Coordinated efforts would be required to overcome those challenges. Noncommunicable diseases were not only one of the main causes of disability, morbidity and early mortality in his country, they also increased the risk of severe or fatal consequences from COVID-19 infection. It was essential to reduce the risk of COVID-19 infection for those living with noncommunicable diseases, and ensure that chronic diseases were well managed. The eradication of COVID-19 would require large-scale intersectoral efforts, particularly in data exchange and resource mobilization. The experience gained in response to the pandemic should be used to further efforts towards attaining universal health coverage. He supported the proposal made by the representative of Turkey at the fifth Special Session of the Executive Board to designate 2021 the International Year of Health and Care Workers.

The representative of SRI LANKA said that multilateral discussion was needed on resuming international travel in the context of the risk of COVID-19 transmission, and welcomed the support of WHO and other development partners in facilitating that dialogue. Despite the emerging focus on treatment and vaccines, States must maintain efforts on the use of personal protective equipment, social distancing, testing and contact tracing. In the face of a second wave, his Government had enacted new legislation to further develop prevention measures. Strengthening primary health care was essential as it would take time to guarantee universal access to vaccines.

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

The representative of AFGHANISTAN said that there had been a surge in COVID-19 infections in his country due to citizens returning from heavily infected areas. Vaccines and therapeutic and diagnostic tools should be shared with all countries in an equitable manner. Rather than vaccinating all citizens in a few countries, the global priority should be to vaccinate health professionals and high-risk populations in all countries. Primary health care should be the driver for treatment and vaccine delivery and new vertical programs should be avoided.

Highlighting WHO's incomparable expertise, global influence and normative powers, he said that WHO reform should bring about further improvements in an already strong Organization. The WHO Health Emergencies Programme had done good work to meet the needs of fragile countries and respond to public health emergencies of international concern but required more resources and greater flexibility to act quickly in the face of emerging needs. Improving transparency, performance and accountability was essential to ensure good governance. In the light of the shift towards results-based financing, WHO should rigorously evaluate its programmes and demonstrate that they translated into better health for all. The WHO Constitution granted the Organization extraordinary rule-making powers, but it had only ever promulgated two major instruments: the International Health Regulations (2005) and the WHO Framework Convention on Tobacco Control. The Organization should take a more active role in regulating key global health issues. Donor influence through earmarking of funds had begun to affect WHO's ability to direct and coordinate the global health agenda; secure, flexible resources were needed to maintain its position as a global health leader. The Organization would only remain relevant by adapting to the new political climate and demonstrating its global leadership role.

The representative of RWANDA commended WHO for its leadership during the COVID-19 pandemic, and other development and civil society partners for their support for response activities. The pandemic had shown that strengthening health systems could also have a positive effect on other sectors, including the economy. He emphasized the importance of using technology and digital solutions in health care, which had been valuable during the COVID-19 response. Sharing information and experience would enable governments to make informed decisions to benefit national health systems in the fight against COVID-19. As part of its work to eliminate neglected tropical diseases by 2024, his Government had submitted a dossier for verification of the eradication of human African trypanosomiasis in his country, and would be hosting a summit on malaria and neglected tropical diseases in 2021.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that the number and severity of public health emergencies was growing as a result of factors including climate change and population growth. Under the International Health Regulations (2005), WHO had a role to play in the notification and identification of outbreaks and the coordination of international health emergency responses, and she commended the ongoing work of the WHO Health Emergencies Programme. Strengthening universal health care was the best way to tackle COVID-19. Outlining the measures taken by her Government to respond to the pandemic, she highlighted the challenges resulting from the financial and trade blockades against her country, which had created barriers to essential health care products and services. She supported the draft resolution contained in resolution EB146.R10, and reiterated her Government's commitment to health for all.

The representative of ZIMBABWE said that the national COVID-19 response was ongoing, despite the unilateral sanctions that had been imposed on his country. The pandemic had highlighted the need for economic development and for strong, resilient and integrated health systems that were capable of implementing the International Health Regulations (2005). The review mechanisms evaluating the international COVID-19 response should take those elements into account. The evaluations would only achieve effective outcomes through a holistic and balanced approach that was based on science. Improvements could be made in all areas of the global health architecture and would require sustainable and flexible financing; poor investment in noncommunicable diseases had led to an increased risk during

the COVID-19 pandemic. Despite WHO's efforts, there were still some disparities in access to COVID-19 products. Long-term issues, such as promoting local production, technology transfer, transparency, and delinking the cost of research and development from product prices, needed to be addressed. The international community should expand debt relief measures and economic bailout packages to enable Member States to transition from the pandemic to economic recovery and sustainable development.

The representative of SENEGAL commended the leadership of WHO in coordinating the global COVID-19 response and encouraged the Organization to maintain its efforts. She outlined the COVID-19 response measures taken in her country, and called for quick, equitable and unhindered access to diagnostic tests, medicines and vaccines that were safe, effective and affordable.

The representative of MYANMAR reiterated her Government's support for the leadership role of WHO in tackling the COVID-19 pandemic. Noting the ongoing COVID-19 response in her country, she thanked WHO for issuing recommendations and providing technical support. Defeating COVID-19 was the utmost priority for all Member States and vaccines must be accessible and affordable for all. In that regard, she welcomed the creation of the Access to COVID-19 Tools (ACT) Accelerator and the COVAX Facility, which would particularly benefit low- and middle-income countries. Cooperation and shared experience were essential in helping Member States to overcome COVID-19.

The representative of NAURU was pleased to note that primary health care was still a focus of the Organization's work, as it was in her country, and said that the COVID-19 response should not draw attention away from local health challenges. As a COVID-19 free country, the Government of Nauru had introduced several preparedness and response initiatives, including stringent travel restrictions which permitted the access of essential resources and workers, in line with subregional measures in the Pacific. Global collaboration was essential to overcome disease outbreaks like that of COVID-19, and she therefore called for the reinstatement of observer status for the Republic of China, Taiwan<sup>1</sup> at the World Health Assembly, as Taiwan<sup>1</sup> had been a vital contributor to global health initiatives and a leader in the fight against COVID-19.

The representative of ECUADOR welcomed the planned evaluation of the international COVID-19 response by the Independent Panel. The COVID-19 pandemic had demonstrated the need to strengthen joint efforts and ensure that WHO had the resources it needed to combat health emergencies in a coordinated manner. Solutions had to be found for the weaknesses identified by the Independent Oversight and Advisory Committee, particularly those related to prolonged crises. Training, sustainable financing and managing expectations would help to overcome those weaknesses, particularly regarding the notification system for public health emergencies. The lack of clear criteria and practical consequences for Member States in recent outbreaks had had a significant impact on the role and perception of WHO. It was clear, however, that the WHO and its Health Emergencies Programme had the capacity to quickly deal with emerging health emergencies and had been a trustworthy and competent partner. He noted the speed with which resources had been mobilized, interinstitutional and intergovernmental collaboration had been initiated and technical support had been provided. The development of initiatives such as the State Party self-assessment annual reporting tool for the International Health Regulations (2005), the Global Humanitarian Response Plan for COVID-19 and the Global Research and Innovation Forum on COVID-19 demonstrated the value of WHO in the global landscape. Reform processes should continue to enable WHO to adapt to emerging international challenges.

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The representative of GUATEMALA said that the COVID-19 pandemic had demonstrated the need to strengthen primary health care, and her Government had involved stakeholders at all levels to that end. She outlined the response activities undertaken in her country, which would not have been possible without dedicated health care professionals, in particular those serving remote indigenous communities. She welcomed the support provided by PAHO and Taiwan<sup>1</sup> during the pandemic.

The representative of ISRAEL emphasized the critical nature of multilateral cooperation in responding to the COVID-19 pandemic and noted that a number of Member States had participated in international consultations, helped to develop vaccines and shared their experiences in order to identify best practices. He welcomed the establishment of the COVAX Facility and the work done to ensure fair and equitable access to COVID-19 vaccines. The reporting of verified data was a critical part of the global response to COVID-19, and an effective and efficient information exchange structure was vital. As 2020 was the Year of the Nurse and the Midwife, he drew attention to the vital role of those professionals, prior to and during the COVID-19 pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government had agreed to allocate £340 million in core voluntary contributions to WHO over the next four years, 30% of which would be conditional on WHO delivering on the reforms needed, particularly regarding the coordination of pandemic preparedness and response. WHO should be given the funds it needed to become a more modern, agile and inclusive organization. WHO and its Member States should build on the successful reform of the WHO Health Emergencies Programme. The lessons learned during the COVID-19 pandemic on strengthening national and global capabilities must be applied, and the outcomes of the work of the Review Committee, the Independent Panel and the Independent Oversight and Advisory Committee would be crucial in that regard. He looked forward to the publication of recommendations on the proposed intermediate public health alert level, improving compliance with the International Health Regulations (2005), sustainable funding, expanding surveillance of zoonoses, and strengthening WHO's role in work on the human-animal interface. He welcomed the WHO-convened Global Study of the Origins of SARS-CoV-2 and the circulation of its terms of reference. That investigation should be prioritized, as a shared understanding of the origins of the virus was key to improving responses to it. His Government was strongly committed to ensuring equitable access to vaccines and had made a contribution to the COVAX Facility that included £500 million to provide vaccines for developing countries. He encouraged other Member States to support that initiative.

The representative of MALAYSIA said that many lessons had been learned while managing the COVID-19 pandemic, such as the importance of international coordination, public health responses and the mitigation of socioeconomic impact. As the disease evolved, however, more challenges would have to be faced. She outlined the steps taken by her country to develop preparedness and response and evaluate the core capacities required by the International Health Regulations (2005). She recognized WHO's efforts to expand the monitoring and evaluation of those capacities globally. She supported the draft resolution.

The representative of CUBA said that it was regrettable that, despite the work of WHO through its Health Emergencies Programme, COVID-19 was still not under control at the international level. He outlined his Government's COVID-19 response plan, noting the roll-out of innovative medicines, vaccine trials and measures to address mental health and protect health care workers. Emphasizing the value of global solidarity, he said that his Government had provided support to several governments,

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despite the blockade imposed by the United States of America, and would continue to work with WHO in response to the pandemic.

The representative of the REPUBLIC OF MOLDOVA outlined the wide range of multisectoral measures that her Government was implementing based on the International Health Regulations (2005) and the evaluations and recommendations issued by WHO. Describing the COVID-19 response measures being taken by her Government and other stakeholders, she noted that the COVID-19 pandemic had underscored the need for an intersectoral approach that bolstered public health security at the national and international levels.

The representative of OMAN said that the COVID-19 pandemic had highlighted the global leadership role of WHO in sharing information, coordinating the global response and providing guidance, and had shown that strong health systems, including strengthened primary health care, were essential. His Government had joined others in launching the Coalition for a Universal Health Protection Architecture in response to the COVID-19 pandemic, which would seek dialogue on global health security through a multilateral approach: using health as a bridge for peace. The COVID-19 pandemic provided an opportunity to review health interventions, analyse health systems, and open multistakeholder dialogue. Further, WHO should promote efforts to apply a whole-of-government approach to health.

The representative of PALAU said that his country had remained free of COVID-19 through strict border management, which had come at severe economic cost. As the global community continued to strengthen efforts to prevent, detect and treat COVID-19 and develop vaccines against the disease, it was important to learn lessons from successful responses. One such example was the COVID-19 response in Taiwan,<sup>1</sup> which, despite its success, had been unable to participate in the Health Assembly and contribute to collective efforts to combat the COVID-19 pandemic.

The representative of PERU said that strengthening multilateralism would improve health systems and help to achieve universal health care, which was a fundamental component of sustainable development. However, such efforts must avoid politicization and the duplication of work. Multilateral agreements should strengthen WHO and improve pandemic preparedness and response and the implementation of the International Health Regulations (2005). The COVID-19 pandemic had exposed weaknesses in preparedness and response at all levels and could jeopardize various achievements, such as the eradication of certain communicable diseases and the treatment of chronic diseases and mental health disorders. The support of WHO and PAHO had been essential in maintaining the regular provision of health care services. Her Government had responded early to the COVID-19 pandemic, would continue to strengthen prevention, surveillance and response measures and had joined the COVAX Facility. She reiterated that COVID-19 vaccines and treatments must be accessible to all and recognized as global public goods.

The representative of SPAIN commended the work of WHO following the declaration of health emergencies and said that focusing on the WHO Health Emergencies Programme would further strengthen health systems and the implementation of the International Health Regulations (2005). Emergency preparedness relied on strong health systems that were based on universal health coverage. Despite good progress, many Member States remained vulnerable to health emergencies, and she urged the Secretariat and other Member States to continue supporting those most in need. Her Government was reviewing existing health emergency response mechanisms in line with the International Health Regulations (2005). The global coordination of responses to future threats could be improved by

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focusing on the early detection of events and developing a network of well-trained National IHR Focal Points.

The representative of URUGUAY said that his Government had responded to the COVID-19 pandemic at the international, regional and national levels. It had joined multilateral initiatives to improve access to tools to respond to the pandemic and mitigate its effects, in particular in vulnerable populations, and improve implementation of the International Health Regulations (2005). His Government had joined the COVAX Facility and looked forward to a safe, effective and accessible vaccine against SARS-CoV-2.

The representative of DOMINICA said that, at the outset of the pandemic, his Government had recognized the importance of surveillance, early detection and isolation in stopping the transmission of COVID-19, and had redirected resources accordingly. He welcomed the continued financial and technical support for the national response to the pandemic, which highlighted the importance of multilateral collaboration to combat COVID-19. Noting the progress made towards a vaccine, he said that there should be a focus on resilience in health systems, alongside capacity-building efforts.

The representative of BURUNDI said that the COVID-19 pandemic had demonstrated the importance of resilient health systems and the need to prioritize preparedness and prevention. Inequality had a disproportionate impact on vulnerable populations; primary health care services must therefore be strengthened. COVID-19 response activities must not detract from activities to combat communicable and noncommunicable diseases. He called on WHO to boost international cooperation to strengthen health systems and guarantee access to any vaccine against COVID-19.

The representative of NIGERIA said that, in responding to the COVID-19 pandemic, his Government had benefited from the experience of overcoming previous disease outbreaks. Furthermore, national strategies and priorities had been adjusted following a country COVID-19 intra-action review. National efforts were also underway to build health security capacity and the core capacities required by the International Health Regulations (2005). He noted the support provided by the WHO Health Emergencies Programme, which was an important part of WHO, and highlighted the work of the Independent Panel, to which his Government would contribute. The lessons learned from that and the other review mechanisms would help to strengthen global health security, and should be implemented as quickly as possible, given the ongoing threat of emerging and re-emerging infections.

The observer of PALESTINE commended the work of WHO and its Health Emergencies Programme, noting that multidimensional collaboration was essential to guarantee health for all. Steps had been taken in the occupied Palestinian territory to develop preparedness for health emergencies, despite the challenges caused by the Israeli occupation. He expressed the hope that any new COVID-19 vaccine would be made available to all; access must be guaranteed for the people of Palestine, ensuring that no State would be able to enjoy a monopoly over access. He thanked the Member States that had provided the Palestinian authorities with technical and financial assistance, including through the WHO Health Emergencies Programme.

The observer of GAVI, THE VACCINE ALLIANCE noted that strong routine immunization programmes and primary health care helped to prevent outbreaks and strengthened national early detection and response capacities. The COVID-19 pandemic provided a stark reminder of the importance of reaching children and deprived communities and building resilient health systems. He called on Member States to maintain, restore and strengthen immunization and other high-impact primary health care services during the response to COVID-19 and to prioritize investment in those services.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the importance of an effective system to manage global health emergencies; WHO was uniquely able to provide normative guidelines and democratic oversight. The Organization should remain the decision-maker in managing global health emergencies in order to avoid undemocratic bias, the marginalization of low- and middle-income countries and conflicts of interest. He called on WHO to ensure that the International Health Regulations (2005) were implemented in the spirit of solidarity. The WHO Health Emergencies Programme should be strengthened by increasing assessed contributions and decreasing donor influence resulting from earmarked voluntary funding.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that, given the important role of nurses in epidemic and pandemic prevention, governments must consider the health and safety of the health workforce in emergency preparedness and response plans at every level. She expressed concern regarding the impact of the COVID-19 pandemic on the health workforce, and called for the collection of systematic and standardized data in that regard, supported by clear reporting and monitoring mechanisms.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, emphasized the value of the One Health approach when responding to a pandemic and advocated for youth engagement in pandemic preparedness and response. WHO should help to coordinate local actions with international efforts and ensure that data on outbreaks were translated into robust plans and guidance. He called on the Secretariat and Member States to recognize the wider role that pharmacists could play in the COVID-19 pandemic, including the distribution of vaccines at the community level. He urged Member States to apply WHO guidance on improving the resilience of health care systems.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the engagement of WHO with civil society organizations, including those which represented a large portion of frontline health workers, had dropped steeply, thereby reducing the number of valuable perspectives shared with WHO. She called on the Secretariat and Member States to meaningfully engage with, protect and support young health care workers at the local and global levels.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, said that, while the COVID-19 pandemic had tested WHO as never before, it had also demonstrated the power of global solidarity and unity. She restated her commitment to providing independent scrutiny of the WHO Health Emergencies Programme and the implementation of resolution WHA73.1 (2020) on the COVID-19 response, while working closely with the Independent Panel and the Review Committee to provide an impartial, independent and comprehensive evaluation of the internationally coordinated response to COVID-19 and prepare for future pandemics.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the positive comments regarding the whole-of-Organization response to the COVID-19 pandemic and the work of the WHO and its Health Emergencies Programme. However, he noted that many Member States had highlighted the gap between the work that they expected WHO to carry out and the capacity of the Organization to do so, and consequently the need for increased, sustainable and flexible funding to meet the objectives that had been set. He recognized calls for strong, agile and resilient national emergency preparedness and response systems. That would require increased and sustained investments in: International Health Regulations (2005) core capacities; health systems readiness and community resilience; global early warning and surveillance platforms for epidemic intelligence, verification, risk

assessment and alert; global platforms and ecosystems for epidemic analytics, forecasting, scenario analysis and prediction; platforms for global infodemic management, especially risk communication and community engagement; sustained platforms for supply chain management; the global health emergency workforce, including rapid deployment multi-disciplinary teams; and global research and development allocation and access. Those elements together formed an important ecosystem of global solidarity to support Member States during epidemics. WHO would continue to build on existing platforms and projects, including the Epidemic Big Data Resource and Analytics Innovation Network (EPI-BRAIN), the Information Network for Epidemics (EPI-WIN), the WHO research and development blueprint and the ACT-Accelerator. He thanked Member States and donors for the financial, human and material resources they had provided, which had contributed to the success of WHO thus far.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations), outlining some of the lessons that had been learned from the COVID-19 pandemic, emphasized the importance of implementing the core capacities required by the International Health Regulations (2005). National preparedness was the bedrock of global preparedness, which required a whole-of-society and whole-of-government approach, following the One Health principle. However, focusing on subnational regions, particularly urban settings, was also beneficial. Resilient health systems were crucial to ensuring the continuity of essential health services. Infodemic management was a key component of pandemic response, and he highlighted the work of the EPI-WIN to address misinformation.

The COVID-19 pandemic was an opportunity to further strengthen health emergency preparedness. The Secretariat would use the lessons learned to revise its assessment tools and promote simulation exercises and after-action reviews of national capacity. The recently launched country COVID-19 intra-action review tool was an important mechanism for identifying gaps during the ongoing pandemic and making adjustments moving forward. The Secretariat would support the improvement of national emergency preparedness plans by continuing to involve all national stakeholders, advocating for increased funding for preparedness activities and supporting countries to ensure the implementation of national action plans. The planned Universal Health and Preparedness Review would provide an opportunity to exchange experience and best practice among Member States through a peer review process. He noted that the Review Committee would consider the proposals submitted, including the possible introduction of an intermediate public health alert level.

With regard to travel measures, he said that WHO had been working closely with ICAO, the International Air Transport Association and others to ensure safe international travel. WHO guidance was being updated in line with new evidence and in consultation with technical advisory groups, and the Secretariat was supporting Member States in strengthening public health capacities at points of entry.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that the revised Global Humanitarian Response Plan for COVID-19 had complemented WHO's Strategic Preparedness and Response Plan and had helped to prioritize vulnerable populations. However, much remained to be done in the countries targeted by the Plan. The COVID-19 pandemic had disrupted access to a wide range of health services, while increasing the need for those same services. The Secretariat was working with partners under the ACT-Accelerator to secure vaccine access for vulnerable populations in a humanitarian crisis which might not be covered under the COVAX Facility. He recognized the concerns expressed regarding the security of health care workers and service delivery locations, which had deteriorated during the pandemic. The Secretariat would strengthen data collection on such attacks and conduct research into approaches to prevent attacks and protect health workers, their families and health care services. The Secretariat would continue to engage with partners seeking to use health as a bridge for peace. He reiterated WHO's commitment to responding to all health emergencies, whatever their cause.

The REGIONAL DIRECTOR FOR AFRICA commended the efforts of health workers, governments, partners and WHO to respond to COVID-19 around the world, and particularly in her Region. Public health measures had ensured that fewer cases and deaths had been recorded than initially projected, albeit at great social and economic cost. Engaging communities and strengthening public health interventions would contribute to addressing cases that resulted from reopening economies. All Member States in her Region were participating in the COVAX Facility, and were using a tool developed in the Region to plan for vaccine distribution. African Member States expected global solidarity and equitable access when it came to vaccine supplies. Depending on the type of vaccine that was certified, Member States in her Region would require support to overcome significant challenges relating to cold chain storage.

In order to support Member States during the pandemic, including regarding programmes and essential health services not related to COVID-19, technical and management staff in country offices and the Regional Office had been reassigned. WHO regional teams would be strengthened using the increased, predictable and flexible funding that had been promised by many Member States. She reiterated that resilient health systems benefited Member States both in emergencies and in attaining universal health coverage. Linking those areas of work would save lives and encourage progress towards sustainable development and global health security. Structural reorganization was underway in her Region to emphasize those links.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the COVID-19 pandemic had once again justified the inclusion of emergencies as one of the strategic pillars of the Thirteenth General Programme of Work, 2019–2023, and his Region's Vision 2023. WHO's emergency response programme had improved in recent years, the result of which had been seen in his Region, in the face of acute and protracted emergencies. However, the COVID-19 pandemic response had brought a new intersectoral dimension to emergency response activities in the Eastern Mediterranean at the national and regional levels. Recognizing the contribution of the WHO Health Emergencies Programme, he said that all regional assets and expertise had also been mobilized. During the pandemic, there had initially been some inevitable disruption to essential health services, however, the continuity of such services was once again a priority. An intergovernmental ministerial technical working group had been established to share lessons learned in the Region. That collaboration would continue to inform the pandemic response and would benefit health security, humanitarian action and health systems in the future.

The Eastern Mediterranean Region faced a wide range of emergencies, resulting from disease, conflict, and natural and technological disasters. Member States in the Region were therefore investing in a comprehensive approach to emergency management – building technical skills and systems across the emergency management cycle. To strengthen prevention and mitigation, proven strategies for epidemic control were being scaled up and influenza surveillance and laboratory capacities had been leveraged for COVID-19 response. Despite steps taken in national preparedness and the number of joint external evaluations carried out in the Region, the pandemic had revealed significant gaps. Thus, he encouraged Member States to review national action plans for health security and increase investment in emergency management. Regional efforts were underway to improve the detection of public health events, and to further develop modelling activities. Weaknesses had been identified in the areas of contact tracing and field epidemiological skills. The Region's logistics operations had been largely successful, however, in providing supplies during several large-scale humanitarian crises, as well as in response to COVID-19. Responsible government leadership, strong preparedness and emergency management capacities and active community engagement were among the most common lessons learned from COVID-19 and other health emergencies experienced in his Region. Preparedness would be strengthened by increased investment in health systems, emergency preparedness, communities and regional institutions.

The REGIONAL DIRECTOR FOR EUROPE said that his Region was once again at the epicentre of the COVID-19 pandemic, which had revealed the strengths and weaknesses of European society and health systems. Three lessons had been learned from the first wave of the pandemic. First, strong health systems which were centred on primary health care, integrated with public health and digital innovation and staffed by a workforce protected from burnout, would ensure improved health and security. Second, solidarity between Member States and with all citizens was the only way to win the fight against COVID-19. Third, there was a reciprocal relationship between health and the economy, and as such, the Pan-European Commission on Health and Sustainable Development had been established to redevelop policy priorities, taking pandemics into account. That Commission would maintain close links to the Independent Panel. Through the European Programme of Work, 2020–2025 – United Action for Better Health in Europe, Member States would be supported in their COVID-19 response alongside their efforts to maintain regular health care services. The Programme of Work was centred around the principle of partnership, and he thanked the Region’s many intergovernmental partners and WHO for their collaboration.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that her Region’s response to COVID-19 had been built on the values set out in resolution WHA73.1: to control the spread of the disease and empower individuals to stay safe. WHO country offices had reallocated staff to COVID-19 activities and had provided technical leadership in United Nations country teams. Collaboration across the three levels of the Organization had been effective. The COVID-19 response required a whole-of-government and whole-of-society approach, with a particular emphasis on community engagement. Two Member States had completed an intra-action review and more were planned. The Region was committed to acting on all the lessons learned from the pandemic to ensure stronger health systems and promote recovery.

Her Region had already invested in initiatives to improve emergency prevention, preparedness, response and recovery, and she highlighted the contribution to the Region’s COVID-19 response of the South-East Asia Regional Health Emergency Fund, the Region’s flagship priority on strengthening capacity for emergency risk management, and the Regional Knowledge Network of National IHR Focal Points. The ministerial Declaration on Collective Response to COVID-19 had been signed by the Region’s Member States in order to further develop that response. Member States had underscored the need to scale up investments in universal health coverage and were committed to building back health systems that were more resilient and would meet the health needs of all people.

The pandemic provided an opportunity to review the workforce structure of the WHO Health Emergencies Programme, particularly its regional and country presence, and the relationship between that Programme and the rest of the Organization, especially with regard to implementing the Thirteenth General Programme of Work, 2019–2023 . The Region would continue to strengthen the core capacities required by International Health Regulations (2005) and to ensure sustainable progress in disaster risk reduction.

The DIRECTOR-GENERAL thanked Member States for their support and their commitment to providing more flexible and predictable financing. Emphasizing the importance of strong, resilient national health systems, he said that work had begun to develop the Universal Health and Preparedness Review. He thanked the Governments of Cameroon, the Central African Republic, France and Germany for agreeing to pilot that instrument. However, strengthening national health systems was not enough; regional and global coordination mechanisms must also be strengthened. In that regard, he looked forward to receiving the outcome documents and recommendations of the three review mechanisms. WHO experts had begun to study the origin of SARS-CoV-2, and the related terms of reference and other material had been made available. He assured Member States of the transparency of that study. The One Health approach would be further strengthened by collaboration with OIE and FAO and by work carried out under pillar 3, ensuring one billion more people enjoyed better health and well-being. He called on Member States and donors to contribute financial resources to the

ACT-Accelerator, which could not be fully funded from official development assistance alone. There was an immediate funding requirement of US\$ 4.5 billion, out of a total of US\$ 28 billion. He urged Member States to commit to the fair allocation of vaccines and funding to ensure that no one was left behind. Finally, he joined others in thanking frontline health care workers for their service and said that they must be supported.

**The Committee noted the reports.**

The CHAIR invited the Committee to approve the draft resolution on Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) contained in resolution EB146.R10. The financial and administrative implications for the Secretariat of adopting the draft resolution were set out in document EB146/2020/REC/1.

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

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that the resolution was an important step towards improving the response to international health emergencies and ensuring full compliance with the International Health Regulations (2005). While joining consensus regarding the resolution, she expressed her Government's exception to the twenty-fifth preambular paragraph. She reiterated her Government's commitment to improved access to health and development gains for women, including sexual and reproductive health. However, she called on WHO and the United Nations to stop misinterpreting references to the terms "sexual and reproductive health" and "health care services", the meaning of which had evolved to imply that abortion was considered an essential health service.

The CHAIR invited those Member States that wished to do so to exercise their right of reply concerning interventions made during the discussion of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, WHO's work in health emergencies, and the International Health Regulations (2005).

The representative of CHINA, exercising his right of reply, said that despite the fact that the proposal to include an agenda item on inviting Taiwan<sup>2</sup> to participate in the World Health Assembly as an observer had been rejected by the Health Assembly, several Member States were still making irresponsible remarks and challenging the one-China principle. The participation of Taiwan, China, in the activities of international organizations must be arranged through cross-Strait consultations under the one-China principle; however, the authorities in Taiwan, China, refused to accept the one-China principle. Furthermore, there was no gap in the international epidemic prevention system. The authorities in Taiwan, China, had received notifications relating to the pandemic, and experts from Taiwan, China, had participated in meetings organized by the Secretariat, including to share its experience with COVID-19. He urged Governments to focus on containing SARS-CoV-2 and shouldering their responsibilities to their own people and to the international community.

The representative of the RUSSIAN FEDERATION, exercising his right of reply, said that Ukraine had not been subjected to acts of armed aggression by the Government of the Russian Federation and that there was no occupied territory in Ukraine, only a civilian conflict. He condemned

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA73.8.

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

the accusations made by the representative of Ukraine and considered them an attempt to politicize the work of WHO.

The representative of AZERBAIJAN, exercising his right of reply, drew the attention of the representative of Armenia to the act signed by the Prime Minister of Armenia the previous day, which had ended the occupation of the Nagorno-Karabakh region.

The representative of the UNITED STATES OF AMERICA, exercising his right of reply, said that the representative of Cuba had raised political issues during the discussion in the face of allegations of trafficking of medical professionals for financial and political gain. His Government had expressed concern regarding human rights violations committed by the Government of Cuba, particularly with regard to the Cuban medical mission programme, which deprived medical professionals of freedom, protection and full compensation. He called on the Government of Cuba to fulfil its reporting obligation to WHO pursuant to the WHO Global Code of Practice on the International Recruitment of Health Personnel. His Government had authorized the export to Cuba of humanitarian goods, such as medicines and medical devices, which were permissible under the embargo. All licences to export humanitarian goods had been approved. If such assistance did not reach the citizens of Cuba, that was the fault of the Cuban regime.

The representative of UKRAINE, exercising his right of reply, said that the allegations of politicization made by the representative of the Russian Federation were false. The Government of the Russian Federation had committed well-documented acts of aggression against Ukraine, which had had a negative impact on the Ukrainian health care system, especially in areas under Russian occupation. The Government of the Russian Federation had neglected its obligations as an occupying power to protect the citizens in those territories, which had led to a catastrophic situation with COVID-19. It must fully guarantee the right to life and access to health care for illegally detained Ukrainians and allow international humanitarian agencies and health workers access to the population of the temporarily occupied territories of Ukraine.

The representative of CUBA, exercising his right of reply, said that the statement made by the representative of the United States of America was a false exaggeration of the situation. He called for the embargo against Cuba to be lifted, as it impeded access to financial, medical and other resources which would help with the COVID-19 crisis. The representative of the United States of America should focus on urging his own Government to comply with its international obligations.

**The meeting rose at 17:15.**

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