



**Permanent Mission of India**

**Geneva**

**National Statement for the third meeting of the Working Group on  
Strengthening WHO Preparedness and Response to Health**

**Emergencies, WHO (4-6 October 2021)**

**delivered by Mr. Vimarsh Aryan, First Secretary, Permanent Mission of  
India,**

**(Geneva, 04 October, 2021)**

Chair and Excellencies,

We would like to thank the Bureau and Secretariat for preparing very comprehensive and useful working papers for this meeting, as was requested during the second meeting of the Working Group.

2. The update on the preliminary findings from COVID-19-related recommendation mapping provides some useful analysis. We also welcome identification of a pertinent theme focused on equity during further discussions within this group.

3. We have also taken note of the limitations indicated by the Secretariat that the recommendations under review differ considerably depending on the panel or committee that issued them and with respect to their level of specificity, concreteness and complexity.

4. We also agree with the areas of convergence, as analyzed by the Secretariat, particularly the immediate need to address the vaccine inequity, adoption of one-health approach, urgent need for strengthening the global health architecture and governance for pandemic preparedness and response and the need to improve the rapid risk assessment, alert and rapid

response, including the determination of a public health emergency of international concern.

5. In the analysis pertaining to the areas of divergence, India would suggest that the on-site missions to study the origins of the outbreaks, should be limited only to the outbreaks caused by novel pathogens and the surveillance networks need to be made more efficient and robust. WHO, in close coordination with the concerned member State should immediately provide all necessary technical support during a PHEIC.

6. We have also seen the classification of possible mechanisms for implementation of various recommendations under categories A, B, C, D and E. Going forward, we would support a blended approach for implementation of various recommendations, whereby we should aim to achieve the the low hanging fruits by implementing certain recommendations under categories A and B immediately. The other recommendations under categories C, D and E may be implemented subsequently in a targeted manner. While supporting a blended approach, India is of the view that our efforts should be focused on strengthening IHRs with a view to address the gaps which are identified by this Working Group. The proposal for future negotiation of a Framework Convention should focus on identifying the areas which cannot be addressed through strengthening and amending the existing mechanisms, including IHRs.

7. India believes that the decision-making process of the Emergency Committees (EC) under the IHRs needs to be more transparent and prompt. We believe that it is important to devise objective declaring criteria, with clear parameters, for declaring PHEIC. It should be possible for DG WHO to declare a PHEIC if in his/her assessment there is a broad agreement, though not a consensus, within the IHRs Emergency Committee, and not to wait for a consensus to emerge.

8. India understands the importance of a robust national plan to fight any health emergency situation. However, it may be more helpful if WHO

provides required support and guidance to Member States to design and develop their national legislation on emergency preparedness and response and is consistent with IHR provisions and IHR implementation.

9. The public health infrastructure in developing countries is still being developed and is a work-in-progress. Our efforts should therefore focus on provision of technical and financial support for building capacities of Member States, while addressing the capacity, implementation and enforcement gaps of existing instruments on preparedness and response, such as the problems related to chronic underinvestment for national IHR core capacities and inequitable access to health technologies.

10. Any peer review mechanism needs to be devised only after thorough consultations with all the member States. Any mechanism that foresees 'one size fits all' approach will be infructuous.

Thank you, Chair.

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