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In implementing the IHR core capacity requirements, States parties, under the leadership of Heads of State and Government, should:

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- Incorporate planning for health crisis responses into national disaster risk reduction preparedness and response mechanisms and plans
- Engage all relevant stakeholders to identify response capacities and resources
- Develop pandemic plans and carry out simulation exercises for all relevant responders, including security forces

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In implementing the IHR core capacity requirements, States parties, under the leadership of Heads of State and Government, should:

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- Define emergency response protocols to ensure adequate protection, training, equipment, payment and occupational safety
- Constitute an emergency response training all public and private health workers in emergency protocols

- The report by the Secretary-General's High Level Commission on Health Employment and Economic Growth issued in September 2011 concluded that investing in the health workforce is needed to make progress towards the Sustainable Development Goals, including gains in health, decent work, global security and inclusive economic growth.
- The five-year action plan to support country-driven implementation of the Commission's recommendations to expand and transform the health and social workforce in support of the Global Strategy on Human Resources for Health has been developed by WHO, the Organisation for Economic Co-operation and Development and the International Labour Organisation². Inputs and feedback from member States, civil society, academia and health workers organisations were contributed through two consultations and multiple member States consultative sessions. The action plan was supported by the 91st Health Ministers Meeting in January 2012, adopted at the seventieth World Health Assembly³ on 21 May 2012 and will be considered by the 61st Governing Body of the IE9 in November 2012. The WHO resolution urges all member States to act on the Commission's recommendations and immediate actions and requests the WHO Director-General to collaborate with member States upon request, and with other relevant sectors, agencies and partners, in implementing the five-year action plan. The General Assembly will examine the operationalisation of this plan in 2013.
- The action plan was supported by a meeting of the Ministers of Health hosted by the Organisation for Economic Co-operation and Development in January 2012, adopted at the 70th World Health Assembly in May 2012 and will be considered by the Governing Body of the International Labour Organisation in November 2012. Momentum for action and investment on the Commission's recommendations will be further amplified at the 9th Global Forum on Human Resources for Health in Dublin, Ireland on 1-3 November 2012⁴.

attended /y e\$pers from more than 2* G9%R6 partners) ho implement Rapid Response 0eams 2RR05 in their institutions0 countries or) ho are in the /uild!up phase of such teams. G9%R6 partners confirmed the high potential of the G9%R6 Rapid Response 1apacities in com/ating out/rea events. %reas in) hich international cooperation) ill contri/ute to the improvement of RR1s) ere identified, including RR1 training, operational research and safety and security. 0hematic) or ing groups) ere esta/lished under the leadership of G9%R6 partners to further develop the G9%R6 RR1 initiative.

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- In resolution @101+7, the General %ssement/ly requested a report on the operationali;ation of the five!

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- Since women tend to act as primary caregivers, specific attention should be given to their needs
 - Efforts to address the economic and livelihood impact of pandemics pay particular attention to the situation of women
 - Women must be included at all levels of planning and operations to ensure the effectiveness and appropriateness of a response

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rosters of medical experts and responders for regional deployment, facilitation of lessons learned among regional partners, regional lists of pathogens posing a risk of health crises, regional IHR support mechanisms.

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- On a note that : H9 established the programme for outbreak and health emergencies management, but in the light of the need for unified command, the Panel proposes that such a programme become a centre for emergency preparedness and response, with command and control authority
- The centre is the central command and control mechanism in case of health emergencies. It should be adequately funded and staffed, with clear lines

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- The Statistical Commission, in its deliberations on the indicators for the Sustainable Development Goals, should give consideration to measuring compl

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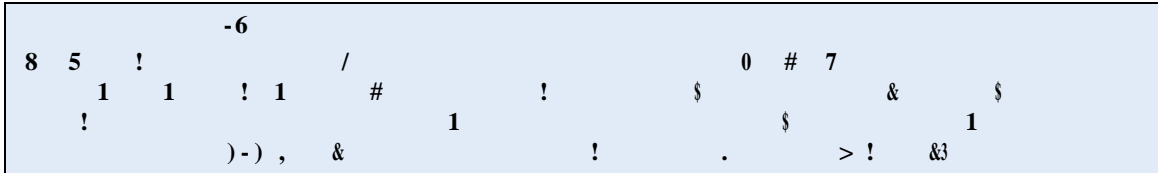
- 9 # % is strategically directed to an incremental, on! /udget, five!year plan of strengthening health systems
- &enchmar s for transparency and good governance in financial management are clear and consistent
- 6G9s operate)ith the same level of transparency and good governance as is e\$pected of national Governments

- In 2**@, the International Health 'artnership 2BIH '

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- The : H9 Regional Office for Europe leads a regional coalition on health established by the Regional Development Group Team for Europe and Central Asia. The coalition has identified priorities to strengthen support from 46 system entities to countries in implementing health-related targets.
 - : H9 and 46 #' co!lead the I%S1 Oas Team on Strengthening the Humanitarian!#development 6e\$us. The purpose of the Oas Team is to support the implementation of a B6e) : ay of : or ingC that promotes greater interoperability among humanitarian, development, and peace/building activities, plans, and programmes. (or the B6e) : ay of : or ingC to /e successful, agencies must address the root causes of conflicts and crises,)hich often stem from violations and neglect of human rights, including inequality, persistent discrimination, impunity and violence. In the early phases of implementation, the Oas Team)ill focus on four priority areas: 2i5 predictable and Joint situation and problem analysisK 2ii5 /etter Joined!up planning and programmingK 2iii5 leadership and coordinationK 2iv5 financing modalities that can support collective outcomes.
 - In %ugust 2*1., the :orld &an and : H9, together)ith the government of Japan, Japan International Cooperation Agency, the Global (und, and the African #development &an launched an initiative on B4niversal Health Coverage in %frica: % frame)or for actionC. To help countries implement their health reforms, the :orld &an and the Global (und to (ight %I#S, O& -alaria 2Global (unds committed to invest M2? /illion in %frica over the ne\$ three to five years.
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- 'rogress made)ith the initiative on B4niversal Health Coverage in %frica: % frame)or for actionC, the)or of the I%S1 Oas Team and the support provided /y : H9 to the 46 #development Group needs to /e m !,

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- The 'I' (name) or Review Group was established in December 2014 to conduct the first review of the 'I' (name) or after it had been implemented for 1 year. It issued its report to the Executive Board in December 2015. In its report, the Review Group noted that it had considered the Panel's recommendation that the 'I' (name) or be expanded to include other novel pathogens. However, it rejected this recommendation, concluding that:

While the 'I' (name) or could serve as an effective model, an expansion of the 'I' (name) or itself to include other pathogens would be very challenging. A more pragmatic approach is reflected in the 2015 report of the IHR 2015 Review Committee, which recommended that WHO and States Parties should consider using the 'I' (name) or or similar existing agreements as a template for creating new agreements or other infectious agents that have caused, or may potentially cause, public health emergencies of international

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- One contingency (and is available for use by Health Cluster members, under the coordination of : H9
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<ul style="list-style-type: none">In the : 09, mem/ers recently agreed on a ne) tool for resolving differences under Bsanitary and phytosanitary measuresC. 0he ne) system of mediation 2usually /y the S' S 1 ommittee!s chairperson5 is voluntary and not legally /inding /ut /ridges a gap /et)een raising concerns in committee and full!scale dispute settlement.
<p style="text-align: center;"># !</p> <ul style="list-style-type: none">' rogress on the development and effective use of this tool and its applica/ility to disputes relating to the International Health Regulations needs to /e monitored.

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- The high-level council monitors political and non-health issues related to prevention and preparedness imperatives for a potential epidemic of global proportions that could have

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<p>(1 !</p> <ul style="list-style-type: none"> • (or 2*18, there are currently t) o high!level General %ssem/ly meetings scheduled, one on non! communica/le diseases and another on tu/erculosis. %dditionally, the Secretary!General is to report on the implementation of the ' olitical #eclaration on %nti! - icro/ial Resistance in 2*18. 				
<p># !</p> <ul style="list-style-type: none"> • 0he General %ssem/ly has not requested a convening of a summit on glo/al pu/lic health crises for 2*18. 				