Strengthening WHO preparedness for and response to health emergencies

Universal Health and Preparedness Review: concept note

Report by the Director-General

1. In November 2020, the Director-General announced the Universal Health and Preparedness Review as a pilot project. In resolution WHA74.7 (2021), Member States requested the Director-General to develop a detailed concept note for the consideration of Member States as they determine the next steps on the voluntary pilot phase of the Universal Health and Preparedness Review mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing International Health Regulations (2005) monitoring and evaluation framework components. This report responds to that request by providing a detailed concept note on the Review mechanism.

2. The goal of the Review mechanism is to build mutual trust and accountability for health, by bringing Member States together as neighbours and strengthening national capacities for health emergency preparedness, universal health coverage and healthier populations.

3. As proposed, the Review mechanism is Member State-led whereby countries agree to a voluntary, regular and transparent peer review of their comprehensive national health emergency preparedness capacities. It will help to support national public health systems, infrastructures and capacities for health emergency preparedness. Its aim is to promote collective global action for preparedness, by bringing Member States and stakeholders together at national, regional and global levels, in a spirit of solidarity, to make the world safer.

4. As part of the ongoing scoping of the mechanism, the Secretariat has undertaken several voluntary pilots of the Review mechanism with interested Member States. The lessons learned have been incorporated in this concept note in addition to those derived from existing peer-review mechanisms at the multilateral level, including the Universal Periodic Review of the Office of the High Commissioner for Human Rights, the World Trade Organization’s Trade Policy Review Mechanism, and the Committee on the Rights of the Child.

RATIONALE AND OBJECTIVES

5. Under the International Health Regulations (IHR) (2005), all 196 States Parties, including all Member States, have the responsibility to build and maintain effective capacities and systems for the prevention and detection of, preparedness for and response to public health emergencies of international concern and to abide by relevant international rules.
6. Lessons from the COVID-19 pandemic and other severe epidemics signalled the need for broad-based, whole-of-government and whole-of-society approaches, involving relevant stakeholders beyond the health sector. These approaches require collaboration, mutual accountability and concerted actions between national leaders, policy-makers, intergovernmental organizations and global initiatives for the radical change needed to be better prepared.

7. The Universal Health and Preparedness Review engages the highest levels of government to build and strengthen national health systems by establishing the necessary enabling environment. It strengthens capacities for health emergency preparedness and components in health systems and other sectors relevant to effective management of health emergencies, while maintaining the continuity of essential health services.

8. The Review mechanism brings an intergovernmental perspective and uses the existing global health structures in support of Member States. It is intended to advance the promotion of multisectoral and multilevel engagement in all aspects of preparedness and to promote the necessary investments in human and financial capital towards resilient and sustainable national systems.

9. Although it builds on the IHR’s monitoring and evaluation tools, the Review mechanism will use national and subnational data in comprehensive reviews of the health emergency preparedness capacity of national systems.

10. This global peer-review mechanism between Member States aims to identify gaps in capacity, share best practices and help to mobilize support where it is needed most.

11. The Review mechanism’s main objectives will be to:

(a) enhance transparency and understanding of a country’s comprehensive preparedness capacities among relevant national stakeholders;

(b) promote whole-of-government and whole-of-society approaches to preparedness in countries, including close cooperation with governments, national and local authorities, regional organizations and civil society, in order to establish mutual understanding and foster a sustainable and constant dialogue;

(c) encourage compliance with commitments made under the IHR and related resolutions of the World Health Assembly in the field of health emergency preparedness;

(d) elevate considerations for preparedness beyond the health sector and ensure the comprehensive implementation of recommendations;

(e) promote national, regional and global solidarity, dialogue and cooperation;

(f) increase and sustain support to ongoing capacity-building and investments in national priorities for health emergency preparedness;

(g) establish a platform to exchange good practices and lessons learned.
KEY CONSIDERATIONS

12. The Review mechanism will be integrated into and inform national programming and planning cycles, including National Action Planning for Health Security, while not duplicating but aligning with existing mechanisms, initiatives and recommendations by the IHR Review Committee, the Independent Panel for Pandemic Preparedness and Response, the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, among others.

13. The Review mechanism’s technical underpinnings will be aligned with health-related Sustainable Development Goals, WHO’s General Programmes of Work, the implementation of the IHR and universal health coverage for better health emergency preparedness.

14. Acknowledging the already high burden of reporting experienced by Member States, the Secretariat will ensure that existing data sources are utilized when possible and, where possible, work together with other entities of the United Nations system, as appropriate.

15. At the national level, the Review mechanism will aim to facilitate a broad-based and inclusive dialogue among stakeholders, including active engagement of relevant ministries, parliaments, local and regional governments, civil society, communities, academic institutions, the private sector and research institutions, as well as relevant multilateral organizations.

THE REVIEW AND EXISTING MONITORING, EVALUATION AND ASSESSMENT TOOLS, INCLUDING THE JOINT EXTERNAL EVALUATION

16. The bold vision of the Review mechanism is to strengthen health emergency preparedness through a process that integrates available information, engages national leadership at the highest level, catalyses pragmatic, specific actions to improve preparedness, and results in substantial and sustained increases in the attention, focus and financing of preparedness.

17. The Review mechanism will aim to form part of participating Member States’ preparedness cycle for health security capacity-building. The approach complements, capitalizes on, builds upon and elevates outputs from other national assessments. It addresses issues such as the resilience of health systems, community engagement and trust, and whole-of-society engagement, for instance at the highest levels of governments. It incorporates preparedness components of universal health coverage, including primary health care, as well as relevant components of the healthier populations billion indicators of the Thirteenth General Programme of Work.

18. The Review mechanism is envisaged as going beyond the health sector and, within the health sector, beyond the traditional domains of IHR core capacities. It provides additional benefits by bringing in a stronger multisectoral, multilevel and whole-of-society component to health emergency preparedness, increased ownership through highest-level political commitment for concerted action, and enhances dialogue between Member States for greater accountability and support in implementing priority actions. It is aligned with the Voluntary National Reviews on the implementation of the Sustainable Development Goals and is primed to be a crucial mechanism that seeks to acknowledge the importance of adopting a truly comprehensive and global approach to health emergency preparedness and health security.

19. The Review mechanism builds upon the reports and indicators of several tools that measure the health emergency preparedness capacities of countries. These include the tools of the IHR Monitoring
and Evaluation Framework\(^1\) (the IHR State Party Self-Assessment Annual Report, Joint External Evaluations, simulation exercises, and after- and intra-action reviews), assessment tools at the human-animal interface as well as vulnerability and risk assessments tools. The reports from these various assessments remain critical in informing the process and indicators of the Review mechanism, providing comprehensive preparedness data for the country.

20. The Review mechanism is not an assessment or evaluation. The assessments conducted in countries therefore provide the critical data needed for the Review mechanism’s indicators, and they go beyond health. They do not duplicate but provide a strong basis for the Review. The Review mechanism seeks to align with existing mechanisms to reduce the burden on countries. The Annex highlights the differences between the Review mechanism and existing tools, including the Joint External Evaluations.

21. The Review mechanism’s clear focus on high-level engagement will help to link the Member States’ priorities—health emergency preparedness, response and resilient health systems to achieve the goals of health security and universal health coverage—to create a holistic view of national capacities in preparing for priority public health threats and emergencies.

22. The Review mechanism will use the data from the various indicators to increase the availability of sound evidence for decision-making and will help to identify best practices, increase transparency and accountability on the use of resources and the achievement of results, thereby improving national systems for risk mitigation and the ability to respond to all public health threats.

THE REVIEW PROCESS

23. At the heart of the Review mechanism is a transparent, inclusive and interactive dialogue among Member States, which will follow standardized procedures. Following the model of the Universal Periodic Review of the Office of the High Commissioner for Human Rights, the Universal Health and Preparedness Review is considered as a State-to-State peer-review process.

24. The process of the Review mechanism will seek to engage the private sector and civil society in contributing to health emergency preparedness and to involve regional and global intergovernmental organizations and institutions in support of national priorities.

25. The periodicity between review cycles will be set well in advance, every four to five years, with the possibility of a mid-term review and the flexibility for shorter timelines if recommended by the Expert Advisory Commission and Global Peer-Review Commission or requested by the Member State undertaking the review.

26. The Review mechanism will be organized in two phases: a national review phase and a global peer-review phase.

NATIONAL REVIEW PHASE

27. The national review will be a country-owned and country-led process. As part of this phase, each participating Member State will elaborate a national report, following a standard template.

This national report will be based on a review of relevant data for key indicators extracted from already-available sources, including the IHR Monitoring and Evaluation Framework, the WHO’s General Programmes of Work relevant to health emergency preparedness (universal health coverage, health emergency protection and healthier populations), and WHO’s dynamic preparedness metric\(^1\) to provide information on a country’s comprehensive health and preparedness status. Contextual indicators based on the specific country context as well as qualitative indicators shall also be considered. The indicators will serve as a baseline for improving the country’s health emergency preparedness.

The national report will be the result of an inclusive and broadly-based consultation process. The Member State will make the necessary institutional arrangements to undertake the national review. Member States are encouraged to involve relevant non-State actors, and local and regional (where relevant) governments in the conduct of the national review and the elaboration of the national report. Where appropriate, existing cross-sectoral bodies, entities or platforms may be used for the elaboration and validation of the national report.

The Member State will seek the participation at the highest level of the various branches of the government and stakeholders. The national report will be validated by the highest level of government.

The Member State will formally share the report with the Secretariat and the Expert Advisory Commission.

The Secretariat has developed relevant guidance for Member States to accompany the review process and the elaboration of the national report.

**GLOBAL PEER-REVIEW PHASE**

The global peer-review phase will be based on an interactive, intergovernmental dialogue between the Member State undertaking the review and two commissions: the Expert Advisory Commission and Global Peer-Review Commission.

The Commissions will consolidate an outcome report, including a summary of that dialogue and issuing key recommendations to the Member State undertaking the review. The Member State undertaking the review will participate in the discussions and have the opportunity to support or note the recommendations following a transparent and formal process.

The process to establish the two commissions, the periodicity of their meetings, their working methods and procedures, including the process to elaborate, support and note recommendations, will be based on consultation with Member States and regional committees.

**Expert Advisory Commission**

Facilitated by the Secretariat and composed of experts from the WHO Region of the Member State undertaking the review, and other global experts, the Expert Advisory Commission will review

\(^1\) WHO’s risk-informed Dynamic Preparedness Metric is a multidimensional metric that measures preparedness in terms of three separate concepts: hazard, vulnerability, and capacity. The goal of the metric is to display a country’s preparedness status in terms of potential risks and vulnerabilities relative to current capacity levels, for specific syndromic risks, with dynamic updates over time. (See for instance, Kandel N, Chungong S. Dynamic preparedness metric: a paradigm shift to measure and act on preparedness. The Lancet Global Health (2022), 10(5):E615-616 doi: https://doi.org/10.1016/S2214-109X(22)00097-3).
the national report prepared by the Member State undertaking the national review as well as the findings from available information from different sources, including on the regional context. The Commission will be responsible for preparing a report and submitting it to the Global Peer-Review Commission.

**Global Peer-Review Commission**

37. Facilitated by the Secretariat and composed of a Working Group of Member States supported by technical experts from key disciplines (such as finance, diplomacy, humanitarian affairs, development, and peace-building), the Global Peer-Review Commission will ensure a review of the Expert Advisory Commission’s report, engage in discussions and advocacy with Government, parliament, civil society, donors and development partners, as appropriate, and produce an outcome report with recommendations. The Commission will facilitate the implementation of recommendations by, for example, advocating active donor involvement, technical and financial support, technology transfer, exchanges of best practices, and linking networks and platforms of support (including academic institutions, private sector, philanthropists, civil society, and local governments).

38. Upon request, both the Expert Advisory Commission and the Global Peer-Review Commission will support Member States in their efforts to create or strengthen intergovernmental mechanisms to coordinate, advocate and monitor efforts to implement recommendations and Member States’ priorities. They will also engage in discussions and advocacy with government, parliament, civil society, donors and development partners to address the issues reflected in the recommendations, as appropriate. The Member State undergoing the review will have the responsibility to implement supported recommendations presented in the outcome report.

39. The Secretariat and the international community will provide support to the Member State in implementing the recommendations and conclusions, in consultation with, and with the consent of, the Member State.

**EXPECTED OUTCOMES**

40. The Universal Health and Preparedness Review will support Member States in fulfilling their national responsibilities for and international obligations and commitments to health emergency preparedness and for national and global health security.

41. The periodic nature of the Review mechanism will facilitate the continuous review of the status of implementation of recommendations.

42. As a result of its participation in the Review mechanism, it is expected that a Member State will be supported in:

   • elevating considerations on preparedness to the highest level of government and the global community;

   • establishing and sustaining improved levels of cross-sectoral stakeholder mobilization and dialogue;

   • prioritizing actions and addressing areas that require immediate attention in a sustainable manner;
• expanding the support and engagement of stakeholders beyond health ministries and governments;

• allocating domestic resources in an efficient manner by identifying gaps and weaknesses in national capacities;

• engaging development partners and support the identification of international financial resources, in particular for low- and middle-income countries, using the conclusions of the national report and the recommendations in the outcome report of the Global Peer-Review Commission;

• improving health status and global health security through health preparedness and response to epidemics, and the improvement and achievement of universal health coverage.

43. At the global level, the Review mechanism will:

• promote global dialogue on preparedness;

• identify concrete areas for peer-learning and support between Member States;

• intensify technical cooperation between Member States;

• promote mutual learning and pooling of best practices, solutions and innovations.

44. The Secretariat and Member States will jointly explore opportunities for synergies and potential links with other multilateral and global initiatives, including those for predictable and sustainable financing for health emergency preparedness, aiming to fill the gaps identified during the national review and the recommendations of the Global Peer-Review Commission.

45. The Secretariat will work to ensure that the lessons learned, best practices, challenges, recommendations and implementing actions by Member States resulting from the Review are periodically shared and discussed by WHO’s governing bodies, including WHO Regional Committees, the Executive Board, the World Health Assembly or other relevant bodies.

46. In implementing the Review mechanism, the Secretariat and Member States will explore potential synergies with other intergovernmental processes as appropriate, including the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, in view of supporting the continuous development of the mechanism.

ACTION BY THE HEALTH ASSEMBLY

47. The Health Assembly is invited to provide further guidance on the next steps on the Universal Health and Preparedness Review mechanism, including its voluntary pilot phase.
ANNEX

PROCESS AND CHARACTERISTICS OF THE UNIVERSAL HEALTH AND PREPAREDNESS REVIEW

National level review
- Multisectoral review of indicators and other information
- Integrate health in other sectors and vice versa
- Identify approaches, roadblocks and opportunities

National report
- Standard reporting template

Expert Advisory Commission
- Review national report
- Consider WHO reports, United Nations and other relevant reports
- Country to provide inputs

Expert Advisory Commission report
- Standard reporting template

Global Peer-Review Commission
- Review Expert Advisory Commission’s report
- Working group/roster of experts
- Provide recommendations and advice

Global Peer-Review Commission report
- Standard reporting template

Optional mid-term national review

Through WHO’s existing governing body mechanisms (Executive Board, World Health Assembly) inform policy strategies to support Member States (by development agencies, donors, partners). Prioritize technical and financial resources mobilization to support countries.
Differences that characterize the Review from other existing assessment tools and mechanisms including Joint External Evaluations:

- highest-level political engagement, which serves as an impetus for raising awareness, multisectoral engagement, commitment and investments both at the national, regional and global levels;
- a focus on key categories that are not currently evaluated within existing assessment tools;
- a methodology that is based on a mix of analyses of quantitative and qualitative data for country’s capacity; an analysis of the country’s preparedness and health system capacity, advocacy meetings across sectors, key-informant interviews, focus-group discussions, simulation exercises and document reviews to ensure the validity of results;
- documenting and sharing of best practices among Member States and elevating these to the global level;
- use of a multisectoral, whole-of-society approach for a broader review that involves all relevant stakeholders at national and local levels, including health experts, experts from other sectors, as well as representatives from the civil society, parliaments and community;
- a methodology that includes key aspects of two global commissions: the Expert Advisory Commission and the Global Peer-Review Commission;
- as the above-mentioned commissions foster political commitment to sustained action and mobilize global solidarity and cooperation, the engagement of heads of government, regional and global partners is a key element;
- the identification of investment needed in building and maintaining resilient health systems\(^1\) that can meet the increased demands imposed by health security;
- Member States will continue to use existing evaluation tools that have been refined and upgraded on the basis of the lessons learned from COVID-19. Similarly, the Review will explore integrated reporting cycles with assessments under existing assessments

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