WGIHR/2 Meeting Summary

The **WGIHR/2 sessions started on 20 February 2023** with discussion on Agenda items 3, 4 and 6. These items covered topics such as the proposed timeline for WGIHR work to align with INB negotiations, presentation of the Review Committee's report on countries' proposals, and general comments on the proposed amendments. Unfinished discussion on Agenda item 6 was continued the next day before the meetings were closed to the public. The session opened again on the **last day on 24 February 2023** to deliver conclusions to the discussions.

The week began with discussion on **Agenda item 3: Update on the timeline for the work of the Working Group on Amendments to the International Health Regulations (2005) and on the Working Group's coordination with the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response**, proposed in document **A/WGIHR/2/4**. The Bureau added a proposal to have an additional three-day meeting of the WGIHR held from the 7th to the 9th of December 2023 which will fall on Thursday, Friday and Saturday, adding that those days are optional yet should be included in the timeline in case they are needed.

Objection to April meetings coinciding with Eid al-Fitr

Bangladesh reminded the Secretariat that the meeting scheduled from the 17th to 22nd of April will coincide with Eid al-Fitr and asked that this session be deferred to the end of April. *Pakistan* agreed.

Agree to additional meetings in December

Bangladesh expressed no objection to the proposed meeting scheduled for December, while *Fiji* expressed a neutral stance while acknowledging the arduous travel it entails for small delegations to Geneva. Chile recommends that the INB and WGIHR bureaus convene and present joint proposals for the meeting. To this end, *Chile* suggests a schedule comprising of two days each for the INB and IHR meetings, alternatively arranged over the course of the six-day meeting period, thereby precluding the inclusion of weekends.

Objection to making the weekend and holidays a norm in WHO meetings outside of the EB and the WHA

Israel considers such scheduling problematic, particularly if meetings fall on Shabbat, while *the USA* expresses its unwillingness to work during holidays and suggests pushing INB dates to avoid working on Saturdays. *Paraguay* recommends adhering to the UN calendar, which includes holidays, and avoiding weekend work to prevent long hours. *The Dominican Republic* also supports leaving weekends free and respecting holidays enshrined in the UN calendar.

WHO asked to consider work-life balance and mental health

Uruguay believes it is essential to prioritize the mental health of delegates as well as staff members. *The Dominican Republic* advocates for a more inclusive and humane timeline that considers the well-being of both delegations and the Secretariat, with particular attention to the family dimension of delegates.

Timeline is too tight. Countries asked for more focused and efficient meetings

During the meeting, various countries expressed their concerns regarding the proposed meeting dates and timeline. *Monaco* expressed that they had no particular issues with the dates but cautioned that the timeline was tight and needed to focus on the fundamentals of efficiency and feasibility of proposals. *Namibia* echoed similar concerns and emphasized the need to ensure that meetings did not clash, especially for smaller delegations. *Pakistan* requested more time to consider proposals and report to all capitals. *China* noted that there was not much space between meetings, which would limit small delegation participation and compromise expert follow-up. *Botswana* cautioned against parallel drafting sessions that would overwhelm small delegations and compromise their participation. *Nigeria* emphasized the need for adequate spacing of meetings to enable proper review and appraisal of discussions. *New Zealand, Fiji,* and *Australia* expressed their support for back-to-back meetings to reduce travel expenses and improve participation. *The Dominican Republic* expressed concerns about limited capacities and short timelines between meetings, which hindered proper consultation with capital and preparation of reports. Finally, *Chile* proposed that member states focus more on substance and less on procedural issues and find ways to be more efficient in meetings.

Clarity for 2024 timeline

Kenya, speaking on behalf of African member states, seeks clarification on whether any sessions are planned for 2024 and requests that the Bureau determine the pace of negotiations before considering this. *The USA* emphasizes the need for clear and settled dates to avoid moving them and ensure coordination between their two very large teams working on the INB and the IHR. *Guinea Bissau* requests translations in Portuguese to ensure everyone in their team can understand documents. *Australia* stresses the importance of clarity on meeting dates and supports scheduling longer meetings to enable detailed discussions.

Nothing is agreed until everything is agreed

Kenya, speaking on behalf of African member states, recommends a comprehensive discussion and adoption of a single package of amendments for the IHR by the Health Assembly. They suggest adopting an approach taken in the INB and having transparent, inclusive, frank and respectful discussions. *Namibia* asks if there will be any informal focus discussions or public hearings and stresses the need for ample time for due deliberation at national, sub-national, and regional levels. *Brazil* emphasizes inclusivity and full engagement of all state parties in the negotiations, while *Egypt* stresses the need for all countries to participate in the debates in the two tracks. *The Dominican Republic* calls for fairness and balance in negotiations.

Upon closure of the discussion, *The Chair* reminded member states that the deadlines for the meetings were set by the World Health Assembly, and suggested that member states needed to be focused on grouping proposals into themes or areas during the meetings. As mentioned by the delegate from Chile, member states

need to focus on substance rather than process or procedure. *The Chair* proposed to **make the April meeting a four-day meeting instead of five days, so that it would end before the Eid holiday. During those four days, the sessions might even be extended.** *The Bureau* suggested that there be **five-day meetings in July and October**, and the Secretariat was asked to look into possible dates for a meeting in December. *The USA* supported the proposal to lock in the dates for the meetings so that member states could plan accordingly. After discussion, **member states agreed to the proposed timeline contained in document A/WGIHR/2/4 as amended, with the April meeting being a four-day meeting that would end on April 20th.** *The Chair* noted that further **clarification about the dates in December would be provided and agreed on later in the week.** He then closed the agenda item by giving reassurance to Member States and other interested parties that there is a strong degree of recognition of the importance of the coordination and alignment of both INB and WGIHR work and practical steps have been taken to ensure that happens and that will continue.

Moving on to **Agenda Item 4 Presentation of the report of the Review Committee regarding the Amendments to the International Health Regulations (2005).** The report can be found in document **A/WGIHR/2/5.** *Dr. Mike Ryan, the Executive Director for health emergencies*, acknowledged that the International Health Regulations (IHR) have faced criticism, but emphasized that they have still been effective in promoting transparency and solidarity. While no instrument can be perfect, the IHR has transformed the way the WHO is contacted and asked to verify events at all hours of the day. Dr. Ryan called for the development of an even more effective and suitable instrument for the 21st century.

Dr. Clare Wenham, the rapporteur of the IHR review committee, presented the essential points of their report after the opening by Dr. Mike Ryan. She emphasized that the committee was limited in its mandate and requested member states to understand the committee's scope of work. As per decision WHA75(9), the Review Committee was mandated to simply "make technical recommendations on the proposed amendments ... with a view to informing the work of the WGIHR." The committee was asked to comment on **307 proposed amendments to 33 articles of the IHR and 6 of the 9 annexes**, including new articles and technical posts. Some of the proposed amendments complemented each other, while others were in contrast. The committee faced challenges in providing advice due to the wide range of proposed amendments, from limited technical clarifications to revisions of the entire text and new articles. **Some of the proposed amendments were more technical in nature, while others were more political.** The committee faced challenges related to feasibility and financial viability, and was **unable to comment on the financial viability of implementing proposed amendments.** Additionally, there was a **fundamental challenge related to the scope of the proposed amendments, including changes to Article 2 and the principles of Article 3.** The committee also faced challenges related to the placement of proposed amendments within the IHR or elsewhere, and how the proposed amendments may interact with other areas of governance, such as the pandemic fund or the Universal Health and Preparedness Review (UHPR). UHPR is a voluntary, peer-review mechanism aimed at establishing a regular intergovernmental dialogue between Member States on their

respective national capacities for health emergency preparedness which has not yet been endorsed by all Member States and is still undergoing pilot testing.Overall, the committee provided its advice based on the current IHR Article 2 or 3, depending on the proposed amendment's scope and principles. For example, the IHR review committee was tasked with assessing a proposed amendment that significantly expanded the scope of the IHR's Article 2. The committee attempted to manage the tension between the current scope and the proposed expanded scope of the IHR. The committee stated that **adding preparedness to the scope of the IHR reinforces its functions related to building core capacities** and ensures that these capacities are developed in an ongoing manner in the absence of outbreaks and events. However, the committee commented that **proposed amendments to include human rights and replace public healtah risks with all risks that have the potential to impact public health may not improve or increase the clarity of Article 2.** To address this issue, the committee suggested including a requirement to avoid unnecessary interference with human rights that might expand the current scope and a requirement to avoid unnecessary interference with likelihood, potentially extending the current scope of the IHR. The committee suggested that this could form the basis for a discussion on the scope and purpose of the IHR. The proposed amendment to the IHR is underpinned by key values of **equity, solidarity, international cooperation, trust, transparency, and sovereignty**. There are also key themes of **operationalization**, which include surveillance, notification, and information sharing, as well as improvements to health system capacities, digital information, data protection, countering massive disinformation, and accountability. The third area of focus is the **reflection of proposed amendments in the border landscap**e. She reminded that the **current version of the IHR does not use the word "equity",** but Article 2 of the IHR is based on the principle of universal application for protecting all people in the world from the international spread of disease. Some state parties propose adding obligations to **ensure access to medical countermeasures** and address barriers to equity in the COVID-19 response, including low power technology. **These proposed amendments could introduce new functions for the WHO and require additional financing.** The proposed **inclusion of CBDR from environmental law** was also considered, but **its implications for the IHR's universal application under Article 3 require careful analysis**. There are several proposed amendments that emphasize the importance of rapidly and transparently sharing scientific and epidemiological information with WHO and other state parties. There is **agreement across the proposed amendments on sharing genetic sequence data, with some proposing conditions for access to benefits.** There should be **no disincentive for sharing scientific information** that could improve responses to public health risks or during PHEIC. Regarding sovereignty, **Article 3 of the IHR recognizes states' sovereign rights** to implement legislation in pursuit of their health policies while upholding the purpose of the regulations. Provisions in the proposed amendments embed respect and recognition for sovereignty and state parties, particularly in relation to notification, reporting, and response to public health events. **Sovereignty and national values should be regarded as complementary rather than opposing elements of the IHR**. With regard to **proposed amendments on surveillance and early reporting** of Public Health Emergencies of International Concern (PHEIC), which **require a proactive and precautionary approach**, the Committee reminds member states that there are **various disincentives that often discourage the reporting of potential PHEIC**. These disincentives can result in delayed reporting of PHEIC, which then pose a major risk of international spread of disease and affected trust. This can lead to trade and travel

restrictions based on rumors rather than scientific evidence. Some proposed amendments aim to improve the response to emerging PHEIC, including a clear timeframe in which response should be initiated. Some of the proposed amendments even seek to **impose unsolicited assistance on state parties and obligations to provide justification for any rejection of such support.** The Committee urges **careful consideration of whether such proposed amendments fit within the overall scope of the International Health Regulations (IHR).** This may **depend on whether the scope of Article 2 is itself redefined as part of the amendment process.** Therefore, the proposed amendments require a thorough review to ensure they fit within the existing framework of the IHR and do not compromise the effectiveness of the regulations in dealing with PHEIC. Additional proposed amendments related to the responsibilities of **high-income countries in supporting low and middle-income countries** in meeting their core capacities, including surveillance, detection, and response. The Committee advises giving **due consideration to where long-term sustainable financing for IHR implementation can come from, and the role that the WHO** should play in that. Additionally, the proposed amendments aim to **digitize health documentation**, recognizing that digitalization should be used where possible. However, the Committee acknowledges that some state parties may not currently have the capacity for digitization, and interoperability may also be an issue. Therefore, it is important to **ensure flexibility within the IHR and include appropriate wording to future-proof the IHR to accommodate potential future technological developments**. Some proposals are concerned around misinformation and disinformation. The Committee advises that WGIHR **considers how misinformation and disinformation may relate to obligations for WHO to verify information coming from sources under state party.** There were three proposed articles introducing provisions related to the **strengthening of compliance with the IHR**, improving its overall implementation, and holding state parties accountable for that. On that point, the **Committee held divergent views as to what modality** might be the most effective. The Committee warned of **other legal instruments** which are currently being developed or currently exist, pointing out here that these are **potential issues that WGIHR might need to discuss** as this work moves forward. The Rapporteur reiterated again that **some of the amendments posed were political, and they won't be solved with a technical solution and The Committee weren't able to provide technical guidance** on these political problems. Regardless of this, she ensured member states that the IHR committee remain at their disposal, should we be able to help with any part of the process here. Despite this, the Committee appeared hesitant to accommodate the demands of Global South countries for a transformative change in the IHR, as they viewed proposals beyond information sharing and surveillance as political. Their approach to equity-related proposals had received criticism from Member States and civil society, suggesting that future interventions by the Committee may not be met with enthusiasm.

What do countries want from the IHR amendments?

Bangladesh proposes to not only improve compliance and implementation of the IHR, but also to **modernize the regulations and prioritize public health interests over commercial interests.** *Argentina* is curious about the possibility of **imposing additional obligations on international transporters**, but wants to

ensure that this does not interfere with the work of the World Health Organization (WHO). *Russia* suggests reinforcing national coordinators to better integrate the IHR and promote collaboration with the WHO. *Botswana* strongly supports proposed amendments which aim to **strengthen the WHO's support** for implementation compliance, financing, and coordination. Finally, *Ethiopia* hopes that the new IHR amendments will **embed equity elements meaningfully**, to ensure that the regulations promote fairness and equality in the protection of public health.

Regarding the scope of the IHR

Eswatini suggests that the proposed amendments to the International Health Regulations (IHR) should be **limited in scope and address specific issues, such as equity and technology transfer**, which are critical for the African region. *Russia* believes that the amendments should not revise the regulations but rather **modernize and optimize the current document**, in line with WHA and EB resolutions. *Brazil* states that **political choices may be required** for proposals that are not purely technical. *Kenya* proposes **expanding the scope of the IHR to include preparedness and recovery.** *Pakistan, speaking on behalf of the EMRO region*, warns that expansive amendments could have implications for other IHR articles and lead to opening the entire IHR for negotiation, which they prefer to avoid.

Information Sharing + Access and Benefit Sharing

Bangladesh emphasizes the importance of being bold and courageous to **prioritize public health interests over commercial interests** in proposed amendments to the International Health Regulations (IHR). They suggest more surveillance and accountability for state parties, as well as **unhindered access to health products, technology, and know-how through access and benefit sharing**. *Argentina* highlights the need for communication with states where events take place and ensuring benefits sharing. *Egypt* mentions the impact of delayed data sharing and the need for a binding agreement to **ensure equitable distribution of vaccines and medicine.** *Namibia* welcomes the recommendation for a **multilateral model on access and benefit sharing**. *Nigeria* believes that efforts to strengthen IHR implementation should **focus on shared responsibility and cohesion**. *Pakistan, on behalf of the EMRO region,* stresses the importance of timely, transparent, and reliable information sharing, and the **need for mutual cooperation and trust among state parties** based on the core values of equity and solidarity.

Disagreements with the Committee on CBDR

Eswatini highlights the importance of the principle of Common but Differentiated Responsibilities (CBDR) in the proposed amendments to the International Health Regulations (IHR) **to ensure burden sharing** in pursuit of the common goal of Health Emergency Preparedness and Response. *Namibia* supports this and believes that the **principle of solidarity remains only a political concept without CBDR**. *Ethiopia* is highly supportive of including CBDR and wishes to see further discussions on this matter.

Financing core capacities

Eswatini fully supports the **proposed amendment to article 44 that seeks to obligate states parties to collaborate and assist developing countries** upon request and establish an international financial mechanism for providing financial assistance. *Russia* thinks that some proposals go beyond the mandate of the IHR, including access technology transfer and financial issues. *Namibia* seeks clarity on the commodities advice, **questioning whether WHO should have a financing function**. *Ethiopia* emphasizes the urgent need to focus on improved mental health systems capacity, including technical and financial assistance, and suggests coordinated public health response efforts at the national level with an integrated active care system rooted in primary care for a more resilient system.

Different views on sovereignty

Russia and *Syria* believe that the amendments should fully respect the sovereignty of states and **cannot include proposals that go against the basic points of protecting national sovereignty.** *Israel* also believes that the state should remain an integral part of the IHR and the amendments should be appropriate to achieve the intended purpose of the IHR while **ensuring the state's responsibility to protect, prevent, and prepare for the people's health**.

IHR Amendment is a member state-led process

Bangladesh believes that it is the **member states' right to set the direction of the amendment**, while *Kenya* and *Egypt* urge for a transparent and inclusive process that **takes into account the views of all member states**. *Mexico* emphasizes the **need to understand the reasoning behind the proposals**, while *Brazil* stresses that the **decision ultimately lies in the hands of the member states.** *Kenya* also commented on the review committee's opinion that the new annex for Article 10 will be difficult to implement and encourages member states to look into ways to actualize this proposal.

Additional issues pointed out by Member States

Bangladesh questioned if the seven key themes of the report will guide the IHR amendments in the right direction and suggested that the allocation mechanism is a missed-out key theme. *Argentina* emphasized the importance of frameworks for instrumentalization to ensure operationalization, while *Mexico* expressed concern about the delayed contributions due to the late availability of the report in Spanish. *The USA* asked if previous recommendations were taken into consideration in the analysis of the proposed amendments. *Brazil* complained that member states did not have the opportunity to make a full presentation of their proposed amendments, and *Ethiopia* wanted to know how the proposals from country feedback on the COVID-19 response were analyzed in the current report to address gaps in the IHR.

H.E. Ambassador Juan José Gómez Camacho, Vice-Chair of the IHR 2005 Review Committee, responded by saying that It is important to recognize the **differences in interpretation and perception of events among member states**, and it **will require continued dialogue** and cooperation to find solutions to those differences. Additionally, the principle of equity, solidarity, and international cooperation is not just a value,

but a pragmatic tool for addressing challenges and ensuring global health security. Responding to USA and Ethiopia's question, he said that comments from previous processes were duly considered.
Dr. Claire Wenham, Rapporteur of the IHR 2005 Review Committee, responded to China's question stating that the Secretariat is committed to continuing to support the process of amending and improving the IHR. They will continue to engage with Member States and support the work of the Review Committee, as well as other relevant bodies, in developing proposals and identifying areas for improvement. The Committee welcomes the ongoing support of the Technical Advisory Group.
The Secretariat in closing mentioned that it would be helpful if member states have a clear understanding of how the review committee fits into the amendment process and the principles that should be followed when involving their work in these discussions. They appreciated that the review committee has offered its assistance and informed member states that their technical recommendations could be requested through the Director General.
The Chair then concluded the Agenda Item.

The Chair opened the discussion on **Agenda Item 6** and invited member states to refer to documents **A/WGIHR/2/6** and **A/WGIHR/2/7** in accordance with the modalities agreed under **Agenda Item 5**.

Have IHR Amendments gone beyond decision WHA75(9) (2022)?
Monaco, on behalf of Australia, Bosnia Herzegovina, Canada, United States, Haiti, India, Israel and the Republic of Korea, Slovakia, Thailand, United Kingdom, Uruguay, and its own country, emphasized that any amendments should be limited in scope and address specific issues such as equity and technological developments. *Bangladesh* stressed the need to achieve **equity and solidarity** through principles such as CBDR and equitable access to health products which **can be addressed under articles 13 and 44, and Annex 1**, while *Namibia* reiterated the importance of CBDR to enable states to implement their obligations efficiently. *Morocco* cautioned against the risks of not covering everything with CBDR, while *Iran* emphasized the importance of equity, solidarity, and sovereignty in implementing the regulations. *China* agreed to add equity, solidarity, and **international cooperation principles to Article 3**. *Pakistan* underlined the need for specific and clearly identified issues to be addressed, and *Ecuador* stressed the need for equity and solidarity principles to be included throughout the IHR instrument. Finally, *Brazil* emphasized the importance of considering CBDR and financial and technical support from developed countries to developing countries based on their respective capital capabilities. *Norway* believes that equitable access to health products and countermeasures should be addressed in the INB, and there is room for equity and solidarity in the current text. *Australia* prioritizes supporting implementation of core capacities and making IHR implementation universal. *Switzerland* seeks to include **fairness or equity in Article 3**. *Eswatini* considers **benefit sharing as a concrete measurable and objective legal obligation**, unlike most of the soft low obligations in IHR 2005. *The USA* **opposes the idea of differentiated responsibilities in legal obligations**, which goes against universal application. *Namibia* desires **equitable access to all PHEICs**, and it believes that the new pandemic instrument cannot cover that.

What countries said they proposed and their reasoning

India proposed amendments to the IHR that focus on strengthening core capacities of state parties, surveillance and response, data coherence, objective risk assessment and early warning criteria, equitable access and distribution of medical countermeasures, establishment of a digital global health information management system, harmonization of travel documents, and greater accountability of state parties and WHO. *The USA* proposed **adding regional and intermediate alerts to the current PHEIC determination in Article 12, which is creating a higher level of alert that could declare a pandemic emergency,** to mobilize domestic resources and international cooperation and assistance needed to respond to a pandemic emergency. Further, they intended that any declaration of a **pandemic emergency would trigger actions agreed upon in the pandemic accord.** *Brazil* suggested **reevaluating the notification criteria in Annex 2** and proposed an alternative quantitative model for better specificity. *Kenya, on behalf of 47 members of the Africa region,* highlighted major amendments proposed by their states. They suggested **including two definitions in Article 1** that reflect recent experiences with Covid-19 for health products, technologies, and know-how. They proposed **expanding the scope of parameters related to the public health response in Article 2** based on lessons learned, while clarifying that the changes don't affect the IHR's purpose. Additionally, they recommended that **genetic sequence data and information should be considered genetic resources in Article 6**, with a benefit and access sharing mechanism. Lastly, they proposed a **new Article 13a on access to health products, technologies, and know-how** to support a WHO-coordinated response to public health threats. *Banglades*h has proposed amendments to several articles and a new proposal 13a, which focuses on definitions, purpose, and scope. *Eswatini* highlighted the Africa Group Proposal, which proposes a **new Article 13a that creates an obligation on the WHO to ensure equitable access** to health products by assessing availability, affordability, and developing an allocation mechanism. *The USA* has proposed 12 amendments to Articles 5, 6, 9, 10 on surveillance, notification, reports, and verification. *Indonesia*'s proposal aims to support developing countries with resources, capacities, benefit sharing, and local manufacturing while **modernizing IHR through technology**. *The EU*'s proposals focus on amending Articles 3, 6, 7, 11, 12, 15, 23, 35, 36, 43, 44, 48, 49, Annexes 1 and 6, and a new Article 54 bis. *Russia*'s proposal aims to align the rules with current epidemiology, communication tools, public health protection mechanisms, and scientific rules.

Recommendations to the WGIHR

Monaco, on behalf of several countries, emphasized the need to focus on strengthening and modernizing the IHR within its current scope. Morocco stressed the importance of **prioritizing the fundamental issues and effective proposals**. *Iran* suggested that the amendments should be limited in scope and address specific issues. *Singapore, on behalf of the WP region,* asked for **consideration of the Asia Pacific strategy** for emerging diseases and public health emergencies (APSED) and the bi-regional framework to support IHR implementation. *China* proposed **positive incentives for countries and flexible, open, and operable amendments in coherence with the INB.** *The Philippines* recommended coupling strengthening surveillance systems with greater data and technology sharing, transparency and timeliness, investing in genome sequencing capabilities and digital technologies, and **creating a Compliance Committee**. *Ecuador* recommended **more binding language**

in certain provisions of the text and greater spaces for cooperation and assistance. Finally, *Brazil* emphasized that the **IHR amendments cannot increase the burden on states**, particularly developing countries, without matching support, cooperation, and incentives. *Singapore* suggested that issues related to availability and access to health products, manufacturing and production of health products, and sustainable financing and funding mechanisms should be addressed under the CA+ platform. *New Zealand* recommended identifying similar proposals and negotiating them as a group to reach consensus quickly, **focusing on simpler/technical amendments initially to allow more time for complex issues**. *The UAE* urged the WHO to **provide clear statements about the kind of support that countries should give to each other during emergencies.** *Norway* recommended **avoiding the introduction of CBDR** to maintain the universal application of IHR. *Australia* proposed **grouping overlapping amendment proposals** and articles closely related to each other and focusing on areas that are best addressed in the IHR, such as surveillance and notification, declaration of a PHEIC, and IHR emergency committee procedures. *Peru* suggested improving **self-evaluation and supervised external evaluation mechanisms** and implementing an **intermediate level of alert** to enable timely preparation.

Warning signs for very difficult negotiations ahead

Namibia emphasized the importance of equitable distribution of medical countermeasures and highlighted the need for the ABS mechanism to be consistent with the Convention on Biological Diversity and the Nagoya Protocol. They also **opposed any amendment that separates access to genetic sequence data from benefit sharing**. *India* supports the **timely exchange of biological materials and genetic sequence data subject to equitable benefit sharing**. *Iran* is willing to engage in comprehensive negotiations for the IHR 2005 amendments but **not to reopen the entire instrument for renegotiation**. *Singapore* stated that member states have the **sovereign right to legislate and implement legislation** in pursuance of their health policies, which should be taken into consideration by the WHO. *Switzerland* emphasized the importance of proper surveillance and early alerts, and they are **against any form of conditionalities when it comes to the sharing of epidemiological data**. *Ethiopia* highlighted the **significance of equity for the Africa Group** and argued that without addressing equity issues, the IHR cannot be strengthened. *Namibia* emphasized that equity must be the starting point of discussion in both WGIHR and INB, and they **do not support the low-hanging fruit approach**.

Public session of the meeting resumed on Day 5, 24 February 2023, starting with discussion on **Agenda Item 7 and 8** which were the closing agenda items.

The Chair opened by reading out paragraph-by-paragraph of the draft report and welcomed edits from member states. Some highlights in the report. The working group approved an updated list of relevant stakeholders and the modalities outlined in document A/WGIHR/2/3 to enable relevant stakeholders to attend the open session. The Secretariat also agreed to organize a document showing proposed amendments along with technical recommendations made by the Review Committee to be shared with member states the following week. The

working group agreed to the provisional timeline as amended by adjusting the dates of the 3rd meeting to 17th to 28th of April, and include the 6th meeting on the 7th and 8th December 2023.

Member States Express Differing Views on Status of the Upcoming Document

Nigeria requested a timeframe for the preparation and circulation of a document by the Secretary to member states. *India* sought clarification on whether the document would have an official legal status and which document would serve as the basis for further negotiations. *Bangladesh* preferred the document to remain an information document without any influence on the discussion or other documents coming up later on. *Monaco* disagreed with the idea of the document being an information document and argued that it must be treated as an official document for consultative purposes. *The USA* and *Argentina* also shared this sentiment. *Brazil* understood that member states would not be bound by the document's content and may use it as a reference. *Paraguay* considered it a reference document and not mandated by the working group to be introduced as an official document yet. Finally, *Mexico* emphasized the importance of translating the document into all six official languages.

Debate over Holistic Examination of Amendments as a Package

Brazil proposed that the draft report include a statement that amendments to the International Health Regulations (IHR) should be examined holistically as a package. However, Brazil later retracted the suggestion. *The USA* objected to this proposal, saying that there was no previous agreement on examining amendments holistically and as a package. The USA argued that there may be some amendments that are accepted and some that are not, so they called on member states not to prejudge amendments as a package. They insisted that member states could agree on any number of amendments in the process but that wouldn't necessarily constitute a package. *Bangladesh* and *India* supported the inclusion of the word 'package' in the draft report, with India stating that it reflected the intention that 'nothing will be agreed until everything is agreed.' *China* added that the word 'package' describes a fact that discussion results will be made into a package and submitted to the World Health Assembly (WHA) for approval. The word also in principle reflects the basic purpose of the amendment of IHR, quoting **resolution WHA75.9 that the working group was created to propose a 'package of targeted amendments.'** *The European Union (EU)* objected to examining amendments as a package, saying that it seemed to imply that at every meeting, there would be an examination of the full package of amendments, which was not the case. *Chile* proposed **a compromise stating that each amendment would be examined individually, with the final outcome of negotiations presented as a package.** *Brazil* supported this compromise, clarifying that their intention was to ensure that the IHR amendment was not agreed upon until all of its details were agreed upon. After further discussion, the group agreed to the compromise proposed by Chile, and the draft report was amended accordingly.

Conclusion of the Upcoming Information Document and Draft Report

The Secretariat confirmed that an upcoming document is already prepared in English and will be circulated next week after translation. It will serve as an information document for reference and not as a legal document for the assembly. The proposal to **combine two documents into one is a mechanical compilation without any**

changes and will be treated as a reference document for now and the Secretariat suggested to defer the decision to WGIHR/3 whether to make it an official document. The Secretariat noted that the upcoming document is not attributed and suggested that a separate issue of attribution be discussed in WGIHR/3. The draft report was also clarified, and it was noted that **the Secretariat will have a single team to support both Bureaus.** Important to note that during the closed session, there was a consensus among member states to cluster the proposals and take these up for text-based negotiations. There are 10 proposed clusters from which 3 will be chosen by the Secretariat to be discussed in WGIHR/3.

After deliberations, the draft report was adopted with some amendments but there are **unresolved issues**. *Bangladesh*'s request to have a **two-day pause between IHR and INB meetings in December** could not be confirmed. *Namibia* and *Nigeria* asked for clarification on **which relevant stakeholders will possibly be allowed** to observe the proceedings, but the Secretariat was unclear on the matter. *Argentina* asked that **intersessional sessions be conducted in hybrid mode** to allow government members in capitals and those who cannot come to Geneva to participate. *Russia* added the need to include **interpretation in all WHO official languages.** *Tunisia* and *Paraguay* supported both suggestions. *The Bureau* could not confirm whether hybrid meeting and interpretation will be available but they will make the effort.

The closing of the session got heated when Western countries brought us the issue of Russia's invasion of Ukraine and the resulting consequences on health and health systems. Russia reiterated that such political matters should not be brought up in a technical meeting. The Chair concurred and asked member states to be more effective and efficient in the discussions.

The reference document and report of the meeting has now been made available for the public.