The Independent Panel

From Evidence towards Recommendations



The Independent Panel

May 2020	Resolution 73.1 adopted by World Health Assembly	Oct. 2020	2 nd Independent Panel meeting Executive Board Special Session	Feb. 2021	4 th Independent Panel meeting (Feb 9-10)
July 2020	WHO Director General appointed Co-Chairs for the Independent Panel for Pandemic Preparedness & Response.	Nov. 2020	Progress report to resumed World Health Assembly	March 2021	5 th Independent Panel meeting (March 17-18)
August 2020	Secretariat established. Panelist nominations and comments on draft Terms of Reference. Panelists selected	Dec. 2020	3 rd Independent Panel meeting	April 2021	6 th Independent Panel meeting (April 14-15)
Sept. 2020	Terms of Reference finalized. Independent Panel assembled and held its 1 st meeting.	Jan. 2021	Report to Executive Board	May 2021	Publication of the report (MS May 10, Official May 12) Presentation of report at World Health Assembly

From Evidence-Based Conclusions to Recommendations

Bold, Actionable Recommendations

Desk Reviews, Interviews, Roundtable Discussions, Townhall meetings, Expert Validations, Panel Reviews

1. Lessons Learned	 Impact and Epidemiology Recommendations Made National and Subnational	 How Health Systems Coped Communities and	1. The International System
	Responses	Communications Socio Economic Impacts	2. WHO
Build on the Past	Review the Present	Understand the Impacts	Change the Future

From Evidence-Based Conclusions to Recommendations

126 Interviews	Including 185 experts from WHO, other UN and international organizations, national governments, NGOs, private sector and civil society
18 Roundtables	Including 277 participants, focusing on WHO, the international system, national responses, science to policy, communications, healthcare workers and communities etc.
6 Exchanges	 We heard directly from about 55 people participating in panel discussions with hundreds 'in the audience'. Nurses on the Frontline, Delivering SRHR in Crises Settings, Youth on the Frontlines, Midwives at Work, The Gendered Impact, Noncommunicable diseases
16 Background Papers	Background papers on a wide range of topics were prepared by the secretariat, supporting staff and external researchers
140+ submissions	More than 100 submissions by experts, officials and advocates were received through the website and by email .More than 40 detailed responses to specific enquiries were provided through the WHO COVID-19 repository
50+ Briefings	To listen and learn the Panel held more than 50 briefings with WHO Member States, other UN and international organizations and other Global Health stakeholders



Round tables

- 1. A Future International System
- 2. WHO Financing
- 3. Essential Supplies
- 4. From Science to policy
- 5. Access to Vaccines
- 6. Socioeconomic impact regional dimensions
- 7. Socioeconomic impact global perspectives
- 8. National Responses
- 9. Therapeutics and Diagnostics

- 10. Mobilizing Across Generations to Realize Health and Social System Reforms
- 11. Human Rights
- 12. Communication and Community Engagement
- 13. Sustaining and Strengthening Cities During a Pandemic: A Discussion with Mayors
- 14. Private sector
- 15. Digital solutions





How an outbreak became a pandemic

A companion to The end of pandemics: How the COVID-19 outbreak became a pandemic and how we can stop that from happening again



for example, in March 2020 some countries reported heath workers reusing masks for multiple days to conserve stocks. Globally, one estimate held that less than 20 percent of global demand for protective equipment and test kits had been fulfilled by June 2020. Delivery delays permeated the system.

National and international efforts sought to increase the flow of essential supplies. Countries which were able to establish purchasing partnerships nationally and with neighbours fared best. At international level the UN and WHO launched the UN COVID-19 Supply Chain System, a procurement consortium which eventually funneled half of the essential supplies reaching lower and middle-income countries—but results were mixed, the new system created confusion among international actors. and big gaps remained, some of which persist to this day in many places. [REF] Surge manufacturing capacities were rapidly developed in some ountries – India developed 100 PPE manufacturers from zero in a few months. A new pan-African online market set up direct procurement channels with China, creating an alternative regional channel to get around delivery delays that beset international platforms.

In the pandemic context, sluggish capital flow and financing gaps quickly restrict efforts to gain supplies, especially for middle- and low-income countries vying with high-income countries. Opaque market data makes it even more difficult. Financial and data networks are needed to ease supply bottlenecks, especially fast-moving risk capital that is agnostic to specific products or channel. Information on what will arrive, when, and from whom is essential to the coordination of operational support.

Pre-procurement quality assurance will be useful for vetting the small, new or "grey" manufacturers of medical supplies repurposing production lines or entering the market during times of stress; these sources can help fill gaps, but procurement also needs to screen out potential bad actors. Market-making is needed for all essential supplies, but particularly oxygen, diagnostic tests and PPE.





An authoritative chronology of the COVID-19 pandemic

Science

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published in NEJM

REAL-TIME EVIDENCE INTERNATIONAL ACTIONS COUNTRY ACTIONS 29 JANUARY 2020 Meeting (d) Border Control Measures Bat coronavirus likely ancezstor of Third meeting of the STAG-IH Three countries implement border SARS-CoV-2 STAG-IH discusses briefings on Strategic restrictions A bat coronavirus is found to share 96.3% Response Plan, and R&D Update-Global Cases per million: Japan 0.16; Viet Nam 0.02; Singapore 1.20 of its genome with SARSCoV-2. Research and Innovation meeting. Actor/Author: D Paraskevis , E G Kostaki , G Magiorkinis, et al. Source: Infection, Genetics and Evolution, Nature Actor/Author: WHO STAGeIH Source: WHO Announcement (4) China reaches 6,000 cases, spread WHO DG praises China on return to to 15 countries Geneva 6,065 cases globally, of which 5,997 are "China's efforts to contain the outbreak at the epicentre have been essential for from China. 68 cases outside China, in 15 preventing the further spread of the virus." countries. Actor/Author: WHO DG Source: WHO Source: WHO Situation Report Cases (4) Interim Guidance (4) United Arab Emirates: First cases Interim guidance on the use detected of masks Four cases reported in the United Arab Wearing a medical mask is one of the Emirates in air travelers arriving from prevention measures to limit spread of Wuhan. certain respiratory diseases, including Actor/Author: WHI Source: WHO 2019-nCoV, during home care and in health

Japan, Viet Nam and Singapore implement various levels of border closures and travel restrictions during this week. Source: Japan, Viet Nam, Singapore

care settings.

Actor/Author: WHO HQ Source: WHO HQ

Study of first 425 Wuhan cases Study of first 425 lab-confirmed cases in Ξ

Publications to come

I. The Main Report

English with full layout; 5 additional UN languages without layout (.pdf and interactive online

- II. A summery in 6 UN languages
- III. The 13 Defining Moments "How an Outbreak Became a Pandemic" The companion narrative. (English only .pdf and interactive online)
- **IV. The Chronology** (.pdf and interactive online)
- V. 16 Background papers published online (English only .pdf)



"How an Outbreak Became a Pandemic" - 13 Defining Moments – the companion story

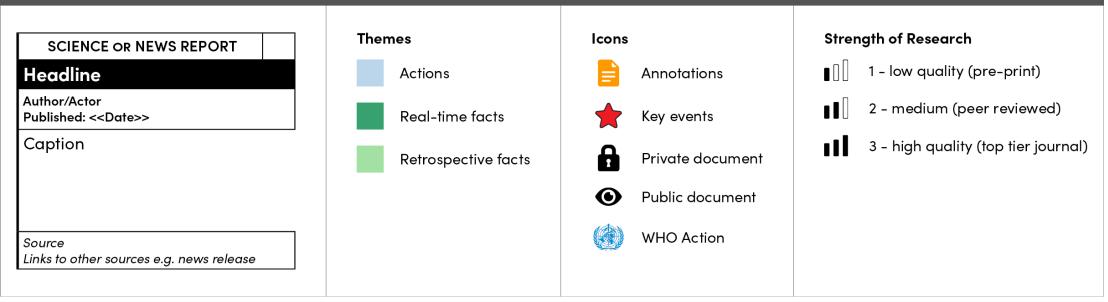
- 1. Despite warnings, the world was not prepared
- 2. The Detection of a Novel Coronavirus: SARS-CoV-2
- 3. The reality hits home
- 4. The frontline under stress and needing protection
- 5. The Scramble for Supplies
- 6. Navigating the digital environment and the trust deficit
- 7. The Unprecedented Pace of R&D Acceleration
- 8. Geopolitical tensions challenging multilateralism
- 9. Economies Take Major Hits
- **10**. The Pandemic Affects Everyone, But Not Everyone is Equally Affected
- **11.** Vaccine Nationalism
- 12. Building Forward Better Realizing the Sustainability Vision
- 13. A Future with Mutant SARS-CoV-2?

Background papers

- **1.** Learning from the past
- 2. The Chronology (timeline, summery paper and literature review)
- 3. National and sub-national responses
- 4. The Economic impact
- 5. The Social impact
- 6. From Science to Policy
- 7. Access to vaccines, diagnostics and therapeutics
- 8. Scaling up Vaccine Production Capacity: Legal Challenge
- 9. Access to Essential Supplies
- **10**. Impact on Essential Health Services
- **11**. Community involvement
- **12.** Understanding Communication
- 13. WHO an institutional review
- 14. International Treaties and Conventions
- 15. International financing
- **16. Human Rights**

The Chronology

CHRONOLOGY LEGEND



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Embargoed pre-briefing for Member states on 10 May 8.00 am, 14.00 and 20.00 CET



Public presentation on 12 May at 1 pm CET WHA presentation on 25 May

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Report, Summary (6 languages), Defining Moments, and Background papers - 12 May

Main report (6 languages) - 20 May



https://www.TheIndependentPanel.org