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Web Briefing for Media:
Key Issues Facing the 2015 World Health Assembly -- From Ebola to WHO Reform
Kaiser Family Foundation
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PENNY DUCKHAM: Well hello, everybody, and welcome to today's web briefing. This is part of a series from the Kaiser Family Foundation exclusively for journalists on global health issues and we're delighted you could join us today as we focus on the upcoming 68th World Health Assembly gathering in Geneva.

This is as you know an annual event, which perhaps hasn't had quite the attention that it may attract this year because of the ongoing challenges with the response to Ebola but also the broader questions that it raises regarding the response by the international community and specifically by the World Health Organization.

We're delighted you could join us. The majority of this web briefing will be for your questions so please send them in even as we go through some brief presentations from the terrific panelists we have assembled today.

I am not going to go through people's incredibly impressive bios. Those are available online. We're going to start with Dr. Ian Smith, based in Geneva, who is the Executive Director of the Director-General's Dr. Margaret Chan's office at the World Health Organization. Dr. Smith, please let's start with you.

DR. IAN SMITH: Thank you very much, Penny, and good afternoon, good morning to everybody on the call. I'm going to

begin with a brief introduction to the assembly and then go into some of the topics that the assembly will be covering. Forgive me if some of you know this already in depth but I'm assuming there will be a number of people who will perhaps not have much exposure to the assembly in the past and therefore a little bit of information about how it works and what it does may be helpful to you.

First slide please. The World Health Assembly is the largest health policy meeting really in the world, organized by the World Health Organization. It's held annually here in Geneva and it's our top decision-making body for the World Health Organization. We usually now get around 3,000 delegates, usually those delegations are headed by ministers of health from our member states, 194 member states, but we also have a significant number of participants from a variety of other stakeholders; UN agencies, civil society organizations, and other partners.

I should say that the assembly has grown hugely in terms of its attendance over the last few years and it's now outstripping its facility, which is at the Palais des Nations here in Geneva. Just before the assembly we have a preparatory meeting of a Programme, Budget and Administration Committee and then immediately after it was have a two-day meeting of our Executive Board.

You've seen the dates there, 18th to the 26th of May so starting in about 10-days' time the theme this year is building resilient health systems. That's obviously in some respects prompted by the experience with Ebola over the last year and that will be the topic that many ministers will take up when they address the plenary beginning on the Monday. You've got a keynote speaker this year as is the usual practice. We're privileged to have the German Chancellor Angela Merkel. She will be speaking on Monday morning approximately at 11:30 Geneva time and then the Director-General will be addressing the assembly on Monday afternoon at around 2:30 in the afternoon.

Next slide please. How does the assembly work? Well, first of all, the agenda is developed firstly by the Executive Board of the WHO, which meets in January each year, and develops the agenda and also reviews the proposed decisions and resolutions that the assembly is expected to debate.

All of the documents that will be considered by member states go up on the website, the WHA website, and you'll find many of them are there now. Some of them are still in process and will be out very shortly. What happens is that having adopted the agenda at the beginning of the meeting there are preliminary discussions or rather in-depth discussions, which take place in the two subcommittees of the assembly, Committees

A and B and in those discussions the debates take place and then the resolutions are adopted and brought back to the plenary for final full adoption.

It's not just though the formal processes of the assembly that has made it so important, there are now established a series of technical briefings, which take place at lunch times on each of the days, main days, of the assembly but then there are numerous, hundreds of side events, which take place within the Palais des Nations but also elsewhere in Geneva covering a wide variety of health topics. It truly has become a global health forum in many respects. If you want to keep track on what's going each day, the best way of finding out is to look at the daily journal, which provides an update on the program and this year for the very first time we will have all of our sessions accessible via a live webstream but also available on the new mobile app, which will be released I believe next week and there's a little detail at the slide there on how you can access that.

Next slide please. Why is it so important? What does it aim to achieve? Well, the assembly is as we say it's a major health policy forum in the world and it therefore affects key health policies and policies with the global health community.

The outcomes serves as a road map of what health decisions will be taken nationally. This year, as what happens every two years, the decision-makers will be approving the biennial work programme budget for two years, 2016 and '17 and the Director-General is requesting an 8-percent increase in the programme budget for that period compared with the current biennium particularly in light of their experience again on Ebola but covering off a number of other areas.

The main areas that will be covered this year are Ebola, WHO reform in emergencies. There will be a substantial discussion on antimicrobial resistance. There'll be discussions on the post-2015 health agenda and there is an item not specifically on climate and change but specifically relating to that on air pollution and if I could just take a couple of seconds to take you through some of those items.

Next slide please. On Ebola, there'll be a technical briefing on the Tuesday lunch time, which will also be webcast and that will be followed then by a series of moderated discussions on four particular topics. First of all, it will look at assessing the current outbreak situation and it will review the current response efforts in the affected countries.

Next slide please. It will then go on to look at in this context the reform of our work in health emergencies and this follows a special session of the Executive Board in

January, which endorsed a resolution to strengthen our capacity to the detect and respond to disease outbreaks and the assembly will be reviewing proposals for a strengthened emergency response capacity in WHO particularly in relationship to the International Health Regulations, which are in effect the global framework for disease surveillance, response, and preparedness.

There will also be a plan being presented by the Director-General for the formation of a global health emergency workforce and also for establishment of a $100 million contingency fund that would be, in fact, the quick-start for any response in a health emergency. All of this will be informed by the results of a—preliminary results I should say, of an interim assessment, which is being carried out by an independent panel shared by Dame Barbara Stocking, whose the former CEO of Oxfam. She will be present in the assembly to present her findings to the assembly, the findings of that panel, the preliminary findings of that panel as well.

Next slide please. In addition though there are a number of other key areas that we'll be discussing at the assembly. There will be discussions on antimicrobial resistance, where there'll be a draft global action plan being considered on antimicrobial resistance, which is obviously a key problem, key challenge facing the world today.

Next slide please and my final one. There will also be discussions as I mentioned earlier in relationship to climate and health. There'll be specific discussions on air pollution and there's a resolution that's being negotiated currently around that area. Air pollution is one of the most significant avoidable causes of disease and death globally in the world today and that resolution covers issues in relationship to prevention control and mitigation of air pollution strategies, including cross-sectoral approaches to health, which will address air pollution. Strengthening monitoring of health outcomes related to air pollution but also obviously connecting—collecting that should be, health statistics and connecting them to data on the levels and sources of air pollution.

That gives you a very brief, a very summary overview of what's going to be an extremely important, extremely interesting meeting, which starts a week on Monday. Thank you very much and back over to you, Penny.

PENNY DUCKHAM: Thank you so much, that was very helpful and anyone's whose tried to report on these big international meetings, either in person or long distance, will appreciate that it's quite a challenge and it's helpful to run. That's exactly why we're doing this briefing, to run through in advance our best to think strategically about reporting on it.

With that, I'm delighted to hand over now to Ambassador Jimmy Kolker, whose here with us in Washington, DC. Ambassador Kolker is the Assistant Secretary for Global Affairs at the US Department of Health and Human Services and will be in Geneva shortly for the World Health Assembly.

JIMMY KOLKER: Thanks, Penny, and greetings to Ian and other panelists. The Secretary Burwell, Sylvia Burwell, the US Secretary of Health and Human Services will lead the delegation to the World Health Assembly and the very complex nature of the discussions are also reflected in our delegation. I think we'll have the largest delegation is US history to WHA this year including the Department of State, USAID, and technical people from the Centers for Disease Control and Prevention, National Institutes of Health, and many others.

US takes the WHA very seriously and this year in particular because we did set out at the Ebola special session in January the premise that the WHO we had was not the WHO that we needed in the emergency response to Ebola and it certainly shined a spotlight on many other issues that pre-dated Ebola and will be with us long after the last case of Ebola in the three countries is reported.

This World Health Assembly is especially important and the Secretariat, which he and has represented and led in many ways has had a remarkable burden of coming up with some reports

that the member states asked for on short notice with respect to these reforms and he highlighted the two key ones, the workforce and I was very pleased both in the resolution and in his slides global health emergency workforce is not capitalized. We need to look at how we mobilize a ready, a rapid response but from the US point of view at least and this was reflected in the resolution to look first at existing mechanisms and see if we couldn't have done better in working with workforces that could be mobilized from governments, from within WHO itself, from non-government organizations, from the GOARN network, the Global Outbreak Alert and Response Network, which is already an arm of WHO though not entirely within the WHO system.

These workforce reforms, which the resolution talked about in some detail I think will be presented to the World Health Assembly and we're optimistic that a lot better prepositioning and arrangements can be made so that this surge capacity can be recognized, trained, tested, that a lot of the prerequisites, which cause delays in getting people to West Africa would be overcome in the next iteration of a health-led emergency.

We also were very pleased to see that at least to member states the interim independent assessment report will in fact be quite substantive even though the group was formed

recently and had a large mandate, the report that they are presenting I think goes through carefully to look at WHO's strengths and weaknesses and recommends some solutions and we'll do an even more thorough report but in real time so that by July or so we should have a very good road map to what WHO's role in emergencies is and should be and how that needs to be reflected in the institutions and mechanisms that WHO has.

There are other governance questions about WHO, which are for the longer term including the relation of the Geneva headquarters, the country, and country, and the regional offices, the international health regulations and how they can be reviewed and validated and the health security questions, which are essential to the health systems that are needed, the questions of how to detect, survey, respond to an outbreak, whether it's naturally occurring or a result of bioterrorism or a lab accident.

This World Health Assembly though has 70 agenda items and those 70 agenda items all require some intervention by member states and some attention and so the preparation has been quite extensive. From the US side I'll just flag four or five of them that we think are especially important this year, one is a long-standing question about the relationship between WHO and what are called non-state actors, non-member states, and in particular the relationship with the private sector.

This has been poorly defined in the past and there's been uneven practice across WHO. It's been an ongoing issue, the US and I think many member states really want this to come to a conclusion at this World Health Assembly. We can't delay the guidelines any longer but it's been a painstaking negotiation and we're not there yet with a consensus recommendation.

Another key aspect, which his sometimes hidden but really is essential as countries look at how to implement the now universal call for universal health coverage, attention to non-communicable diseases as well as infectious diseases and one of the items on the agenda here, which hasn't gotten much attention but really is very important is attention to surgery and anesthesia in the context of universal health coverage, how a surgery is connected to primary care and to communicable and non-communicable diseases and what should be some basic standards and guidelines for countries would need to implement to make that a reality.

Ian rightly highlighted the health and air pollution resolution. This is a very important one for the United States. Our EPA's administrator Gina McCarthy was actually at the Executive Board to talk about this because we see this as Ian said one of the most important preventable causes of death and disease, but again, the negotiations leading up to the

health and air pollution resolution were not resolved at the Executive Board and were still going.

For antimicrobial resistance we're in a little bit better shape, the global action plan appears to have a wide consensus. We are hoping that the plan would not be opened up at the World Health Assembly but there will be debate about a resolution, which we'll talk about in a policy way how to implement the technical guidance, which WHO has prepared.

It certainly would be a shame not to mention that some long-standing issues such as polio elimination and eradication, the ongoing AIDS crisis, the attention to non-communicable diseases and their behavioral causes all are still very much with us and will be part of the discussion in Geneva.

With that I end the summary but it's going to be a heavy substantive agenda and there are some things that aren't easy to resolve that may take a lot of our time but we don't want to neglect those other important issues to global health, which will also be on the agenda.

PENNY DUCKHAM: Thank you so much, Ambassador Kolker, that’s very helpful. We are now going to turn to Professor Larry Gostin, the Director of the O'Neill Institute for National and Global Health Law at Georgetown University who is actually in Zurich today. Professor Gostin, over to you.

LAWRENCE O. GOSTIN: Thank you, Penny, and thank you to the Kaiser Family Foundation and I felt that Ian Smith and Jimmy Kolker did a really wonderful job setting up the groundwork. You will have in front of you a Lancet article where the embargo is just listed and you have a link to that article, which will explain how in more detail the kinds of issues that I'm raising here about global health security and global health in general as it's a retrospective and prospective analysis of the Ebola epidemic.

I think what I wanted to highlight is the subtitle of that, which really indicates what I'm going to talk about, which is the fact that we need to have robust national health systems at the foundation, which is the WHA theme this year that Ian talked about but also an empowered WHO at the apex. I'm going to have some critical remarks about WHO but it will be in the context of wanting to make it the organization that it can and should be.

I want to begin by saying that I think Ebola taught us two fundamental lessons. The first lesson is, is that the world is ill-prepared for the next global epidemic. It probably won't be Ebola but it could be a pandemic influenza, a SARS, a MERS, or it could be a crisis about antimicrobial resistance and I think that the most important thing for us to do is to gain that preparedness.

The second thing that I wanted to raise is that I think that as it's been said before and WHO itself has said it, that WHO and the international community did not respond early and decisively to prevent the Ebola epidemic among the world's poorest countries. This can translate into a strength if we use it, a historical opportunity for the WHO to reform but this is I think a critical moment for the World Health Assembly because in light and in the aftermath of Ebola if we don't make fundamental reforms to strengthen WHO capacity I think that it could lose the confidence of civil society and to some extent governments for a long time and so I really, I want to emphasize the importance of making these changes now while the epidemic is fresh in our mind and not wait because I think the political momentum is now and will fade the way it did with SARS and influenza H1N1.

With that, what reforms do we need and what is on the agenda of WHA and what is not? I think for Ebola, there are four things that we need and at least two of them are on the agenda, I'm pleased to say, and both Ambassador Kolker and Dr. Smith referred to them. The first is the international contingency fund. I think one of the problems that Ebola showed us is, is that you can't wait for a health crisis to happen and then mobilize funds. You have to mobilize them in advance. After H1N1 the independent review of WHO's response

suggested such an emergency contingency fund but it wasn't adopted and I'm very pleased to see it on the agenda and I'm very hopeful that it will be put forward by the assembly.

The second is the global health workforce reserve, to me this is very important because what Ebola showed us is, is that the lack of human resources on the ground in poor countries and very fragile health systems can immobilize the response and so I would like to see this workforce. I would like to see it be in countries working within countries and then rapidly mobilized to where an epidemic can spread.

The third thing and this is very unclear whether or not it will be on this agenda of WHA but I think it's critically important Ian Smith talked about the international health regulations as being the kind of governing instrument for global health security and I think the international health regulations showed a number of vulnerabilities. One is when a public health emergency is international concern should be called and whether there should be levels of emergencies so that we can act more quickly.

A second is the fact that the international health regulations require countries to develop core capacities but we don't have them and in fact they're only reported to WHO as a self-assessment not an independent objective assessment of those core capacities.

Then finally, when the Director-General made a temporary recommendation under the international health regulations those recommendations were widely ignored internationally by flights being banned and trade quarantined and the like one saw that in the United States but one saw it in very many countries in the world and so we have to find a way to enhance compliance with the IHR so that we can have a true global health cooperation.

Then finally in light of Ebola, and this is not on the agenda but I think it's terribly important in *The Lancet* article I call for an international health systems fund. This would be a fund that would develop core capacities not only for global health emergencies but to treat the everyday problems like non-communicable diseases, AIDS, tuberculosis, malaria, injuries that burden low- and middle-income countries. If WHO is going to achieve its dream of universal health coverage we're going to have to find a way to fund it and that’s nowhere on the agenda of WHO or the international community and I do think that we need to begin a serious global conversation about how we strengthen these health systems, particularly in poor countries.

Then I would just like to end with talking about deeper WHO structural reforms that have been understood for a long time but I think are critically important if WHO is to operate

the way it was intended to be under its constitution. The first is sustainable funding, right now the WHO's budget is less than the budget of some public health agencies in single countries like the United States. There are some major hospitals in the United States that have higher budgets than the WHO itself and so I am calling for a doubling of the WHO budget within five years. Now, whether that's the right number or not, I don't know, but I think it's critically important to give WHO the funding it needs to achieve its worldwide mandate.

I would also like to see a much greater percentage of WHO's funding be based upon mandatory assessed contributions because at present 77-percent of WHO's budget is not totally within its control because it's given by voluntary organizations, by the—in a voluntary way by the United States, European Union and the Gates Foundation, for specific projects and I would like to see WHO have a greater control over its own budget because no organization can succeed when it has the funding that's inadequate and doesn't have full control or at least substantial control over its own budget.

Secondly is the regional offices, this was discussed by Ambassador Kolker. I think during the Ebola outbreak the relationship with the AFRO office was not always in harmony and we need to make sure that that WHO and its regional offices speak and act with a single voice.

Finally is civil society engagement, which has been mentioned before. Unlike other international organizations like the global fund or the Gavi Alliance or even UNAIDS, WHO doesn't have a formal structure for engaging non-state actors in civil society in their governance. There was one civil society organization from the south that put it very well, I'm quoting them they say, "We have little heard voices at WHO." I think that the AIDS movement taught us that we need to mobilize civil society.

I will just end by simply saying that I think the state of global health security today is fragile and that unless we can plan, prepare, fund, and reform WHO and the international system we could be vulnerable to a much greater global health emergency in the future.

With that, I'll turn it back over to you, Penny, with many thanks.

PENNY DUCKHAM: Thank you so much. One point of clarification, Larry Gostin mentioned forthcoming Lancet article, which is going to be released today but actually it is embargoed until 1:00 p.m. Eastern Standard Time so literally at the end of this web briefing it will available and we have a slide with a link to it, which you will find at the end of this briefing but just to repeat, it is actually embargoed until 1:00 p.m. and that Lancet was nice enough to move up the

embargo to help you, the journalists, have access to that rather earlier than normal so thank you to *The Lancet*.

With that, I am going to hand over now to my colleague here at the Kaiser Family Foundation. Josh Michaud is the Associate Director of the Foundation's Global Health Policy program and is here with me in Washington, DC.

JOSH MICHAUD: Thank you, Penny, and thank you to the other panelists and all the participants in this call. In the short time that I have I just wanted to touch on and expand on two points. One being also to reflect on Ebola and its lessons and also place this WHA agenda in the context of a sort of broader global health policy, processes, in particular the sustainable development goals that were touched on by Ian Smith and how those two overlap going forward.

As we know turning to Ebola that it's just the latest emerging threat to capture global attention and leads to calls for systemic change in the way that we address such threats. There was SARS in 2003 and the threat of H5N1 avian influenza since the early 2000s, and of course, the H1N1 influenza pandemic in 2009. You might have missed that a few months before declaring Ebola a public health event of international concern last August WHO declared polio a public health event of international concern due to the growing spread of that disease that’s been targeted foreradication.

After each of these previous events of course there has been of flurry of interest and activity, review committees, lessons learned, documents that have been published, et cetera, and some of the lessons learned previously are being highlighted again such as the idea of the contingency fund, which has been discussed and which was brought up after 2009 but not funded and it's on the agenda again.

Despite the fairly regular emergence of these threats, there's been little indication that there's the necessary level of investments by member states and by donors in the capacity of the WHO and of the states themselves to deal with these threats. You may have heard the statistics quoted by Tom Frieden of CDC and Gayle Smith now nominated to take over USAID citing that in 2012 80-percent of WHO member states self reported that they have not met the minimum core public health capacity requirements that were agreed to as part of the international health regulations in 2003.

We've heard that Ebola is now a wakeup call so the question going forward will be will the global community hit the snooze button on this one. Clearly, it's not easy and not cheap to build up these capacities but there are signs that Ebola has sparked some real change. For example from the US government, Congress passed a budget last year, which included over $5 billion in emergency Ebola funding as part of the

FY2015 budget. Most of this $5 billion is designated for international efforts with USAID and CDC receiving the bulk of this money.

Some of this funding has been expressly designated by Congress to support so-called global health security, which is essentially building up these core public health capacities that have been weak and are related to the Ebola crisis in West Africa. This action builds upon the US-led global health security agenda effort, a combined effort between 30 nations and other partners to build up this core capacity but which prior to last year did not really have additional funding available to it. The World Bank has additionally pledged $650 million for the three countries most heavily affected by Ebola in West Africa to build up their health systems and also for economic recovery.

While these commitments from the bank and the US are significant indicators of short-term interest in supporting these capacities it will be important to follow this story going forward and ask have countries and organizations made the real significant changes in their approach to this problem or are we going to fall back into business as usual once the memory of Ebola fades as it surely will.

Lastly, I just wanted to touch on the World Health Assembly agenda items within the largest landscape of global

health policy and the sustainable development goals. As you may know, the UN has been leading a process to create a set of goals for development through 2030, which are the successors to the millennium development goals, the MDGs. In contrast to the MDGs, in which three of the eight goals were really focused on health, in the case of the SDGs just one of the 17 is focused on health and it is, I quote, "Ensure healthy lives and promote wellbeing for all at all ages." Under this umbrella goal there will be a number of more specific targets related to HIV, TB, malaria, child health, et cetera, also, the objectives that have been pushed for a long time by WHO, such as non-communicable diseases and universal health coverage. These topics are on the agenda this year and I'm sure much of the discussion will be around how WHO and member states move forward on these issues under this new sustainable development goal construct.

Many saw the MDGs as being very important to bolstering global efforts to reduce mortality and saves mothers' lives among other things and they were concrete aspirational goals so will the same thing happen for the SDGs as they are unveiled and it's a story to keep track of at the WHA and after.

That’s it for me. Thank you.

PENNY DUCKHAM: Thank you so much, Josh, and thank you to all the panelists. We've got a number of questions coming

in but please feel free to continue to send in your questions via chat and we will reach as many of them as we can here on the web briefing and afterwards, if necessary, by e-mail or whatever.

I'm going to start, there have been a few questions here and I'm going to take one from Betsy McKay at The Wall Street Journal in Atlanta, this is regarding the global health emergency workforce. I'm going to start with you please, Ian, can we get a few more details on how the global health emergency workforce would be formed, how large it would be and a few more details on which mechanisms could be tapped and how quickly following the World Health Assembly the workforce could be formed.

DR. IAN SMITH: Yes, sure, Penny, thanks, a good question. First of all state that the paper or plan for this global health emergency workforce will be published next week as an assembly document and so you'll be able to see the proposals very specifically that are going to the assembly.

This is discussed also in the Executive Board in January and basically what it comprises is really three elements, first of all of there is the internal search and core capacities within WHO, the staff that WHO has to work day by day on emergencies but then in addition a reserve force within the organization of people who are doing every technical and

have additional jobs but will be identified and trained in teams and then will be called upon in a specific emergency to assist in the response. That's the first elements within this workforce is the WHO call and surge capacity.

The second element is to bring together the different international response groups and there are three or four of particular significance. The first is the one that Jimmy Kolker mentioned, the global outbreak alert and response network, which are groups of scientists with public health backgrounds, epidemiology, et cetera, who will—working within their own governments or their own agencies, their own institutions, and they form—there is a network and which is mobilized whenever there is an outbreak and they've been very, very important in the Ebola response. Many of them have been working, several hundred have been working in the three affected countries on case-finding, contact tracing, et cetera, and that's the one that is a core component of the workforce.

The next component is called foreign medical teams and these are teams of doctors, nurses, health workers, often again from developed countries but increasingly also from developing countries, of people who obtained or trained and experienced in as a team in an emergency response. Just to give you an example in Nepal now, right now, we have well over a 100 of these foreign medical teams who've been mobilized over the last

week coordinated by WHO alongside the government and now working in the most affected districts in Nepal providing urgent emergency care to those who've been affected by the earthquake. Foreign medical teams are huge numbers of people who can be drawn upon and they work very affectively in these emergency settings.

The third—another group that are particularly valuable is the what we call the global health cluster and these are the organizations, NGOs, and other organizations who work together with the UN in the humanitarian field who are also very involved in health emergencies in providing support; NGOs like Red Cross, Save the Children, MSF, and so on are involved in that.

These are the different international teams or groups that are also going to be very important in the global health emergency workforce. Finally, the other partners that we have in the UN, UNICEF, World Food Programme, OCHA, UNA, have all been playing a crucial role in Ebola in West Africa but they also play a crucial role in many outbreaks. World Food Programme, we have a very close working relationship around logistics for example. They also will be part of this workforce.

It needs to be bigger than it currently is, it needs to be broader, it needs to cover other disciplines. It currently

has representatives such as sociologists, anthropologists, who are very important to the community engagement. We need to get more from—many more teams from many more countries and one of the key things is to build national capacity in countries so that national responders can play a key role in any outbreak or any health emergency.

All of this needs to be brought together under a single coordination mechanism and that's where WHO comes in. The proposal for this emergency workforce is that WHO would provide that directing and coordination mechanism that would ensure all of these extensive international assets in the workforce will be able to be brought to there rapidly and very effectively where needed whenever at very short notice and in sufficient quantities to be able to respond effectively to any major health emergency that might arise.

What we aim to do is to get this—what if the assembly agrees with this plan then the aim would be to get this established within this year basically the Secretariat up and running, staring the training, having the steering group organized to provide guidance to this workforce so that when there is the next major health emergency appears we're ready and can respond very rapidly and effectively.

PENNY DUCKHAM: Thank you and just as a follow-up to that, Larry, I'm going to come to you in a second because

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there's a follow-up question, which I think Ian Smith and Ambassador Kolker might respond to and then come back to the issues raised in that question and certainly you, Ambassador Kolker.

From Helen Branswell of The Canadian Press, is it broadly accepted that the global health emergency workforce would fall under WHO's auspices, the groups looking at a force that might be run elsewhere.

JIMMY KOLKER: Thanks, good question, and of course we are awaiting the official documents from WHO with the proposals but I have to say from the US side, we've been very encouraged by WHO's response to the January resolution that Dr. David Heymann from the Chatham House has been leading some internal work within WHO to look at the provisions, which are actually fairly detailed in that resolution of what we expected.

I think the governance of the workforce will be a key question that hasn't been presented so far to the member states by WHO because there has to be a balance of course between coordination and direction. WHO needs to coordinate the response but can't be the response, these are people who have other jobs. The question of how well they can work together, whether the mechanisms for both mobilizing them but then being sure that they can plug in to an existing platform in the emergency is the key for their success.

Also, what are the triggers which would call out this workforce and how can those be nuanced with the international health regulations with the existing emergency structure that not only WHO has but the UN systems and the role of national governments also in asking for outside help. There are a number of questions to be answered but we actually are encouraged by the work that's being done by WHO and think that this could be one of the outcomes of WHA, which we can be proud of.

PENNY DUCKHAM: Larry Gostin, would you like to—

LAWRENCE O. GOSTIN: Yes, just very briefly, I think that Ian and Jim have really presented it well. I too am encouraged by what WHO is doing. I would just emphasize three things for the press and the international community to look for in the details. The first one has been mentioned, I do believe that this ought to be under WHO auspices because I think they have the legitimacy and I want to make sure that we allow them to carry out their constitutional functions but if they do there's going to be two big questions.

One is how much money and from what source would WHO get for its coordination training and rapid mobilization functions. Are these going to be voluntary contributions? Will they be mandatory and of course worst case scenario is if WHO has to take any of the money out from its existing budget

because that will then compromise non-communicable diseases, mental health injuries, and its other aspects.

Then the second, as the Ambassador Kolker talked about is the triggers. This is tied to I think the possible reform of the international health regulations because we don't want to wait until there's a full-blown global health emergency declared but what the international health regulations might do is have levels of an emergency and at certain levels that are less than a complete global health emergency we'd be able to trigger this mobilization but I think it's very, very welcome. The funding will be important not just for this workforce reserve but also in terms of the contingency fund, how it will be funded from what source and at what amount.

PENNY DUCKHAM: That actually is a great segue, thank you, to a number of questions coming in about the contingency fund. Here's one for example from Simeon Bennett at Bloomberg News specifically on the contingency fund; how big will it be, who will fund it, are member states really going to want to send more money and from Betsy McKay at The Wall Street Journal, what is the plan or vision for how the $100 million contingency fund would be funded. I don't know, should we start, Ian, with you on that one?

DR. IAN SMITH: Sure, very happy to take that one, so yes, the plan is for—what we're supposing is a $100 million

fund, an emergency contingency fund, to be used in the event of a health emergency not to finance the normal ongoing day by day work of WHO, but whenever there's an event, whenever there's an outbreak or health emergency that requires an immediate response from the organization the fund will be immediately available.

One of the lessons that we learned from, particularly from Ebola, but it's not just been from Ebola, is that if you have to wait until the appeals have been put out and the money starts flowing from the appeals, you're usually waiting between two and three months before you can mount the response that you really want to. This would mean the money will be available immediately and the DG will be able to start spending that money on getting people out into field, mobilizing the global health emergency workforce, mobilizing the core and surge staff within WHO to immediately respond.

How will it be funded? Well, the proposal that we're making to member states is that this would be primarily voluntary funded. We do note in the paper that the best source of funding would be assessed contributions as they're the most sustainable and predictable source of funding but it takes time to negotiate and to get agreements on assessed contributions.

We can't wait for that. We have to get this set up now and we've already had a commitment from the UK government of

$10 million US dollar donation to the fund so we already have a start and it really will be in the assembly what we're anticipating is that first of all member states will review the proposals around the scope of the fund, how it will work, what it will be used for, who will operate it, et cetera, and then once that's agreed and the fund is established then we'd obviously be looking to donors to provide the resources that will be needed to capitalize it to make sure that the funds can then be immediately operational. Thank you.

PENNY DUCKHAM: Jimmy Kolker.

JIMMY KOLKER: Sure, unlike the resolution's language on the emergency workforce the Ebola special session language on the contingency fund was actually asking WHO to provide some options on size, scope, sustainability, operations, sources of financing, and accountability mechanisms. Again, they've taken that task seriously and have done so, we just received a draft of what I don't think is yet on the website but it scheduled to be up very soon from the Secretariat as one of the papers for the assembly.

They have, as Ian outlined, addressed all those questions. I think because it's a question of money even though Article 58 of WHO's constitution actually, this is 67 years old and that they allowed that such a fund would be set up but in fact never has been at least sustainable; there have

been short-term funds and I think we do need to take this seriously. We've agreed in principle to establish the fund but I think the negotiations about this are still going to be tough because it is new money and it's something that's—the uses and the governance of this fund are not self-evident and so we'll be looking forward, we hope in a positive spirit, debating the details of how the fund would be set up and used.

JOSH MICHAUD: Can I just add something, this is Josh Michaud. I would say that the World Bank has also proposed not in relation to something that's going to be on the WHA but a capacity that Larry Gostin touches on in his article in *The Lancet*, a pandemic emergency facility, which is a different approach to basically providing funding in an emergency and it would be based on the models of insurance where countries supported by long-term commitments and by engagement with the private sector would have access to financing up front in the case of an emergency if this scheme is put in place.

As core capacities are created in public health in these countries there would be lower premiums, et cetera, but this is still a work in progress as well in the sense how this would plug into or not the proposed fund that is on the WHA agenda.

PENNY DUCKHAM: Larry, do you have some—

LAWRENCE O. GOSTIN: Just very, very quickly, Penny, because I wanted to just—it's always difficult to get new money and particular member state money in relation to WHO but I think we should put it in perspective. I think the $100 million is very, very low. If you think that Ebola when I last looked was on track to cost $6 billion in direct expenses and at least $15 billion in economic losses and those costs alone are three years funding for entire WHO budget and 20 times the cost of WHO's emergency response cuts in 2014 and 2015.

I think that having these—a well-funded reserve for and contingency fund would more than pay for itself in the long-term and I think it's just important to keep these costs in perspective. It's relatively low if you can actually ameliorate this event, a global outbreak.

PENNY DUCKHAM: I'm now going to segue to a separate question, we're running a little short on time here and this is going to start with you, Ambassador Kolker, this is from Simeon Bennett in Geneva I think from Bloomberg News, you said we're not there yet on negotiations over resolution on non-state actors, could you comment what the sticking points may be and then perhaps, Ian, you could jump in and Larry and Josh.

JIMMY KOLKER: Sure, just in terms of procedure there have been actually five inter-cessional negotiations chaired by Argentina of member states looking at the resolution or the

document, policy document, that’s in fact not really a resolution or it's an internal document, the decision for WHO's own internal workings but that document has been subject to an intense round of negotiations and we're not there yet in that there are still a number of bracketed phrases and paragraphs in that proposed document although we hope it's making—we think it's making progress.

The issue for the United States is that there, certainly all non-state—member states as well as non-state actors have interest, and the question of when WHO's involvement with non-state actors especially in the private sector pose conflicts of interest and our view is that there should be a single standard for all non-state actors and that this should be imposed in terms of risk management not risk avoidance that in order to do lots of things we need to do in 21st century global health product development partnerships, public/private partnerships, work on non-communicable disease, food labeling, food content, other things, certainly vaccines and vaccine development.

All of these require a multitude of actors and the conflicts of interest are a factor but that these need to be identified and managed rather than avoided through no contact with the for instance the private sector or in some proposals

even academic institutions would be restricted in their involvement.

As a norm-setting organization, WHO of course has to have that function not -- the people with vested interest shouldn't be in the room when the norms are set, but in bringing evidence to bear and talking about consequences we certainly need a wide consultation and we're hoping that this policy document can give WHO a clearer basis for engagement with non-state actors.

PENNY DUCKHAM: Ian?

DR. IAN SMITH: Yes, I think Jimmy summed it up very well, clearly this has been a process that's been going on for quite some time now and I think the challenge of reaching a consensus on it reflects in some respects the very different world views of different groups of countries vis-a-vis particularly working with the private sector with some recognizing the values and emphasizing the values of working with the private sector and others emphasizing the risks and dangers of doing so.

Much of the discussion ends up being around the detail of how we ensure that we've got adequate processes in place for due diligence in terms of the engagement with a particular non-state partner and secondly how we address issues relating to conflicts of interest. As Jimmy said, the enormity of

organization, a standard settling organization is critically important that those norms and those standards are established free from any vested interest, whether that be financial or other; anything that might lead to a bias in the results.

That’s why we need the four clear firewalls and it's really a discussion on the strength of those firewalls, the height and then perhaps in the length of them that really is at the core of the discussion on the policy. Perhaps just finally to say that in relationship to the private sector I think one of the things in several people's minds is the previous experience with the tobacco industry going back over the last 20 years and attempts by the industry to prevent WHO from introducing the health measures that are needed to protect people from the impact of tobacco and the devious practices of the tobacco industry at that time.

Obviously, other industries are not the same as the tobacco industry but unfortunately their behavior in the past has colored to some extent everybody's perception of the private sector in relationship to health.

PENNY DUCKHAM: I'm going to ask if we could just extend this by a little longer than the allotted time because we have a few more questions to get to so I'm adding another five minutes or so to this briefing with a question from Raphael Satter at Associated Press regarding the implementation

of the international health regulations. He's asking, is anyone talking about punishing countries, which don't carry out these regulations, I mean, in the form of financial penalties. We talked a little bit about—Larry, you in particular mentioned some of the issues around the—I hate to use acronyms, I think you've been so great about not using acronyms so here I'm going to use one, IHR but, Larry, do you want to start on that one?

LAWRENCE O. GOSTIN: Yes, I would like to, thank you. I think that the idea of gaining greater international compliance with the IHR is critically important and it was the difficulties of compliance has been shown with H1N1 and now in particular with Ebola. I don't think it's possible under the WHO's framework to have financial penalties because they're not like the World Trade Organization but I think it's very, very clear that we need to have better compliance.

I think the WHO needs to reform the IHR to building incentives. I think that they as for compliance, I think they need to monitor more not just self-evaluation but independent evaluation that is to test and to validate the core capacities in countries and then to be willing to say that states do or do not have those capacities and what we can do to move them toward their capacities.

Finally, the temporary recommendations that WHO makes whenever they declare a public health emergency of

international concern have been very, very broadly breached. They were under H1N1, they certainly were under Ebola. We saw this with travel restrictions, trade, quarantines, and other things that went against WHO advice. We need to find a mechanism to make those recommendations have greater force than they do because if you have international treaty like the international health regulations that are supposed to be binding we have to find better ways to incentivize, monitor, and hold states to account.

PENNY DUCKHAM: I think we're going to wrap up with one last question, which is to you, Ian, will the Director-General address the media this year separately? **DR. IAN SMITH**: Yes, and the DG, yes, has confirmed that she will speak with the media after her address to the assembly on the Monday.

PENNY DUCKHAM: Well, there you go. We have a number of other questions here, which were as important issues, which I think we would take unfortunately too long to discuss including health system strengthening, coming back to the issue of antimicrobial resistance and a number of other such issues, but we've covered a lot of ground here.

We will try to respond to follow-up e-mails if you'd like us to do so. I'm also going to put in a push here for the Kaiser Global Health Policy Report, which many of you I think already access and know about but if not it provides a daily

digest of global health headlines and will certainly be following the World Health Assembly very closely. That's obviously in addition to all materials from many other organizations not in the least the World Health Organization.

At this point I'm just going to remind you that all the slides today and indeed a transcript of this discussion will be available on the Kaiser website. There's a slide up there now showing you where you can find that. If you have any questions be sure to get back to us but thank you very much indeed for taking part. Thank you to our panelists and thank you for your interest and the great questions we've had from you all today, which certainly have been thoughtful.

Good luck to anyone who's trying to report on the World Health Assembly, always a challenge to report on these big international gatherings but I think with any luck you will know that you're better placed now having had today's information and I'm getting a last minute plug here from *The Lancet* pointing out that they are publishing a global health security issue now. Larry Gostin mentioned an embargoed piece that he has in that issue and I think that we had the slide up earlier with the link to it.

With that, thank you very much and goodbye.

[END RECORDING]