



78th Session of the World Health Assembly
Bangladesh statement

Fourth and Fifth Meetings of Committee A: Room XX
Agenda item 16.1: Health Emergency Preparedness and Response
Agenda Items 16.1, 16.3, 17.1 & 17.4 (taken together)
Date: 21 May

16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience

Document [A78/9](#)

16.3 Implementation of the International Health Regulations (2005)

Documents [A78/11](#), [A78/INF./6](#) and [A78/INF./7](#)

17.1 WHO's work in health emergencies

Documents [A78/13](#) and EB156/2025/REC/1, decision EB156(31)

17.4 Universal Health and Preparedness Review

Document [A78/4](#)

Thank you, Chair.

We appreciate the Secretariat for the reports.

In para 2 of Doc 78/9, it has been rightly pointed out that geopolitical instability, climate change and emerging diseases reinforce the need for international cooperation and predictable financing. To overcome challenges in global health system, we need empathy, solidarity and unity.

On specific questions in item 16.1, we have following views:

First, during health emergencies, preparedness and response should be treated on an equal footing.

Second, we urge for releasing VTDs from available stockpiles in developed countries to serve the vulnerable community if those don't have immediate use.

Third, as per the amended IHR and Pandemic Agreement, we suggest WHO to undertake diversification of manufacturing of VTDs as the stepping stone.

Fourth, we urge for flexible and non-earmarked voluntary contribution for WHO to overcome current financing constraints.

Fifth, if Global HEPR implementation fails, health security will fall apart. Such a failure would push vulnerable communities to humanitarian crisis.

And sixth, we urge the secretariat to begin to harmonize its activities in line with amended IHR.

☐ On item 16.3, we have following views:

First, Secretariat is preparing for IHR implementation. We all should be sincere to implement it.

Second, Pandemic Fund is financing for surveillance projects. It is a good measure in prevention. Alongside this, implementation of art 13 and 44 of the amended IHR would help embolden prevention measures.

Third, on MPOX Standing Recommendations, we would like to know from the Secretariat the status of response in the backdrop of vaccine shortage.

Fourth, as standing recommendations on COVID-19 pandemic are in effect till 30 April 2026, WHO may continue its efforts for adequate supplies of VTDs to the countries in need.

Fifth, in reference to recommendations B7, D12 and C8 on MPOX, sharing of dividend from COVINET and post-clinical trial access commitments to VTDs would be useful to the countries bearing the brunt of the outbreak.

☐ On item 17.1, our view is: Health security approach would be useful only when response and preparedness go hand in hand.

Bangladesh is currently hosting 1.2 million forcibly displaced Rohingyas. Continued support from WHO and international community would be exigent for them.

☐ On item 17.4, we agree that UHPR should continue to remain voluntary in nature.

I thank you, Chair.
