
Strengthening and oversight of the WHO Health Emergencies Programme

Update on health emergency prevention, preparedness and readiness

Report to the Standing Committee on Health Emergency Prevention, Preparedness and Response

1. This report is submitted to the Standing Committee on Health Emergency Prevention, Preparedness and Response (the Standing Committee) and provides a summary of progress towards strengthening the global architecture for health emergency preparedness, response and resilience (HEPR). An earlier and extended version of this report was considered by the Seventy-sixth World Health Assembly.¹ Ongoing efforts, including Member State negotiations, to strengthen the global HEPR architecture are presented below under three main thematic headings: global governance, financing, and systems.

STRENGTHENING GLOBAL GOVERNANCE OF HEPR: LEADERSHIP, INCLUSIVITY, AND ACCOUNTABILITY

International legal instruments

2. At the heart of efforts to strengthen global HEPR governance are two aligned processes led by WHO Member States and working through WHO's 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 (the INB). The INB is mandated to submit its outcome for consideration by the Seventy-seventh World Health Assembly, and its work is well under way, as summarized in its progress report to the Seventy-sixth World Health Assembly.² The sixth meeting of the INB was held from 17 to 21 July 2023 and the INB drafting group continued its work to consider the Bureau's text of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response in September 2023.

3. In addition to the INB process, Member States are also 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 WGIHR was provided with the report of the Review Committee regarding amendments to the International Health Regulations (2005) and has started its consideration of the proposed amendments, meeting for its fourth round of

¹ Document A76/10.

² Document A76/37 Add.1.

intensive discussions from 24 to 28 July 2023. The WGIHR stressed the importance of thoroughly considering the proposed amendments on their merits of filling critical gaps in the implementation of the International Health Regulations (2005), while being mindful of the importance of the principles of equity, sovereignty and solidarity.

4. A joint plenary session of the INB and the WGIHR was held on the afternoon of 21 July and morning of 24 July 2023 to ensure the continued alignment of the two processes. The fifth meeting of the WGIHR is scheduled to be held from 2 to 6 October 2023, and the next meeting of the INB (in a drafting group modality) is scheduled to be held from 6 to 10 November.

Sustained political leadership

5. The Standing Committee on Health Emergency Prevention, Preparedness and Response was established by the Executive Board at its 151st session in May 2022.¹ At its third meeting to be held from 13 to 14 September 2023, the Standing Committee will consider 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.

6. Proposals have been made for the establishment of a global health threats or health emergencies council, comprising Heads of State. The establishment of a global health threats council could enhance collective capacity and accountability for systematic, sustained, inclusive and multisectoral preparedness and response. Such a council should be anchored in WHO's constitutional mandate and the Health Assembly, thereby maintaining the vital link between empowered health ministers and Heads of State that proved itself to be a powerful platform in a number of Member States during the coronavirus disease (COVID-19) pandemic. Such a close alignment allowed for a more effective all-of-government, whole-of-society approach, driven by the best real-time health and scientific evidence. This link must remain in place if rapid, coherent, trusted, sustained and evidence-based multisectoral action is to be generated at the international level.

7. The forthcoming high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response will provide an opportunity for Member States, through a political declaration, to affirm their commitment to a coherent, equitable and inclusive approach to strengthening national, regional and global pandemic and health emergency preparedness, prevention and response, with WHO at the centre.

Driving accountability

8. Several key questions identified in both 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), including all WHO Member States, for building and maintaining effective capacities and systems for the prevention and detection of, preparedness for and response to public health emergencies, and for adherence to international rules.

¹ See decision EB151(2) (2022).

9. In November 2020, at the request of Member States, the WHO Director-General announced the launch of the voluntary pilot phase of the Universal Health and Preparedness Review (UHDR) as a way of achieving that balance through a voluntary, transparent, Member State-led peer review mechanism that establishes regular high-level and multisectoral intergovernmental dialogue between Member States on their national HEPR capacities. The five Member States (Central African Republic, Iraq, Portugal, Sierra Leone and Thailand) that have currently completed a UHDR national review pilot now have the opportunity, on a voluntary basis, to participate in the global peer review phase – as either the Member State under review or as part of the Member State peer review panel. The UHDR global peer review phase represents the final stage of the UHDR cycle.

10. Piloting the global peer review phase will allow these Member States to conclude their UHDR pilot cycle. It will also provide the first opportunity for all Member States to see in practice how the UHDR phases work together to add value to the existing global health architecture. Lessons learned from the first pilot of the global peer review phase will be documented and shared with all Member States. Such lessons will be critical to Member States in informing discussions as part of the INB and the WGIHR, which are both currently considering the UHDR.

SUSTAINABLE, COORDINATED AND INNOVATIVE FINANCING FOR HEPR

The Pandemic Fund: catalytic financing to transform national HEPR capacities

11. 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, the United Nations Children’s Fund, the Food and Agriculture Organization of the United Nations, the Global Fund and Gavi, the Vaccine Alliance, held a series of webinars starting in March 2023 to outline the tools and approaches countries can take to develop Pandemic Fund proposals as part of broader national plans to strengthen HEPR, and provided intensive support to countries that wished to develop a proposal.

12. At the close of the call for proposals in May 2023, the Fund had received 179 applications from 133 countries. The Pandemic Fund’s governing board 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 that will benefit 37 countries, over 75% of which are low-income and lower-middle income countries. It is estimated that the total US\$ 338 million of grants awarded will mobilize over US\$ 2 billion in additional resources, adding US\$ 6 for each US\$ 1 coming from the Fund.

13. The Pandemic Fund’s governing board aims to 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

14. WHO continues to work with Member States and other stakeholders, especially the World Bank and other partners, including through the G20 Joint Finance and Health Task Force, to advance discussions around a number of key areas, including the need for an agreed approach to accelerate and coordinate existing funding streams for the greatest possible impact; strategies for accessing and channeling other potential funding sources and new mechanisms to complement existing financing; and how to integrate pathfinding work on surge financing with other ongoing work, including through relevant G20 working groups, on the design of a new coordination platform for access to medical countermeasures, which comprise a significant proportion of estimated surge financing costs.

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

15. As noted in the report submitted to the Standing Committee at its third meeting on WHO's work in health emergencies,¹ the frequency, scale and complexity of health emergencies is increasing year on year, driven by interacting and self-reinforcing factors such as increasing geopolitical conflict; supply-side impediments to trade leading to famine and shortages of essential goods; the intensification of ecological degradation and climate change; weakened health systems; widening health, economic and social inequalities; and the emergence and re-emergence of epidemic-prone infectious diseases.

16. 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, even while responding to ongoing crises.

17. To respond effectively to the ever-increasing scale of health emergencies, particularly in fragile, conflict-affected and vulnerable settings, countries and health emergency stakeholders must adopt a strategic shift towards an ecosystem approach to health emergencies prevention, preparedness and response. This shift should focus on strengthening five core health emergency components (the "five Cs"):

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

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 available technical and financial resources, including new streams of funding available through the Pandemic Fund. The Secretariat held Member State consultation sessions on each of the five Cs between March and May 2023.

19. Effective support for national capacity strengthening across the five Cs will require increasing collaboration between international partners and stakeholders. The global health landscape has evolved and diversified over the past several decades, particularly since the onset of the COVID-19 pandemic. The emerging roles of new public-private partnerships, philanthropic donors and multilateral institutes 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. This diversity can be a source of strength, but greater complexity also increases the risks of fragmentation, duplication and competition.

¹ Document EB/SCHEPPR/3/3.

20. WHO continues to forge new ways of connecting and coordinating partners to harness collective strengths in health emergency preparedness, prevention and response, with particular attention to supporting fragile, conflict-affected and vulnerable countries and contexts. At the national level, this means working more effectively across governments and more broadly across societies to prevent, prepare for, detect, and respond to health emergencies. At the regional and global levels, this means strengthening support for prevention and preparedness, and streamlining and strengthening mechanisms for detection and response, built on trust, cooperation, solidarity and accountability among governments and other global health stakeholders, including United Nations agencies, regional public health institutes and other international partner organizations. As an urgent priority, WHO is working intensively with Member States and partners to finalize a concept note outlining the parameters of a potential coordination mechanism to ensure rapid and equitable access to medical countermeasures, as an interim solution, pending the outcome of the Member State-led INB and WGIHR processes.

ACTION BY THE STANDING COMMITTEE

21. The Standing Committee is invited to note the report and provide, in its discussions, guidance on how the Secretariat can:

- (a) accelerate the urgent strengthening of the five Cs at the national level in countries and communities affected by conflict, fragility and vulnerability to meet pressing short-term needs at the same time as fostering durable resilience to health emergencies; and
- (b) further cultivate coherence and collaboration among the diverse actors and stakeholders in the health emergencies landscape at the global level to maximize the effectiveness and efficiency of support available to Member States.

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