World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/7**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Thursday, 26 May 2022, scheduled at 09:00

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

CONTENTS

Page

1. Third report of Committee A..... 2

Pillar 2: One billion more people better protected from health emergencies

2. Public health emergencies: preparedness and response (continued)
The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme..... 2
WHO's work in health emergencies..... 2

SEVENTH MEETING

Thursday, 26 May 2022, at 09:10

Chair: Dr H. NAKATANI (Japan)
Later: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)
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1. THIRD REPORT OF COMMITTEE A (document A75/61)

The Rapporteur read out the draft third report of Committee A.

The report was adopted.[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 fifth meeting)

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 16.1 of the agenda (document A75/16)

WHO's work in health emergencies: Item 16.3 of the agenda (documents A75/10 Rev.1 and A75/47)

The CHAIR drew attention to a draft resolution on the health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression proposed by Albania, Andorra, Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Montenegro, the Netherlands, New Zealand, North Macedonia, Norway, Peru, Poland, Portugal, the Republic of Moldova, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States of America which read:

> The Seventy-fifth World Health Assembly,
>
> PP1 Recalling UN General Assembly resolution A/RES/ES-11/1 of 2 March 2022, entitled "Aggression against Ukraine"; UN General Assembly resolution A/RES/ES-11/2 of 24 March 2022, entitled "Humanitarian consequences of the aggression against Ukraine"; as well as UN Human Rights Council resolution A/HRC/RES/49/1 of 4 March 2022, entitled "Situation of human rights in Ukraine stemming from the Russian aggression";
>
> PP2 Recalling United Nations Security Council resolution 2286 (2016) on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict; United Nations General Assembly resolution 46/182 "Strengthening of the coordination of humanitarian emergency assistance of the United Nations," and all relevant subsequent resolutions; World Health Assembly resolution WHA65.20 (2012) "WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies"; and World Health

[1] See page xxx.

Assembly decision WHA69(9) (2016) "Reform of WHO's work in health emergency management: WHO Health Emergencies Programme";

PP3 Welcoming the legally binding provisional measures order by the International Court of Justice of 16 March 2022, ordering the Russian Federation to immediately suspend the military operations that it commenced on 24 February 2022 in the territory of Ukraine;

PP4 Noting the adoption by the WHO Regional Committee for Europe, during its special session held on 10 May 2022, of a resolution entitled "Health emergency in Ukraine and neighboring countries, stemming from the Russian Federation's aggression", asking, inter alia, the WHO Regional Director for Europe to consider temporarily suspending all regional meetings in the Russian Federation, including technical meetings and meetings of experts, as well as conferences and seminars whose composition is set by the WHO Regional Office for Europe, until peaceful resolution of the conflict between the Russian Federation and Ukraine is implemented and the Russian Federation withdraws its military forces from the territory of Ukraine within its internationally recognized borders;

PP5 Recalling the Constitution of the World Health Organization and its references to the Charter of the United Nations; the obligation of all States under Article 2 of the Charter of the United Nations to refrain in their international relations from the threat or use of force against the territorial integrity or political independence of any state, or in any other manner inconsistent with the purposes of the United Nations, and to settle their international disputes by peaceful means; and the obligation under Article 2 of the Charter of the United Nations, that all Members, in order to ensure the rights and benefits resulting from membership, shall fulfill in good faith the obligations assumed by them in accordance with the Charter;

PP6 Recalling also that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

PP7 Reaffirming that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and that peace and security are critical to the attainment of this human right;

PP8 Recalling the functions of the World Health Organization which include, inter alia, to furnish appropriate technical assistance and, in emergencies, necessary aid;

PP9 Recognizing the grave concern over the Russian Federation's aggression against Ukraine in statements by, inter alia, the UN Secretary-General[1] and the WHO Director-General;[2,3]

PP10 Expressing grave concerns over the ongoing health emergency in Ukraine and refugee receiving and hosting countries, triggered by the Russian Federation's aggression against Ukraine, resulting in conflict-related trauma and injuries as well as increased risks of illness and death from non-communicable diseases (NCDs), of emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, and of sexual and reproductive health including maternal and child health deterioration;

PP11 Alarmed in particular by the disproportionate impact of disrupted health services on vulnerable groups, such as women and children, internally displaced persons, elderly people and persons with disabilities;

PP12 Further alarmed by the health impacts of the Russian Federation's aggression which have regional and wider-than-regional significance, including, inter alia, significant numbers of refugees fleeing Ukraine; the risks of radiological, biological and chemical events and hazards; and the exacerbation of an already significant global food security crisis;

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[1] UN Secretary-General's remarks at press conference with President of Ukraine on 28 April 2022.

[2] WHO Director-General's opening remarks at the WHO press conference on 13 April 2022.

[3] WHO Director-General's statement at the special session of the WHO Regional Committee for Europe on 10 May 2022.

PP13 Recalling the Emergency appeal launched by the World Health Organization for Ukraine and refugee receiving and hosting countries on 3 March 2022,

OP1 CONDEMNS IN THE STRONGEST TERMS Russian Federation's military aggression against Ukraine, including attacks on health care facilities documented via the WHO's Surveillance System for Attacks on Health Care (SSA);

OP2 DRAWS ATTENTION to the fact that the Russian Federation's aggression against Ukraine constitutes exceptional circumstances, causing a serious impediment to the health of the population of Ukraine, as well as having regional and wider than regional health impacts;

OP3 URGES the Russian Federation to immediately cease any attacks on hospitals and other healthcare facilities;

OP4 ALSO URGES the Russian Federation to fully respect and protect all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment;

OP5 FURTHER URGES respect for and protection of the sick and wounded, including civilians, health and humanitarian aid workers, healthcare systems consistent with the Geneva Conventions and their Additional Protocols, and with broader international humanitarian law;

OP6 DECIDES that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Assembly should consider the application of relevant articles of WHO Constitution

OP7 URGES the relevant Member States:

(1) to adhere to international humanitarian law, international human rights law, and WHO norms and standards;

(2) to allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by the World Health Organization on the ground, and by all other medical and humanitarian personnel;

(3) to ensure the free flow of essential medicines, medical equipment and other health technologies in all conflict and non-conflict areas;

OP8 ENCOURAGES all WHO Member States:

(1) to increase contributions to the WHO Emergency Appeal for Ukraine and refugee receiving and hosting countries, to the WHO Contingency Fund for Emergencies, and to WHO's work in other health emergencies, many of which have been exacerbated by the Russian Federation's military aggression against Ukraine;

(2) to maintain or increase support for the UN-led response to address the health and other urgent needs of the people of Ukraine and mitigate the negative health impact of the conflict, as well as other critical relief efforts around the globe;

OP9 REQUESTS the Director-General:

(1) to make available the staffing, financial resources, and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical Health Cluster Functions, under the leadership of the Health Emergencies Programme and in line with relevant World Health Assembly resolutions;

(2) to ensure that the health response under WHO's leadership on the ground adheres to the best standards on prevention of and response to sexual exploitation, abuse and

harassment and, in collaboration with other agencies, provide adequate health care and support to the victims, and document cases of sexual abuse, including by the military;
(3) to continue supporting the health sectors of Ukraine and refugee receiving and hosting countries using a health system approach, including through capacity-building programmes in preparedness and response to trauma care and mass casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict;
(4) to support the sustainable procurement of essential medicines, medical equipment and other health technologies;
(5) to pursue the monitoring, collection, documentation and dissemination of data on attacks on healthcare facilities, health workers, health transports, and patients in Ukraine;
(6) to assess, in full cooperation with Health Cluster partners and other relevant United Nations agencies, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from the protracted situation in Ukraine and refugee receiving and hosting countries;
(7) to ensure the allocation of adequate human and financial resources in order to achieve these objectives;
(8) to submit to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board, a report on the implementation of the present resolution, including an assessment of the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as regional and wider than regional health impacts.

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

Resolution:	Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression
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:** 13.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities.
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:** Seven months.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 147.50 million.

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:

US$ 147.50 million.

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:**

US$ 46.55 million.

– **Remaining financing gap in the current biennium:**

US$ 100.95 million.

– **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

Hard to estimate in a fast-moving environment but likely to be sufficient.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 additional resources	Staff	0.00	0.00	0.00	29.14	0.00	0.00	1.60	30.74
	Activities	0.00	0.00	0.00	116.36	0.00	0.00	0.40	116.76
	Total	0.00	0.00	0.00	145.50	0.00	0.00	2.00	147.50
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR also drew attention to a draft resolution on the health emergency in and around Ukraine and refugee receiving and hosting countries proposed by the Russian Federation and the Syrian Arab Republic which read:

The Seventy-fifth World Health Assembly,

PP1 Recalling the functions of the World Health Organization which include, inter alia, to furnish appropriate technical assistance and, in emergencies, necessary aid;

PP2 Reaffirming that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and that peace and security are critical to the attainment of this human right;

PP3 Recalling that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

PP4 Recalling also World Health Assembly resolution WHA65.20 "WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies"; and World Health Assembly decision WHA69(9) "Reform of WHO's work in health emergency management: WHO Health Emergencies Programme";

PP5 Recalling also United Nations General Assembly resolution 46/182 "Strengthening of the coordination of humanitarian emergency assistance of the United Nations," and all relevant subsequent resolutions;

PP6 Expressing grave concerns over the ongoing health emergency in and around Ukraine and refugee receiving and hosting countries, resulting in conflict-related trauma and injuries as well as increased risks of illness and death from non-communicable diseases (NCDs), of emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, and of sexual and reproductive health including maternal and child health deterioration;

PP7 Expressing grave concern at reports of civilian casualties, including children, in and around Ukraine;

PP8 Expressing further grave concern at the deteriorating humanitarian situation in and around Ukraine, with an increasing number of internally displaced persons and refugees in need of humanitarian assistance;

PP9 Endorsing the call of the United Nations Secretary-General to return to the path of dialogue and negotiations;

PP10 Demanding that all parties respect their obligations under international humanitarian and human rights law;

PP11 Strongly condemning attacks directed against civilians and health objects, including using civilians as live shields, indiscriminate shelling as well as placing military objects and equipment in densely populated areas and near civilian objects and using such objects for military purposes, endangering lives of civilian population in violation of international humanitarian law;

PP12 Calling on all parties to respect and protect humanitarian personnel, their facilities, equipment, transport and supplies and to ensure the safe and unhindered access of humanitarian personnel, as well as the delivery of supplies and equipment, in order to allow such personnel to efficiently perform their task of assisting affected civilian populations, including internally displaced persons;

PP13 Urging all parties to take necessary steps to ensure the protection of the wounded and sick, as well as the safety and security of medical personnel and humanitarian personnel exclusively engaged in medical duties, their facilities, equipment, transports and supplies, including by developing effective measures to prevent and address acts of violence, attacks and threats against them, and to ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required, and reiterating the applicable rules of international humanitarian law relating to the non-punishment of any person for carrying out medical activities compatible with medical ethics;

PP14 Stressing the need to ensure humane treatment of detainees in accordance with international humanitarian law,

OP1 DEMANDS that civilians, including humanitarian personnel and persons in vulnerable situations, including women and children are fully protected;

OP2 DEMANDS all parties concerned to ensure the respect for and protection of all medical personnel and humanitarian personnel exclusively engaged in their medical duties, their means of transport and equipment, hospitals and other medical facilities;

OP3 DEMANDS from all parties concerned full respect for provisions of international humanitarian law in connection with objects indispensable to the survival of the civilian population and civilian infrastructure that is critical to enable the delivery of essential services in armed conflict, and to refrain from deliberately placing military objects and equipment in the vicinity of such objects or in the midst of densely populated areas, as well as not to use civilian objects for military purposes;

OP4 CALLS UPON all parties concerned to allow safe and unhindered passage including for foreign nationals without discrimination, to destinations outside of Ukraine, and facilitate safe and unhindered access of humanitarian assistance to those in need in and around Ukraine, taking into account the particular needs of women, girls, men and boys, older persons and persons with disabilities;

OP5 CONDEMNS all violations of international humanitarian law and violations of human rights, and calls upon all parties to respect strictly the relevant provisions of international humanitarian law, including the Geneva Conventions of 1949 and Additional Protocol I thereto, of 1977 and to respect international human rights law, as applicable;

OP6 URGES the relevant Member States:

(1) to adhere to international humanitarian law, international human rights law, and WHO norms and standards;

(2) to allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by the World Health Organization on the ground, and by all other medical and humanitarian personnel;

(3) to ensure the free flow of essential medicines, medical equipment and other health technologies in all conflict and non-conflict areas;

OP7 ENCOURAGES all WHO Member States:

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(2) to maintain or increase support for the UN-led response to address the health and other urgent needs of the people of Ukraine and mitigate the negative health impact of the conflict, as well as other critical relief efforts around the globe;

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(2) to ensure that the health response under WHO's leadership on the ground adheres to the best standards on prevention of and response to sexual exploitation, abuse and harassment and, in collaboration with other agencies, provide adequate health care and support to the victims, and document cases of sexual abuse, including by the military;

(3) to continue supporting the health sectors in and around Ukraine and refugee receiving and hosting countries using a health system approach, including through capacity-building programmes in preparedness and response to trauma care and mass

casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict;
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(6) to assess, in full cooperation with Health Cluster partners and other relevant United Nations agencies, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from the protracted situation in and around Ukraine and refugee receiving and hosting countries;
(7) to ensure the allocation of adequate human and financial resources in order to achieve these objectives;
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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:** Seven months.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 147.50 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** Not applicable.
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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:**

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	Activities	–	–	–	–	–	–	–	–
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	Activities	0.00	0.00	0.00	116.36	0.00	0.00	0.40	116.76
	Total	0.00	0.00	0.00	145.50	0.00	0.00	2.00	147.50
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	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR suggested, on the basis of extensive consultations with Member States, that the Committee should consider the two draft resolutions following the discussion on items 16.1 and 16.3. No amendments would be proposed to the text of either of the draft resolutions. A separate vote on each of the draft resolutions would then be taken by roll-call, following which Member States wishing to speak in explanation of vote could do so.

It was so agreed.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME, introducing the Committee's report contained in document A75/16, provided an overview of the main findings and recommendations contained in the report. The Committee was deeply concerned by the ongoing attacks on health care personnel and facilities in Ukraine. She commended WHO for its close coordination with key stakeholders in Ukraine and for the life-saving interventions it was providing across the country. The Committee would continue to closely monitor the Organization's work.

Internal power dynamics had been identified as an obstacle to clarifying accountabilities and lines of authority between the WHO Health Emergencies Programme and the Organization, as well as

between the three levels of the Organization. The Global Policy Group should review current delegations of authority and the accountability framework for emergencies management based on the "one programme" principle. In addition, Regional Emergency Directors should be recruited jointly by, and have dual reporting lines to, the Executive Director for the WHO Health Emergencies Programme and Regional Directors.

The Organization's internal systems were sometimes fragmented, ambiguous and duplicative. Sexual exploitation, abuse and harassment investigations should be handled differently from investigations carried out by the Office of Internal Oversight Services or those on other types of misconduct. In addition, the Director-General should appoint a focal point in each WHO regional office to examine allegations of misconduct in the respective region. Centralized functions supporting the WHO Health Emergencies Programme should develop key performance indicators to track their impact on WHO's emergency operations, and the dual reporting lines to Programme managers and divisional heads should be formalized at the regional level.

It was deeply concerning that, although the performance of WHO country offices had improved, they still lacked the human and financial resources to build and sustain capacity, particularly for emergency operations in fragile settings. Vacant posts at the country level must therefore be filled. The coronavirus disease (COVID-19) pandemic had demonstrated the value of a health emergencies programme embedded within the Organization. The core capacities of the WHO Health Emergencies Programme, including social scientists and gender equity experts, should be maintained and increased. The establishment of standard operating procedures for timely internal surge capacity would also help to leverage in-house expertise.

Noting that an increase in assessed contributions would have a transformative effect and strengthen the authority of WHO, she congratulated the Working Group on Sustainable Financing for its work and welcomed the approval of the decision on sustainable financing. It was imperative to increase the proportion of core flexible funding allocated to the Programme and for the financing of preparedness activities, investment in which was chronically low at the national and international levels. Member States should agree on a targeted revision of the International Health Regulations (2005), in particular regarding risk assessment and a graded approach to declaring a public health emergency of international concern, and should consider adopting measures for compliance with the Regulations under a treaty, convention or instrument for pandemic preparedness and response.

The Committee recognized WHO's leadership role in the global response to the COVID-19 pandemic, but noted the possibility of additional opportunities for leveraging organizations of the United Nations system and other partners to amplify messages on prevention, testing and treatment. The Secretariat should continue to provide technical support in close collaboration with partners. She welcomed the establishment of new initiatives, such as the Global WHO Hub for Pandemic and Epidemic Intelligence, the WHO BioHub System and the global biomanufacturing training hub. Many of the biggest failings in the global pandemic response were beyond the Organization's mandate, suggesting that reforms must also consider the wider architecture. A strengthened WHO must be at the centre of the architecture, with strong links between governments and finance and rooted in the principles of equity, inclusivity and coherence. Greater specificity on how to empower and strengthen the Organization within wider reforms was essential.

While the Organization had maintained and strengthened its leadership role in global health emergencies during the pandemic, further work was needed. The discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers was deeply concerning. The Committee would continue to hold WHO accountable, but Member States and other partners must also play their part by ensuring that the Organization was equipped with sustainable and flexible financing and granted the global authority to carry out its work effectively.

The DIRECTOR-GENERAL thanked the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme for its hard work and advice. The term of the Committee would be extended for an additional two years, until 2024. He expressed his gratitude to the outgoing Co-Chairs and welcomed the new Chair and Committee member. He looked forward to continuing to work closely with the Committee at what was a critical moment in history for global health emergencies.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that weaknesses in pandemic preparedness and response were largely caused by inadequate financing of the WHO Health Emergencies Programme both within the Secretariat and Member States and the fact that financial disparities between countries were not taken into consideration. She supported the recommendation of the Working Group on Sustainable Financing to ensure flexible funding in order to better equip WHO at all three levels to support Member States. A focus on equity and multilateralism was needed, in addition to a strengthened WHO playing a leading and coordinating role in the global health architecture on pandemic preparedness and response and a central role in public health emergencies of international concern. She commended WHO's efforts to respond to emergencies, noting that a significant proportion of acute and protracted emergencies during the reporting period had occurred in her Region.

She expressed concern regarding gaps in pandemic management, in particular the severe imbalance in access to COVID-19 vaccines. Obstacles to local production of vaccines must be removed and effective technology and know-how ensured. Coordination and action from WHO, the African Union and its relevant organs, as well as regional economic communities, was required to address the gaps identified in the implementation of the International Health Regulations (2005). Strengthened surveillance and response systems were needed to prevent and respond to public health emergencies. Lastly, it was important to build strong and resilient health systems capable of providing essential health care and ensuring continuity of care services during health emergencies.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that climate change, conflict and natural disasters had contributed to the substantial increase in emergency-related needs and risks in recent years. His Region was one of the most severely affected, with many of its Member States experiencing ongoing conflict and natural disasters and a concomitant rise in food insecurity and malnutrition. He therefore welcomed the recommendations of the Independent Oversight and Advisory Committee, particularly those on strengthening emergency workforce capacity, applying lessons learned from the COVID-19 pandemic and ensuring predictable, sustainable investment in preparedness. WHO must play a central role within the global health architecture. A more collaborative, systemic and transparent approach to managing health emergencies was needed, with tailored responses to differing country contexts. The Secretariat should support Member States to strengthen national emergency management capacities, including by developing guidance on a country-level emergency response framework. Recent initiatives, including the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence, were encouraging, and he welcomed the work carried out by the Tripartite Plus to mainstream the One Health approach for the detection and prevention of zoonotic threats. Despite the success achieved in the response to COVID-19 and other emergencies, numerous challenges remained that could only be overcome through the principles of solidarity and equity.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that North Macedonia, Montenegro, Albania and Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with his statement. He expressed appreciation for the work conducted under the WHO Health Emergencies Programme, particularly in the light of the increasing number of graded health emergencies around the world. The direct and indirect impacts of war and conflict on health highlighted the importance of continued surveillance of and reporting on attacks on the provision of health care.

Emphasizing the importance of the mental health and well-being of staff during crisis response and the need for safe working conditions for health care workers, he welcomed the integration and implementation of policies to prevent and respond to sexual exploitation, abuse and harassment and highlighted the urgent need to incorporate both that issue and security management into a revised Emergency Response Framework. Clarification of the roles and responsibilities, accountabilities and lines of authority across WHO regional and country offices and WHO headquarters was essential for the development of a zero-tolerance approach to such forms of misconduct. He urged the senior leadership team to accelerate the implementation of the recommendations of the Independent Oversight

and Advisory Committee. In addition, Member States should increase their financial contributions to the Organization, including for the WHO Contingency Fund for Emergencies, to ensure that WHO could play a leading role in global health.

He thanked the Secretariat for its response to the health emergency situation in Ukraine. The European Union and its Member States strongly condemned the blatant violation of the Charter of the United Nations and the Constitution of the World Health Organization by a permanent member of the United Nations Security Council and member of the Executive Board. He called on the Russian Federation to immediately cease its war of aggression in Ukraine, including attacks on health care facilities, and to respect its responsibilities under international law.

The representative of BRAZIL said that, while the conclusions and recommendations of the Independent Oversight and Advisory Committee were relevant, certain points required clarification. With regard to the Committee's conclusions on progress related to COVID-19 therapeutics, diagnostics and vaccines, excessive emphasis had been placed on the importance of regulatory aspects without considering the high prices, lack of possibilities for negotiation and other obstacles faced by many countries in securing medical countermeasures. Similarly, the Committee's report also highlighted in-country bottlenecks as an obstacle to delivery but did take into account the nature of the demands that countries strived to meet, many of which were excessive or unjustified. In addition, the Committee's statement that deadly variants of severe acute respiratory syndrome coronavirus 2 had emerged in under-resourced countries was controversial, as the emergence of new variants could occur anywhere. He recognized and supported the independent nature of the Committee, but wished to further engage with it to better understand the rationale behind some of its conclusions.

The representative of POLAND fully condemned the Russian Federation for its unjustified attack on Ukraine and its health infrastructure. He also condemned the false narrative and misinformation spread by the Russian Federation on the war, which was genocide. The Russian invasion of Ukraine was not only a violation of international law and the rules of the United Nations, but also had a direct and severe impact on public health in Ukraine. It also affected neighbouring countries, including Poland. He thanked the European Union, WHO and other United Nations organizations, nongovernmental organizations and individuals for providing support, including humanitarian aid, to help his country deal with the impact of Ukrainian refugees on the health system. Moving forward, efforts should focus on recovery of the health system in Ukraine, including the need to rebuild destroyed infrastructure, deliver equipment and strengthen the country's health workforce.

His Government opposed the draft resolution on the health emergency in and around Ukraine and refugee receiving and hosting countries proposed by the Russian Federation, which was a cynical attempt to complicate WHO's work and cause chaos in the Health Assembly. Expressing support for the draft resolution on the health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression proposed by Ukraine, he called on the Russian Federation to immediately cease its military actions in Ukraine and respect its responsibilities under international law. International rules on humanitarian aid must also be respected.

The representative of PORTUGAL expressed solidarity with the people of Ukraine, who were suffering from a humanitarian and health emergency created by the Russian Federation's unprovoked and unjustified military aggression. Universal access to affordable, quality medical products was vital for the realization of the right to health and universal health coverage. He therefore commended the establishment of the Access to COVID-19 Tools (ACT) Accelerator and underlined his Government's commitment to global vaccine solidarity. The right to health transcended borders and should not be limited to emergency situations of instability and humanitarian crises. Health emergencies exacerbated inequalities and social and economic inequities, with vulnerable communities, including refugees and migrants, among the worst affected. Access to quality health services and continuity of care were crucial for safe, orderly and regular migration. Lastly, it was important to increase the resilience of health systems, enhance cooperation and ensure the inclusion of the most vulnerable populations.

The representative of the PHILIPPINES welcomed the Independent Oversight and Advisory Committee's recommendations on an integrated approach to health emergency management. He urged the Secretariat and Member States to consider unifying the different frameworks currently used for emergency preparedness and response in order to avoid fragmentation and duplication and ensure ease of adoption and implementation at the national level. The Committee's recommendations on guaranteeing essential health care and social services in times of emergency and conflict were also welcome and should be applied to all health emergencies, including those caused by climate change and natural disasters. He further welcomed the Committee's recommendations on ensuring an effective response through the use of flexible funding at the global and local levels, in coordination with Member States, as well as through investment in interventions during all phases of disaster and emergency management. He supported the strengthening of the WHO Health Emergencies Programme to ensure that the Organization could fulfil its leadership role in global health.

The representative of THAILAND recommended that the mandate of the Independent Oversight and Advisory Committee should be extended and that critical, essential issues should be addressed in cooperation with other working groups, in particular the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Working Group on Sustainable Financing, in order to ensure synergies and avoid duplication of work. The Organization should seriously consider the Committee's recommendations, implementation of which should be closely monitored through the established monitoring framework. The WHO Health Emergencies Programme's division for preparedness should consider the Committee's recommendations, including those on preventing and responding to sexual exploitation, abuse and harassment, which should be applied as a key element of the Universal Health and Preparedness Review in order to ensure alignment between the Programme and the health emergency programmes of Member States. Noting the importance of regional solidarity, he highlighted that although effective health emergency response relied on resilient national health care systems, timely financial support at the initial emergency phase was critical for an immediate response.

The representative of AUSTRALIA recognized the central leadership of WHO in supporting Member States in coordinating and responding to numerous large-scale emergencies, amid continued focus on the COVID-19 pandemic, and commended WHO's work in complex health emergencies, including in Ukraine. The Organization's crucial role in coordinating and responding to severe large-scale emergencies highlighted the need for sustainable funding of the WHO Health Emergencies Programme at all levels, as well as of the WHO Contingency Fund for Emergencies. She encouraged the Secretariat and Member States to implement the recommendations of the Independent Oversight and Advisory Committee, particularly those on financing, the International Health Regulations (2005) and WHO's role in the global health architecture. The Organization must be equipped with the necessary authority to coordinate pandemic prevention, preparedness and response, and Member States must strengthen compliance with, and information sharing under, the Regulations, as well as mechanisms to assess and develop preparedness capacities. In addition, WHO must work as one organization across its three levels, with collective responsibility and shared accountability. It must also continue to prioritize the prevention of and response to sexual exploitation, abuse and harassment in all emergency responses. She appreciated the Secretariat's continued efforts to support Member States in strengthening their preparedness and response capacities as part of building resilient health systems and hoped that the new Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response would enable more comprehensive Member State engagement with the Committee and support for the Programme.

The representative of BELARUS expressed appreciation for WHO's work in responding to health emergencies. He expressed concern about the worsening humanitarian situation in Ukraine, as well as the civilian casualties and destruction of social and economic infrastructure. The ongoing conflict was leading to irreversible damage to Ukraine's health care system and the health of its population. He

therefore welcomed WHO's efforts to provide support to Ukrainian civilians and outlined the medical and other forms of humanitarian support provided by his Government to Ukrainian citizens arriving in Belarus. His Government wished to be added to the list of sponsors of the draft resolution proposed by the Russian Federation.

The representative of MALAYSIA welcomed the Secretariat's recommendations on preparedness, response and coordination activities at the global and country levels for active grade 3 emergencies. His Government had taken a number of steps to enhance preparedness and response, including in relation to the COVID-19 pandemic such as adoption of an emergency response framework. He acknowledged WHO's efforts to expand the monitoring and evaluation of the core capacities required by the International Health Regulations (2005) and the support provided for their implementation.

The representative of URUGUAY, noting that the COVID-19 pandemic had exposed weaknesses and inequities in global health emergency preparedness and response, highlighted the need for an equitable approach in dealing with pandemics. The lessons learned from the COVID-19 pandemic response should inform the development of processes and tools for response management that could be adjusted according to a particular event. The Independent Oversight and Advisory Committee should continue its work, and the Organization must continue to play a central role in the global health architecture with strengthened leadership and the necessary tools to underpin regulatory and financial initiatives. Investment in preparedness should be strengthened and include the reallocation of resources for the development of robust, quality warning systems to improve early detection at the country level, together with increased investment in the development of technological tools. She expressed concern regarding the issue of communication, in particular risk communication, which was key to successfully raising awareness among populations and ensuring their compliance with recommendations. Efforts to ensure access to information and education as part of the One Health approach were vital to prevent and mitigate future pandemics. Alternative approaches to the implementation of educational programmes led by health professionals should be explored.

The representative of Ukraine said that the Russian Federation's full-scale invasion of Ukraine had triggered a catastrophic health crisis, which had already led to a massive loss of lives, injuries and trauma among innocent people. Vulnerable people had borne the brunt of the health emergency. Deliberate shelling had destroyed life-saving health services, including for the treatment of chronic conditions, and had disrupted essential medical supply chains, severely restricting access to medicines. The Russian invaders had identified health care as their enemy, targeting hospitals, maternity and other health facilities, as well as ambulances. Mines and explosive devices continued to pose a threat to people's safety, leading to injuries, maiming and emotional distress. Living in a climate of fear had taken a toll on Ukrainians' mental health. The targeted use of rape as a weapon of war remained significantly underreported. The huge extent and long-term impact of psychiatric morbidity and other forms of mental health problems would require additional assessment. Furthermore, the blocking of grain exports from Ukraine had exacerbated food insecurity, further jeopardizing health and nutrition throughout the world.

The unprecedented health emergency caused by the Russian aggression required a firm and consolidated response from the international community. He thanked the Secretariat, the WHO Regional Office for Europe and the WHO country office in Ukraine for their efforts to respond to the health emergency. To address the severe scope and nature of the health emergency, his Government, together with a group of Member States, had proposed a draft resolution with the aim of ensuring that the health sector in Ukraine and in refugee receiving and hosting countries remained functional and accessible to all those who needed essential medical services. Support for the draft resolution proposed by his Government would contribute to the effective implementation of WHO's mandate to protect people in health emergencies.

The representative of BANGLADESH said that the recommendations of the Independent Oversight and Advisory Committee highlighted the need for global solidarity and an approach based on inclusivity. Health systems strengthening through enhanced support and cooperation should remain the

cornerstone of efforts to ensure health for all. Although the Committee's recommendations were commendable, certain points required particular attention.

The recommendation on strengthening processes for a fairer allocation of COVID-19 therapeutics, diagnostics and vaccines proposed business-as-usual approaches and did not take into consideration the calls made by developing countries in various forums, including the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, such as equitable access to health emergency response tools. WHO's role in supporting countries, in particular developing countries, should also be clearer. In addition, the recommendation on increasing financial support for the Access to COVID-19 Tools (ACT) Accelerator did not draw sufficient attention to developing countries' requirements. The ACT Accelerator's governance structure should be restructured through a Member State-led decision-making process with adequate representation of developing countries. Broader explanations of several of the Committee's recommendations, for example on the strengthening of the International Health Regulations (2005), would have enabled a better understanding.

The representative of the RUSSIAN FEDERATION said that the Director-General's report on the health situation in Ukraine described the serious and multifaceted problems concerning the Ukrainian health care system, which demonstrated that it had been unsatisfactory long before February 2022. Attacks and atrocities by Kiev on its own citizens were well documented, many of which were described in the Director-General's report. His Government was making concerted efforts to restore the right to health care of the inhabitants of Donbass. He outlined the humanitarian support provided by his Government in Ukraine, including to restore health facilities and provide health care, including in the humanitarian crisis zone. It had also taken in Ukrainians, who were provided with medical and psychological assistance and access to schooling. Wounded Ukrainian soldiers were also receiving treatment and given the opportunity to communicate with their families. He suggested that the Director-General should make a field visit to learn more about his Government's efforts to resolve the humanitarian and health care crisis.

His Government had always defended human rights and objected to the politicization of issues under WHO's mandate. The Organization's efforts should focus on helping all countries to provide the highest attainable standard of health for all without discrimination. Therefore, the draft resolution on health emergencies should offer comprehensive and practical humanitarian solutions applicable to all countries in all regions of the world. Many countries had expressed their interest in such a document and expected expert support from WHO. That approach should form the basis of all the Health Assembly's decisions.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the need for the WHO Health Emergencies Programme was indisputable in the light of the upward trend of people affected by health emergencies. She recognized the important statement made by the representative of Ukraine and objected to the gross misinformation in the statement made by the representative of the Russian Federation on the situation in Ukraine, given the terrible human suffering caused by the Russian Federation's illegal and inhumane war. She welcomed the recommendations and insights of the Independent Oversight and Advisory Committee, which were critical to strengthening the WHO Health Emergencies Programme. Efforts to strengthen the Programme should be underpinned by reliable funding. She therefore endorsed the proposal of the Working Group on Sustainable Financing to increase assessed contributions.

She reiterated the importance of strong, resilient health systems with integrated public health functions, including surveillance for health emergency preparation, prevention and response. Coordination and collaboration between the Programme and other WHO departments should be improved, including by better understanding the barriers to recruitment and retention within WHO. Work to prevent sexual exploitation and abuse must continue to be a top priority and fast-tracked. The Health Assembly should reflect on the progress made since the start of the COVID-19 pandemic and ensure that the lessons learned were translated into concrete action.

The representative of the UNITED STATES OF AMERICA welcomed the Independent Oversight and Advisory Committee's renewed commitment to continue monitoring and providing oversight of WHO's work in health emergencies and for supporting WHO's central role in the global health architecture. She encouraged WHO to take action on the Committee's recommendations, in particular to improve accountability for emergency management, increase the capacity and authority of the WHO Health Emergencies Programme and identify available, predictable and sustainable funding. She stressed the importance of preventing and responding to sexual exploitation, abuse and harassment in humanitarian responses. Recognizing the significant increase in mental disorders worldwide during the COVID-19 pandemic, she commended WHO for its efforts to support technical programmes to enhance mental health and psychosocial support in emergencies. Member States should work together to combat the decline in global vaccine confidence.

WHO's continued efforts to strengthen coordination with the wider humanitarian system were welcome, as were efforts to ensure strong surveillance and response systems for poliovirus. Close collaboration was needed between the Global Polio Eradication Initiative and other actors to ensure and sustain certification-level surveillance for poliovirus. WHO's health emergency and humanitarian efforts in fragile, conflict-affected and vulnerable settings should be recognized. She appreciated the statement made by the representative of Ukraine and said that it was important to reject the lies and disinformation of the Russian Federation. She looked forward to further discussions on that topic.

The representative of BARBADOS welcomed the Secretariat's continued work on public health emergency preparedness and response and the guidance of the Independent Oversight and Advisory Committee. The Secretariat should make efforts to address gaps related to: defining the roles and responsibilities of the major WHO offices in emergencies, the accountability framework and the reporting lines of functions supporting emergency management; enhancing the organizational structure and system to support WHO's work on emergencies; improving human resources capacity and management; increasing financing, especially for small island developing States with fragile health systems; promoting the requirements under the International Health Regulations (2005) and country preparedness; advancing WHO's role in the global response to COVID-19 and future pandemics; and planning with respect to the future global health architecture for pandemic preparedness and response. Lessons learned must be translated into action and incorporated into updated national action plans to further strengthen health systems. His Government would continue to explore South–South cooperative agreements to boost national public health responses.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the COVID-19 pandemic had reaffirmed the importance of joint activities in the areas of health emergencies and communicable diseases, such as technology exchange for the manufacturing of medical countermeasures, including vaccines. The WHO Hub for Pandemic and Epidemic Intelligence would help the Organization to more effectively manage, monitor and coordinate future public health emergencies of international concern and pandemics. Although a graded approach to declaring a public health emergency of international concern based on a risk assessment could be useful, it should be based on science. Member States' compliance with amendments to and implementation of the International Health Regulations (2005) was a very sensitive topic that required extensive face-to-face consultations. Implementation of an agile process might endanger WHO's role as a humanitarian and collaborative organization and transform it into a supervisory, security one, which could be harmful to the Organization in the future.

The representative of CANADA commended WHO for its leadership and coordination efforts in responding to the COVID-19 pandemic and ongoing crises and health emergencies around the world. The Independent Oversight and Advisory Committee's recommendations to address persistent gaps related to emergency management, accountability, capacity and financing were welcome. She noted with interest the recommendation to finalize and implement the new strategy for the WHO Contingency Fund for Emergencies replenishment mechanism, disbursement criteria and operating processes, and encouraged Member States to ensure that the replenishment mechanism was sustainably financed.

Dr Abdool-Richards took the Chair.

The representative of ETHIOPIA said that her country was facing complex humanitarian emergencies that required enhanced coordination, an improved supply chain, and increased financing and resources to ensure the continuity of essential health services, and requested support from WHO and other stakeholders for that purpose. Fragmentation across current initiatives must be avoided and the WHO Health Emergencies Programme should be aligned with other programmes on health systems strengthening, especially the routine emergency care system. She emphasized the need for increased and sustainable financing for emergency response and increased investment in activities to strengthen health systems. An expedited procurement system and supply chain arrangements were also required to ensure the timely delivery of services. She commended WHO's vision to bolster WHO country offices and called for further strengthening of the implementation of the WHO Surveillance System for Attacks on Health Care.

The representative of SPAIN said that WHO should play a central and leadership role in public health emergency preparedness and response. Its governance should therefore be strengthened to enable the Organization to become more efficient and effective. She shared the views of many Member States regarding amendments to the International Health Regulations (2005), which was the appropriate mechanism for implementation of the recommendations issued by various pandemic evaluation panels and Member States. National capacities should also be sustainably strengthened at the local level to improve preparedness and response. Many of the lessons learned during the COVID-19 pandemic were already known as a result of dealing with previous emergencies, yet no corrective measures had been taken. It was therefore imperative to translate those lessons into tangible action at all levels to guarantee global public health security.

Dr Nakatani resumed the Chair.

The representative of CHINA welcomed WHO's tireless efforts to strengthen national emergency preparedness and response capacities and to prepare for, prevent and respond to health emergencies around the world, including epidemics and pandemics such as the COVID-19 pandemic. The Independent Oversight and Advisory Committee had drawn attention to a number of existing issues in relation to WHO's health emergency management, including the discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers in many countries to discontinue those measures while transmission remained widespread, and the importance of equity in ending the pandemic. He expressed the hope that the Secretariat would implement the recommendations of the Committee and provide regular updates on their implementation. Given the varying country contexts and capacities to respond to health emergencies, the autonomy of each Member State to adopt differentiated prevention and control strategies should be respected. In the field of public health and clinical practice, scientific decision-making and policies should be adhered to, with the aim of achieving health and well-being for the highest number of people.

The representative of INDIA said that the Independent Oversight and Advisory Committee had observed that the majority of countries had failed to implement the necessary public health measures during the first few months of the COVID-19 pandemic. However, the Committee should also emphasize the need for unambiguous, direct and timely risk communication from WHO as the United Nations chief coordinating agency for health. The Organization's delay in declaring a public health emergency of international concern and pandemic and conflicting technical advice had directly affected Member States' actions.

A Member State-led process was crucial to build consensus on an approach to address the shortfalls of the Access to COVID-19 Tools (ACT) Accelerator in order to resolve the issue of inequity in diagnostics, medicines and vaccines. Equity was imperative to end the COVID-19 pandemic. WHO should consider improving access through negotiated waivers of intellectual property rights. Vaccine inequity had underscored the need to negotiate an access and benefit-sharing network for the sharing of

human pathogens of pandemic potential while protecting the rights of Member States under the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization. Those principles should also be incorporated into discussions on new initiatives. Lastly, WHO should ensure that donor funds were not used for standard-setting or normative purposes, in accordance with the Framework of Engagement with Non-State Actors.

The representative of JAMAICA said that the lessons learned from the COVID-19 pandemic should be used to build resilience. He thanked WHO/PAHO for the support provided to build the capacity of his country's health emergency operations centres and outlined measures implemented by his Government to enhance emergency preparedness and response. He highlighted the need to include the mental health and well-being of health care workers in all emergency response programmes and looked forward to WHO's guidance in that regard. Incivility on social media towards science had been a major challenge during the pandemic and had affected vaccination roll-out globally. It was therefore critical for WHO to provide early interventions and support to countries on effective communication to counter negative information. Engaging with partners outside of the health sector could strengthen external communications and facilitate a unified response. He supported the Committee's recommendations to improve the Programme's organization and provide it with additional resources. As the global leader in health emergencies, WHO should set the best example for countries with regard to the allocation of resources for health priorities.

The representative of SINGAPORE expressed concern regarding the lack of clear roles and responsibilities and lines of reporting, as well as the power dynamics throughout the Organization. WHO should focus on strengthening performance management as a key priority. Although a graded approach to declaring public health emergencies of international concern could be beneficial, it should be as simple as possible in order to clarify the action to be taken and ensure clear public communication. She welcomed the establishment of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, which would improve communication and coordination between Member States and the Secretariat.

The representative of INDONESIA appreciated the complementary nature of the Independent Oversight and Advisory Committee's observations and recommendations and the recommendations generated by various ongoing discussions on the global architecture for health emergency preparedness and response. She supported the call to strengthen countries' commitment to prevent the spread of disease and public health risk factors, as set out in the International Health Regulations (2005). Strengthened capacity for prevention, early detection and response would improve national health emergency preparedness and resilience. The Committee's recommendations must be translated into concrete and concerted action that avoided duplication and fragmentation at the global, regional and national levels. WHO should work together as one organization across its three levels with collective responsibility and shared accountability to support Member States. She commended WHO's tireless efforts in addressing global health emergencies and highlighted the need to make the Organization more agile.

The representative of the REPUBLIC OF KOREA expressed support for the recommendations of the Independent Oversight and Advisory Committee on addressing major gaps. She agreed with the Committee's observation that WHO must play a leadership role in ensuring equitable access to medical countermeasures. As the host country of the global biomanufacturing training hub, her Government would cooperate fully with WHO to strengthen vaccine and biopharmaceutical manufacturing capacity. She fully supported the Committee's recommendations on the International Health Regulations (2005) and called for timely targeted amendments. The work of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response and of the working group on amendments to the International Health Regulations (2005) was complementary. It was imperative to support the Organization in order to ensure that the Secretariat could continue supporting country capacity-building

to improve compliance with the Regulations. Lastly, she expressed support for the Committee's recommendation on addressing misinformation; investing in risk communication was an urgent priority in order to achieve global vaccination goals and prepare for future pandemics.

The representative of ARGENTINA welcomed the recommendations of the Independent Oversight and Advisory Committee. She expressed support for the central role of WHO in the development of the governance structure of the global health architecture but was concerned over the possible fragmentation of initiatives on pandemic preparedness and response. The importance of an integrated WHO Health Emergencies Programme had been proven during the COVID-19 pandemic. However, the mandates of other initiatives or groups established outside WHO threatened to undermine the functions of the Programme. She reiterated her Government's commitment to strengthening WHO and to continue discussing the various options for ensuring the Organization's sustainable financing while bearing in mind the double contribution made by the Member States of the Region of the Americas to WHO and PAHO, as well as the financial realities and budgetary difficulties of those countries. Lastly, she supported the call for an equitable approach to vaccine access and distribution, based on the principles of international solidarity and cooperation.

The representative of GERMANY expressed appreciation for the work of the WHO Health Emergencies Programme, which continued to be overstretched and understaffed. Management of the International Health Regulations (2005) with high levels of short-term contracts was concerning and must be addressed. He welcomed the fact that the Independent Oversight and Advisory Committee had drawn attention to the issue of the intolerable level of toxicity online and incivility on social media towards science, WHO and its staff members. By addressing the issue of chronic underfunding, the solutions developed by the Working Group on Sustainable Financing would be the single most important contribution to improving the Programme. WHO should play a central role not only in the global health architecture for pandemic preparedness and response but also in discussions on the topic, as well as on the establishment of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response.

The representative of TOGO said that, despite the success of reforms initiated in 2016 in the area of emergencies, the COVID-19 pandemic had revealed weaknesses in preparedness and response and in ensuring global health security. Health systems were overstretched, and implementation of the International Health Regulations (2005) had revealed gaps. With support from partners, her Government had been able to manage various health situations, thereby avoiding a rapid increase in cases and preventing the health system from being overwhelmed. Nevertheless, significant challenges remained, including in relation to the timely availability of financial resources, the availability of qualified health workers, community compliance with public health interventions, implementation of recovery plans, and the protection of health workers during health emergencies. She called for reinforced international solidarity in a spirit of equity to meet the needs of populations, in accordance with respect for human rights. She welcomed the important role played by WHO and its work in health emergencies.

The representative of COLOMBIA expressed support for the central role of WHO and the WHO Health Emergencies Programme in response to complex emergencies. It was important to continue strengthening the global health architecture and to prioritize and guarantee access to health care services in the face of the climate crisis, COVID-19 and conflicts. He condemned all attacks on health and humanitarian workers and called for the strengthening of measures to ensure their safety. Turning to the health situation in Ukraine, he expressed concern over the continued attacks on health facilities, health workers, patients, supplies and storage facilities, and condemned attacks on civilian populations. The interruption of maternal and newborn care, and the increased risk of infectious disease outbreaks and long-term mental health problems were of particular concern.

The representative of NICARAGUA said that her Government had witnessed the solidarity and cooperation demonstrated by countries such as China, Cuba, India and the Russian Federation, whose

support had facilitated a 90% COVID-19 vaccination rate in Nicaragua. Her Government supported the one-China principle. She acknowledged WHO's work under the COVID-19 Vaccine Global Access (COVAX) Facility and other health emergency initiatives. It was imperative to avoid politicization in order to uphold the right to health without distinction of any kind. She welcomed the work of the Working Group on Sustainable Financing, as well as efforts to strengthen WHO in the area of health emergency preparedness and response.

The representative of GEORGIA, expressing her full solidarity with and support for Ukraine, said that the ongoing health emergency in the country was of grave concern. She stressed the importance of ensuring respect for international humanitarian law, including the protection of all medical and humanitarian personnel, and appreciated WHO's efforts in such difficult circumstances. WHO staff and other medical and humanitarian workers on the ground must have safe, rapid and unhindered access to populations in need. She strongly supported the goals of the draft resolution proposed by Ukraine and reiterated her Government's unwavering support for Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, including Crimea and Donbass, as well as for Ukraine's navigational rights in its territorial waters.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the risk of health emergencies had been heightened as a result of environmental degradation, climate change, rapid urbanization, increasing international travel and geopolitical crises. To better protect the future, it was necessary to establish: a global coordinated response system; mechanisms to ensure resilient health care systems providing universal health coverage with integrated primary health care; a strong and well-supported health workforce; and harmonized health emergency preparedness and response systems at the regional and international levels. The WHO Health Emergencies Programme and WHO Contingency Fund for Emergencies should be strengthened through sustainable financing.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, recognized WHO's efforts to accord adequate attention to public health emergencies by working on an international instrument on pandemic prevention, preparedness and response. He called on the Organization to complete the process of developing and adopting that instrument, which should involve the meaningful engagement of young people, including in its implementation, monitoring and evaluation. The current momentum should be harnessed to lay the foundation for improved pandemic preparedness and response, in which youth engagement was critical.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic, conflicts and the climate crisis had significantly impacted children and their families, jeopardizing progress towards the achievement of the Sustainable Development Goals and deepening inequalities. All children must be protected and provided with access to essential health services, even in emergencies. She called on Member States to: ensure the continuity of all essential health and nutrition services and prioritize the protection of health and humanitarian workers in emergencies; strengthen mental health and psychosocial support, including by ensuring dedicated financing to address pre-existing gaps; and mobilize financial and technical resources to ensure equitable access to COVID-19 tools.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding and conflict of interest safeguards must be consistently integrated into all emergency prevention and management policies. Short-term treatment models that relied on market-led approaches and failed to recognize how companies undermined health and the environment posed serious risks to child health. Ready-to-use therapeutic foods should not be on retail sale and should only be used in programmes that promoted skin-to-skin contact, relactation and

continuation of breastfeeding. Micronutrient interventions should be culturally appropriate and not undermine sustainable food production, food security and biodiversity.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, emphasized the importance of strengthening health emergency response. Health care systems around the world faced major challenges related to preparedness and agility. He called on WHO to deploy health care trainees to their fullest potential during health emergencies, including in preparing and administering vaccines, testing for diseases and providing education and care. Noting the major role played by students in the reserve health workforce during the COVID-19 pandemic, he urged the Organization to recognize and support youth-led initiatives.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, supported the Committee's recommendation on fostering WHO's leadership role during public health emergencies. WHO's core budget must be significantly increased to ensure adequate emergency response. She urged WHO to call for legally binding solutions on equitable access and for reform of the governance structure of the Access to COVID-19 Tools (ACT) Accelerator to ensure inclusivity for all Member States, including developing countries. She expressed concern that the Committee's stance on strengthening the International Health Regulations (2005) favoured developed countries' views and ignored calls from developing countries and decision EB150(3) to address the issue of equity. Multistakeholder platforms, including the ACT Accelerator, had failed the test of equity.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, urged WHO to reform global health supply chains regionally and through national industrial policies that accelerated emergency response. International agreements and regulations safeguarding the physical and mental health of emergency service workers must be fully implemented. The Organization should also adequately fund preparedness and response activities and sustainably finance the WHO Contingency Fund for Emergencies, as well as commit to strengthening universal public health systems.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that rehabilitation was a core element of emergency response. She called on Member States to elevate WHO's emergency functions. Rehabilitation and the provision of assistive technology must be incorporated into all health emergency responses at all levels of care. In addition, health workers must be equipped to meet early rehabilitation needs in emergencies and the needs of people with pre-existing disabilities or chronic health conditions. A Health Assembly resolution on rehabilitation, including in emergencies, would strengthen Member States' efforts to improve services.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME thanked Member States for their insightful comments and appreciation of the Committee's work. Issues highlighted by Member States included the key challenges in pandemic preparedness and response, inadequate financing and disparities in the African Region, and the increased frequency of national disasters and their links to climate change. She was hopeful that Member States' decision to increase assessed contributions would have a transformational effect on WHO's work in health emergencies. Increased investment in preparedness was needed at the national and international levels to support countries in the implementation of preparedness activities. The prevention of and response to sexual exploitation, abuse and harassment was a key area of concern for the Committee and it would continue to monitor progress in that regard. The importance of a clear accountability framework in emergencies had also been highlighted. The Committee would be happy to discuss with Member States the challenges and bottlenecks related to access to medical countermeasures and delivery.

Equity was imperative to ending the COVID-19 pandemic. The new Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response would enable increased Member

State engagement and support for the WHO Health Emergencies Programme. She welcomed Member States' support for a strengthened WHO at the centre of the global health architecture, which should be based on principles of equity, inclusivity and coherence. The Committee would continue to monitor work on the International Health Regulations (2005), the Universal Health and Preparedness Review, the WHO Health Emergencies Programme, the infodemic, misinformation and human resources and had taken on board Member States' comments and recommendations on those topics.

She thanked Member States for their support for the Committee's recommendations and for their expression of trust in its work. She reiterated the Committee's commitment to continue delivering on its mandate, in close collaboration with the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Working Group on Sustainable Financing, among others. Lastly, she expressed her deep gratitude to the Director-General, Regional Directors, the Executive Director for the WHO Health Emergencies Programme, the Chef de Cabinet, and the Secretary and Co-Chair of the Committee for their support and expression of confidence in her ability as Co-Chair.

The representative of the REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the world was challenged by an increasing number of crises, including the COVID-19 pandemic, conflict and displacement, severe weather events and concurrent outbreaks. However, the collective action required to tackle most of those crises was affected by a crisis of global governance. Political polarization, growing nationalism and deliberate misinformation were undermining the resolve to tackle the world's most urgent problems. Notably, 50% of the recommendations from the reviews of the COVID-19 response addressed leadership. In line with the theme of the Seventy-fifth World Health Assembly of "Health for peace and peace for health", collective approaches should be sought to effectively tackle the numerous crises and risks. Consideration of the health and well-being of the most vulnerable should be a major priority, and communities and frontline health workers must be supported. Although significant progress had been made, far greater progress would be possible by adopting the priority recommendations of the Independent Oversight and Advisory Committee and the Independent Panel for Pandemic Preparedness and Response, among others, and ensuring their implementation.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the Independent Oversight and Advisory Committee's constructive criticism and inputs regarding the development of the WHO Health Emergencies Programme and thanked the outgoing Co-Chairs for their leadership of the Committee. The Programme strived to bring alignment to, and ensure coherence in, WHO's work in emergencies at all levels of the Organization in terms of readiness, speed, agility, scale and accountability, despite major financial, administrative, organizational and managerial impediments. He welcomed Member States' comments on national emergency management capacities, incident management systems and the Emergency Response Framework, which highlighted the importance of all-hazards, community-based, locally facing and integrated approaches. Global solutions would not solve inherent and embedded gaps in community capacity, community-based surveillance and community agility and resilience. Global health security was fundamentally based on local and national health security connected by global goods, services and shared accountability for the health and welfare of populations.

The Secretariat would continue to verify and report on all attacks on health care and hoped that other bodies would use that information and data and take the necessary action for any criminal investigations. The Secretariat took the issue of prevention of sexual exploitation and abuse extremely seriously and was striving to improve its performance in that regard.

The power of any programme lay in its people. He expressed his appreciation to the staff of the Programme, the majority of whom worked outside of WHO headquarters at the regional and country levels, as well as to partners and other WHO staff including Regional Emergency Directors, Heads of WHO country offices, WHO Representatives, Regional Directors and directors of other divisions across the Organization for their hard work in serving the needs of Member States. Further work on the Programme was nevertheless required. He also thanked donors for funding the Programme, especially

the WHO Contingency Fund for Emergencies, which had transformed the Programme's ability to respond to countries' needs and react quickly in times of crisis.

Preparedness and response had become a continuous, circular process. With multiple emergencies to face while delivering health care, being able to respond while at the same time learning, preparing and adapting had become the new reality. That agility would prove beneficial in the future. However, the Programme was not yet sustainable and needed the full support of Member States and constructive input from the Committee. The entire Organization stood on the shoulders of the health workforce that delivered on health care and emergency response.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response), thanking the Co-Chairs of the Independent Oversight and Advisory Committee, said that its work was essential for keeping the WHO Health Emergencies Programme on track. The Programme had played a crucial role in the COVID-19 pandemic response, preventing an even more catastrophic situation. The Secretariat would work to uphold the vision of the Programme as one team across the three levels of the Organization, with clear reporting lines, mechanisms and processes, and as a reliable and predictable partner that was able to respond to Member States' needs. Extensive consultations with Regional Emergency Directors had informed the updated version of the Emergency Response Framework, which took account of lessons learned and the Organization's zero tolerance for sexual exploitation, abuse and harassment. It included the introduction of major new measures such as rapid risk assessments for sexual exploitation and abuse as an integral part of risk assessments for health events.

The Secretariat had taken on board the recommendation for implementation of the Emergency Response Framework at the country level, which would contribute to more predictable national responses to emergency warnings and rapid response. Performance would continue to be monitored. The Programme would work in coordination with other WHO programmes given the wide-ranging impact of emergencies. The 300 million people in need of humanitarian aid due to conflict and climate-related and other issues underscored the relevance of the theme of the Seventy-fifth World Health Assembly of "Health for peace and peace for health". Although the Organization's engagement in addressing new challenges was vital, work must also continue on long-standing problems that affected the most vulnerable populations.

The CHAIR invited the Committee to note the report contained in document A75/16 and the section of the report on WHO's work in health emergencies contained in document A75/10 Rev.1.

The Committee noted the reports.

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

The meeting rose at 11:50.

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