World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/3**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

Palais des Nations, Geneva
Tuesday, 24 May 2022, scheduled at 09:00

Chair: Dr H. NAKATANI (Japan)

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THIRD MEETING

Tuesday, 24 May 2022, at 09:30

Chair: Dr H. NAKATANI (Japan)

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

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda

Technical update on the COVID-19 response and the monkeypox outbreak

The COVID-19 TECHNICAL LEAD and HEAD (Emerging Diseases and Zoonoses), providing an update on the response to the pandemic of coronavirus disease (COVID-19), said that 3.7 million confirmed cases of COVID-19 and over 9000 deaths had been reported to WHO in the previous week; those were high figures considering that the pandemic was in its third year. While a total of more than 500 million confirmed cases and over 6.2 million deaths had been reported to WHO, the real numbers were estimated to be much greater. Regional variation also remained substantial.

Each country would need to adopt a specific strategy for ending the COVID-19 pandemic based on a number of factors, including: current and previous strategies; current epidemiology, population demographics and risk factors for severity; population-level immunity; access to life-saving tools and vaccines; operational readiness and agility; and, most importantly, public trust and societal engagement. Given the multiple drivers of transmission and impact, it would be difficult for all countries to exit the emergency at the same time. Furthermore, the virus continued to evolve. While the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529) and its BA.2 sublineage remained dominant, WHO continued to track many sublineages, notably BA.4 and BA.5. However, the ability to track the virus was being compromised by the substantial decrease in testing rates and changes in testing strategies. It was not clear how the virus would continue to evolve, and there was concern about the possibility of recombinant variants and new animal reservoirs of SARS-CoV-2, the detection of which becomes more challenging in a context of reduced testing. As such, it was important to maintain and enhance surveillance and genomic sequencing worldwide and plan for base, best- and worse-case scenarios. WHO remained firmly focused on ending the COVID-19 health emergency in all countries through prevention, diagnosis and treatment and efforts to reduce the virus's current intense spread. Its strategic preparedness, readiness and response plan to end the global COVID-19 emergency in 2022 had five core components, which were collaborative surveillance, community protection, optimizing clinical care, ensuring access to life-saving countermeasures and COVID-19 coordination.

Although almost 12 billion vaccine doses had been administered globally, inequities persisted, particularly in Africa. The Access to COVID-19 Tools (ACT) Accelerator was crucial in addressing inequalities in access to COVID-19 tools, with some 82% of vaccines in low-income countries having been delivered by the COVID-19 Vaccine Global Access (COVAX) Facility. The window of opportunity to increase vaccine coverage was limited, as countries had to address competing health priorities and the Omicron variant had changed perceptions. As most countries with low coverage rates were also dealing with humanitarian emergencies, COVID-19 vaccination should be integrated into humanitarian activities, with a focus on health workers and at-risk groups. Efforts should be made to maintain political attention on COVID-19 vaccination, provide continued funding for flexible service delivery and invest in primary health care systems and local production as key components of pandemic preparedness.

In terms of the future of pandemic preparedness and response, she said that without swift and coordinated action to strengthen the global health architecture, the costs of the next pandemic might

exceed those of COVID-19. Accordingly, countries needed to maintain, strengthen and integrate surveillance systems, including genomic sequencing, support their health workforce, ensure integrated disease management, rebuild trust and be more agile. The most vulnerable groups in every country must be fully vaccinated and efforts made towards the longer-term goal of developing a sustainable system for integrated respiratory disease preparedness, response and control.

The DIRECTOR (Epidemic and Pandemic Preparedness and Prevention), providing an update on the response to the outbreak of monkeypox, said that since the eradication of smallpox, WHO had been closely monitoring the monkeypox virus, which was transmitted in humans primarily through close physical contact with patients or objects contaminated with the virus. Every year, localized outbreaks of the viral zoonotic disease occurred in the African countries in which it was considered endemic. While monkeypox cases had been exported by travellers in the past, those cases had not resulted in major outbreaks. The current situation was therefore highly unusual. Since the Government of the United Kingdom of Great Britain and Northern Ireland had reported the first case on 7 May 2022, a total of 131 confirmed cases and 106 suspected cases had been reported in 19 different countries. As yet, it was unclear whether the outbreak was a result of a change in the virus or of the increase in human contact following the lifting of many COVID-19 restrictions. Member States were encouraged to increase monkeypox surveillance to ascertain transmission levels. Furthermore, the animal reservoir of the monkeypox virus was still unknown, and further research was required, including on modes of transmission. Although a number of medical countermeasures existed, they were not fully licensed for monkeypox and supplies were extremely limited.

Efforts should be made to contain the outbreak in countries in which monkeypox was not endemic, including by: raising awareness among population groups currently at highest risk; enhancing clinical recognition of the need for early detection and isolation of cases; intensifying surveillance in certain population groups, especially where transmission during sexual activity was suspected; using cluster investigations and contact tracing; protecting health workers; and preventing transmission in health care settings. Clear communication was essential to ensure public trust and community engagement and avoid stigmatization of certain population groups. Measures taken must be commensurate with risk. She called for strong global coordination and collaboration, the exchange of data, enhanced research and the equitable sharing of diagnostic and limited medical resources based on public health needs. It was also important to strengthen the One Health approach in countries in which monkeypox was endemic.

Several global expert networks had already been convened and coordinated. A global research meeting would be held the following week to identify the issues to be addressed and find solutions. In addition, a number of technical guides, resources and training materials, together with regular situation updates, were available on the WHO website. Regional and country offices were available to support Member States in adjusting their risk management strategies.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) praised the thousands of health workers around the world who continued to fight disease outbreaks and deal with the health impacts of natural disasters and conflicts. The international community, which had to work together to tackle the cycle of disease emergence, amplification and dissemination, was clearly making progress in strengthening its capacity to deal with emerging threats. He expressed appreciation for the efforts to pool data and information and share genomic sequencing and knowledge, as well as for the collective approach to risk assessment and strategy development. The Secretariat would be pleased to find an appropriate time to hold a technical briefing for Member States.

2. SECOND REPORT OF COMMITTEE A (document A75/60)

The RAPPORTEUR read out the draft second report of Committee A.

The report was adopted.[1]

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

3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the agenda (resumed)

Strengthening WHO preparedness for and response to health emergencies: Item 16.2 of the agenda (documents A75/10 Rev.1, A75/17, A75/17 Add.1, A75/18, A75/19, A75/20 and A75/21)

Implementation of the International Health Regulations (2005): Item 16.4 of the agenda (document A75/22)

The CHAIR invited the Committee to consider the final report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the draft decision on strengthening WHO preparedness for and response to health emergencies contained in document A75/17. The financial and administrative implications of the draft decision for the Secretariat were set out in document A75/17 Add.1. The Committee also drew attention to a draft resolution on amendments to the International Health Regulations (2005) proposed by Australia, Bosnia and Herzegovina, Colombia, the European Union and its Member States, Japan, Monaco, the Republic of Korea, the United Kingdom of Great Britain and Northern Ireland and the United States of America, which read:

> The Seventy-fifth World Health Assembly,
>
> PP1 Having considered the Proposal for amendments to the International Health Regulations (2005),[2] which includes in its annex proposed amendments submitted by the United States of America in accordance with paragraph 1 of Article 55 of the International Health Regulations (2005);
>
> PP2 Recalling EB150(3) on Strengthening the International Health Regulations (2005), which noted the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies related to strengthening the International Health Regulations (2005), including through implementation, compliance and potential amendments, and urged Member States to take all appropriate measures to consider potential amendments to the International Health Regulations (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation;
>
> PP3 Expressing appreciation for the work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies in developing an inclusive Member State-led process for considering amendments to the International Health Regulations (2005);

[1] See page XX.

[2] Document A75/18.

PP4 Welcoming WHA75.[XX], in which Member States decided to commence a Member State-led process to consider proposed amendments[1] to the International Health Regulations (2005) beyond those adopted below;

PP5 Noting Member State consensus to reduce the period for entry into force of amendments to the International Health Regulations (2005) as set out in Article 59, and to make technical adjustments to Article 59 and related Articles of the instrument, to ensure coherence and consistency;

OP1 ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the amendments to Articles 59, 55, 61, 62, and 63 of the International Health Regulations (2005) set out below.

ANNEX[2]

Article 59: Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations ~~or an amendment thereto,~~ shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations ~~or of an amendment to these Regulations~~ by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

1bis The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, an amendment to these Regulations shall be 9 months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, **and amendments to these Regulations shall enter into force 12 months after the date of notification referred to in paragraph 1bis of this Article,** except for:

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

(b) a State that has made a reservation, for which these Regulations **or an amendment thereto** shall enter into force as provided in Article 62;

(c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

[1] Including the other proposed amendments set out in the annex of Document A75/18, as well as other amendments which have or may be submitted by other IHR (2005) States Parties or the Director-General, including through the above-mentioned Member State-led process.

[2] Deletions are shown with strikethrough; insertions are shown in bold.

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations **or an amendment thereto** within the period set out in paragraph 2 of this Article**, as applicable,** that State shall submit within the **applicable** period specified in paragraph 1 **or 1bis** of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party **and no later than 6 months after the entry into force of an amendment to these Regulations for that State Party**.

Article 55: Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.

2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations**, subject to the periods provided for in those Articles with respect to amendments to these Regulations.**

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the **applicable** period provided in paragraph 1 **or 1bis** of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

Article 62 Reservations

1. States may make reservations to these Regulations **or an amendment thereto** in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.

2. Reservations to these Regulations **or an amendment thereto** shall be notified to the Director-General in accordance with paragraph**s** 1 **and 1bis** of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.

3. A rejection in part of these Regulations **or an amendment thereto** shall be considered as a reservation.

4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:

(a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation, or

(b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation**, or**

(c) if the reservation was made to an amendment to these Regulations, request States Parties to notify him or her within three months of any objection to the reservation.

States Parties objecting to a reservation to an amendment to these Regulations should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. **In the case of a reservation made to these Regulations, U**~~**u**~~nless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation. **In the case of a reservation made to an amendment to these Regulations, unless by the end of three months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and the amendment shall enter into force for the reserving State, subject to the reservation.**

6. If at least one-third of the States referred to in paragraph 4 of this Article object to the reservation **to these Regulations** by the end of six months from the date of the notification referred to in paragraph 4 of this Article~~,~~ **or, in the case of a reservation to an amendment to these Regulations, by the end of three months from the date of the notification referred to in paragraph 4 of this Article**, the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health Assembly, by a majority vote, objects to the reservation on the ground that it is

incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations **or an amendment thereto** shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations **or an amendment thereto** shall enter into force for the reserving State, subject to its reservation.

Article 63 Withdrawal of rejection and reservation

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations or **an amendment thereto, as applicable,** shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations **or an amendment thereto, as applicable,** shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59 **and in no case shall an amendment to these Regulations enter into force in respect to that State earlier than 12 months after the date of notification referred to in paragraph 1bis of Article 59**.

2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

The financial and administrative implications of the draft resolution for the Secretariat were:

Resolution:	Strengthening WHO preparedness for and response to health emergencies. Proposal for amendments to the International Health Regulations (2005)
A.	**Link to the approved Programme budget 2022–2023**
1.	**Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:** 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Two years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** Zero.

2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** Not applicable. **2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** Not applicable. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

The CO-CHAIRS OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn to present the final report of the Working Group, thanked the Officers of the Working Group for their collective and cohesive efforts, the Secretariat for its support, and Member States and other stakeholders for their flexibility and dedication in ensuring that the Working Group's mandate was completed on time. The Working Group had held nine formal sessions and completed hours of informal intersessional work, during which Member States had recognized that the status quo was unacceptable and shown strong political will to work together to develop recommendations to strengthen WHO and the global health architecture. The Working Group's report to the Second special session of the Health Assembly in November 2021 had made a strong consensus-based case for a new international instrument on pandemic prevention, preparedness and response, as reflected in the ongoing work of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response. Another key principle and outcome of the Working Group was the strong commitment to addressing inequities both within and between Member States.

The Working Group had been the first of a new type of intergovernmental working group empowered by the Health Assembly to make recommendations not only on a limited negotiating mandate, but also on the basis of recommendations from other committees and review panels. The Intergovernmental Negotiating Body would benefit from the Working Group's activities, and, as reflected in the draft decision on strengthening WHO preparedness for and response to health emergencies, the close coordination and cooperation between the two entities would continue in order to ensure that the recommendations from both workstreams were complementary and coherent. The Working Group was pleased that the active engagement and participation it had fostered with relevant stakeholders and observers were being built upon by the Intergovernmental Negotiating Body.

The final report outlined the remaining key proposed actions and provided an overview of the Working Group's discussions. Several of the issues covered by the Working Group could be considered by the Intergovernmental Negotiating Body when developing the new international instrument on pandemic prevention, preparedness and response. Ways to strengthen implementation of the International Health Regulations (2005) had also been discussed, and consideration had been given to the aspects of the Regulations that had and had not worked throughout the COVID-19 response. Discussions had focused on a possible package of limited targeted amendments to the Regulations, without the need for full renegotiation. It had been emphasized that any amendments should be made through an inclusive, transparent and Member State-led process that built on the success of the Working Group. The draft decision therefore requested the Health Assembly to extend the Working Group, to focus its mandate on amending the International Health Regulations and to rename it as the working group on International Health Regulations amendments. Its work should take place over the next two years in parallel and in close coordination with the Intergovernmental Negotiating Body and it should hold its first meeting on 15 November 2022.

The report set out possible actions for Member States, the Secretariat and non-State actors in the areas of political leadership, equity, cooperation and collaboration, financing, feasibility and sustainability of COVID-19 innovative mechanisms, global preparedness for and response to health emergencies, including through a One Health approach, travel measures, and strengthening the International Health Regulations. Although the possible actions had not been negotiated line by line owing to time constraints and should therefore not be considered as negotiated text, they could facilitate discussions going forward, including by the governing bodies. In finalizing the report, the Officers of the Working Group had sought to reflect the inputs and positions of all participating Member States, in particular with regard to the possible actions described above, and to present a balanced approach that addressed the core concerns of all participating countries and regions. Consideration of those possible actions by the Intergovernmental Negotiating Body, the working group on International Health Regulations amendments or WHO more broadly would help to ensure that the Organization and its Member States were better and more equitably prepared for the inevitable next pandemic.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that Turkey, North Macedonia, Montenegro, Albania, Bosnia and Herzegovina, Ukraine and the Republic of Moldova and Georgia associated themselves with his statement. Expressing appreciation for the excellent output of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, he said that the Working Group's discussions had highlighted critical gaps in pandemic preparedness and response capacities and the necessary reforms required to address them. The European Union would be actively engaged in the work of the Intergovernmental Negotiating Body and the efforts to strengthen the International Health Regulations (2005). Full implementation of the Regulations must be a priority for all countries. He supported the proposed amendments to Article 59 of the Regulations, which would provide for more rapid amendments to the Regulations in the future. The strengthened Regulations and the new international instrument on pandemic prevention, preparedness and response should form the cornerstone of the global health architecture.

Equity, together with a scientific and evidence-based approach, must be the guiding principles for future action. Accordingly, efforts must be made to increase local production, develop production and skills transfer partnerships and ensure a strong link between humanitarian and development interventions. He welcomed the inclusion of UNEP in the One Health alliance, the development of the draft One Health joint action plan and the work of the One Health High-Level Expert Panel. He also supported the Director-General's vision on strengthening the global architecture for health emergency preparedness, response and resilience, which should be developed further, and consultations on implementing the ten key proposals should be held with partners within and outside the United Nations system. It was important to learn from the Global Action Plan for Healthy Lives and Well-being for All and the ACT-Accelerator, which had demonstrated the importance of cooperation.

It was essential to act on the lessons learned from the pandemic. Although the Intergovernmental Negotiating Body and efforts to strengthen the International Health Regulations, together with the work on sustainable financing, governance and architecture, constituted steps in the right direction, success

would be possible only with the sustained efforts of Member States, civil society, the private sector and international organizations.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the Region was fully committed to strengthening the global health architecture for emergencies, as reflected in the active role it had played in the efforts to strengthen WHO preparedness for and response to health emergencies. The Director-General should ensure synergies and avoid duplication, particularly in the work of the proposed working group on International Health Regulations amendments, the Intergovernmental Negotiating Body and other proposed mechanisms. The Universal Health and Preparedness Review, which was a robust tool for the assessment of preparedness, prevention and response capacities, should be included as a substantive element of the Intergovernmental Negotiating Body's work to develop a new international instrument on pandemic prevention, preparedness and response. The new instrument should also address the need to significantly strengthen the capacity of low- and middle-income countries to produce countermeasures in order to ensure equitable and affordable access for all.

The representative of TOGO welcomed the vision of the draft One Health joint action plan. Outlining the efforts made by her Government on the draft joint action plan's six action tracks, she said that a number of challenges nevertheless remained, including the institutionalization of the One Health platform, harmonization and the establishment of a multisectoral surveillance system.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the progress achieved in the implementation of and compliance with the International Health Regulations (2005), in particular the updated policy and technical guidance and operational tools, the intra- and after-action reviews, the simulation exercises and the Global Laboratory Leadership Programme. All Member States in the African Region had completed joint external evaluations, as well as the annual self-assessment for each of the previous five years. Although 72% of all graded emergencies during the reporting period had occurred in the African Region, it was still the region with the least capacity to deal with health emergencies. He therefore called on WHO and partners to provide support to national efforts to build a sustainable health workforce and improve detection capacities. In the light of the ongoing transmission and international spread of poliovirus, outbreaks of circulating vaccine-derived poliovirus and the effect of COVID-19 on eradication efforts, he called for continued support from the Secretariat to sustain the gains achieved by the polio eradication programme.

In order to maintain the integrity of the International Health Regulations and protect the gains achieved, it was important to carry out limited targeted amendments, considered as a holistic package. The process should be transparent, inclusive, credible and consensus-based and should not be expedited through amendments to Article 59 or other technical adjustments at the current Health Assembly. Member States in the Region were undertaking the necessary country- and regional-level consultations on the proposed amendments. With regard to the Universal Health and Preparedness Review, it was necessary to focus on emergency response capacity and health systems strengthening. Any peer review mechanism should be based on existing monitoring and evaluation tools under the Regulations and on transparency, solidarity, equity, mutual trust and accountability. The draft One Health joint action plan should be developed through an inclusive and transparent process with the adequate engagement of Member States.

The representative of ETHIOPIA said that his country, which was prone to emergencies, recognized the importance of complying with the International Health Regulations (2005). In the light of the ongoing transmission and international spread of poliovirus and the continued potential effects of the COVID-19 pandemic, he requested continued support from the Secretariat in order to sustain polio eradication efforts. Consultation with other Member States on amendments to the Health Regulations was essential to ensure collective action. He welcomed the concept note on the Universal Health and Preparedness Review, which outlined the need for comprehensive emergency preparedness and response capacities. Core capacities were essential to ensure the continuum of care during health

emergencies. He was pleased that the Secretariat was partnering with relevant agencies to develop a common strategy on the One Health approach and looked forward to contributing to the development of the draft One Health joint action plan.

The representative of the UNITED STATES OF AMERICA said that the proposal to amend Article 59 of the International Health Regulations (2005) in order to reduce the period for entry into force of amendments from 24 to 12 months was consensus-based and would make the Regulations more agile and responsive to technological, communications-related or other developments. The ability of domestic authorities to make decisions in their territory was inherent in the Regulations, which reinforced the sovereignty of Member States, and compliance with the legally binding commitments contained in the Regulations was essential. Strengthening and updating the Regulations would demonstrate that the international community was learning from the challenges of COVID-19 and working towards better pandemic preparedness, prevention and response. The COVID-19 pandemic had demonstrated the importance of coordinated efforts and effective communication, and any failure in that regard was unacceptable. Her Government commended the Secretariat for its efforts to support implementation of the Regulations despite the challenges of the COVID-19 pandemic response and looked forward to working with the Secretariat and other Member States to build a safer, more secure and better prepared future.

The representative of COSTA RICA, speaking on behalf of the sponsors of the Solidarity Call to Action, said that the emergence of new and more transmissible variants of SARS-CoV-2 had highlighted the need to increase production and diversify manufacturing locations to ensure equitable access to and distribution of COVID-19 treatments, diagnostics and vaccines. The voluntary sharing of know-how and intellectual property could increase manufacturing capacity, especially in developing countries, and help to close the access gap. Noting with concern the high costs and limited distribution of COVID-19 therapeutics, she called on technology holders to join the COVID-19 Technology Access Pool (C-TAP) and to license their technologies transparently to manufacturers in all regions. Member States should incentivize patent holders to share their publicly funded technologies and support the principles of C-TAP, and manufacturers should voluntarily share their patents and knowledge through C-TAP. She commended those countries and institutions that had shared their technology in that way or had pledged to do so.

The representative of DENMARK said that it was important to safeguard WHO's capacity to deliver on its core mandate even during times of crisis. The focus going forward should be on enhancing surveillance and ensuring the timely sharing of information without compromising on quality. While his Government looked forward to the continued strengthening and updating of the International Health Regulations (2005) through targeted amendments, the process should not overshadow the importance of a continued focus on implementation of the Regulations in all Member States, since the Regulations should remain the cornerstone of the global response to health emergencies. The Director-General's vision for strengthening the global architecture for health emergency preparedness, response and resilience provided a solid basis for the important work ahead to ensure that WHO could prepare for and respond to future health emergencies and deliver on other elements of its mandate.

The representative of NORWAY welcomed the consensus achieved by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies but said that agreement should have been reached on the possible actions set out in the Working Group's report in order to strengthen the Secretariat's mandate. The Secretariat must continue its work in key areas, such as building genomic sequencing capacities, information sharing, Universal Health and Preparedness Review pilots and increasing countermeasure production capacities. She supported the findings of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. Much could be done without altering the Regulations, including ensuring a faster information flow between States Parties and WHO, improving responses to requests for verification and addressing weaknesses identified during joint external evaluations. WHO must share assessments of publicly

available information even if unverified by States Parties. Greater transparency concerning the International Health Regulations (2005) Emergency Committee, standardized communication processes and an open call for the Expert Roster could enhance trust and ensure a more cohesive response to health emergencies. Furthermore, travel restrictions should be risk-based, proportional and non-discriminatory. She supported the proposed process for strengthening the International Health Regulations, particularly the establishment of a review committee. The process should be Member State-led and guided by technical advice. The Secretariat must follow the negotiations closely and ensure that the final package of proposed amendments was of a high technical standard.

The representative of the ISLAMIC REPUBLIC OF IRAN said that it was premature to reduce the period for entry into force of amendments to the International Health Regulations (2005), as set out in Article 59, or to make technical adjustments; the fifth preambular paragraph of the draft resolution on amendments to the International Health Regulations (2005) should therefore be deleted. He also expressed reservations regarding paragraph 1: procedural modifications and tighter time limits would not strengthen implementation, and Member States should decide on the time limits for accepting or rejecting substantive amendments once the content of those amendments was clear. The Health Assembly's decision to consider the proposed amendments to the Regulations submitted by the Government of the United States of America did not confer any legal status or standing on those proposals. All Member States should be mindful of the immediate and long-term implications of any proposed amendments that could undermine WHO's mandate and mission.

The representative of SINGAPORE said that although the world had been better prepared for the Omicron variant, it was important to ensure that Member States were well prepared for any new wave of infection involving a potentially more severe variant. As the science demonstrated, the focus should be on the number of people who died or fell severely ill, rather than on the number of infections. Widespread vaccination rather than lockdowns should be the cornerstone of any response. Such steps were particularly important in cities, where viruses spread quickly, and he looked forward to the adoption of the draft resolution on strengthening health emergency preparedness and response in cities and urban settings.

The representative of TURKEY, noting that the future global health architecture must have a stronger WHO at its centre, commended the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies on its work. His Government, which had joined the group of friends of the pandemic treaty, had fully supported the establishment of the Intergovernmental Negotiating Body and looked forward to participating in its valuable discussions. It was important for the International Health Regulations (2005) to be strengthened in order to increase compliance and ensure better preparedness for health emergencies, and he hoped that the proposed new working group on International Health Regulations amendments would produce successful results. The new international instrument on pandemic prevention, preparedness and response and the strengthened International Health Regulations would form the two main pillars of the global health architecture.

The representative of MALAYSIA said that, while there were gaps in the International Health Regulations (2005) that required amendment, he had significant concerns about some of the amendments proposed and his Government would provide official feedback in that regard following internal consultations. It was imperative that Member States' national legislation and policies were taken into consideration when determining the amendments to be made. Discussions should continue after the current Health Assembly within the framework of the new working group on International Health Regulations amendments, which would be the forum for addressing all proposed amendments equally and achieving consensus.

The representative of ZAMBIA said that the COVID-19 pandemic had highlighted the need to strengthen pandemic preparedness and response and build resilient health systems. Despite numerous ongoing health threats, her Government had continued to strengthen pandemic prevention, preparedness

and response, improve disease surveillance and early warning systems and implement the International Health Regulations (2005). She encouraged partnerships among relevant stakeholders to enhance health emergency preparedness and response capacities. Her Government would continue to commit resources and expertise to strengthen national, regional and global public health security.

The representative of SOUTH AFRICA expressed support for the establishment of the working group on International Health Regulations amendments. The amendment process should begin only after all Member States had submitted their proposals by the 30 September 2022 deadline, in order to ensure equal participation of all Member States in that process. The timing of the meetings of the working group on International Health Regulations amendments and the Intergovernmental Negotiating Body should be coordinated so as to enable the full participation of all Member States in both entities.

The representative of ANGOLA said that, despite improvements following the adoption of the regional strategy for integrated disease surveillance and response, continued efforts were needed to mobilize funding in order to build health emergency response capacities at the national and subnational levels. She called for more technical support from WHO to improve disease surveillance and response indicators and develop a five-year strategic plan to improve preparedness for and response to public health emergencies.

The representative of AUSTRALIA welcomed the draft decision on strengthening WHO preparedness for and response to health emergencies and said that it was critical for Member States to work together to translate the lessons learned from the pandemic into urgent action. His Government would continue to support the strengthening of WHO's health emergency preparedness and response capacities and would actively engage in efforts to drive collective action and ensure mutual accountability, including through the Intergovernmental Negotiating Body. The draft resolution on amendments to the International Health Regulations (2005) was far from premature and its early adoption would enable the benefits of targeted amendments to be felt in a timely manner. It was incumbent on Member States and States Parties to the Regulations to strengthen all available tools to prevent and prepare for future health emergencies.

The representative of ARGENTINA welcomed the amendments to the International Health Regulations (2005) proposed by the Government of the United States of America and the informal consultations that had been held. However, it was important to agree on an amendment procedure that allowed all Member States to participate. With regard to the proposed amendment to Article 59 of the Regulations, she recognized the need to make the Regulations more flexible and agile. Concerning the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, it was important to ensure that there was sufficient time to discuss the Working Group's recommendations and to set a clear mandate and realistic goals based on consensus. She noted with concern that some of the possible actions considered by the Working Group had not been fully discussed with Member States and proposals concerning, among other things, intellectual property and the equitable sharing of genomic sequencing data and transparency in public financing had not been included in the possible actions. She agreed that the new working group on International Health Regulations amendments should continue the work in that regard; however, its officers should be rotated to ensure that all Member States were properly represented.

The representative of TUNISIA, recognizing the need to improve WHO's ability to respond to health emergencies, said that related programmes must be structured and budgeted in line with the One Health approach. Member States must commit to strengthening their commitments and contributions to preparedness programmes. He supported the recommendations made by the Working Group, particularly those on strengthening preparedness and response capacities, which would require additional and more sustainable financing and increased cooperation among Member States. He supported the proposed continuation of the activities of the Working Group.

The representative of MEXICO, highlighting the importance of sharing best practices, said that the work to strengthen pandemic preparedness and response must continue through the proposed working group on International Health Regulations amendments. The lessons learned from the pandemic at the national and international levels must be implemented, and his Government welcomed the Director-General's focus on health promotion and primary health care for the coming years.

The representative of MONACO said that it was important to establish long-lasting mechanisms with the necessary financial resources in order to strengthen health emergency preparedness, prevention and response. Equity, health systems strengthening and the use of innovative tools would be at the heart of the discussions in that regard. The International Health Regulations (2005) must be made more agile and modernized and the One Health approach institutionalized. A 'One Health' codex based on the Codex Alimentarius model should be established to that end. The draft resolution on amendments to the International Health Regulations (2005) should be adopted by consensus; shortening the period for entry into force of amendments to the Regulations would demonstrate Member States' collective will to respond to the challenges highlighted by the COVID-19 pandemic.

The representative of BANGLADESH said that more time was needed to discuss topics with such far-reaching impacts for Member States. While the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies were consensus-based, it was important not to lose sight of the valuable dissenting views expressed, and all Member State proposals should be fully discussed by the proposed working group on International Health Regulations amendments. The Regulations should not be amended solely on the basis of the COVID-19 pandemic but rather should take into account other health emergencies as well. Amendments to the International Health Regulations (2005) should incorporate aspects of health systems strengthening, particularly with regard to developing countries. The concerns of Member States regarding the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence should be discussed further and developing countries' aspirations regarding access and benefit sharing must be safeguarded. The issue of whether the new international instrument on pandemic prevention, preparedness and response should focus on compliance, responsibility and information sharing or prioritize equity had been discussed at length, and he hoped that the Intergovernmental Negotiating Body would come up with a prudent solution in that regard. Solidarity, unity, inclusivity and dialogue were required to develop effective measures to secure the health of all.

The representative of BARBADOS described the progress made in his country in achieving the core capacities required by the Regulations and expressed appreciation for the Secretariat's continued support in that regard. Noting the conclusions of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, he said that the lack of sustained financing, failure to issue timely alerts and poor response to requests for verification had facilitated the spread of COVID-19. He expressed reservations about the amendments to the Regulations proposed by the Government of the United States of America, as there had been no agreement to support countries with limited human and financial resources, including members of the Caribbean Community, in ensuring compliance with the Regulations.

The representative of SLOVENIA said that some important steps had been taken to address the gaps in preparedness highlighted by the COVID-19 pandemic. He welcomed the Director-General's vision for strengthening the global architecture for health emergency preparedness, response and resilience, highlighting the importance of ensuring coherence across all new proposals, with WHO at the centre. The work of the Intergovernmental Negotiating Body should be transparent and inclusive and lead to meaningful change. He supported the proposed amendments to the International Health Regulations (2005) and stood ready to discuss other proposals in the related working group. Emphasizing the need to strengthen the role played by the Executive Board in responding to health emergencies, he also looked forward to further consideration of the Standing Committee on Health (Pandemic) Emergency Preparedness and Response at the 151st session of the Executive Board.

The representative of the PHILIPPINES said that stronger global coordination, together with local legislation and protocols, would facilitate immediate action on future health events of international concern. Fragmentation and duplication of global action must be avoided and response strategies must be easy to adopt and implement. The timelines for the sharing of information must be shorter, and the capacity and context of each Member State to declare and manage local outbreaks, with the possible support and guidance of WHO, must be recognized. Global agreements should remain collaborative and democratic and no undue burden should be imposed on Member States. The obligation to share information without being penalized should be addressed. The Secretariat and Member States were urged to ensure sufficient capacities to meet global and local objectives, particularly as the establishment of surveillance systems for emerging pathogens would require significant investment. Efforts should also be made to ensure that research was responsive to the needs of developing countries and underrepresented groups, address gaps based on specific needs, develop legal frameworks to ensure the integrity of research projects and foster global linkages for data sharing and capacity-building. As population-based health interventions might not lend themselves well to clinical trials, equal importance should be given to studies using innovative designs and methodologies.

The representative of PORTUGAL said that his Government had been pleased to support the Contingency Fund for Emergencies, which gave WHO the flexibility to respond quickly to health emergencies. The time was right to establish a peer review mechanism to assess global core capacities under the International Health Regulations (2005) and essential public health functions. He was therefore grateful to the Secretariat for facilitating the development of the Universal Health and Preparedness Review, which was a Member State-led initiative that embodied the spirit of multilateralism, international cooperation and solidarity needed for scaling up pandemic preparedness and sharing policies, technical expertise and best practices. As a steadfast supporter of the Review, Portugal had been the first country in Europe to undergo an evaluation, which had provided valuable insights and feedback, and he hoped that the process would lead to a renewed commitment to global health.

The representative of NAMIBIA commended the Secretariat for the ongoing support provided through the WHO Health Emergencies Programme. Noting the recent outbreaks and international spread of poliovirus and monkeypox and the potential effects of COVID-19 on polio eradication efforts, he called on the Secretariat to support Member States in sustaining the gains achieved on polio eradication. The pandemic was a unique opportunity to strengthen the global health architecture. He welcomed the progress made by Member States in complying with the International Health Regulations (2005) and outlined some of the steps taken by his Government to meet its obligations under the Regulations. Amendments to the Regulations should be considered as a holistic package with due respect to the sovereignty of Member States, and the process, which should be continued by the working group on International Health Regulations amendments, should be transparent, inclusive, credible, consensus-based and not be expedited through amendments to certain articles at the current Health Assembly. He welcomed the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, including the recommendations of the Independent Oversight and Advisory Committee of the WHO Health Emergencies Programme.

The representative of the UNITED ARAB EMIRATES expressed support for the efforts and recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, 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. Noting some of the responsibilities of States Parties under the Regulations, she said that it was important to enhance coordination, transparency and information sharing in order to promote global solidarity and cooperation in health emergency preparedness and response efforts. Available resources should be strengthened, and Member States should demonstrate a shared political and financial commitment to the establishment of a new international instrument on pandemic prevention, preparedness and response. Opportunities for potential links with other multilateral and global initiatives

should be explored. The One Health approach should be enhanced by giving the necessary priority to the animal health sector through the involvement of relevant technical bodies, notably OIE, and stakeholders at country level and the establishment of a WHO-led electronic surveillance and notification system for zoonotic diseases.

The representative of PARAGUAY thanked the Co-Chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies for their guidance and efforts and all those that had contributed to the discussions. Although many Member States had been unable to properly express their views when the report was being finalized owing to time constraints, he welcomed some of the results achieved. While there was greater clarity in terms of purpose and goal, the Working Group's work had still duplicated that of other entities. He therefore welcomed the working group's revised mandate, as set out in the draft decision, to work exclusively on consideration of proposed targeted amendments to the International Health Regulations (2005). Noting that the Director-General would be invited to convene a review committee to make technical recommendations on the proposed amendments submitted by States Parties, he said that it would be difficult for many delegations to conduct an exhaustive analysis and submit proposed amendments in such a short time frame.

The representative of PERU said that, alongside the welcome negotiations on a new international instrument on pandemic prevention, preparedness and response, which should be based on the principle of equity, progress could also be made in other areas to ensure better pandemic preparedness and response. Action to strengthen the International Health Regulations (2005) through timely amendments regarding compliance, monitoring and alert systems was important, and she supported the proposed reduction in the period for the entry into force of amendments. She also supported the draft resolution on strengthening health emergency preparedness and response in cities and urban settings, in the light of the lessons learned from the COVID-19 pandemic. Her Government would continue to actively support coordinated, multilateral efforts to strengthen pandemic preparedness and response capacities.

The representative of FRANCE reiterated his Government's commitment to health for all. Efforts must be made to promote multilateralism in public health and the central role of WHO. He supported the strengthening of the International Health Regulations (2005), which must remain the cornerstone of health emergency preparedness and response efforts, and welcomed the proposed amendments to Article 59 and the proposal concerning additional targeted amendments. He also supported the development of a legally binding instrument on pandemic prevention, preparedness and response, which should be based on the principles of equity and solidarity and the One Health approach. The negotiation processes for the new instrument and for strengthening the International Health Regulations (2005) should be aligned so that the outcomes of both initiatives could be adopted by the Seventy-seventh World Health Assembly in 2024. Noting the interdependence between human and animal health and the environment, he welcomed the signature of the quadripartite memorandum of understanding between FAO, OIE, UNEP and WHO, the development of the draft One Health joint action plan and the creation of the One Health High-Level Expert Panel. Member States should also integrate a One Health approach, which was essential for fighting antimicrobial resistance, into their public health policies and work together to prevent emerging zoonotic disease risks.

The representative of the REPUBLIC OF KOREA said that, given the vulnerabilities that had been exposed by the COVID-19 pandemic, the strengthening of WHO preparedness and response for health emergencies had become a top priority. She therefore supported the development of a new international instrument on pandemic prevention, preparedness and response and the proposed targeted amendments to the International Health Regulations (2005), including those to Article 59 of the Regulations. Noting the difficulties that some low- and middle-income countries faced in sharing and assessing information on a real-time basis, she expressed support for the amendment to Article 6 proposed by the Government of the United States of America to provide a 48-hour time limit for assessment. WHO should continue to provide capacity-building support, including in relation to National IHR Focal Points. Her Government welcomed the quadripartite partnership for One Health and

the progress made in discussions on strengthening One Health collaboration. The One Health approach should be incorporated into the new international instrument on pandemic prevention, preparedness and response.

The representative of FINLAND welcomed the strengthening of the One Health partnership and the development of the draft One Health joint action plan and recognized the importance of high-level political commitment, whole-of-government and whole-of-society cooperation, sustainable planning and financing and community engagement to ensure sustainable health emergency responses. The International Health Regulations (2005) remained a core pillar of the health emergency preparedness and response framework. The Regulations must continue to be implemented with targeted amendments, and he supported the proposed amendment to Article 59. He looked forward to learning about the dynamic preparedness metric framework being developed. He endorsed the general principles presented regarding the Universal Health and Preparedness Review, particularly the strengthened focus on health systems, and supported the recommendation of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to propose a workplan and framework based on an analysis of the complementarity and alignment of existing and new tools. He also supported WHO's continued work to strengthen multisectoral preparedness and the way forward proposed by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The representative of NEW ZEALAND acknowledged WHO's steadfast leadership in recent health emergencies and strongly supported the Organization's efforts to integrate the principle of equity into its work. He thanked the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the United States of America for its proactive approach in identifying opportunities to strengthen the International Health Regulations (2005), including Article 59, and asked to be added to the list of sponsors of the related draft resolution, which was an important step in ensuring greater responsiveness to future pandemics. Member States were responsible for agreeing on the process for amending the Regulations, and in the third year of a global pandemic, it was not premature to act, but rather imperative to do so. To ensure coherence, the process should be inclusive and transparent and closely aligned with the work of the Intergovernmental Negotiating Body and of the proposed review committee on the International Health Regulations.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the proposed amendments to Articles 5, 12 and 18 of the International Health Regulations (2005) put forward by the Government of the United States of America. She did, however, have some concerns about the proposed amendments to paragraph 2 of Article 6, which should include wording to protect Member States against the anticipated economic consequences of sharing information concerning public health risks. The Secretariat should encourage Member States to share their recommendations regarding the Regulations to canvass broad opinion and ensure an equitable geographical balance.

The representative of CHINA expressed regret that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had been unable to discuss in detail certain possible actions because of time constraints and said that consensus should be reached among Member States before any such actions were implemented. Equity should be prioritized during the discussions of the Intergovernmental Negotiating Body and on amendments to the International Health Regulations (2005); such amendments should uphold the principles of fairness, openness, multilateralism and respect for national sovereignty. The revision process should not be rushed and should allow for full consideration of input from Member States and other stakeholders. The working group on International Health Regulations amendments should be established as soon as possible to identify the next steps to be taken. The revision should be conducted in an orderly manner, and progress workplans and milestones should be shared, with national submissions and proposed amendments circulated in timely manner.

The representative of the INTERNATIONAL FEDERATION OF SURGICAL COLLEGES, speaking at the invitation of the CHAIR, and also on behalf of the International College of Surgeons, the World Federation of Neurosurgical Societies, the World Federation of Societies of Anaesthesiologists, the International Society of Orthopaedic Surgery and Traumatology and the World Stroke Organization, said that a resilient and responsive health system was indispensable for health emergency preparedness, including for pandemics. WHO should focus on designing, equipping and staffing district hospitals and on investments in emergency and essential surgery and anaesthesia services, all of which were vital in achieving global preparedness for all health emergencies and addressing critical gaps.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that her statement was being delivered on behalf of the Framework Convention Alliance on Tobacco Control, International Alliance of Patients Organizations, the International Diabetes Federation, the International Pharmaceutical Students' Federation, the International Society of Nephrology, the World Hypertension League and the World Obesity Federation and was supported by the World Organization of Family, Doctors and World Stroke Organization. The lack of attention to noncommunicable diseases in the early stages of the pandemic had impeded their inclusion in strategic response plans. Member States should, among other things, prioritize ongoing prevention, screening and treatment for circulatory conditions, increase resources and develop policies to address noncommunicable disease risk factors, strengthen primary health care and invest in family medicine. Such action on noncommunicable diseases would make health systems more resilient and should be incorporated into the new international instrument on pandemic prevention, preparedness and response.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation and the Global Diagnostic Imaging, Healthcare, IT and Radiation Therapy Trade Association, said that action at the global and local levels was required to improve pandemic preparedness and ensure the readiness of surveillance and sharing systems, the resilience of health systems and public confidence in diagnostics, vaccines and treatments. The future global health architecture must be based on a multistakeholder structure and build on the strengths of the private sector through a robust intellectual property system. While WHO must play a key role in future pandemic preparedness, it was also important to maximize the comparative advantages of other global health stakeholders.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Stichting Health Action International, Oxfam and Public Services International, said that in developing a new international instrument on pandemic prevention, preparedness and response, the Intergovernmental Negotiating Body should address the regrettable leadership and policy failures of the COVID-19 response. He welcomed the contribution of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, but said that the possible actions for stakeholders should refer to health emergencies, not only pandemics, and he highlighted the importance of safeguarding the physical and mental health of health workers in emergencies. With regard to strengthening clinical trials, Member States should, among other things, ensure transparency, establish global norms to support end-to-end financing of preparatory and crisis research and development, make it obligatory to share rights and know-how from government-funded technologies and use exceptions to exclusive rights and intellectual property in order to decentralize and scale manufacturing.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed support for the adoption of an international instrument on pandemic prevention, preparedness and response founded on multilateralism, human rights, equity and solidarity. It must cover the wide range of actors involved in pandemic response and strengthen social protection and health systems. The new instrument should focus on community

engagement, education and involvement and promote effective communication strategies to foster public confidence. It must also ensure the equitable distribution of resources, knowledge sharing, technology transfer and environmentally sustainable interventions. In order to be meaningful, it must be accountable and transparent.

(For a continuation of the discussion, see the summary records of the xx meeting, section x.)

The meeting rose at 12:20.

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