



which 1.1 million is being sought, has only received 71.9 million of which 1.5 million has already been disbursed.

10. Mr. Lim Yong Lim, the President of the World Bank Group, observed a backlash against globalisation and the multilateral system in the current political environment. International organisations need to address aspirations and explain how multilateralism and the Sustainable Development Goals can contribute to prosperity. Automation can result in the destruction of low skilled jobs in developing countries. Countries that have been stunting in their populations will not be competitive in the global economy. Investments in infrastructure, in particular with private sector investments, can bring higher returns and development assistance can be targeted at other priorities, including health. Countries cannot compete in the economy of the future without investments in health, nutrition and education. Without these investments, countries will face the pathway of fragility, violence, conflict, extremism and then an outflow of refugees.

B. Countries will need assistance in building health systems to address multiple crises at the same time. Grant-based support and official development assistance will not be sufficient. A global concessional financing mechanism providing loans at 0% interest can become a source of financing for health. Other financial instruments traditionally used to create wealth can also be used to finance health, such as insurance and bonds. Purchasing insurance for an annual premium of 100 million can create a fund of 900 million to be triggered during a health crisis.

11. Mr. Lim underscored the importance of simulations to remind governments of the terror of Ebola and H1N1. It provides a good way of testing the state of preparedness of systems.

#### Promoting compliance with the International Health Regulations

12. The Task Force members noted that the International Health Regulations require that nations establish systems for prevention, detection and response. They stressed the critical role of communities in surveillance systems, noting that the detection of risky or disease-causing behaviours can be captured through community surveillance. Once communities have been recognised as the frontline components of surveillance systems, they need to be financed so that they can perform this function effectively.

13. The Task Force members examined the challenges to the notification of events under the IHR, observing that there is distrust on many levels. Communities need to be convinced that it is in their interests to report people who are ill, and potentially infectious, as they may fear being subject to constraints as the result of public health measures including isolation of security forces. Similarly, governments may have concerns that the notification of events will have an adverse impact on economic and political interests. The leadership and diplomatic skills of representatives of international organisations at the country level will be critical to handle such anxieties and prevent them from being reflected as mistrust. More work is needed to discourage the imposition by governments of unjustified measures to restrict trade or travel during health emergencies. This should include exploring possibilities for recourse to the World Trade Organisation dispute resolution mechanisms.

14. Informal materials, including global media reports, serve as valuable sources of information in surveillance systems. They may learn of early stage

1". The Task Force considered that the rollout of the 2H3 ,oint -&ternal - !aluation tool marks a truly important development in efforts to promote compliance with the 2nternational Health 3egulations, and the speed of rollout in assessing countries' compliance will be important in catalysing donor support for health system strengthening. It would be useful if the , - - process also incorporated quantitative indicators.

1% The Task Force noted that the GB has committed to assisting B\$ countries with achieving 2H3 core capacities, and expressed interest in the progress on this initiative, so that 4 H5 and other stakeholders can be aware of those countries where 2H3 capacity risk is greatest.

For (ing ori)ontally within the \*N system and throughout the +S,

1<. The Task Force members agreed that the \*N system should operate using a horizontal approach at all stages of health crisis response: detection, prevention, care, support and coordination. In its recent trip to observe the response to Zika in Colombia, the 2ndependent 5 !ersight and ) d!isory Committee observed that some \*N agencies at country level are competing for funds rather than working horizontally and interagency coordination could be improved. Strategic leadership, coupled with stakeholders' pursuit of common outcomes, as well as use of up-to-date evidence and agreed standards are required to stop a growing outbreak in its tracks and prevent it from enlarging. The 2) /C provides an important platform for \*N and non-\*N stakeholders involved in humanitarian action to come together. The 2) /C (incipals were in the process of finalising EFe!el 7 ) ctivation (ocedures for 2n'ectious %isease - !ents to guide future responses by 2) /C organisations to large-scale infectious disease outbreaks, as well as to provide a critical link to non-2) /C public health actors through the phases of such responses. These procedures were discussed during a General ) ssembly briefing on 11 November 2016.

- financing challenge

19. The Task Force members stressed the importance of engaging ministers of finance and establishing linkages between action for health and the investment of concessional finance. Attracting financing requires an improved narrative, to provide donors with a holistic and strategic view of how their funding will be used year by year. It requires assurances in terms of value for money and cost-effectiveness. 31915 ( ) -15.46 ( ) -15.9574 (o) 10.632(c) -2.808926ieituse ance of engaging





">. 2' e&tternal organisations are going to engage with communities in a sensitive manner, those concerned need to be aware of how they are perceived. There is a perception that health crises are only addressed by the international community when they pose a threat to other countries or regions. However, a health crisis can emerge anywhere, within every society, not just in low income countries. The role of communities in health is important in all countries & whatever the stage of development the promotion of health literacy and the dissemination of health information are needed in all settings. The nature of communities has evolved over time with increased urbanisation, changes in social structures and internal and international migration. Further work is needed to understand the nature of different types of communities including the way in which information is communicated within and between different communities and where fragility, influence and resilience may lie.

" ;. The Task Force members stressed the need to have clear indicators for measuring the engagement of communities. One indicator suggested is the participation of women in the response. In northeastern Thailand, if the chair of a community clinic is a man, then the vice-chair must be a woman.

7#. The need to have sustained financing for community engagement was noted. For example, when countries graduate from eligibility for assistance from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, there are concerns that the support for NGOs will be cut. There is a long term need for the engagement of civil society and media in health crisis responses. The potential for intensive engagement by communities has to be institutionalised & for example, the skills associated with community ownership and engagement can be incorporated in the training of emergency medical teams.

## Summary of Second Quarterly Meeting (11 November 2016)

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