

WHO's work in health emergencies

Strengthening WHO's global emergency preparedness and response

Report by the Director-General

BACKGROUND

1. Following the adoption of resolution WHA73.8 in November 2020, on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), the Officers of the Executive Board proposed that the Director-General prepare a report on strengthening WHO's global emergency preparedness and response for consideration by the Board at its 148th session. As important reviews and initiatives are still in progress, the present report aims to facilitate a forward-looking discussion the opportunities for making progress on strengthening the capacity of the WHO Secretariat and Member States to fulfil their respective roles in preventing, detecting and responding to health emergencies.

INTRODUCTION

2. The coronavirus disease (COVID-19) crisis and other recent health emergencies have shown that the world is still not effectively able to prepare for, predict, prevent, respond to and recover from a multicountry outbreak or pandemic. The risks of a crisis on the scale of COVID-19 were known but were not adequately addressed. The risks of a similar or more severe emergency in the future are real; the devastating toll of COVID-19 must mark a turning point in the way we prepare for and respond to health emergencies. Collectively, we must take the path of sustained, considered and concerted action now if we are to achieve global health security and avoid the catastrophic impact of global health emergencies in the future.

3. Meaningful improvements are urgently needed to strengthen the capacity of Member States and WHO to meet their obligations under the International Health Regulations (2005) to prevent, detect and respond to health emergencies, including outbreaks, in order to protect and improve global public health.

ONGOING REVIEW OF HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

4. There are several ongoing reviews for health emergency preparedness and response at the national, regional and global levels. In resolution WHA73.1 (2020) on the COVID-19 response, the Health Assembly called for, in the spirit of unity and solidarity, the intensification of cooperation and collaboration at all levels in order to contain and control the COVID-19 pandemic and mitigate its impact, including the establishment of an independent panel for pandemic preparedness and response to

assess the response to COVID-19. In the resolution, the Health Assembly also requested the Director-General to convene an IHR Review Committee, which has now published its interim findings. The Health Assembly also considered an updated report from the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme at the resumed session in November 2020, which contained specific recommendations for the immediate strengthening of WHO's Health Emergencies Programme.¹

5. A number of Member States have taken the initiative to share proposals to strengthen WHO in its capacities to plan for and respond to health emergencies. The G7 and G20 have also made proposals for enhancing global health emergency preparedness and response. Finally, the Global Preparedness Monitoring Board, co-convened by the WHO Director-General, has also outlined actions to strengthen global health security in its September 2020 report, *A world in disorder*.²

6. Common to all proposals for strengthening pandemic preparedness and response is the recognition that multinational leadership is required to ensure that actions are taken in solidarity and for the common good: health emergency preparedness is a paradigmatic global public good. The multilateral system is essential to coordinate and support national and multinational pandemic preparedness and response.

KEY AREAS FOR ACTION FOR CONSIDERATION

7. A number of key areas for action are listed below, for consideration.

(a) **Coordinated and monitored national health emergency preparedness and response** – building on the International Health Regulations (2005). Neither individual governments nor the global community can entirely prevent health emergencies. But we can be much better prepared and better aligned in our response through more effective multisectoral, multidisciplinary and transnational collaboration on preparedness and response at the local, national, regional and global levels. Country preparedness should be reviewed through a transparent peer-review process to strengthen the implementation of core capacities required by the International Health Regulations (2005), with a particular emphasis on building the resilience and readiness of communities and health systems and protecting health workers. Current tools and mechanisms for assessing national capacities, including voluntary joint external evaluations, after-action reviews and simulation exercises should be sustained and enhanced. In addition, WHO is working with Member States to develop the Universal Health and Preparedness Review. The aim of the Review is to bring nations and stakeholders together in solidarity to support effective international cooperation to strengthen emergency preparedness, foster exchange of best practices, identify new and emerging issues, promote accountability, and ensure efficient targeting and use of investments through a peer-review mechanism.

(b) **Sustained, predictable funding for health emergency preparedness and response**, including from domestic budgets. Currently, there is insufficient investment from national governments, development partners, international financing institutions and the private sector to finance national and regional preparedness and response capacities for disease outbreaks and other health emergencies. While emergency response financing mechanisms and streams are variable and fragmented, and fundamentally underinvested, dedicated preparedness financing

¹ See document A73/10.

² *A world in disorder*. Global Preparedness Monitoring Board Annual Report 2020. Geneva: World Health Organization; 2020 (https://apps.who.int/gpmb/annual_report.html, accessed 14 January 2021).

globally is virtually non-existent. The world needs coordinated, predictable, transparent, broad-based and flexible funding in order to ensure it is prepared for and can respond to health emergencies.

(c) **An enhanced global early warning, alert and emergency response system** under WHO's leadership. The global interconnectedness that has defined the first part of the 21st century increases vulnerability to pathogens that spread globally, but that connectedness can become a source of strength, and nowhere more so than in the sphere of public health intelligence. An interconnected, distributed global system for public health intelligence with WHO at its centre has the potential to revolutionize our ability to predict, rapidly detect and communicate emerging outbreaks by harnessing the potential of technologies such as artificial intelligence. This global early warning and alert system would function as the sensory organs of a broader system able to coordinate a rapid, sustained and agile emergency response at the regional and/or global levels, including a multi-agency response to a novel zoonotic disease. The effective functioning of this response coordination system may benefit from underpinning by strengthening the International Health Regulations (2005).

(d) **A global health emergency end-to-end supply chain and logistics system able to specify, quality assure, prioritize and deliver vital commodities rapidly to those who need them most.** Such an initiative requires the creation of a global health security stockpile and virtual supply chain to ensure all countries have access to essential supplies, medicines and equipment from anywhere in the world at any scale based on critical need. In times of crisis and critical shortage of essential items, provisions would have to be made for guaranteed replenishment of the global stockpile from existing manufacturing capacity and national stockpiles at the same time as providing market incentives and investments to rapidly scale up production capacity. An effective response to future health emergencies will depend on our moving forward from the fragmented and uncoordinated mechanisms by which essential health commodities are currently managed.

(e) **Mobilizing a global health emergency workforce that is rapidly deployable nationally, regionally and globally to detect and respond to health emergencies** – expanding on the Global Outbreak Alert and Response Network and Emergency Medical Teams initiatives. All countries need rapidly deployable, multidisciplinary teams of trained and equipped health emergency responders. Building, connecting and leveraging national response workforces so that they can be deployed to support other countries would also represent a major step forward in global health security. The world needs a coordinated, skilled and rapidly deployable global health emergency workforce.

(f) **Managing misinformation and disinformation that cause harm and undermine public health.** The problems of misinformation, disinformation, a lack of information and information presented in a way that is not accessible to communities have increasingly been identified as a significant exacerbating factor during many health emergencies. This phenomenon is termed an infodemic, and it has the potential to cause real harm wherever and whenever it is allowed to go unchecked. The evidence-based approach to infodemic management is still in its infancy, and there are many important questions that remain to be answered, such as how online behaviour affects offline action, how overwhelming amounts of information affect health-seeking behaviour and how the relative success of policy interventions aimed at strengthening resilience to misinformation should be judged. Answering these questions will require systematic study and the establishment of scalable, collaborative research platforms that will continue to build the evidence required to inform infodemic policy both during and between health emergencies.

(g) **Harnessing global knowledge and expertise to translate evidence into effective health emergency policy for epidemic- and pandemic- prone diseases, high-threat pathogens, emerging zoonoses and biorisks.** Effective policy and control strategies must be based on an ability to rapidly gather evidence and to expertly evaluate and synthesize that evidence into authoritative technical guidance. WHO's core strength as a technical and normative agency may be further adapted to the unique demands of health emergencies, including through new mechanisms and platforms for rapidly convening and working with expert networks and advisory groups, harnessing the power of WHO collaborating centres, and strengthening ties with regional and national knowledge and expertise.

(h) **Enhancing and expanding networks, mechanisms and incentives for the sharing of pathogens, biological samples and genomic data** is vital to global pandemic preparedness. A lack of timely access to high-quality pathogen specimens and genomic data remains a major barrier for the rapid development and fair and equitable deployment of safe and effective diagnostics and vaccines. WHO facilitates the transfer of biological material internationally. In response to suggestions by Member States to strengthen and expand this system, the Director-General has launched the Biohub initiative, which aims to build a global repository linked to a sustainable pathogen-sharing mechanism for the standardized collection, characterization and archiving of viruses, other pathogens and specimens to facilitate and accelerate the development of diagnostic tests and their evaluation for diseases of epidemic potential.

(i) **Accelerating research and innovation for epidemics.** Recent epidemics have highlighted the need to continue to strengthen our ability to rapidly and equitably deploy medical countermeasures, and public health and social measures, to prevent, identify and contain outbreaks, and reduce morbidity and mortality. The WHO R&D Blueprint for action to prevent epidemics provides a foundation on which to build a transparent and coordinated global process to set research and innovation priorities and coordinate collective action to ensure that sustainable global platforms are ready and operational before the next epidemic, of whatever disease it may be.

(j) **Coordinating a global platform to ensure rapid, equitable access to the fruits of research and innovation during health emergencies.** The rapid development of innovative tools such as vaccines and diagnostics must be married to a global mechanism to ensure technologies are tested, manufactured and distributed at a scale and with an absolute commitment to equity that will ensure they fulfill their potential as a global good. While such tools provide new opportunities to prevent and respond to health emergencies, the risk of unintended consequences, such as biorisks, must be carefully managed. Beyond medical countermeasures, other innovations such as digital applications for contact tracing, immunization certificates, new ways to protect health workers and rapid diagnostics can facilitate the implementation of public health measures, but must themselves be implemented judiciously in order to safeguard human rights. International leadership and collaboration is needed to ensure that the benefits of new innovations outweigh any risks in their implementation.

THE WAY FORWARD

8. The international community may consider a bold, new and sustainable model to underpin WHO's leadership in pandemic and epidemic preparedness and response.

9. All countries should engage as equal partners in a 21st-century pandemic preparedness framework, which moves beyond the mindset of response and disaster relief. Establishing such a system

will require only a fraction of the monies that are being lost in economic output around the world as a consequence of COVID-19, and that have been lost before in the outbreaks of A(H1N1) influenza, severe acute respiratory syndrome, Middle East Respiratory syndrome, and Ebola virus disease in West Africa.

10. Simply repeating the same commitments will not be enough. The time has come for the international community and individual nations to be collectively accountable for action and financing in pandemic preparedness and response. In view of the above, it is clear that in order for the world to move to a state of alertness and readiness to respond, the world needs:

- (a) a new degree of political will and international cooperation among all relevant stakeholders across sectors, guided by shared proposals for action;
- (b) strengthened accountability in the pandemic preparedness system, building on the International Health Regulations (2005), to make a tangible and quantifiable improvement to national and global pandemic preparedness;
- (c) sustainable and predictable financing that can adequately, rapidly and accountably address national and global capacity deficits in pandemic preparedness and response;
- (d) an empowered and resourced WHO at all three levels of the Organization that not only coordinates global health emergency response, but also directs global pandemic preparedness; and
- (e) a sustainable model for health emergency preparedness and response: this requires us to adopt a multisectoral approach founded on a One Health approach that encompass the interface between humans, animals and the natural world.

11. Proposals to strengthen the world's health emergency preparedness and response system must prioritize the most vulnerable countries, populations and communities, underpinned by sustainable global and regional mechanisms that enable early, equitable and coordinated large-scale action. In line with the Sustainable Development Goals, a much broader integrated approach is required: one that protects the poor and the most vulnerable communities; re-engineers access to primary health care; augments access to water, food and education; provides robust safety nets; and strengthens global governance.

12. A renewed global system for health emergency preparedness and response should be born of global political consensus. States Parties have already committed to the International Health Regulations (2005). Now may be the time for the world to renew its political commitment to the spirit of the Regulations, and enshrine it in an international treaty as proposed by the President of the European Council, Charles Michel. This could ensure that the lasting legacy of COVID-19 is an interconnected global system to prepare for, predict, prevent, respond to and recover from health emergencies.

ACTION BY THE EXECUTIVE BOARD

13. The Board is invited to note the report and provide further guidance.

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