



Republic of Botswana

STATEMENT

BY

**HONOURABLE DR LEMOGANG KWAPE
MINISTER OF INTERNATIONAL AFFAIRS AND COOPERATION
OF THE REPUBLIC OF BOTSWANA**

**AT THE
THE RESUMED SESSION OF THE SEVENTY-THIRD
WORLD HEALTH ASSEMBLY**

**“Pillar 2: Health Emergencies, Independent Oversight and Advisory Committee and International Health Regulations
(Agenda items 13.1, 13.2 and item 14.0)”**

COMMITTEE A

**09 – 14 NOVEMBER 2020
VIRTUAL**



1. Madam Chair, Botswana aligns with the statement delivered by South Africa on behalf of the Africa region Member States.
2. We wish to thank the Secretariat for the reports of the Independent Oversight and Advisory Committee (IOAC), and the recommendations contained therein; the WHO Health Emergencies report as well as the International Health Regulations (2005) annual report. Botswana joins the rest of the Member States in acknowledging the WHO's coordination and leadership role in health emergencies management, at all levels of the organisation. The WHO's Health Emergency Programme which was established under the leadership of the Director-General Dr Tedros, has been a key milestone in this regard.

Madam Chair,

3. We note the report of the IOAC, which highlights the progress made over the past four years since its establishment, and the lessons learned that could be useful going forward. We congratulate the emergencies programme for their successful management of up to 500 events annually based on an all-hazards approach. For instance, as reported, the IOAC mission to the Democratic Republic of the Congo in May 2019 indicated that the WHO transformation agenda had impacted positively on its human resources management.

4. We however note with concern the critical gap in the procurement system and supply chain management of the Organisation as identified in the report. These delays in procurement and delivery undermine WHO's capacity and accountability on the ground. We therefore encourage the WHO to continue improvements in this area.
5. Madam Chair on the International health Regulations (IHR) (2005), we welcome the progress that has been reported across all 13 IHR core capacities globally. Botswana is committed to both the mandatory and voluntary instruments for the monitoring and evaluation of the implementation of IHR.
6. I am pleased to report that we have benefited from the Joint External Evaluations (JEE) exercise of IHR core capacities, which was led by the WHO. This assessment established a baseline measurement of the country's public health capacities and further helped in identifying the most urgent needs within our existing national public health emergency structures. We therefore support the recommendation to further strengthen the adequacy of JEE and other existing tools to support country preparedness and response efforts based on the lessons learned from the COVID-19 pandemic, and under the guidance of the IHR Review Committee.
7. We are confident that the Secretariat will continue to support Member States, particularly those with limited resources to build strong and resilient health systems as required under the IHR(2005), and within the

framework of universal health coverage. We call for further assistance from the development partners in this regard.

Madam Chair,

8. As already mentioned by other distinguished delegates, the COVID-19 pandemic has had a devastating impact on our health, society and the economy, we welcome the work by WHO to continue to be actively involved in global efforts to promote equitable access to COVID-19 vaccines, treatments, diagnostics and all other medical products. We underscore that no one should be left behind as we rebuild back better.

9. Botswana will continue to cooperate and join forces with the international community and support the work of the Independent Panel for Pandemic Preparedness and Response, and the IHR Review committee with the overall goal of strengthening global health security.

I thank you for your attention.

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