

WHO Executive Board 152

Statement by Gavi, the Vaccine Alliance

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Agenda Item #12.1 – Strengthening WHO preparedness for and response to health emergencies

Strengthening the global architecture for health emergency preparedness, response and resilience

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Excellencies, distinguished delegates,

Gavi, the Vaccine Alliance welcomes the Director General’s report to the Board and the update to the ten proposals to improve health emergency preparedness and response to build a safer world. We continue to be committed to preventing, preparing for, and responding to outbreaks and pandemics. Gavi works to ensure equitable access to routine and outbreak vaccines, strengthen health systems, expand routine immunisation services, and leave no one behind – particularly the 18.2 million zero-dose children around the world who have not yet received a single vaccine. Our Alliance’s work directly contributes to the three pillars of health emergency preparedness and response, as outlined in the report.

We welcome the commitment to place equity, inclusion, and coherence at the core of any global architecture, and look forward to working with the WHO and other Gavi Alliance partners, as well as Member States, to realize these principles which are also at the core of our mission.

Based on two decades of experience in enabling equitable and sustainable access to vaccines, including key learnings from the recent Covid-19 response, Gavi would like to offer the following considerations:

- **Strengthen and maintain routine immunisation:** It is essential that any improvements to the global health architecture prioritize expanding access to life-saving health services, such as routine immunisation, as a cornerstone of primary health care and resilient health care systems. This is not only critically important to avoid disruptions during emergencies: it also strengthens our ability to reach the most vulnerable communities and rapidly detect and respond to threats.
- **Prioritise meaningful country engagement:** COVAX and the wider pandemic response have taught us that an emergency health architecture needs to be adaptable to effectively address specific needs of countries. Future coordination initiatives should reflect the global and interconnected nature of health threats. It will be important to promote co-design, building upon a networked approach, to prepare for any emergency response.
 - The success of our collective efforts depends on ensuring the perspectives of all countries – and particularly those of low- and middle-income countries and diverse

civil society organisations – are incorporated into decision making from the outset to develop fit-for purpose approaches and responses.

- To be truly inclusive and allow for diverse and ongoing engagement from Member States and civil society, it is critical that the multiple – and often competing – ongoing health emergency processes at global and regional levels are coordinated, aligned, and simplified. This will allow for easier consultation processes and a more cohesive plan of action as we move forward in partnership.

- **Finance the right things at the right level:** To prepare for, prevent, and respond to outbreaks and health emergencies, there must be long-term, at-risk and agile financing in place to support rapid development and delivery of, and equitable access to vaccines and other medical countermeasures. Financing plans and commitments must be developed alongside any governance processes to ensure suitable, available, and sustainable resourcing.