

WHO's work in health emergencies

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

Report by the Director-General

1. The present report provides a summary of the progress made by WHO and partners in respect of various initiatives with the overarching aim of strengthening the global architecture for health emergency prevention, preparedness, response and resilience. Ongoing efforts as at 30 September 2023 in this area, including Member State negotiations, are presented below under three main thematic headings: global governance, financing and systems.

STRENGTHENING GLOBAL GOVERNANCE OF HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE: LEADERSHIP, INCLUSIVITY AND ACCOUNTABILITY

International legal instruments

2. At the heart of efforts to strengthen global governance of health emergency preparedness, response and resilience are two aligned processes led by Member States and working through the governing bodies. The first of these processes is the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB). The INB is mandated to submit its outcome for consideration by the Seventy-seventh World Health Assembly in 2024,¹ and its work is well under way, as summarized in the progress report submitted to the Seventy-sixth World Health Assembly in 2023.² The seventh meeting of the INB was held from 6 to 10 November and 4–6 December 2023, at which the INB drafting group continued its consideration of the proposal for negotiating text of the WHO Pandemic Agreement.³

3. In addition to the INB process, Member States are engaged in the process of considering proposed amendments to the International Health Regulations (2005), through the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). The report of the Review Committee regarding amendments to the International Health Regulations (2005) was transmitted to the

¹ Document A76/10.

² Document A76/37 Add.1.

³ See document A/INB/7/3.

WGIHR at its second meeting in February 2023.¹ The WGIHR has continued to consider the proposed amendments, meeting for its sixth round of intensive discussions on 7–8 December 2023, and has stressed the importance of thoroughly considering the proposed amendments on their merits in respect of filling critical gaps in the implementation of the International Health Regulations (2005), while bearing in mind the importance of the principles of equity, sovereignty and solidarity. Detailed information and documentation for meetings of the INB and WGHIR are available on their respective pages of the WHO Governing Bodies website.²

Sustained political leadership

4. The Standing Committee on Health Emergency Prevention, Preparedness and Response was established by the Executive Board at its 151st session in May 2022.³ The third meeting of the Standing Committee was held on 13 and 14 September 2023, at which it considered updates on ongoing public health emergencies of international concern and the response to active acute and protracted graded emergencies, as well as strengthening and oversight of the WHO Health Emergencies Programme. On the basis of its deliberations, the Standing Committee may decide to make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme and for effective health emergency prevention, preparedness and response.

5. The United Nations General Assembly high-level meeting on pandemic prevention, preparedness and response was convened by the President of the seventy-eighth session of the United Nations General Assembly in collaboration with WHO on 20 September 2023. At that meeting, the General Assembly adopted a political declaration that recognized, *inter alia*, the need to further enhance political momentum and commitment towards pandemic prevention, preparedness and response, aligned with and informed by the work of the INB and that of the WGIHR.⁴ The meeting further recognized that more needs to be done with regard to the scope and coordination of current financing mechanisms, including the identification of sources of funding to rapidly surge more effective and equitable responses, and global leaders pledged to:

[s]trengthen regional and international cooperation, multilateralism, global solidarity, coordination and governance at the highest political levels and across all relevant sectors, with the determination to overcome inequities and ensure the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures, including vaccines, diagnostics, therapeutics and other health products, to ensure high-level attention through a multisectoral approach to prevent, prepare for and respond to pandemics and other health emergencies, particularly in developing countries.

Driving accountability

6. Several key questions identified by the INB and the WGIHR processes to date relate to the need to balance sovereignty with the promotion of mutual accountability among WHO's 194 Member States and the 196 States Parties to the International Health Regulations (2005) to build and maintain effective capacities and systems to prevent, prepare for, detect and respond to public health emergencies, and in respect of adherence to international rules and regulations.

¹ Document A/WGIHR/2/5.

² Available, respectively, at <https://apps.who.int/gb/wgihir/> and <https://apps.who.int/gb/inb/>.

³ Decision EB151(2) (2022).

⁴ United Nations General Assembly resolution 78/3 on the high-level meeting on pandemic prevention, preparedness and response. New York: United Nations; 2023 (<https://www.un.org/en/ga/78/resolutions.shtml>, accessed 21 December 2023).

7. In that regard, November 2020, at the request of Member States, the Director-General announced the launch of the first pilot phase of the Universal Health and Preparedness Review through a voluntary, transparent, Member State-led peer review mechanism that establishes regular high-level and multisectoral intergovernmental dialogue among Member States on national capacities for health emergency preparedness, response and resilience. The five Member States (Central African Republic, Iraq, Portugal, Sierra Leone and Thailand) that have piloted the national review phase of the Universal Health and Preparedness Review now have the opportunity, on a voluntary basis, to participate in the final stage of the Review cycle, the global peer review phase, either as the Member State under review or as part of the Member State peer review panel.

8. Piloting the global peer review phase will enable the five Member States to conclude their pilot cycles for the Universal Health and Preparedness Review. It will also provide the first opportunity for all Member States to see in practice how the Review phases work together to add value to the existing global health architecture. Lessons learned from the first piloting of the global peer review phase will be documented and shared with all Member States, and will be critical for informing discussions as part of the INB and the WGIHR processes.

SUSTAINABLE, COORDINATED AND INNOVATIVE FINANCING FOR HEPR

The Pandemic Fund: catalytic financing to transform national HEPR capacities

9. Following its launch in November 2022, the Pandemic Fund issued its first call for proposals on 3 March 2023. WHO, in collaboration with the World Bank, UNICEF, FAO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance, held a series of webinars, starting in March 2023, to outline the tools countries can use and the approaches they can take to develop Pandemic Fund proposals as part of broader national plans to strengthen health emergency preparedness, response and resilience, and provided intensive support to the countries that wished to develop a proposal.

10. At the close of the first call for proposals in May 2023, the Pandemic Fund had received 179 applications from 133 countries with total funding requested of US\$ 2.6 billion. The independent Technical Advisory Panel of the Pandemic Fund technically reviewed the proposals against criteria established by the Governing Board and “recommended” or “highly recommended” US\$ 1.1 billion of the proposals. The Governing Board of the Pandemic Fund met on 19 July 2023 to make its allocation decision based on the technical recommendations of the independent Technical Advisory Panel. The Governing Board selected 19 proposals, with a total funding allocation of US\$ 338 million, which will benefit 37 countries, over 75% of which are low-income and lower-middle-income countries; WHO is an implementing entity for 15 of the 19 proposals selected.

11. The Governing Board of the Pandemic Fund will launch a second call for proposals by the end of 2023, based on the lessons learned from the first call for proposals.

Expanding surge financing to save lives during health emergencies

12. The Secretariat continues to work with Member States and key stakeholders, especially the World Bank and other partners, including through the G20 Joint Finance and Health Task Force, to advance discussions on a number of key areas, including: the need for an agreed approach to accelerate and coordinate existing response financing mechanisms for the greatest possible impact; strategies for accessing and channelling additional funding sources; and new mechanisms to complement existing financing.

Identifying and reducing health, social and economic vulnerabilities related to pandemics

13. WHO is working with the World Bank, International Monetary Fund and European Investment Bank as part of the G20 Joint Finance and Health Task Force to develop a framework for economic vulnerabilities and risks to pandemics. The aim is to better understand the health, social and macroeconomic vulnerabilities and risks related to pandemics at national, regional, and global levels and reduce their impact. The framework will help to: identify vulnerabilities and risks across the three domains (health, social and economic); inform dialogue; and guide decision-making around prevention, preparedness, and response measures and investments; and enhance collaboration between finance and health ministries. The framework will offer a unique added value by bringing together data on vulnerabilities for pandemic preparedness and response across the three domains, allowing for a broad understanding of the vulnerabilities and supporting a more complete picture for assessing the trade-offs of different policies and investments.

STRENGTHENING SYSTEMS: REALIZING THE WORLD'S POTENTIAL THROUGH COLLABORATION, COORDINATION AND STRENGTHENED CAPACITIES

14. As noted in the report on WHO's response to major ongoing health emergencies submitted to the Standing Committee on Health Emergency Prevention, Preparedness and Response at its third meeting in September 2023,¹ the frequency, scale and complexity of health emergencies is increasing year on year, driven by interacting and mutually reinforcing factors, including increasing geopolitical conflict, shortages of food and of essential goods, the intensification of ecological degradation and of climate change, weakened health systems, widening health, economic and social inequalities, and the emergence and re-emergence of epidemic-prone infectious diseases. The evidence of the past decade shows that these trends are increasingly interacting in complex and unpredictable ways to drive health emergencies. Sustainable solutions and the attainment of the health-related Sustainable Development Goals will depend on giving more weight to proactive preventive, readiness and resilience-building measures at the same time as responding rapidly and effectively to ongoing health emergencies.

15. To respond effectively to the ever-increasing scale of health emergencies, particularly in fragile, conflict-affected and vulnerable settings, countries and health emergency stakeholders should focus on strengthening five core health emergency components (the "five Cs"):

- **collaborative** surveillance;
- **community** protection;
- safe and scalable health **care**;
- access to medical **countermeasures**;
- health emergency **coordination**.

16. Effective support for national capacity strengthening across the five Cs will require increased collaboration between international partners and stakeholders. The global health landscape has evolved and diversified over the past few decades, particularly since the onset of the pandemic of coronavirus

¹ Document EB/SCHEPPR/3/3.

disease (COVID-19). The emerging roles of new public–private partnerships, philanthropic donors and multilateral institutions have combined with the increased participation of civil society organizations and communities in global health initiatives to produce a broad network of actors and stakeholders at the national, regional and global levels. Although this diversity can be a source of strength, greater complexity increases the risks of fragmentation, duplication and competition.

17. WHO continues to forge new ways of connecting and coordinating partners to harness collective strengths in respect of health emergency preparedness, prevention and response, paying particular attention to supporting fragile, conflict-affected and vulnerable settings. At the national level, this means working more effectively with governments and more broadly across societies to prevent, prepare for, detect, and respond to health emergencies. At the regional and the global levels, this means strengthening support for prevention and preparedness and streamlining and strengthening mechanisms for detection and response that are built on trust, cooperation, solidarity and accountability among governments and other global health stakeholders, including United Nations entities, regional public health institutes and international organizations.

Ongoing work to strengthen core system capabilities for health emergency preparedness and response

18. WHO continues to work with partners to provide intensive support to national efforts to formulate detailed investment plans in order to strengthen capacities across the five Cs, based on thorough and dynamic appraisals of existing capabilities, risks and vulnerabilities, as well as an understanding of the available technical and financial resources. The Secretariat held Member State consultation sessions on each of the five Cs between March and May 2023.

19. The WHO Hub for Pandemic and Epidemic Intelligence continues to work with Member States and partners on critical initiatives such as the International Pathogen Surveillance Network, the continued roll-out of epidemic intelligence from open sources, and global strategies for strengthening public health laboratory services and for genomic surveillance.

20. In the area of community protection, the Secretariat is working with Member States and partners on the management of infodemics through: the WHO Information Network for Epidemics; the Collective Service partnership for community engagement, with UNICEF and the International Federation of Red Cross and Red Crescent Societies; the WHO Initiative on Trust and Pandemic Preparedness; and work to measure the effectiveness and impact of public health and social measures during health emergencies.

21. Critical activities with Member States and partners continue to enhance safe and scalable clinical care during emergencies. Such efforts involve: the Emerging Diseases Clinical Assessment and Response Network; the WHO Access to Oxygen Initiative; strategies and guidelines for clinical care, infection prevention and control, personal protective equipment, and water, sanitation and hygiene in emergencies; and the coordination of the health cluster with more than 30 active clusters and 900 country partners.

22. The Secretariat has worked closely with Member States and partners on continued efforts to ensure equitable and timely access to medical countermeasures, including the continued work of the WHO R&D Blueprint for action to prevent epidemics and the establishment of the interim medical countermeasures network of networks (i-MCM-Net), in close consultation with the INB bureau, the United Nations COVID-19 Supply Chain Task Force, the WHO Global Logistics Hub in Dubai, the mRNA Vaccine Technology Transfer Hub, the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, and the WHO BioHub System pilot initiative.

23. In the area of health emergency coordination, the Secretariat is building an enhanced collaboration platform for Member States and partners in the Global Health Emergency Corps, including the Global Outbreak Alert and Response Network, the Emergency Medical Teams, the United Nations Inter-Agency Standing Committee's Global Health Cluster, the International Association of National Public Health Institutes and other health emergency workforce partners. The Secretariat continues to work with Member States to develop national action plans for health security based on International Health Regulations (2005) assessments, strategic tools for assessing risks, and the strategic framework for operational readiness and disaster risk reduction. The Secretariat also continues to work with Member States to strengthen the Public Health Emergency Operations Centre Network in response to acute events, utilizing the WHO Emergency Response Framework and the WHO Contingency Fund for Emergencies.

Adapting and aligning core system capabilities to specific threats and settings to manage all hazards

24. The Secretariat is working with Member States and partners to adapt and apply the five Cs to address specific and evolving threats. In order to better prevent and prepare for pandemics and emerging zoonoses, the Preparedness and Resilience for Emerging Threats initiative is developing updated guidance with an initial focus on strengthening respiratory pathogen preparedness. Strategies and plans focused on epidemic-prone diseases, such as yellow fever, cholera, meningitis, and viral hemorrhagic fevers including Ebola virus disease, are also being updated. To mitigate the health impacts of climate- and crisis-related events, the Secretariat continues to work with Member States and partners through the Sendai Framework for Disaster Risk Reduction and with humanitarian partners to empower local actors, enhance community and health systems resilience, and integrate immediate crisis responses with long-term work to strengthen the resilience of communities and health systems.

ACTION BY THE EXECUTIVE BOARD

25. The Executive Board is invited to note the report. In its discussions, it is further invited to provide comments and guidance in respect of the questions set out below.

- How can the Secretariat continue to support Member States in the continued work of the WGIHR and the INB, including in efforts to facilitate the synergies and complementarity of these two processes?
- How can the Secretariat work with Member States and partner organizations to improve coherence among all the global, regional and national initiatives and strategies aimed at strengthening health emergency preparedness, response and resilience?

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