Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies (WGPR)

Preliminary findings from COVID-19-related recommendation mapping

I. OVERVIEW

Introduction

1. Following the outbreak of the coronavirus disease (COVID-19) pandemic, numerous evaluations, reviews and assessments of the global COVID-19 response have been carried out by various panels and committees.

2. The WHO Secretariat has been analysing and compiling recommendations from various sources regarding the COVID-19 pandemic response in order to obtain an objective overview of the gaps in global pandemic preparedness and response. This work to map COVID-19-related recommendations also takes into account proposals of how to strengthen WHO preparedness for and response to health emergencies and highlights the similarities and differences between the various recommendations.

3. In line with the request of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (the “Working Group”) at its first meeting, this document has been developed to present the preliminary findings of the COVID-19-related recommendation mapping exercise. It is divided into two substantive sections that offer the following analysis as of 16 August 2021:

   • Section II provides a high level mapping of 215 recommendations found in 11 source documents including:

       - official reports mandated by Member States and presented to the Seventy-fourth World Health Assembly (the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response);
documents issued by intergovernmental bodies (such as the G20, the G7,\(^1\) and the Global Health Summit);

- reports or papers published by recognized independent expert parties that are pertinent to the COVID-19 pandemic (for example, the Global Preparedness and Monitoring Board,\(^2\) the Panel for a Global Public Health Convention, and the Pan-European Commission on Health and Sustainable Development).

• Section III provides a high-level mapping of 131 recommendations found in four source documents published by:

- the Independent Panel for Pandemic Preparedness and Response;

- the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme;

- the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response; and

- the Global Preparedness and Monitoring Board.

4. While other documents (non-papers) issued by Member States are included in the database to ensure a comprehensive compendium of recommendations, they are not covered in this mapping exercise since they fall outside of its central focus, namely to inform Working Group discussions on how to prepare for and respond to future pandemics. This document remains a living document that may be updated as necessary.

**Methodology**

5. Pursuant to resolution WHA74.7 (2021) and in accordance with the requests of the Working Group, the WHO Secretariat has created an Excel database containing:

- all recommendations in respect of the COVID-19 pandemic;

- any World Health Assembly resolutions related to COVID-19 (such as resolutions WHA73.1 (2020), WHA73.8 (2020) and WHA74.7); and

- the recommendations of review panels of past outbreaks.\(^3\)

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\(^3\) It is worth noting that the review panels and committees also considered recommendations made during previous outbreaks, such as the influenza A (H1N1) pandemic and the Ebola virus disease outbreak in West Africa.
6. The themes, target groups and areas of work used to categorize the 215 COVID-19-related recommendations are derived from the original recommendations themselves. Building on the database, the Secretariat has developed a dashboard\(^1\) that provides several useful operations to assist the Working Group in its deliberations.

7. Any recommendations of a financial nature should be reviewed by the Working Group on Sustainable Financing, including those directly related to its work. Close coordination should be maintained between the two working groups in order to avoid any duplication or possible contradiction between their respective findings.

8. The analysis in this document excludes the recommendations contained in World Health Assembly resolutions since Member States, the Secretariat and relevant bodies already have the mandate to implement them.

**Structure of the database**

9. The database groups the COVID-19 recommendations according to the following criteria:

- **Scope** – each recommendation is categorized according to one of the following: leadership and governance; systems and tools; and financing.
- **Theme** – each recommendation is categorized according to one or more of 26 themes.\(^2\)
- **Areas of work** – each recommendation is categorized according to one of five fields: national preparedness; national response; regional or global preparedness; regional or global response; and recovery.
- **Target group** – each recommendation is categorized according to which entity or group is responsible for implementation. To date, nine target groups\(^3\) have been identified.

**II. PRELIMINARY FINDINGS: POSSIBLE CATEGORIES FOR GROUPING RECOMMENDATIONS**

10. This section presents a brief overview of possible categories for grouping the 215 recommendations, according to the areas identified by Member States at the first meeting of the Working Group.

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\(^1\) WHO dashboard of COVID-19-related recommendations, accessible at: https://app.powerbi.com/view?r=eyJrIjoiODgyYjRmZjQtN2UyNi00NGE4LTg1YzMtYzZe2OGFhZjBiYzFjIiwidCI6ImY2MThTBjM3LW1kZjQOGFmYjU5MCIsImMiOjh9&pageName=ReportSection729b5bf5a0b579e86134 (accessed 19 August 2021).

\(^2\) See Annex for the list of themes.

\(^3\) See Annex for the list of target groups.
A.1. Areas of convergence

11. A high-level analysis shows convergence on several key recommendations, including on the following points:

- The global health architecture and governance for pandemic preparedness and response needs to be strengthened in the light of the key findings and lessons learned from the COVID-19 pandemic. The reports acknowledge the role of WHO during this pandemic but also emphasize the need to strengthen the Organization through sustainable, predictable financing.

- There was a significant disconnect between the actual and perceived levels of preparedness when the pandemic did occur. This largely relates to the importance of improving International Health Regulations (2005) implementation at the national level as well as compliance.

- Although mindful that the International Health Regulations (2005) remain a useful instrument, implementation and compliance challenges have presented themselves.

- Financing of both preparedness and response at the national, regional and global levels continues to be suboptimal. This created inequities at various stages of the response. The financing of public common goods is an important area to focus on moving forward.

- The rapid development of vaccines in record time was a success for the research and development component of the response. However, inequitable access to COVID-19 vaccines is recognized as one of the most critical issues to be addressed and urgent actions are required in several areas.

- Adopting a One Health approach and strengthening surveillance and preparedness at the human-animal-environment interface is of great importance.

- Rapid risk assessment, alert, and rapid response, including the determination of a public health emergency of international concern, require improvements on the part of both WHO and Member States.

A.2. Areas of divergence

12. More analysis is needed to identify areas of divergence given the different mandates of each panel and committee and their respective methods of work. For example, each panel and committee approached the possibility of amending the International Health Regulations (2005), procuring pandemic response products, and strengthening global supply chain mechanisms differently.

B. Target groups

13. About 70% of the recommendations are addressed to more than one target group. For the purpose of compiling recommendations in the database in a consistent manner, the Secretariat has identified nine target groups from the original recommendations.

14. The analysis indicates that out of a total of 215 recommendations (from the 11 source documents referred to above), around 120 are addressed to the WHO Secretariat, around 98 are addressed to Member States, and about 56 require collective action by the WHO governing bodies – with some recommendations being addressed to more than one target group. More than sixty recommendations call
for action from other international bodies such as the Coalition for Epidemic Preparedness Innovations, the World Bank, and the International Monetary Fund, and around 23 are addressed to United Nations agencies.

15. If focusing solely on the reports of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Independent Panel for Pandemic Preparedness and Response, and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, the analysis indicates that less than half of the recommendations issued in those reports are directed to the WHO Secretariat and around a fifth urge political leaders to take action at the country level. Out of a total of 106 recommendations issued in those three reports, about 35 may require collective action by the World Health Assembly.

C. Theme

16. The Secretariat identified 26 themes from the 215 recommendations. Each recommendation was then mapped to one or more themes, according to the focus of its content. The top five emerging or recurrent themes were: direction/coordination; International Health Regulations (2005) implementation/compliance; global finance – public common goods; research and development, regulations, manufacturing of medical countermeasures; and global architecture/governance.

D. Time-frame for implementation

17. The likely time frame required to implement the recommendations is dependent upon a number of factors. These include identification of the possible mechanisms for implementation, priorities to be established by Member States, resource implications, and the implementation target group.

E. Geographical reach or scope

18. The overall analysis indicates that most of the recommendations are focused on improving regional and global preparedness and response. This is understandable given the mandates of the different panels and committees, which were of a global scope. Of the total 215 recommendations, around 76 are aimed at improving national preparedness and response.

III. POSSIBLE MECHANISMS IMPLEMENTING EACH RECOMMENDATION

19. This section presents a brief analysis of a subset of the recommendations found in the database. It is limited to the 131 recommendations made by the Global Preparedness Monitoring Board, the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight Advisory Committee, and the Independent Panel for Pandemic Preparedness and Response.

20. Following the identification of the five categories by Member States at the first meeting of the Working Group, the Secretariat undertook a preliminary mapping of the recommendations. The results are very much preliminary and will be updated following deliberations during the second meeting of Working Group. It is worth highlighting that some recommendations mapped under categories A and B below may overlap, given the nature of the two categories. Additionally, some of the recommendations included in this analysis are already reflected in resolution WHA74.7(2021).
(a) **Recommendations that can be implemented through the regular technical work of WHO as per its normative functions**

21. Around 44 recommendations could be implemented under this category. These include recommendations related to:

- promoting, advocating and/or supporting Member States to implement whole-of-government and whole-of-society approaches to strengthen pandemic preparedness and response;

- working with partners to develop and implement mechanisms that promote fair and equitable access to pandemic supplies and medical countermeasures;

- providing access to timely, accurate, and easy-to-understand advice and information from trusted sources on public health events;

- supporting Member States to develop and operationalize strategies and plans for pandemic preparedness and response that include measurable targets and benchmarks and ensure full implementation of the core capacities required by the International Health Regulations (2005);

- supporting Member States, WHO and partners to implement disease-specific strategies, including through capacity-strengthening for pandemic preparedness and response;

- supporting the processes and coordination mechanisms of the Secretariat’s technical, normative and managerial work across all three levels of the Organization;

- providing adequate resources for WHO country offices to respond to requests from national governments; and

- robust exercising of the Secretariat’s flexibilities under the International Health Regulations (2005).

(b) **Recommendations that can be implemented immediately through existing frameworks (International Health Regulations (2005) obligations, World Health Assembly resolutions/decisions)**

22. Around 19 recommendations could be implemented immediately under this category. These include recommendations related to:

- fully implementing and complying with the obligations under the International Health Regulations (2005) by both States Parties and the Secretariat;

- fully implementing WHO’s general programme of work; and

- empowering the Secretariat to fulfil its constitutional mandates.
(c) Recommendations that can be implemented by amending or building on existing frameworks (International Health Regulations (2005), World Health Assembly resolutions/decisions)

23. Around 26 recommendations could be implemented under this category. These include recommendations related to:

- adjusting the International Health Regulations (2005);
- establishing a global system for surveillance based on full transparency by all parties;
- strengthening WHO’s financing for emergency preparedness and response, including the WHO Contingency Fund for Emergencies; and
- strengthening the governance capacity of the WHO Executive Board for health emergencies.

(d) Recommendations that may effectively/optimally be implemented through new WHO international agreement(s)/instrument(s)

24. Around 30 recommendations could be implemented under this category. These include recommendations related to:

- the establishment of a pandemic framework convention under Article 19 of the WHO Constitution;
- Member State commitments to and accountability for prioritizing pandemic preparedness through national whole-of-government and/or whole-of-society strategies and budgetary plans, including through peer review of preparedness and response capacities;
- the adoption of a One Health approach and recognition of the links between human, animal and environmental health in emerging zoonotic diseases;
- sustainable financing for pandemic preparedness and response;
- the timely sharing of materials, including genomic sequencing data;
- equitable and timely access to medical countermeasures;
- effective and scalable supply chains for the rapid development and deployment of medical countermeasures;
- scalable and funded research and development for timely and innovative manufacturing of medical countermeasures and their regulation;
- timely technology transfer, sharing of know-how and/or voluntary licensing; and
- the empowerment of communities, strengthening of civil society and upholding of human rights principles.
(e) **Recommendations that may address/or involve external bodies/actors**

25. Around 12 recommendations fall under this category. These include recommendations related to:

   - the mandate of international financial institutions;

   - the establishment of bodies or issuance of declarations under the aegis of the United Nations; and

   - actions to be taken by other intergovernmental bodies.

**IV. NEXT STEPS**

26. The work presented here is very much preliminary and intended to initiate discussion among the Working Group on how to refine and take the recommendations forward. Under the guidance of the Bureau, the Secretariat will continue to refine and review the database and the analysis stemming from it based on the discussions of the Working Group at its second meeting, to be held on 1–3 September 2021, and the input received thereafter. An updated version of this document will be prepared ahead of the third meeting of the Working Group.
ANNEX

CATEGORIES

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<td>Independent monitoring, evaluation and oversight</td>
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<td>Direction/coordination</td>
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<td>Policies/norms/guidance</td>
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<td>International Health Regulations (2005) implementation/compliance</td>
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<td>International pandemic treaty/convention</td>
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<td>System and tools</td>
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<td>Rapid investigation, risk assessment, rapid response</td>
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<td>Sample sharing, genomic sequence, other data</td>
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<td>One Health</td>
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<td>Universal health coverage /health system/core capacity</td>
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<td>Global health workforce</td>
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<td>Public information and risk communication</td>
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<td>Research &amp;and development, regulations, manufacturing of medical countermeasures</td>
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<td>Procurement, supply chain, stockpile</td>
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<td>Economic and social protection, human rights</td>
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<td>Financing</td>
<td>Global finance – public common goods</td>
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Target groups

Revised target groups

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<td>Countries (political leaders/national authorities)</td>
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<td>Private sector</td>
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<td>Communities/civil societies/nongovernmental organizations/citizens</td>
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<td>United Nations</td>
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Areas of work

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<td>Recovery</td>
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