World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/4**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Tuesday, 24 May 2022, scheduled at 18:00

Chair: Dr H. NAKATANI (Japan)
Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)
Later: Dr T. GABUNIA (Georgia)
Later: Dr H. NAKATANI (Japan)

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FOURTH MEETING

Tuesday, 24 May 2022, at 18:25

Chair: Dr H. NAKATANI (Japan)
Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)
Later: Dr T. GABUNIA (Georgia)
Later: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. SUSTAINABLE FINANCING: REPORT OF THE WORKING GROUP: Item 13 of the agenda (documents A75/9, A75/9 Add.1 and A75/54) (continued from the second meeting, section 3)

The CHAIR invited the Committee to resume its consideration of the report of the Working Group on Sustainable Financing and the corresponding draft decision contained in document A75/9.

Dr Abdool-Richards took the Chair.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the consensus that had been reached on the recommendations, which reflected the breadth of ideas raised during the meetings of the Working Group on Sustainable Financing and the urgent concerns relating to the sustainable financing of WHO. She supported the proposed Member State task group to consider both the reforms controlled by the Secretariat and proposals to be undertaken by Member States. She also supported the recommendations on establishing a replenishment mechanism and improving the quality of voluntary contributions. However, significantly increasing assessed contributions was central to any solution, although it would take several bienniums to reach the aspired amount of 50% of the base budget. She supported the draft decision contained in Appendix 1 to document A75/9.

The representative of KENYA acknowledged the need to strengthen WHO and ensure predictable, equitable and sustainable financing, reducing overreliance on voluntary contributions. Maintaining WHO's current financing model was not sustainable, if WHO was to achieve the objectives of the Thirteenth General Programme of Work, 2019–2023. She agreed with the recommendation that WHO's entire base budget should be fully funded from unrestricted flexible contributions. Commending the consensus reached on the various recommendations, she welcomed the proposed replenishment model to increase the sustainability of WHO funding. Discussions within the Working Group should focus on addressing the equitable allocation of funds and on financing WHO's strategic priorities and outcomes at all levels. She supported the draft decision.

The representative of BELGIUM said that improving the balance between flexible and earmarked funding was crucial to increasing WHO's independence and its capacity to deliver on its mandate. Despite an increase in the total budget and thematic funds in the Programme budget 2022–2023, some gaps remained. Flexible financing was the only way to solve that issue. Welcoming the draft decision, he called on all Member States and donors to consider the Working Group's recommendations and to increase WHO's sustainable financing in the coming years. As a first step, WHO should aim to reach the target of 50% of the base budget being funded from assessed contributions by the biennium 2028–2029.

The representative of PARAGUAY agreed with the consensus reached by the Working Group. However, she said that the significant increase proposed for assessed contributions was concerning, in light of the various socioeconomic difficulties faced by low- and middle-income countries. Nonetheless, her Government was committed to changing the status quo to achieve a more flexible financing model in line with the efforts made by Member States. The model should be supported by tangible and equitable changes that strengthened efficiency and transparency. Those changes would help WHO to meet its proposed objectives and to adopt more appropriate outcomes and deadlines in future. All Member States should work together to ensure that the base budget was fully funded.

The representative of MAURITIUS, recognizing that WHO was in a period of significant reform, emphasized the need for predictable and sustainable financing in order to address the gap between Member States' expectations and the Organization's resources to meet them. Maintaining the status quo was not a solution. The proposals for flexible and predictable financing would allow WHO to innovate and scale up interventions during emergencies, achieve higher returns on investment, and fulfil its mandate to provide normative, policy and technical guidance. Her Government supported the adoption of the recommendations made by the Working Group contained in Appendix 2 to document A75/9.

The representative of SWITZERLAND recognized the importance of having a strong WHO at the centre of pandemic preparedness and response, with sufficient resources, capacity and authority to act. Member States should commit to adequate and sustained investment in WHO as the only organization that represented the health interests of all. Her Government fully supported the recommendations of the Working Group, including the proposed increase in assessed contributions. However, such an increase would require strengthened transparency, accountability, traceability of funds and efficiency.

The representative of LEBANON supported the recommendations made by the Working Group and looked forward to the measures that would be put in place for their implementation. While agreeing with the proposal to increase assessed contributions, she noted that some Member States would find an immediate increase difficult and said that the Secretariat should consider interim measures, such as alternative financing for specific programmes, until the global economic situation improved. She expressed support for WHO's role in health emergency response, which required timely access to adequate budgets. Financing should be continually adapted in line with regional and national priorities She proposed revising all resolutions and decisions in a thematic manner, in line with the Thirteenth General Programme of Work, 2019–2023, and the relevant Sustainable Development Goal targets. She supported the proposal to explore replenishment mechanisms, but said that any mechanism must preserve the strength and solidarity of WHO's governance structure at all levels.

The representative of BRAZIL said that the Working Group's recommendations would serve as a road map for achieving predictable and sustainable financing, and for addressing the need for equitable resource allocation and the imbalance between assessed and voluntary contributions. Member States' financial constraints and their commitment to the ongoing COVID-19 response should be taken into account. Any proposal to increase assessed contributions could only be undertaken alongside the satisfactory elaboration and implementation of a reform plan, with oversight by Member States. Innovative solutions should be explored, including better management of current expenditure and providing flexibility in the use of voluntary contributions. He urged Member States to meet Sustainable Development Goal target 17.2 on the full implementation of official development assistance commitments, prioritizing the allocation of flexible contributions for global health activities. Finally, the proposed agile Member State task group on strengthening WHO budgetary, programmatic and financing governance, which he supported, should focus on: budgeting; oversight by the Secretariat and Member States; programmatic management; transparency; and efficiency measures.

The representative of INDONESIA acknowledged that WHO's current funding model was unsustainable, and said that WHO should continue efforts to strengthen governance, transparency,

accountability, efficiency and compliance. She supported the goal to ensure that the base segment of the Programme budget was fully funded from flexible contributions. She expressed support for a dual approach: an increase in assessed contributions, alongside efforts to reform governance and budgetary processes, and an increase in the flexibility of resources by encouraging unearmarked contributions. A replenishment mechanism should be explored. She supported the establishment of the proposed Member State task group.

The representative of CHINA supported flexible voluntary contributions in order to give the Secretariat more autonomy. The Secretariat should also be more transparent, rational and realistic in drawing up its Programme budget. Expenditure should be limited in order to ensure capacity to deal with future challenges. The Secretariat should clearly demonstrate the expected results from increasing assessed contributions in the proposed programme budget 2024–2025. He welcomed further participation from Member States in elaborating the budget and the Organization's future programmes through the Working Group. A long-term mechanism would be required to make progress in a transparent, efficient, accountable and compliant manner.

The representative of THAILAND supported the draft decision. He said that increased assessed contributions should be distributed and utilized transparently and effectively in line with the priorities of the Thirteenth General Programme of Work, 2019–2023. The Secretariat should work to minimize the ratio gap between assessed and earmarked voluntary contributions to enhance the flexibility expected from the increase in assessed contributions. He welcomed the proposal to explore replenishment mechanisms. He supported the establishment of the proposed Member State task group, but said that the mandate of that group must differ from that of the Programme, Budget and Administration Committee.

The representative of ZAMBIA said that emerging and re-emerging public health threats, including the COVID-19 pandemic, had demonstrated how public health and socioeconomic progress could be overturned. An increase in assessed contributions could facilitate the transformation to build a more robust and resilient WHO. Her Government, therefore, supported the Working Group's recommendations and called upon Member States to adopt them.

The representative of ARGENTINA shared concerns regarding WHO's lack of sustainable financing, which affected the independence and integrity of the Organization and made staff member retention, activity planning and staff workloads difficult. The increase in assessed contributions should take into account the circumstances of Member States in the Region of the Americas, noting that those Member States paid contributions to both WHO and PAHO on an annual basis. Any initiative to strengthen WHO's financing must be discussed within official working groups to ensure the equitable participation of all Member States.

The representative of CANADA said that the ongoing COVID-19 pandemic had highlighted the need for a strong WHO, which must be sustainably financed, transparent and accountable, and she welcomed the recommendations of the Working Group. The adoption of those recommendations should be accompanied by equally ambitious recommendations to strengthen WHO's efficiency, effectiveness and accountability. Member States should be equipped with timely information to enable them to provide strategic guidance, including the financial implications of proposed resolutions and decisions before they were adopted, or even tabled. She supported the recommendation to establish a Member State task group, with a substantive mandate.

The representative of SOUTH AFRICA said that the draft decision would have a lasting impact on the implementation of WHO programmes at all levels. The recommendation to increase assessed contributions to cover at least 50% of the base budget was welcome. Her Government supported the recommendations of the Working Group and the establishment of the Member State task group. She urged the Secretariat to explore an appropriate replenishment model as another strategy to mobilize resources.

The representative of COLOMBIA acknowledged WHO's reliance on voluntary contributions, which had an impact on its operations. The recommendation to increase assessed contributions to cover 50% of the base budget by the biennium 2030–2031 should be accompanied by governance reform and increased transparency, efficiency, accountability and effectiveness; especially as Member States were facing financial constraints that had been exacerbated by the COVID-19 pandemic. He welcomed the proposed establishment of a Member State task group.

The representative of SEYCHELLES said that the sustainable financing of WHO, including the proposed increase in assessed contributions, should be accompanied by a greater pursuit of efficiency and effectiveness through innovative approaches. The Secretariat should explore the use of renewable energy and the optimal use of human resources.

The representative of GABON acknowledged that some programmes did not have sufficient funds to respond to health emergencies. He therefore welcomed the consensus reached on increasing the assessed contributions to cover 50% of the 2022–2023 base budget by the biennium 2030–2031. That adjustment would be an important step in strengthening WHO's autonomy. He called for increased transparency, efficiency and accountability to that effect.

The representative of the BAHAMAS appreciated the principle underpinning the proposed increase in assessed contributions. However, many Member States, including her own, were facing significant financial challenges. Supporting the draft decision, she appealed to the Secretariat to establish an intensified and accelerated programme of work for small island developing and large ocean States and to increase the allocation of resources to those Member States for emergency preparedness and mitigation. Sustainable financing could only be achieved with budgetary flexibility, and she requested that the Secretariat develop a clear, results-based budget to increase accountability and streamline operations.

The representative of JAMAICA noted the need for better alignment between Member States' expectations and WHO's sustainable financing. WHO must be adequately resourced if it were to remain fit for purpose and fulfil its mandate. Agreeing that assessed contributions should be the main source of funding, he welcomed the governance reforms towards strengthening transparency, efficiency, accountability. He proposed that the Secretariat learn from the planning methodologies used by WHO/PAHO; further examine the budgeting process to identify additional cost savings; and focus on its core functions and priorities, including technical cooperation. He supported the draft decision.

The representative of MALDIVES supported the Working Group's recommendations, which should be implemented alongside governance reforms. She supported the proposed incremental increase in assessed contributions. However, she urged WHO to strengthen its transparency, efficiency, accountability, compliance and risk management. She urged the Secretariat to identify all feasible replenishment mechanisms that could be used to fund the Organization. Member States' funding commitments should be aligned with their expectations of WHO.

The representative of FIJI said that, despite their high expectations of WHO, Member States were not yet ready to fully commit to a sustainable financing model. WHO should take into account Member States' financial circumstances and address governance concerns. The proposed phased approach to increasing assessed contributions was acceptable. A targeted increase in funding was key to addressing the imbalance between assessed contributions, and flexible and earmarked voluntary contributions.

The representative of MADAGASCAR acknowledged that the current financing system needed to be improved to make it viable, sustainable and predictable. He supported the proposal to gradually increase assessed contributions so as to cover at least 50% of the base segment of the programme budget from that source by the biennium 2030–2031, which would increase WHO's independence and bring a

significant return on investment for Member States. Member States must be willing to finance the Organization in line with their expectations concerning its activities.

The representative of ECUADOR welcomed WHO's efforts to fulfil its mandate with limited resources. Despite the economic difficulties being faced by some Member States, which could delay the payment of their assessed contributions, he called on all Member States to participate in joint efforts to achieve flexible, sustainable and predictable financing. He highlighted the Secretariat's efforts to find alternatives to sustain WHO's programmes and enable WHO to continue to produce policies, standards and technical guidance. He supported the draft decision.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, welcomed the agreement reached on sustainable financing. Health emergencies could only be overcome if Member States and partners worked together. She urged the Secretariat to implement the recommendations.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the recommended increase in assessed contributions. While it was not sufficiently ambitious, she recommended the adoption of the draft decision. She expressed disappointment regarding the recommendation that WHO should seek further private funding in accordance with the Framework of Engagement with Non-State Actors, as the Framework did not sufficiently protect WHO from industry influence.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that WHO must have the budget and resources needed to carry out its mandate and that it should build on the consensus reached by the Working Group. She supported the recommended increase in the amount of the base segment of the budget that came from assessed contributions.

The CHAIR OF THE WORKING GROUP ON SUSTAINABLE FINANCING welcomed the overwhelming support for the efforts of the Working Group and the consensus reached, acknowledging the requests made by some Member States for a more ambitious outcome. He noted that Member States had highlighted the fact that sustainable financing was about more than just money, and that the current reforms would have a lasting, transformative impact and would strengthen WHO's authority. The reforms represented a true paradigm shift and would grant a significant return on investment.

The EXECUTIVE DIRECTOR (External Relations and Governance), on behalf of the Secretariat team, across all levels of WHO, commended the bureau of the Working Group, and the Member States that had participated in discussions, for the positive outcome that had been achieved. The mutual understanding that had been reached would serve as a basis for future work.

The representative of the REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN commended the consensus reached by the Working Group, reiterating the importance of enhanced and sustainable financing for the Eastern Mediterranean Region and at the global level. She recognized the financial challenges faced by Member States due to the COVID-19 pandemic; however, she reminded Member States that the cost of investing in a strong WHO and other domestic and global health institutions paled in comparison with the global cost of the pandemic. She encouraged Member States to support the Working Group's recommendations; in particular, the proposals to increase assessed contributions to cover 50% of the base segment of the programme budget, to ensure that the base segment was fully funded from flexible sources, to increase the flexibility of emergency funds and to address the equitable funding of chronically underfunded programmes.

The DIRECTOR-GENERAL welcomed the decisive step towards a strong and sustainably financed WHO. The draft decision would transform the way the Organization was funded and how it operated, providing a predictable and sustainable funding platform to deliver long-term programming.

The Secretariat would be better able to attract and retain necessary experts and offer Member States the support they needed. He welcomed the decision to consider the feasibility of a replenishment model. Highlighting the new WHO investment case, "A Healthy Return", he said that sustainable financing for WHO was not charity but rather an investment in healthier, safer and more equitable societies. Recognizing the high expectations of Member States, he confirmed the Secretariat's commitment to continuously improving accountability, transparency and efficiency. He thanked the bureau of the Working Group on Sustainable Financing for its hard work.

The CHAIR invited the Committee to note the reports contained in documents A75/9 and A75/54.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft decision on sustainable financing contained in document A75/9.

The draft decision was approved.[1]

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

2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 16 of the AGENDA (continued from the third meeting, section 3)

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) (continued)

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

The CHAIR invited the Committee to resume its consideration of the final report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the draft decision on strengthening WHO preparedness and response contained in document A75/17, the proposal for amendments to the International Health Regulations (2005) contained in document A75/18, and the draft resolution entitled Strengthening WHO preparedness for and response to health emergencies: Proposal for amendments to the International Health Regulations (2005), which had been introduced during the third meeting.

The representative of SAINT KITTS AND NEVIS thanked the Secretariat for its response to the COVID-19 pandemic and the assimilation exercises for the International Health Regulations (2005). Her Government looked forward to WHO's ongoing support in sustaining its response to the COVID-19 pandemic and other health emergencies, while it continued to deliver essential health services. She supported the recommendations contained in the report.

Dr Gabunia took the Chair.

The representative of MOZAMBIQUE highlighted the importance of multistakeholder participation and health systems strengthening in preparing for and responding to health emergencies.

[1] Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(8).

Strengthening WHO's work in that area would have a positive impact on country-level capacities, and on resource mobilization and allocation at the country and global levels.

The representative of INDIA said that Member State-led consultations should steer the process of amending the International Health Regulations (2005). Proposed amendments must not be negotiated solely by expert groups. Substantial changes, such as the proposal to extend the process relating to objection or acceptance of reservations under Article 62 of the Regulations required more detailed discussion. The peer review of the implementation of the Regulations should be a voluntary measure. Concerning emergency preparedness and response, he said that the Secretariat should ensure equitable access to medical countermeasures, financial resources and technological capabilities. Financial support from non-State actors should not be used for standard-setting or normative purposes. The Secretariat should design a replenishment mechanism for a contingency fund for Member States, which should include disbursement criteria and operating processes. Underscoring the importance of the One Health approach in pandemic management, he welcomed the expansion of the tripartite collaboration between OIE, FAO and WHO to include UNEP. He recommended developing a global framework or specialized protocols for benefit-sharing based on the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, consistent with the objectives of the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity.

The representative of SAINT LUCIA recognized the need for ongoing capacity-building to further strengthen emergency preparedness and response. Her Government supported the draft One Health joint plan of action developed by WHO, OIE, FAO and UNEP. It was essential to reinforce the core capacities required by the International Health Regulations (2005) by integrating the core capacities for emergency preparedness, surveillance and response into broader health systems and essential public functions. She encouraged WHO to continue to provide support for Member States' capacity-building efforts.

The representative of LEBANON welcomed the draft One Health joint plan of action and agreed that the One Health approach should be at the centre of policy-making. The response to the COVID-19 pandemic had demonstrated the importance of developing public health emergency preparedness and response mechanisms, based on the International Health Regulations (2005) and the One Health approach. He urged WHO and its Member States to focus on how to best implement the Regulations in specific contexts.

The representative of GERMANY expressed the hope that an agreement on pandemic prevention, preparedness and response would be endorsed during the Seventy-seventh World Health Assembly, building on existing political momentum and strengthening global health emergency preparedness and response. For the same reason, he encouraged the Committee to reach agreement on the proposed amendment to Article 59 of the International Health Regulations (2005). Tools should be developed to facilitate the appropriate implementation of and compliance with the Regulations and any new agreement on pandemic prevention, preparedness and response. The Universal Health and Preparedness Review mechanism would be an essential element of that work. Currently holding the G7 presidency, his Government had led efforts to develop an action plan aligned with WHO's global COVID-19 vaccination strategy to bring the pandemic to an end. G7 members had also discussed how to strengthen global pandemic preparedness by improving collaborative surveillance networks and ensuring predictable emergency responses.

The representative of HUNGARY supported the proposed process to consider targeted amendments to the International Health Regulations (2005) and the development of a pandemic agreement, complementary to the Regulations, to ensure that WHO and its Member States would be well equipped to identify, assess and respond to health emergencies. She welcomed the focus on the

One Health approach and, in light of the impact of environmental factors on health, supported expanding the tripartite collaboration between OIE, FAO and WHO to include UNEP.

The representative of BRUNEI DARUSSALAM said that developing a new international instrument for pandemic preparedness and response should be a priority. He expressed disappointment that the proposed amendments to the International Health Regulations (2005) focused on compliance and reporting requirements, and would not prevent the blocking of medical supplies and countermeasures or codify the provision of tangible support in public health emergencies. Moreover, the consideration of proposed amendments to the Regulations at the same time as the development of an international instrument on pandemic prevention, preparedness and response may lead to parallel reform processes. Therefore, he sought clarification of the relationship between the two processes and asked what steps would be taken to mitigate any duplication of work. Any reform should focus on equity and access to health care; should acknowledge the greater responsibility of high-income countries during health emergencies; and should ensure the immediate application of digital tools to establish a global data sharing, surveillance and response mechanism that was fit for purpose.

The representative of BRAZIL supported the proposed establishment of a working group on amendments to the International Health Regulations (2005), but emphasized that its work should be undertaken in coordination with the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response. Improved health emergency prevention, preparedness, response and recovery could only be achieved through universal health coverage, primary health care, broad and equitable access to health countermeasures and strong health systems. Any proposed action should address health emergencies in general and should not be limited to extreme pandemic situations. All elements of the One Health approach should be addressed in a balanced manner. The Universal Health and Preparedness Review mechanism should be transparent, voluntary and peer-reviewed, in order to share best practices and promote cooperation. She supported the draft resolution on strengthening health emergency preparedness and response in cities and urban settings.

The representative of INDONESIA welcomed the focus on equity in all aspects of health emergencies. Manufacturing capacity in developing countries should be strengthened and expanded. Research hubs should be established, which would enhance the detection of potential health emergencies. She proposed developing a comprehensive framework to address access and benefit-sharing within WHO, in compliance with existing international instruments. Her Government supported an inclusive process for the limited and targeted amendment of the International Health Regulations (2005). Amendments should focus on critical and unaddressed issues such as equity and technological expertise to enhance compliance with the Regulations. They should also improve coordination and collaboration on travel measures, particularly by developing standards for an international vaccination certificate. Once established, the working group on amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body should work in a complementary manner to guarantee equal engagement from less-resourced Member States. Care should be taken to ensure that any proposed amendments should be discussed within the framework of official consultations.

The representative of COLOMBIA said that amending the International Health Regulations (2005) presented an opportunity to consolidate national core capacities. However, the amendment process should not lead to reopening negotiations on the Regulations, and should be undertaken in coordination with the Intergovernmental Negotiating Body so as to avoid the duplication of work. Her Government supported the adoption of the proposed amendment to Article 59 of the Regulations, which reflected an Organization-wide effort to strengthen the management of information and early warning systems and to improve WHO's role in supporting Member States in that regard. She agreed with WHO's focus on promoting holistic approaches in preparedness and response, including the One Health approach. She encouraged the Secretariat to strengthen the global health emergency workforce, with particular regard to the importance of field epidemiologists. Finally, the Secretariat should take Member States' contexts into account when evaluating compliance with and implementation of the Regulations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND strongly supported the International Health Regulations (2005) and their implementation. They were a vital instrument and must remain appropriate and relevant.

The representative of JAPAN welcomed the proposal for a formal Member State-led process to focus on amendments to the International Health Regulations (2005) and supported the draft decision contained in document A75/17, which would ensure coherence between the Regulations and the new instrument on pandemic prevention, preparedness and response. He supported the proposal for the amendment of Article 59 of the Regulations as outlined in the draft resolution on strengthening WHO preparedness for and response to health emergencies. Close collaboration between the proposed working group on amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body would enhance the implementation of and compliance with the Regulations, improve surveillance, rapid information sharing, strengthen health systems, and improve research and development and clinical trials.

The representative of SAUDI ARABIA emphasized the need to review the International Health Regulations (2005) based on lessons learned from the COVID-19 pandemic. WHO played an important role in coordinating emergency response, building Member States' capacities and standardizing the assessment of national capacities. Health emergency response must comprise government commitments, regulations and financing. His Government supported further consideration of the proposed amendments to the International Health Regulations (2005), and continuing collaboration with all relevant stakeholders in the development of policy and the delivery of response, in line with the One Health approach. Sustainable funding for health emergency preparedness and response should be secured at the local, regional and international levels.

The representative of SWITZERLAND said that the potential actions identified by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies would require further discussion through the governing bodies. He welcomed the draft decision contained in document A75/17. His Government stood ready to discuss potential targeted amendments to the Regulations within the working group on amendments to the International Health Regulations (2005), with a view to ensuring consistency and avoiding the duplication of processes, in particular with regard to the Intergovernmental Negotiating Body. He welcomed the proposed amendments to Article 59 of the Regulations currently before the Committee, which would facilitate the entry into force of future amendments. He expressed support for the introduction of the Universal Health and Preparedness Review mechanism.

The representative of FIJI said that, as a result of the COVID-19 pandemic, the international community had discovered the high price of being merely responsive rather than proactive. He commended the information available on pandemic preparedness and expressed support for the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. The review of the International Health Regulations (2005) was a step in the right direction. He urged the Intergovernmental Negotiating Body to complete its work in a timely manner. Small island developing States were at the forefront of multiple health emergencies, and they needed an effective framework, resources and meaningful partnerships to support the implementation mechanism of those instruments.

The representative of CANADA said that the COVID-19 pandemic had shown how quickly health emergencies could exacerbate structural and systemic issues across many sectors, often with a disproportionate impact on vulnerable and marginalized populations such as women and girls. Member States should act quickly to strengthen public health systems and enhance collaboration with other sectors in the areas of prevention, preparedness and response. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had been crucial for advancing those conversations. She welcomed the proposed process for considering and introducing limited and targeted amendments to the International Health Regulations (2005). Her Government therefore wished to be

added to the list of sponsors of the draft decision contained in document A75/17. Supporting efforts to enhance shared accountability in health emergencies, she said that the Universal Health and Preparedness Review mechanism, as proposed, was a first step. Member States should be consulted and kept up to date on the implementation of the voluntary pilot phase of the mechanism. The whole-of-government, whole-of-society and One Health approaches were key for a better response to future health emergencies.

The representative of the RUSSIAN FEDERATION said that it was necessary to protect and update the International Health Regulations (2005), and recalled that his Government had proposed amendments to the Regulations along with its partners in the Eurasian Economic Union. Those amendments were intended to increase the role of national coordinators, strengthen laboratory infrastructure, develop regional and global WHO networks, and ensure unimpeded movement of medical personnel and equipment for combating infection. No modification to the Regulations should be accepted if it would create preconditions for interference in countries' internal affairs or could lead to punitive action. He expressed concerns regarding the Universal Health and Preparedness Review, which must remain voluntary and may lead to discrimination against States that refused to participate in that mechanism. WHO should be strengthened as the basis for detecting and responding to epidemic threats, and for protecting the interests of all countries, their right to take steps against potential epidemics and their access to diagnostic and preventive equipment. Attempts to create auxiliary mechanisms or duplicate existing mechanisms would weaken WHO and should not be allowed. He supported the implementation of the One Health approach.

The representative of the BAHAMAS, emphasizing WHO's role in health emergencies, said that strengthening the global health architecture was no longer optional. A global response required political and economic engagement with WHO and other partners, and sustainable financing. She commended WHO's leadership role in research and development and in promoting equitable access to medical products and devices. While targeted revisions to the International Health Regulations (2005) were needed for greater flexibility, such revisions should be considered through a Member State-led diverse technical committee. She asked the Secretariat to continue to support capacity-building and reporting capacities required under the Regulations. The COVID-19 pandemic had shown that multistakeholder collaboration was essential. She welcomed the quadripartite One Health collaboration, under which resources should be allocated to provide technical guidance on multi-agency integration, and the draft One Health joint plan of action.

The representative of SPAIN expressed support for the One Health approach, with particular regard to the prevention and detection of health threats. Her Government expressed support for the draft One Health joint plan of action developed by WHO, FAO, OIE and UNEP, which should be implemented at the national level. In addition to introducing amendments to the International Health Regulations (2005), better preparedness and response required the sustainable development of national capacities, including with regard to chemical events at entry points and radiation emergencies. She agreed with the need to improve compliance with notification and reporting deadlines. A robust national network of well-trained focal points was fundamental for applying the Regulations and ensuring the early detection of public health events.

The representative of AUSTRIA expressed support for the draft One Health joint plan of action, amendments to strengthen the International Health Regulations (2005), and a new instrument for pandemic prevention, preparedness and response. The status quo was no longer sufficient. For that reason, her Government had proposed strengthening the oversight capacity of the Executive Board following the declaration of a public health emergency of international concern. The establishment of the proposed Executive Board Standing Committee on pandemic preparedness and response, to be agreed upon at the 151st session of the Executive Board, would contribute significantly to improving WHO's pandemic emergency governance, facilitating its rapid Member State-led decision-making process.

The representative of ALBANIA emphasized WHO's leadership role in responding effectively to health emergencies, highlighting the establishment of the Intergovernmental Negotiating Body. Her Government remained convinced that a legally binding instrument under the auspices of WHO could provide an ambitious framework for better pandemic and epidemic prevention, preparedness and response. Such an instrument should include the One Health approach and strengthen existing platforms and surveillance, and the relevant sectors must cooperate more closely to reduce the risk of zoonotic diseases in the future. She welcomed the draft One Health joint plan of action and the Director-General's views on strengthening the global health architecture. The new instrument on pandemic preparedness and response and the proposed amendments to the International Health Regulations (2005) were important components for addressing current inefficiencies in global emergency prevention, preparedness and response.

Dr Nakatani resumed the Chair.

The representative of TIMOR-LESTE said that the International Health Regulations (2005) were a powerful tool against cross-border communicable diseases. The COVID-19 pandemic had demonstrated the importance of international collaboration. In order to strengthen national preparedness and response, he called on WHO to continue to assist Member States in building strong and resilient health systems, including community systems for health emergency prevention, preparedness and response and implementing universal health coverage; and strengthening coordination and collaboration at all levels using the One Health approach. He called on Member States and the international community to provide adequate and sustainable funding for stronger public health emergency preparedness and response.

The representative of NIGERIA said that the COVID-19 pandemic had laid bare the limitations of the International Health Regulations (2005). As a result of the failure to adhere to external provisions of the Regulations, some Member States had been denied the protections and privileges they provided, which had exacerbated health disparities. That situation must not be repeated. He therefore supported the ongoing work to develop a treaty for pandemic preparedness and response and the comprehensive review and amendment of the Regulations, which should be led by Member States and should ensure social justice and equitable access to public health goods and financial resources.

The representative of BELIZE, sharing information about the COVID-19 response in her country, welcomed the continued assistance of partners including WHO/PAHO in technical areas, capacity-building, and resourcing for adequate response to public health emergencies. Much remained to be done to strengthen the response to the COVID-19 pandemic, particularly in the Region of the Americas, and to improve access to vaccines and key medicines.

The representative of FAO said that, without the One Health approach, there could be no pandemic prevention, preparedness and response. He welcomed the progressive integration of the One Health approach into the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. That approach should be a guiding principle of the work of the Intergovernmental Negotiating Body. The members of the quadripartite partnership were committed to seeking balanced investment in health systems and finalizing the draft One Health joint plan of action which would ensure the sustainable implementation of the One Health approach.

The representative of IAEA said that her Organization and WHO had increased their regular dialogue on areas of potential concern and common interest and on how the IAEA Zoonotic Disease Action initiative, ZODIAC, could complement and strengthen WHO's efforts to support Member States. Joint meetings were under way to define the activities to be carried out the coming months. IAEA participated in various interagency initiatives, including the WHO Global Strategic Preparedness Network.

The representative of OIE said that the One Health approach was the appropriate framework to ensure that the expanded quadripartite partnership was operational, sustainable and streamlined, encouraging the participation of all relevant sectors and disciplines. The draft One Health joint plan of action would provide the blueprint for future actions under that approach. One Health must be the fundamental principle for any new instrument on pandemic preparedness and response, which should focus on prevention rather than response. While the involvement of the members of the quadripartite partnership in the Intergovernmental Negotiating Body had so far been limited, OIE could play a major role in that work given its mandate to set global standards on animal health and she therefore supported the formation of collaborative governance arrangements to allow her Organization's participation.

The representative of UNAIDS said that, although the COVID-19 pandemic continued to undercut achievements in the responses to HIV/AIDS and tuberculosis, the health infrastructure and the lessons learned from those responses were being successfully leveraged against COVID-19 and should form the foundation of future pandemic preparedness and response. Highlighting the importance of equity and sustainable financing, he said that the new pandemic preparedness and response instrument should: place human rights at the core of pandemic response; put the community at the centre of pandemic preparedness and response at all levels; ensure equitable access to health technologies and medical countermeasures as public health goods; build people-focused data systems able to highlight inequalities; and support the health workforce.

The representative of the INTERNATIONAL ORGANISATION OF LA FRANCOPHONIE commended the ongoing work to strengthen pandemic preparedness and response, in particular the support provided by WHO to facilitate local vaccine production. The signature of an agreement and memorandum of understanding with WHO in 2021 had enabled his Organization to support WHO by advocating for vaccine equity and vaccination campaigns. Establishing the WHO Academy in Lyon would serve to bolster the presence of French-speaking actors in public health. His Organization would continue to collaborate with WHO to strengthen multilingualism.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that there was an urgent need to invest in health emergency preparedness, response and recovery that included persons with disabilities. Health equity should be ensured by removing discrimination and barriers to health care for persons with disabilities in line with the United Nations Convention of the Rights of Persons with Disabilities. Disability inclusion should be strengthened across health systems. Access to inclusive health information, risk communication and participatory community mobilization measures should be ensured, and essential services should be adapted to ensure access for all.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, welcomed efforts to strengthen health emergency preparedness and response and the process proposed to consider improvements to the International Health Regulations (2005). WHO should also incorporate a One Health approach into public health emergency response. Since any such response would require a whole-of-government and whole-of-society approach, non-State actor engagement should be prioritized.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, noted that the process to amend the International Health Regulations (2005) required input from Member States and experts, and expressed concern that the amendments proposed in the draft resolution could undermine the deliberations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Furthermore, they could undermine the sovereignty of Member States and did not take into account the challenges relating to human resources, infrastructure and coordination in many countries. Member States were unlikely to be able to adhere to the proposed time frames. Community engagement should be included as a core

capacity required under the Regulations, and community and frontline health care workers should be invited to contribute to the development of any proposed amendments.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the need to invest in public health systems and to work with multiple sectors and communities to strengthen primary health care. Member States should integrate approaches to health emergency prevention and response and universal health coverage; build on existing multilateral health emergency preparedness and response systems; and ensure the meaningful participation of community and civil society representatives in global health processes.

The representative of UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had exacerbated vulnerabilities in the global medicines supply chain. It was essential to prepare for the next pandemic and protect future global health security by bolstering quality assurance; strengthening regulatory systems; expanding local production capabilities; preserving the supply of critical medicines; investing in the development of novel products; and enhancing global cooperation to improve global supply chain resilience.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that, in order to avoid marginalizing the needs and expertise of half of the world's population and undermining health systems, decision-making bodies should have 50% women members, prioritizing women from the Global South. They should apply gender risk assessments and generate, analyse and use sex-disaggregated data. Governments should ensure the availability of personal protective equipment for all, guarantee safe and decent work free from violence and harassment and with equitable pay, and provide for the continuity of essential health services.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called on Member States to strengthen national, regional and global research and development coordination as a substantive element of any pandemic instrument; agree global norms on transparency and open sharing of knowledge and technology; support equitable governance structures; increase investment in regional surveillance, manufacturing and regulatory capacity; and ensure investment in and sustainable financing of research and development. Clinical trials should be well-designed and comparable in order to generate actionable evidence, and investment was needed in clinical trial platform infrastructure and human resources in lower-middle-income countries. Information, including protocols, trial data and costs, should be made public and access to originator drugs for research should be safeguarded. Historically excluded populations should be included in trials and benefit-sharing principles should be followed.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that any proposed amendments to the International Health Regulations (2005) should be consistent with the efforts of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Intergovernmental Negotiating Body. He noted that ongoing negotiations in other international bodies could have an impact on current and future health emergencies. WHO action on clinical trials should be guided by the principle of transparency of all results.

The representative of WOMEN DELIVER, speaking at the invitation of the CHAIR and noting the gendered impact of the COVID-19 pandemic, said that sexual and reproductive health and rights should be an integral component of universal health coverage and resilient health systems, with adequate and protected budgetary allocations. In addition, uninterrupted access to sexual and reproductive health services, including survivor-centred care in cases of gender-based violence, should be ensured in emergencies. Representatives of civil society, and girls and women in all their identities, should be engaged meaningfully at all stages of preparedness and response.

The representative of MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the focus on equity in emergency preparedness and response, which could be achieved through public health-driven, voluntary, non-exclusive and transparent licensing of intellectual property and technology transfer. He highlighted successes in that regard for manufacturing COVID-19 therapeutics and the transfer of messenger RNA technology to develop local sustainable manufacturing capacity. Such mechanisms should be strengthened prior to future pandemics and access to them should be ensured.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had disrupted childhood cancer services but recognized that the global community had developed mitigation strategies to address those concerns. The needs of children and youth with cancer and their carers should be included in emergency preparedness and response planning.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had demonstrated the inequities in access to life-saving tools and treatments and the limitations of the International Health Regulations (2005). She supported the development of a new international instrument for pandemic preparedness, which included strengthening the health workforce. The instrument must act as a global public good and would require sustainable and appropriate financing. Its development should be participatory and transparent, and should resist undue commercial influence. Finally, she condemned the increasing violence against the health workforce and health facilities worldwide.

The CO-CHAIRS OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn, thanked Member States and non-State actors for their commitment to supporting the Working Group and to further improving pandemic preparedness and response, despite the challenging environment for multilateralism and collective action. The report contained various elements further consideration, which would form the basis for future work by WHO and its Member States, and with other organizations, if appropriate.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness) welcomed the inclusivity shown and the consensus reached during the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. He noted that Member States had recognized the importance of the International Health Regulations (2005) and the need to further strengthen States' implementation of and compliance with them, including through potential targeted amendments, based on the lessons learned from the COVID-19 pandemic. The Secretariat would continue to provide support for that process, as set out in the draft decision. Finally, he recognized that many Member States and non-State actors had highlighted the importance of a new international instrument, and noted the support for the Intergovernmental Negotiating Body.

The CHAIR took it that the Board wished to note the report contained in A75/17.

The Committee noted the report.

The CHAIR took it that the Committee agreed to approve the draft decision contained in A75/17.

The draft decision was approved.[1]

The CHAIR took it that the Committee wished to postpone the final consideration of the draft resolution entitled Strengthening WHO preparedness for and response to health emergencies: Proposal

[1] Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA75(9).

for amendments to the International Health Regulations (2005), until informal consultations could be concluded.

It was so decided.

The meeting rose at 21:55.

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