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Strengthening WHO preparedness for and response to health emergencies

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

Ten proposals to build a safer world together

Report by the Director-General

CONTEXT

1. The challenges that face humanity in the twenty-first century are fundamental. The emergence of new epidemic diseases, increased geopolitical conflict, the collapse of trade leading to famine and shortages of essential goods, the intensification of ecological degradation and climate change – taken in isolation, any one of these trends would pose a serious challenge to global health and prosperity, but the evidence of the past few decades tells us that these trends are increasingly interacting in complex and unpredictable ways.

2. The pandemic of coronavirus disease (COVID-19) showed that national governments and the global multilateral system are ill-equipped to deal effectively with the scale and complexity of health emergencies. The fragmented nature of the current modes of health emergency governance, functional systems and financial mechanisms has given rise to a global health emergency preparedness, response and resilience (HEPR) architecture that is often less than the sum of its parts, and which fails to respond rapidly, predictably, equitably and inclusively to health emergencies.

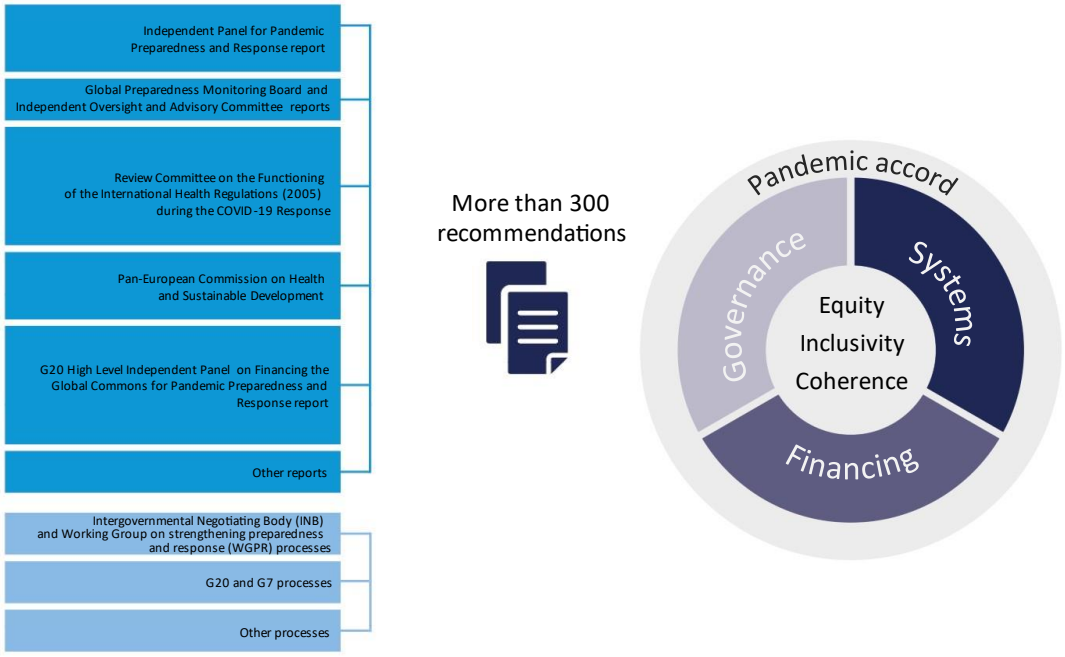
3. It is vital that the world now seizes the chance to do things differently. The devastation caused by COVID-19 has brought a welcome sense of urgency to efforts to strengthen the way the world prepares for, prevents, detects and responds to health emergencies. It is equally vital, however, to ensure that the collective efforts of Member States, the WHO Secretariat and partners at national, regional and global levels are coordinated, coherent and reflective of a broad and inclusive participation by all stakeholders.

4. In order to address the inherent gaps in the current HEPR architecture, at the Seventy-fifth World Health Assembly in May 2022, the Director-General proposed a framework that brings together 10 key Member-State-led proposals to strengthen the global HEPR architecture, with the principles of equity, inclusivity and coherence at its centre. This cohesive and holistic strategy is designed to strengthen HEPR under the aegis of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (hereafter referred to as the pandemic accord), which is currently being developed by Member States through the Intergovernmental Negotiating Body established by the Second special session of the World Health Assembly in decision SSA2(5) (2021)(the "INB").

5. The present draft framework for a coherent, equitable and inclusive HEPR architecture builds on the more than 300 recommendations that arose from the various independent reviews of the global response to the COVID-19 pandemic and previous outbreaks (Fig. 1), and takes into account the views of Member States as expressed during the ongoing and overarching consultation process on the framework as a whole, as well as ongoing consultation processes in other multilateral forums and Member State mechanisms, including the G20, G7 and various Member State working groups, which feed into each proposal. The framework provides a strategic overview of these processes for the benefit of all Member States (Fig. 2).

6. In line with consultations to date, the draft framework of 10 proposals is outlined in the present report for the consideration of the Executive Board. The progress of relevant Member-State-led consultation processes and, if and where appropriate, the status of implementation are summarized for each proposal as of the end of October 2022.

Fig. 1: Reviews, reports and processes that informed the development of the 10 proposals



GPMB: Global Preparedness Monitoring Board; IOAC: Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme; INB: Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; WGPR: Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

PURPOSE AND PRINCIPLES: COHERENCE, EQUITY AND INCLUSIVITY

7. The proposals contained in this framework are designed 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. In some cases, Member States have indicated that the time-limited and single-purpose initiatives put in place to full critical gaps during COVID-19 now need to be adapted and refined according to the findings of reviews and analyses of their performance during the pandemic. A small number of proposals respond to calls from Member States for the establishment of new mechanisms or structures.

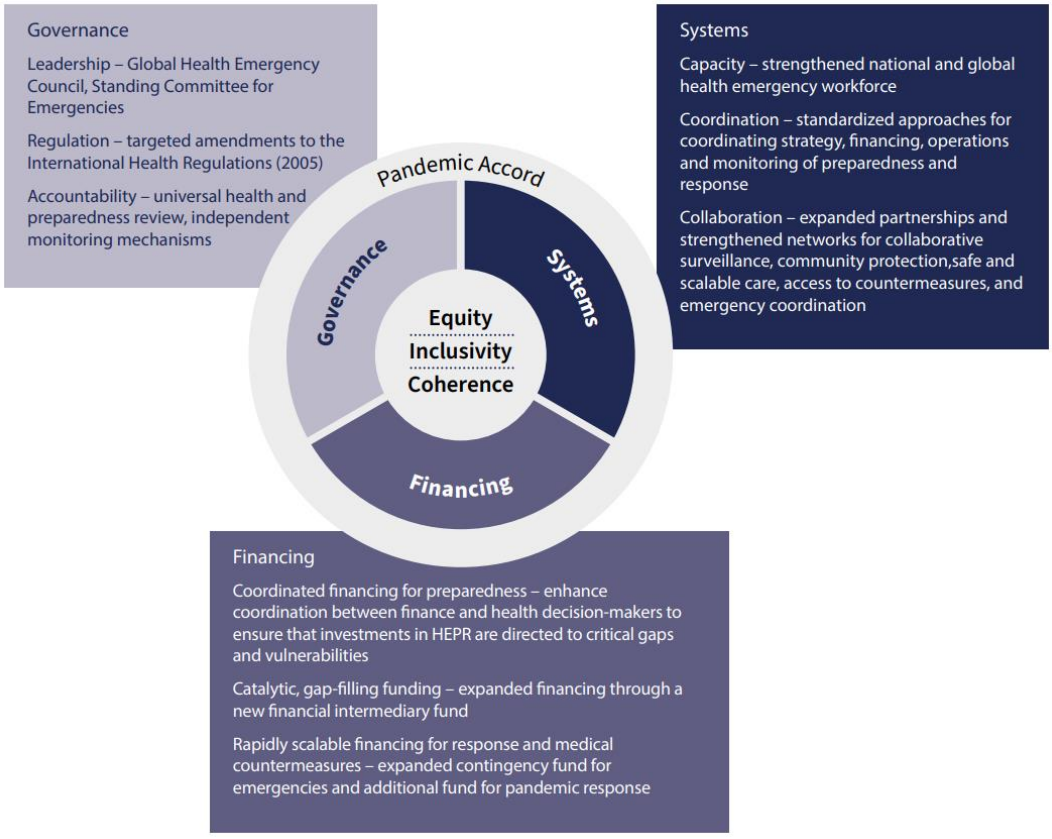
8. The proposals are grouped by the three main pillars of the global HEPR architecture — governance, systems and financing — and are based on three key principles derived from the WHO Constitution, which holds that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition":

(i) They must promote **equity**, with no one left behind – equity is both a principle and a goal to protect the most vulnerable.

(ii) They should promote an HEPR architecture that is **inclusive**, with the engagement and ownership of all countries, communities and stakeholders from across the One Health spectrum. Commitment to diversity, equity and inclusivity is key to effective HEPR at all levels, including equal participation in leadership and decision-making, regardless of gender.

(iii) They must promote **coherence** by reducing fragmentation, competition and duplication, and be fully aligned with existing international instruments, such as the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits; ensure synergy between institutional capabilities for systems strengthening and financing; and promote the integration of HEPR capacities into national health and social systems based on universal health coverage and primary health care.

Fig. 2: Summary of proposals for the strengthening of the international architecture of health emergency preparedness, response and resilience



Placing the 10 proposals within the broader health and development landscape

9. A renewed global architecture for HEPR must be built on a foundation of strong national capacities that are deeply connected with and accountable to the communities they serve, and which advance gender equity and human rights. Strengthening the global HEPR architecture must therefore be recognized as part of the broader effort towards the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, and be central to reducing the human, social, and economic costs of health emergencies over the long term.

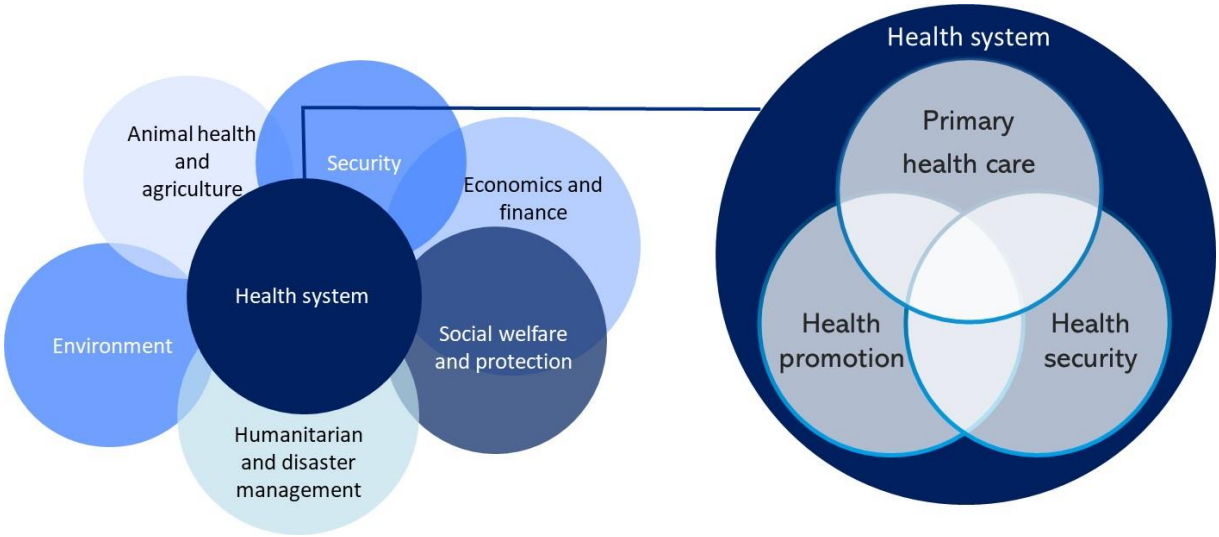
10. The need to accelerate progress towards the Sustainable Development Goals is now urgent. Countries were already off track to meet their commitments before the COVID-19 pandemic, which has compounded these delays. Achieving the health-related Sustainable Development Goals will therefore require a plan for recovery and renewal based on rapidly accelerating progress in three interdependent priority areas:

- **health promotion**: preventing disease by addressing its root causes;
- **primary health care**: supporting a radical reorientation of health systems towards primary health care as the foundation of universal health coverage; and
- **health security**: urgently strengthening the global architecture for HEPR at all levels.

11. These priorities stem from the principle that every country's health system encompasses a core set of essential public health functions that are crucial for, and common to, health security, primary health care and health promotion (Fig. 3).

12. Targeting these essential public health functions for investment will accelerate the strengthening of national, regional, and global health security.

Fig. 3: Investing in health security strengthens primary health care and health promotion, and vice versa, within the broader health system and multisectoral landscape



PROPOSALS FOR STRENGTHENING GLOBAL HEPR

Governance

13. Effective governance of global HEPR is essential to enable Member States and partners to work collectively with a shared purpose, galvanized by political will and with the resources to sustain positive change. The three proposals for strengthening the global governance of HEPR outlined below have been requested by, and are driven by, WHO Member States in alignment with the development of a new WHO pandemic accord, through the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB).

14. The INB held its second meeting in July 2022, at which it (i) deemed the working draft developed by the Bureau of the INB to be a good basis on which to facilitate further discussion and work towards a conceptual zero draft; and (ii) agreed that the final instrument should contain both legally binding as well as non-legally binding elements, identifying Article 19 of the WHO Constitution as the comprehensive provision under which the instrument should be adopted, without prejudice to also considering, as work progresses, the suitability of Article 21.

15. During the intersessional period, the development of the conceptual zero draft by the INB Bureau, with support from the WHO Secretariat, was informed by the outcomes of informal focused consultations, along with the outcomes of the second round of public hearings, written input from Member States and relevant stakeholders on the working draft, input from the second meeting of the INB and input from regional consultations held during the six WHO Regional Committee meetings. The conceptual zero draft was discussed at the third meeting of the INB, held on 5–7 December 2022. During the third meeting it was agreed that the INB Bureau – with support from the WHO Secretariat – will prepare a zero draft, based, inter alia, on the conceptual zero draft, for consideration by the INB at its next meeting.[1] As decided by the Health Assembly in decision SSA2(5), the INB will submit a progress report to the Seventy-sixth World Health Assembly in 2023, and will submit its final outcome for consideration by the Seventy-seventh World Health Assembly in 2024.

Proposal 1. Establish a Global Health Emergency Council, to complement the Standing Committee of the Executive Board, and a main committee on emergencies of the World Health Assembly

16. Reviews of the COVID-19 response identified several key governance issues related to high-level political leadership across the emergency cycle. First, during the intervening periods between global health crises, there has been a lack of sustained political commitment to health emergency prevention, preparedness and response. Second, during a health emergency, there is no formal established mechanism through which a health emergency can be escalated to the level of Heads of Government and Heads of State.

17. Several panels have proposed the establishment of a high-level body on global health emergencies, comprising Heads of State and other international leaders. Feedback from Member States during consultations indicates that although there is some support for the establishment of such a Global Health Emergency Council, such a mechanism should be linked to and aligned with the Constitution and governance of WHO to guard against any further fragmentation of the HEPR global architecture.

[1] See document A/INB/3/6 (report of the third meeting of INB).

Head of State participation, especially during health emergencies, would further strengthen WHO's primary constitutional function to act as the directing and co-ordinating authority on international health work (WHO Constitution, Article 2(a)).

18. The Council could address health emergencies, as well as their broader context and social and economic impact. It would have three primary responsibilities:

(i) address obstacles to equitable and effective HEPR, ensuring collective, whole-of-government and whole-of-society action, aligned with global health emergency goals, priorities and policies;

(ii) foster compliance with, and adherence to, global health instruments, norms and policies, including the International Health Regulations (2005), and amendments thereto, currently being negotiated by the Working Group on Amendments to the International Health Regulations (2005), in line with the mandate provided in decision WHA75(9) (2002)) and the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response being negotiated by the INB; and

(iii) identify needs and gaps, swiftly mobilize resources, and ensure effective deployment and stewardship of these resources for HEPR.

19. The work of the Council could complement and be linked with the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response (Standing Committee), which the Executive Board established at its 151st session in May 2022.[1] The Standing Committee has two functions:

(i) In the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005), the Committee shall consider information provided by the WHO Director-General about the event, as well as the information provided and needs expressed by the Member State(s) in whose territory the given event arises, and, as appropriate, shall provide guidance to the Executive Board and Director-General, through the Executive Board, on matters regarding HEPR and the immediate capacities of the WHO Health Emergencies Programme.

(ii) In the intervening periods between public health emergencies of international concern, the Committee shall review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHE Programme.

20. The Standing Committee held its first meeting on 12 December 2022,[2] and will submit a report to the Executive Board at its 152nd session.[3]

21. In addition, conscious of the increasing proportion of time being devoted to the discussion of health emergencies during the Health Assembly, some Member States have proposed the establishment of a new open-ended main committee of the Health Assembly on emergencies, a "Committee E". Such a new main committee could be linked with both the Council and the Standing Committee on Health

[1] See decision EB151(2).

[2] Members of the Standing Committee were designated by the WHO regional committees and appointed through a written silence procedure. Documentation is available at https://apps.who.int/gb/scheppr/e/e_scheppr1.html.

[3] Document EB152/45.

Emergencies, and as an open-ended committee of all WHO Member States, Committee E could help to ensure global inclusivity.

22. Close coordination and collaboration with the existing intergovernmental processes mandated by WHO governing bodies, relevant advisory groups and committees will avoid duplication and ensure that outcomes are aligned. For example, the work of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should be utilized to provide guidance and scrutiny of WHO's work in outbreaks and emergencies.

Proposal 2. Make targeted amendments to the International Health Regulations (2005)

23. The International Health Regulations (2005) are the international legally binding framework that defines the rights and obligations of its 196 States Parties and of the WHO Secretariat for handling public health emergencies with potential to cross borders. They remain the essential legal instrument for public health emergencies preparedness and response.

24. The COVID-19 pandemic revealed some weaknesses in the interpretation of, the application of and compliance with the International Health Regulations (2005). The inherent tension between the aim of protecting health and the need to protect economies by avoiding travel and trade restrictions was noted by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Pandemic Response as the most important factor limiting compliance with the International Health Regulations (2005).

25. Ensuring that the International Health Regulations (2005) can be efficiently and effectively strengthened to accommodate evolving global health requirements is key to their continued relevance and effectiveness as a global health legal instrument. To that end, in decision WHA75(9), the Health Assembly decided, inter alia, to:

> (i) invite Member States to submit proposed amendments to the International Health Regulations (2005) by 30 September 2022;
>
> (ii) continue the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, with a revised mandate and name – the "Working Group on Amendments to the International Health Regulations (2005)" (WGIHR)) – to work exclusively on consideration of proposed targeted amendments to the International Health Regulations (2005) for consideration by the Seventy-seventh World Health Assembly in 2024; and
>
> (iii) request the Director-General to convene a Review Committee on the International Health Regulations (2005), to make technical recommendations on the above-mentioned proposed amendments, with a view to informing the work of the WGIHR.

26. This process is well under way: 16 States Parties proposed amendments to the International Health Regulations (2005) (including four States Parties that submitted proposals on behalf of other States Parties), and these proposals are publicly available on the WHO website for the WGIHR;[1] the Review Committee was convened and began its work in October 2022; and the WGIHR held its first, organizational, meeting in November 2022 and will hold its next meeting in early 2023.

[1] Available at: https://apps.who.int/gb/wgihr/ (accessed 20 December 2022).

27. As requested by the Health Assembly in decision WHA75(9), the WGIHR is to coordinate with the process of the INB, including through regular coordination between the two Bureaus and alignment of meeting schedules and workplans, "as both the International Health Regulations (2005) and the new instrument are expected to play central roles in pandemic prevention, preparedness and response in the future."

Proposal 3. Scale up Universal Health and Preparedness Reviews and strengthen independent monitoring

28. In the case of HEPR, effective mechanisms for independent monitoring and evaluation that are resourced and empowered are critical components of the overarching effort to identify the risks, threats and determinants (including socioeconomic determinants) of health emergencies; reveal gaps and weaknesses in the core capacities required by the International Health Regulations (2005) and the readiness of health emergency systems; assess the adequacy and timeliness of available financing; and evaluate the effectiveness of mechanisms of governance.

29. The Universal Health and Preparedness Review (UHPR) process was proposed by the Director-General to increase accountability and transparency among Member States in terms of the identification and remedying of gaps in the core capacities required by the International Health Regulations (2005), thereby ultimately leading to better health emergency preparedness. The innovative peer-review mechanism envisioned at the heart of the UHPR process is designed to provide additional incentives to Member States for enacting and monitoring relevant recommendations, while complementing existing voluntary mechanisms such as the State Party Self-Assessment Annual Reporting tool and the voluntary joint external evaluation mechanism.

30. A concept note outlining the UHPR process was submitted to and noted by the Seventy-fifth World Health Assembly in May 2022. Technical and procedural guidance for Member States have been developed to plan and implement the UHPR mechanism, which had been piloted in four countries as of 30 September 2022. The lessons learned from these pilots were incorporated into subsequent UHPR documents and processes. To further guide the technical development of the UHPR process, WHO convened a global group of technical experts to provide inputs on the technical content of the UHPR process, including draft processes for field testing and piloting. The technical advisory group, comprising 21 members, has met five times, and a briefing for Member States was held on 12 December 2022.

31. Self-assessment and peer review of national capacities, including through the UHPR process, should continue to be complemented by strengthened independent monitoring at the international level. Such mechanisms should be modelled on best practice in independent monitoring of international instruments; should be evidence-based, transparent and expert-led; and should build on and strengthen existing monitoring mechanisms, such as the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. It is crucial that independent monitoring encompass the breadth of the global architecture of HEPR, including financing and governance.

Systems

32. The ability to prepare for, prevent, detect and respond effectively to health emergencies at national, regional and global levels depends on the operational readiness of five interconnected multisectoral HEPR systems: collaborative surveillance; community protection; safe and scalable care;

access to countermeasures; and emergency coordination. Together, these core systems are termed the "five Cs" and are outlined in brief below.

Collaborative surveillance

33. A truly interconnected global system for public health intelligence has the potential to revolutionize our ability to detect an emerging outbreak, communicate information quickly and rapidly initiate an appropriate response. We should move together towards a collaborative surveillance ecosystem at national, regional and global levels that: (a) puts into the hands of decision-makers accurate, timely information on emergence, transmission, susceptibility, morbidity and mortality; and (b) can combine that information with in-depth contextual insights on risk and vulnerability. Achieving these goals will mean strengthening capacities and combating fragmentation at national, regional and global levels through enhanced mechanisms for coordination, collaboration and innovation among a range of traditional and new partners across the One Health spectrum.

Community protection

34. Any effective health emergency response must have communities and their interests at its heart; therefore, communities must be at the centre of efforts to prepare for, prevent and strengthen resilience to health emergencies. Protecting communities will require partners to come together at subnational, national, regional and global levels to ensure that capacities are in place to provide proactive risk communication and infodemic management functions in order to understand, respond to and inform communities, as well as to build enduring trust in public health authorities. The population-based and environmental interventions (such as vaccination, vector control, and infection prevention and control measures), which are so often required to control outbreaks of infectious disease, must be co-created and co-designed by affected communities. Such interventions must also be combined with multisectoral actions that ensure that protecting health is indivisible form protecting social and economic welfare, mental health, livelihoods, food security and dignity, including by ensuring that all communities everywhere are protected from sexual exploitation and abuse during emergency responses.

Safe and scalable care

35. A strong HEPR architecture must be built on a foundation of strong national health systems centred on primary health care. High-quality health services and public health capacities are necessary to detect, prevent and respond to health emergencies. Resilient health systems have the resources to reorganize and redeploy existing resources in response to shocks such as health emergencies, while at the same time maintaining essential health services.

Access to medical countermeasures

36. Rapid and equitable access to safe, effective medical countermeasures is crucial for responding to outbreaks. Existing partnerships and legal agreements have made important progress in increasing access to medical countermeasures, primarily against specific pathogens such as influenza, smallpox, yellow fever, cholera and meningitis. These partnerships and agreements have largely focused on addressing access issues at different points in the medical countermeasures value chain. For example, the International Coordinating Group on Vaccine Provision addresses some of the downstream and delivery challenges related to allocation. It provides a framework for managing and coordinating the provision of emergency vaccine supplies and antibiotics to countries during major outbreaks. The Pandemic Influenza Preparedness Framework focuses on upstream elements, enabling the access of developing countries to vaccines and other pandemic-related supplies by guaranteeing reserved volumes

of products for low-income and lower-middle-income countries. More recently, the ACT-Accelerator was established in April 2020 to support the end-to-end process of rapid development and equitable deployment of COVID-19 vaccines, tests, treatments and personal protective equipment.

37. Together, the initiatives above provide solid foundations on which to build a global, integrated, end-to-end mechanism for medical countermeasures against known and "disease X" epidemic-prone and pandemic-prone diseases.

Emergency coordination

38. The ability to rapidly detect health threats and mount a decisive and sustained response requires meticulous and continual strategic planning at subnational to global levels across every stage of the emergency cycle, informed by a constantly evolving and accurate assessment of readiness, threats and vulnerabilities. The benefits of strengthening the other four core HEPR systems can only be realized through systems of leadership and coordination that are able to rapidly leverage capacities and every facet of a cohesive multisectoral and professionalized health emergency workforce.

39. The five Cs must be embedded in strengthened national health systems; enacted by a well-resourced and protected health emergency workforce; underpinned by data, research and innovation; and have strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing, preventing, detecting, responding and recovering. Proposals 4 to 6 outlined below are designed with these aims in mind and seek to strengthen capacity, coordination and collaboration across the five Cs.

40. Proposals 4 to 6 build on the extensive recommendations of independent panels and reviews (Fig. 2), feedback from WHO regional committees and feedback from Member States and partners. From October 2022 onwards, WHO initiated an outreach process to bring together a broad range of partners and stakeholders to further develop the proposals and their application across the five Cs and ensure coherence, strict alignment, and open and intensive collaboration with relevant global and regional partners, initiatives and mechanisms.

Proposal 4. Strengthen the health emergency workforce

41. All countries should be able to call on a national professional network of trusted and trained national experts across a range of disciplines – from epidemiologists, physicians, nurses and laboratory technicians to logisticians, risk communicators, anthropologists, veterinarians and emergency response coordinators – in order to prevent and be operationally ready to rapidly detect and respond to new health threats.

42. Building on these national capacities, in the face of an emerging regional and/or global threat, the world needs effective mechanisms to rapidly assemble and deploy a corps of health emergency response leaders to execute a coordinated global response, who in turn are able to mobilize an interoperable and multidisciplinary corps of specialized health emergency responders, via regional and/or global hubs, to support any country in need.

43. This global health emergency corps, drawn from national institutions and international networks, should be trained and equipped for rapid deployment and be truly international in its composition, representing the commitment of all countries to global health security and serving the most vulnerable.

44. The health emergency corps should build on and leverage other global health emergency networks, such as the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative and the Global Health Cluster, as well as specific regional initiatives such as the African Volunteer Health Corps. The health emergency corps should also contribute to and be aligned with broader initiatives for strengthening national public health and emergency preparedness and response workforces.

Proposal 5. Strengthen health emergency coordination through standardized approaches to the strategic planning, financing, operations and monitoring of health emergency preparedness and response

45. The COVID-19 pandemic showed that current national, regional and global response mechanisms are not well-equipped to rapidly detect health threats and mount a decisive, coordinated and sustained response. It also showed what could be achieved through strong collaboration and coordination, from strategic planning and operational delivery at the United Nations level through the United Nations Crisis Management Team to initiatives such as the Emergency Medical Team initiative, which facilitated the deployment of hundreds of missions to deliver emergency care around the world.

46. Coordination across the emergency cycle requires a coherent and well-structured approach for health emergency preparedness planning, accompanied by a comprehensive emergency response framework and associated incident management infrastructure. Countries and global partners must utilize and improve tools and processes, such as national action plans for health security and targeted operational plans, to ensure an accelerated strengthening and implementation of the core capacities required by the International Health Regulations (2005) and the prioritization of actions according to risks.

47. All countries and partners should be able to draw on scalable health emergency response coordination mechanisms and a standardized, commonly applied emergency response framework that facilitates effective and coherent whole-of-government and whole-of-society responses to emergencies caused by all hazards, including responses to multifaceted crises such as the COVID-19 pandemic.

Proposal 6. Expand partnerships and strengthen networks for a whole-of-society approach to collaborative surveillance, community protection, safe and scalable care, access to medical countermeasures and emergency coordination

48. The current ecosystem of HEPR stakeholders and actors at national, regional and global levels is strong on diversity and expertise but relatively weak in terms of connection and collaboration. Such atomization and fragmentation is a major contributor many of the issues that at one time or another hampered the global response to the COVID-19 pandemic. From different data standards to divergent regulatory systems, removing barriers to collaboration at the same time as finding new and innovative ways of connecting partners together could enable the extensive ecosystem of HEPR partners at the global, regional and national levels to fully participate in creating a new architecture for HEPR that is more inclusive, more coherent and more equitable – in short, an HEPR architecture that is greater than the sum of its parts.

49. The COVID-19 pandemic showed that resilience to health emergencies can be strengthened in key areas by broader and closer collaboration between organizations and institutions at national, regional and global levels before health emergencies hit. This will require the strengthening and, where required, the establishment of whole-of-society, interdisciplinary, multipartner networks for collaborative

surveillance, safe and scalable clinical care, community protection, access to countermeasures and emergency coordination.

Financing

50. Ensuring adequate, predictable and timely financing for health emergency preparedness and response is essential. For pandemic preparedness and response alone, the G20 High-Level Independent Panel, WHO and the World Bank have estimated that an additional investment of US$ 10 billion is per year will be required. The requirements for emergency response are estimated to be in the order of billions of dollars.

51. Effective financing depends not only on more funds but also on more effective mechanisms to ensure that funds are allocated rapidly and targeted to fill critical gaps. Proposals to strengthen HEPR financing are outlined in proposals 7–9 below.

Proposal 7. Enhance coordination between finance and health decision-makers

52. Directing financing towards critical health emergency preparedness and response gaps and vulnerabilities at national and international levels will require greater coordination, alignment and simplification across the health emergency preparedness and response financing ecosystem. Where existing funding flows are insufficient to fill critical gaps in core national and global HEPR capacities, these flows need to be augmented by additional catalytic and gap-filling funding, which could be channelled through dedicated mechanisms, such as the newly established Fund for Pandemic Prevention, Preparedness and Response (see proposal 8 below).

53. Enhanced coordination between health and finance ministers at the national level is critical for ensuring that domestic investments in HEPR are directed where they are needed most.

54. As part of its work to strengthen and provide oversight of the WHE Programme, the Standing Committee on Health Emergency Prevention, Preparedness and Response could monitor overall HEPR vulnerabilities, gaps and priorities at the international level. This could also include the tracking of overall international and domestic financing flows towards those gaps and priorities.

55. As part of its work to understand, monitor and mitigate pandemic risks to global economic stability and growth, the G20 Joint Finance and Health Task Force has adopted a multiyear rolling agenda. Delivering on the mandate of the G20 Rome Leaders' Declaration, in 2023 the Task Force will continue developing coordination arrangements between finance and health ministries and will share best practices and experiences from previous finance–health coordination in order to develop joint responses to pandemics, as appropriate. The Task Force will also undertake work to better understand economic risks and vulnerabilities from pandemics and how to mitigate them. This could complement the work of the Standing Committee on Health Emergency Prevention, Preparedness and Response and also help inform the work and focus of the Fund for Pandemic Prevention, Preparedness and Response (see proposal 8 below).

Proposal 8. Strengthen and fully finance the Pandemic Fund to provide catalytic and gap-filling funding

56. Existing funding flows do not cover gaps in the HEPR architecture. A new pooled fund was proposed by several reviews and organizations as a potential solution for international financing in order to better support national preparedness and response, and global public goods.

57. Accordingly, on 8 and 9 September 2022, WHO and the World Bank officially established. The Pandemic Fund. The new Fund is overseen by its Governing Board, which will set the overall work programme and make funding decisions, and it includes equal representation of sovereign donors and potential implementing country governments, as well as representatives of foundations and civil society organizations. This reflects the Fund's commitment to inclusivity and equity and to operating with efficiency, agility and high standards of transparency and accountability. WHO and the World Bank will intensify their work with the Governing Board, in consultation with civil society organizations and other stakeholders, in order to operationalize the Fund and develop its results framework and priorities in the run-up to the first call for proposals to be issued in January 2023.

Proposal 9. Expand the funds available for rapidly scalable and sustainable emergency response, including at-risk financing for the rapid development of and access to medical countermeasures

58. The COVID-19 pandemic demonstrated that funding a global pandemic response requires ensuring rapid access to financing that far exceeds the scope and scale of existing fragmented and often unpredictable emergency funding mechanisms.

59. For example, the WHO Contingency Fund for Emergencies (CFE) is an internal WHO financing mechanism that is able to disburse relatively modest amounts rapidly for early response to health emergencies and it has proven effective in cutting the time between the detection of a threat and WHO's initial response. But the CFE is not designed to directly finance elements of national response or the efforts of key partners, which often leads to operational gaps when implementing multidisciplinary and multisectoral response plans. Similar challenges and/or constraints exist for other emergency response mechanisms managed by United Nations agencies and multilateral finance institutions.

60. If initial containment efforts fail, existing emergency response funding mechanisms are not calibrated to support a rapid scale-up and adaptation of response or to sustain a response over durations longer than the initial few months. In the absence of pre-negotiated draw-down mechanisms to enable access to larger tranches of flexible funding triggered by the escalation of health emergencies, critical windows for scale-up are often missed due to a reliance on unpredictable, often inflexible and frequently insufficient funding from ad hoc appeals.

61. In addition, there is no overarching mechanism that can provide rapid disbursements at the scale needed for developing, manufacturing and securing large volumes of medical countermeasures against epidemic-prone and pandemic-prone diseases. Drawing on the experience of the ACT-Accelerator, the funding required for the rapid and equitable deployment of medical countermeasures against a pandemic pathogen is in the order of tens of billions of United States dollars.

62. Addressing the problems above will require several innovations. First, the CFE could be expanded in size and scope to enable the direct financing of national and international partners in the first stages of a response, including deployments through the health emergency workforce and emergency supply chain. This will ensure that multisectoral health emergency response plans can be fully and rapidly implemented. Second, in the event that initial response efforts are unable to contain an infectious threat or sufficiently mitigate the effects of a non-infectious hazard, an additional financing facility that is capable of disbursing large tranches of funding quickly should be triggered in order to ensure that (a) the multisectoral response can be scaled up to cover additional geographical areas and populations for an extended duration, and (b) sufficient at-risk financing is available early in the pandemic response cycle to ensure the timely development, production and procurement of medical countermeasures. The

triggers for activation of this draw-down facility should be pre-negotiated, transparent and based on the "no regrets" precautionary principle.

63. Both of these innovations will need to be linked to a standardized and commonly applied emergency response framework for alert, verification, risk assessment, and jointly developed strategic plans and resource requirements for rapid and scalable response. The work of the G20 Joint Finance and Health Task Force (see proposal 7 above) could help inform broader thinking about ways to enhance access to pandemic response financing.

Ensuring equity, inclusion and coherence

Proposal 10. Strengthen WHO at the centre of the global HEPR architecture

64. Sustained commitment to equity, inclusivity and coherence will be best served by the strengthening of and sustained investment in WHO – the only multilateral Organization with a mandate that encompasses the systems, finance and governance of HEPR. To achieve this, the world needs a strengthened WHO, with the authority, sustainable financing and accountability to effectively fulfil its unique mandate as the directing and coordinating authority on international health work.

65. The Organization has essential responsibilities for setting international norms and standards; promoting and conducting research in the field of health; providing data and information; developing evidence-based policy and guidance; investigating and responding to health emergencies as a first responder and as a provider of last resort, including in the most vulnerable and fragile contexts; and maintaining strong relationships within the global health ecosystem. Discharging these responsibilities requires adequate and sustainable financing. A pandemic accord, if adopted by WHO Member States, would reinforce the legitimacy and authority of WHO and complement the steps that Member States are already taking to ensure sustainable financing of the Organization.

66. The pandemic accord would also ensure that the technical expertise of WHO, its offices and its various scientific, normative, operational and monitoring bodies and networks are utilized most effectively and efficiently within an equitable, inclusive and coherent architecture for health emergency preparedness and response.

67. Strengthening WHO at the core of the global HEPR architecture will continue to build and sustain trust in its mission, contributing to a safer world built on equity, inclusivity and coherence – a world with fewer health emergencies; rapid detection and responses when such emergencies do occur; equitable access; reduced health, social and economic impacts; and rapid and equitable recovery.

Next steps

68. WHO will continue to work with Member States and partners to further develop these proposals for strengthening global HEPR through the relevant Member-State-led mechanisms and forums, including, as appropriate, the WGIHR and the INB.. The Secretariat will continue to provide updates and further opportunities for consultation with Member States.

ACTION BY THE EXECUTIVE BOARD

69. The Executive Board is invited to note the report and provide any guidance on the following questions.

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

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

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