

Strengthening WHO preparedness for and response to health emergencies

Interim report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies

1. The Director-General has the honour to transmit to the Executive Board at its 150th session the interim report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (see Annex).

ACTION BY THE EXECUTIVE BOARD

2. The Executive Board is invited to note the report and to provide guidance on the way forward.

ANNEX

**INTERIM REPORT TO THE EXECUTIVE BOARD AT ITS 150TH SESSION OF
THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS
AND RESPONSE TO HEALTH EMERGENCIES**

1. The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established with a mandate derived from resolution WHA74.7 (2021) and by decision WHA74(16) (2021).¹ The latter mandate has been fulfilled with the submission of the report (document SSA2/3) which was adopted by consensus by the WGPR and welcomed at the WHA Special Session (WHASS) held from 29 November–1 December 2021.
2. This report is developed to fulfill the mandate derived from resolution WHA74.7 and will focus primarily on the mandate to:
 - (i) consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, taking into account relevant work of WHO, including that stemming from resolution WHA73.1 (2020) and decision EB148(12) (2021), as well as the work of other relevant bodies, organizations, non-State actors and any other relevant information; and
 - (ii) submit a report with proposed actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.
3. This report serves as an interim report submitted to the 150th session of the Executive Board (24–29 January 2022).
4. The WGPR agreed that its work needs to be Member State-led and conducted in an efficient, effective, inclusive, consensus-based and transparent manner to ensure the meaningful engagement of all Member States.
5. To facilitate Member State review and discussion, the WHO Secretariat created the *WHO Dashboard of COVID-19-related recommendations public website*.² The dashboard is a tool developed by the WHO Secretariat to give access to a database containing a large number of recommendations stemming from different review panels on the COVID-19 pandemic and contained in World Health Assembly resolutions on COVID-19 as well as earlier recommendations formulated in relation to earlier health emergencies. The dashboard included the recommendation of the independent review panels/committees specifically set out in the group's mandate as well as a number of others. In addition, the WGPR Bureau launched a survey on 6 December 2021 to Member States, non-State actors

¹ To prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and to provide a report to be considered at the special session of the Health Assembly.

² WHO Dashboard of COVID-19 related recommendations: <https://extranet.who.int/COVID-19recommendations/>.

(NSAs) and other relevant stakeholders¹ to collect inputs on the recommendations in a more systematic way. The survey covers a total of 131 recommendations² issued by the independent review panels/committees: IOAC, IPPPR, IHR Review Committee, and taking note of the GPMB. The goal of the Survey is to solicit from Member States and Stakeholders some basic prioritization among the recommendations; and to provide initial input on feasibility and potential methods of implementation.

SUMMARY OF PROGRESS TO DATE WITH A FOCUS ON WHA74.7 MANDATE

6. The WGPR met six times from July 2021–January 2022, and conducted several intersessional informal sessions on specific themes, such as International Health Regulations (IHR) (2005) Strengthening, Equity, Global Health Architecture, and Benefits of a New Instrument. It organized two dialogues with non-State actors, providing opportunities for various stakeholders to participate in the WGPR’s deliberations. The Bureau also briefed WHO Regional Committees on the progress of the working group, seeking inputs from regions based on their experience.

7. The WGPR expressed consensus on the importance of strengthening the role of WHO in health emergencies and a shared commitment to strengthen pandemic preparedness and response at the national, regional and global levels.

8. As Member States initiated their discussions, they sought to understand the areas of convergence and divergence among the various recommendations; the timeframes proposed for implementation; and identification of recommendations that are already being taken forward. Building on the preliminary mapping of recommendations that the Secretariat provided from its Dashboard, the WGPR began discussing the Secretariat’s categorization of each recommendation and possible mechanisms to implement recommendations and their current status of implementation.³

9. With the conclusion of the WHASS and adoption of the decision, *The World Together: Establishment of an intergovernmental negotiating body (INB) to strengthen pandemic prevention, preparedness and response* (decision SSA2(5) (2021)), the WGPR will continue its work to extensively discuss all the recommendations put forward by the review panels and committees, with an expectation that a final report with proposed actions will be delivered to the WHA75 for its consideration. The report will prioritize the recommendations, as well as propose actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, on a range of issues, including but not limited to, global health governance, equity, pandemic prevention, preparedness and response and health systems strengthening and resilience.

10. Based on the analytical papers prepared by the WHO Secretariat, the WGPR discussed the recommendations by focusing on the feasibility and degree of impact of the recommendations according to the following categories: leadership and governance, systems and tools, financing and equity.

11. Based on initial discussions of the recommendations and their applicability for strengthening WHO as well as enhancing global preparedness and response to pandemics, taking into full account

¹ See document A/WGPR/1/6 Proposed modalities of engagement for relevant stakeholders.

² The recommendations are derived from the reports of the independent review panels/committees: the Independent Panel for Pandemic Preparedness and Response (IPPPR), the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme, and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response as well as the 2019 and 2020 reports of the Global Preparedness and Monitoring Board (GPMB).

³ See document A/WGPR/3/5.

national circumstances, the following items were repeatedly highlighted by Member States as potential priority areas, inter alia:

(a) Equity. Member States agree that equity is critically important for global health both as a principle and as an outcome. Member States emphasized that equity is essential in particular in prevention, preparedness and response to health emergencies, including with respect to capacity-building, equitable and timely access to and distribution of medical countermeasures and addressing barriers to timely access to and distribution of medical countermeasures, as well as related issues such as research and development, intellectual property, technology transfer and empowering/scaling up local and regional manufacturing capacity during emergencies to discover, develop and deliver effective medical countermeasures and other tools and technologies. While each of these areas are complex, equity is at the core of the breakdown in the current system. Despite unprecedented developments of medical countermeasures, the challenge remains to ensure their universal and equitable access and distribution, with a view to achieving universal health care.

(b) Systems and tools. Member States agreed on the importance to build and strengthen global systems and tools to help prevent and prepare for future health emergencies and address them more effectively when they do arise. Member States raised a range of issues in this regard including but not limited to, surveillance and early warning systems, sharing of pathogens and the benefits derived thereof, research and development, global supply and logistic system, and global health emergency workforce. It was recognized that these areas will require further discussion by the WGPR. The following items were highlighted by Member States as potential priority areas, inter alia:

(1) Strengthening the International Health Regulations (2005). Member States have reiterated their support for the IHR (2005) as a key component of the global health architecture. Many Member States also expressed their support for strengthening the IHR (2005), including through implementation, compliance and potential targeted amendments without reopening the entire instrument for negotiations; however, there is a need to agree on a process for how these would be identified and what would be addressed. This will be one of the important areas of work for the WGPR between February and May. Some of the issues identified for consideration could include, inter alia:

- (i) building and strengthening Member States core capacities;
- (ii) strengthening transparency and mutual accountability as well as strengthening the technical capacity of WHO to support Member States implementation of the IHR (2005) core capacities;
- (iii) enabling the transparent and timely sharing of information on outbreaks;
- (iv) recognizing the need for national and global coordinated actions to address the misinformation, disinformation, and stigmatization, that undermine public health;
- (v) strengthening WHO's ability to provide technical assistance, including for rapid access to outbreak sites, with due regard to, and respect for, the sovereignty of States;

(vi) clear guidance for action in the event of a public health emergency of international concern, with the potential to establish intermediate alerts; and

(vii) revising the IHR amendments process so that it is more agile in responding to future developments and advances.

(2) One Health approach. This is an area where there is strong prioritized interest, but where further elaboration and collaboration is needed, particularly as the One Health concept reaches beyond pandemic preparedness and response and the purview of the WGPR as well as the mandate of WHO. Some aspects are beyond the scope of the IHR (2005), and complex. This complexity is reflected through the involvement of multiple actors at global and national levels. However the application of a One Health approach also would yield significant benefits for the international community to reduce the risks posed by emerging diseases of zoonotic origin in the future, recognizing that diseases of zoonotic origin are among the most likely sources of future pandemics. This could include new and/or strengthening of existing platforms, surveillance, furthering multisectoral partnerships (human, animal and environmental health sectors) and promoting specific countermeasures in line with the One Health approach.

(c) Leadership and governance. Member States expressed an interest in strengthening WHO governance and oversight by Member States over WHO's work in health emergencies. There is general consensus around the need to increase Member States' role in WHO governance, for which appropriate processes need to be identified.

(d) Finance. Member States recognized the need to provide WHO with adequate and sustainable financing so that WHO can act as the directing and coordinating authority on international health work as enshrined in the WHO Constitution. Member States also recognized the need for national investments and effective mechanisms and leadership from other actors, including the international financial institutions and existing global health institutions, in order to strengthen pandemic preparedness and response, and to safeguard the continuation of essential health services especially in low-resource countries. The WGPR provides a forum to discuss pandemic prevention, preparedness and response financing within WHO and in the larger context of discussions around existing and new financial instruments for pandemic prevention, preparedness and response, noting ongoing processes within WHO and beyond, and the need to ensure coherence and minimize overlap.

12. As noted earlier, to facilitate and expedite discussion on the recommendation from the review panels and expert bodies, the Bureau launched a survey to collect inputs from Member States and other stakeholders of the WGPR on the 131 recommendations from the independent review panels/committees.

13. The survey intends to provide input for discussions of the WGPR's work between February/March and submission of its final report in May 2022 at WHA75. The results of the survey will be shared in an aggregated, transparent manner while respecting the principle of confidentiality, where requested, of Member State and stakeholder input. Member States will continue to make inputs and share any issues of their concern for the future discussions and consideration of WGPR, taking into account the results of the survey.

PROPOSED WAY FORWARD AND PROGRAMME OF WORK FROM EB150 TO WHA75

14. The WGPR will continue discussion on issues and/or recommendations, taking into account the results of the survey, prioritizing those recommendations which are not being addressed through other processes and making sure to avoid overlap, in order to propose actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, on a range of issues including but not limited to:

- (a) Leadership and governance, with a view to strengthen WHO's capacities in health emergencies and Member States' oversight of WHO's work in pandemic prevention preparedness and response to health emergencies including surveillance and early warning systems, as well as other technical and operational functions;
- (b) IHR Strengthening, with a focus on implementation, resources, core capacities, transparency and compliance, including through the potential targeted amendments to IHR 2005 as well as the further assessment of the role of potential mechanisms such as the Universal Health and Preparedness Review, currently in pilot stage;
- (c) Equity in pandemic prevention preparedness and response, with particular attention to timely sharing of data and equitable access to medical countermeasures and incentivizing innovation and technology transfer to scale up local and regional production of medical countermeasures, as well as addressing access barriers;
- (d) Strengthened health systems, including primary health care, improved access to quality health services and their delivery through advancing universal health coverage, social protection, and effective and available training of health personnel that can be immediately deployable and tasked to initiate early response to health emergencies;
- (e) Financing, in coherence with WGSF, with a view to ensure that WHO has the adequate level of resources to fund its activities on health emergencies preparedness and response and the capacity to leverage extra resources to respond to any acute health emergency, recognizing and ensuring the central role of WHO in overall global pandemic preparedness and response.

15. In coherence and complementarity with related processes, in particular the INB established pursuant to decision SSA2(5), the WGPR will continue the discussions on the aforementioned recommendations with a view to identify, propose, and prioritize them for necessary action and the recommended mechanism for their implementation, including:

- (a) the new international instrument to be developed pursuant to decision SSA2(5);
- (b) the strengthening of the IHR (2005) for implementation and compliance, including through incentivizing implementation and compliance, adequate financing and potential targeted amendments without reopening the entire instrument for negotiations; and
- (c) existing tools and mechanisms available to WHO (e.g., recommendations that can be implemented through the governing bodies and regular technical work of WHO as per its normative functions, through existing frameworks (International Health Regulations (2005) obligations, and World Health Assembly resolutions/decisions)).

16. The WGPR will submit a report and recommendations to WHA75 based on the results of the discussions mentioned in paragraphs 14 and 15.

17. The WGPR notes decision SSA2(5) that the INB process should take into account the discussions and outcomes of the WGPR, while at the same time the WGPR will consider the discussions and outcomes of the INB, noting the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7, particularly with regard to strengthening of the IHR (2005), including through implementation, compliance and potential targeted amendments without reopening the entire instrument for negotiations. The WGPR also notes the potential contribution of the WGSF to its discussions.

18. To facilitate these discussions, the proposed Schedule of Meetings of the WGPR include:

- February/early March 2022:

(i) The Bureau will provide a meeting summary of the 6th WGPR for the consideration of Member States, noting that since WHASS, there have been further discussions and developments on important topics raised by Member States.

(ii) The WGPR will meet to discuss survey results with dedicated time reserved to discuss the recommendations of the panels and committees which are not being addressed through other processes, including with regard to strengthening of the IHR (2005), including through implementation, compliance and potential targeted amendments without reopening the entire instrument for negotiations.

- March 2022: The WGPR will meet to continue discussion on the survey results and other topics as needed as well as on possible actions to be proposed to the WHA75.
- Late April/early May 2022: The WGPR meets to continue discussion on possible actions to be proposed to the WHA75 and to finalize the report.
- Additional intersessional meetings as determined by the WGPR, consistent with the recommendations of the Executive Board, including through dedicated meetings, “deep dives” and continuing dialogues with non-State actors and independent scientific panels and committees to focus on specific issues to help formulate action oriented recommendations, taking into account the limited capacity of small delegations.

19. In considering this report, the Executive Board may wish to provide guidance on how the WGPR can further refine or contribute to building Member State consensus in these areas through its final report to WHA75. The Board is invited to provide guidance to the WGPR on how its further work reviewing the recommendations can inform the work of the new INB as well as support Member State-led processes in the WHO Governing Bodies in the areas of equity, systems and tools (including IHR strengthening and One Health), leadership and governance, and financing.

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