Summary

Given the number of different initiatives and workstreams currently being undertaken on pandemic PPR, we welcome WHO's intention to map these initiatives in a coherent way. Developing a coherent and complementary global health architecture is a vital part of being prepared for future pandemics and other health threats.

It is necessary for HEPR to be clear in its objective and to differentiate between the mechanisms and approaches needed to respond to different health emergencies, from pandemic to more localised health threats. The needs and approaches of WHO and Member States will not be the same in all situations.

The UK welcomes the attempt to map over 300 recommendations from reviews and institutions and identify where new mechanisms or structures have been called for. It is absolutely right that the proposals outlined in the HEPR framework are meant to complement, strengthen and promote collaboration among existing institutions, mechanisms and structures, as well as to build stronger and more resilient networks of global health partners. The paper rightly places HEPR within the broader framework of the Sustainable Development Goals.

In developing this mapping exercise, it is crucial that any paper is produced in a fully consultative way with buy-in from Member States, and that we agree together on the priority areas. The UK is committed to working with WHO and Member States to develop this work, and this is particularly important in the context of the four UN High Level Meetings taking place in New York in the next two years.

The UK supports progressing key priority work such as that on the pandemic instrument (or 'accord') being discussed through the Intergovernmental Negotiating Body (INB), the targeted amendments to the International Health Regulations (IHRs), and the creation of the pandemic fund to ensure that pandemic preparedness receives the investment it needs. But we must do so in a way which avoids duplication and maximises the potential from these complementary processes. WHO's input is key to this prioritisation process, alongside other global health institutions including the Multlateral Development Banks. Otherwise, the ambitious timescales for finding agreement through both the INB and IHR processes is at risk. It is important to strengthen or consolidate existing initiatives where they already exist, rather than inventing new ones, to minimise further fragmentation.

The UK has the following comments to raise on the paper. The first set are comments/questions on process and the second set on specific priorities:

- Given many of the recommendations were already mentioned by the IPPR, GPMB, IOAC and IHR-RC, HEPR must consolidate and prioritise, not be seen as another competing report.
- How can the HEPR process be used to best support coherence between different processes such as the IHR and INB process as well as linkages with next steps on a countermeasures platform?
- How can the HEPR process tackle the issue of implementation which is often a significant barrier to the effectiveness of initiatives and processes?
- Whilst the UK appreciates that WHO has undertaken consultation meetings, given different processes are developing independently, how is the document best taken forward to ensure it is up to date and relevant? We note changes have been made to

the document but how are these changes best discussed with Member States? We would also welcome WHO's views on how work can best be prioritised and sequenced.

- WHO is a central actor in the implementation of the HEPR priorities, but it is not the only one. The paper said very little about the role of other global health institutions and funders. How will HEPR work with processes in these other institutions?
- One Health is key throughout the priorities identified and yet we are concerned is mentioned very little in papers for the Executive Board. How does WHO propose to best work with FAO, UNEP and WOAH to ensure coherence with other work outside of WHO's direct remit to advance their One Health Joint Plan of Action?

With reference to some specific proposals:

Global Health Emergency Council: the UK wishes to avoid a further fragmentation of the health architecture so has a number of questions on this proposal as well as the separate proposal for a new Committee E. We don't want to prejudice discussions and negotiations on establishing a Conference of the Parties or similar governance arrangement for the pandemic instrument (whilst not prejudging the answer on that question); and other crises have demonstrated that leaders can be convened under a UNGA special session when the need arises. We therefore question whether such a Council adds value.

Global Health Emergencies Corps: We agree that it is essential that Member States should improve our own national capabilities, and support countries less able to do so to strengthen theirs. We also agree that should continue to strengthen GOARN and EMT initiatives as well as regional capabilities. However, on the proposal for a Global Health Emergency Corps, more detail is required for us to take a position and we remain concerned about practicality and feasibility.

Independent monitoring at the international level: we require more detail on this proposal as we do not want to duplicate the work of the GPMB or IHR monitoring mechanisms and it is important that we do not cut across these existing processes.

Financing: We support the work of the G20 Joint Health and Finance taskforce and the Pandemic Fund. However, we need to review further the proposals for an expanded CFE and the additional financing facility. We need to consider the full range of existing mechanisms, within WHO and broader multilateral architecture, including those under regional development banks, and how they might be strengthened or adapted before embarking on establishing new mechanisms. Lessons needs to be learnt from COVID, including ACT-A and COVAX, as well from the World Bank's Pandemic Emergency Financing Facility. There are questions including:

- What triggers would be applied,
- What approaches work for different donor legislative and accounting systems for pre-agreed contingent financing,
- How it might be phased if activated (eg if it was stood up but then turned out not to be needed to the scale originally requested/triggered),
- How to mobilise donors and questions around mandatory and voluntary contributions
- Who would decide on where financing is allocated.

With reference to the two questions in the Executive Board paper:

a) How can the Secretariat best work with Member States to advance the 10 proposals contained in the report;

As outlined above a number of the proposals are already being actioned and Member States are already actively engaged in those processes. It is vital to avoid duplication and more work is needed to ensure that these are inclusive processes which work for smaller Member States and ensure engagement of non-state actors. In addition, we would question if there is equal buy-in across all 10 priorities.

b) What gaps are there that require further work by the Secretariat with Member States.

A serious gap is the lack of references to One Health- which seems a significant oversight given WHO engagement and the work of the quadripartite. A focus on strengthening capacities in line with both the International Health Regulations core capacities and the Performance of Veterinary Services pathway, and support to apply the guidance and tools provided by the Quadripartite (such as the IHR-PVS national bridging workshops) can help to enhance One Health capacities in LMICs. The Joint Plan of Action provides a comprehensive framework – countries should ensure their activities are aligned to the JPA where relevant. The development of guidance by the quadripartite for sector-specific activities may also be useful to support the integration of One Health objectives within sector-specific actions towards a more holistic and intersectoral approach.

Other gaps include references to strengthening integrated public health functions within resilient health systems and on the importance of increased domestic resource mobilisation for and investment in national health systems.

In summary, the UK notes and welcome progress is being made on a number of the proposals and recognises the importance of sustained political commitment to delivering on these. However, more needs to be done to develop further consultation and buy-in for the priorities with greater focus on strategic interlinkages and gaps being identified, rather than further workstreams created in what is already a fragmented landscape.