

## **Bureau's summary report of the second meeting of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (1–3 September 2021)**

### **SUMMARY OF DISCUSSIONS AND PROPOSED WAY FORWARD**

1. For the next iteration of the Secretariat's paper Member States requested several updates including:

(a) A fourth category to be added (along with leadership and governance, systems and tools, and finance), on Equity. This category will include recommendations, ranging from issue of timely access to pandemic countermeasure resources including through research and development, voluntary licenses, technology transfer, and capacity building for manufacturing of medical products and commodities as well as those related to social protection and universal health coverage.

(b) The Secretariat to identify recommendations already under way through existing mandates and including, but not limited to, initiatives of WHO, as well as to merge similar recommendations to reduce and focus Member State discussions.

(c) The Secretariat, together with relevant partner organizations, to map existing international mechanisms for funding preparedness and response, including those of the international financial institutions.

(d) The Secretariat to provide, for consideration of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR), a detailed analysis identifying potential benefits, challenges and risks of a new instrument and the different options for strengthening the effectiveness and implementation of, and compliance with, the International Health Regulations (2005), including the benefits, challenges and risks of amending them.

2. While discussing agenda items 4 and 5, Member States engaged in a rich and substantive discussion that identified several areas of clear priority both where there is significant convergence of views and where real differences remain. Many delegations urged the WGPR to prioritize discussion on WHO reforms including those that cannot be addressed through WHO's normal technical work. All delegations expressed commitment to real and urgent action to strengthen WHO and improve future preparedness and response as well as to consider the importance of implementing proposed immediate priority actions in order to halt the current pandemic, and agreed that the status quo is unacceptable in that regard.

(a) Strengthening the effectiveness and implementation of, and compliance with, the International Health Regulations (2005) is a clear area of priority for all Member States. There is significant divergence on how best to accomplish this goal, and it will require more work to find consensus. Potential challenges of amending the International Health Regulations (2005), including areas that cannot be covered in the Regulations, should be explored. Technical areas not covered by the International Health Regulations (2005) should also be considered further and the risks attached to any exclusion should be clearly understood. Finally, the Universal Health Preparedness Review has strong support across Member States and regions, and is currently being piloted by WHO and several Member States.

(b) Governance. There is strong Member State convergence around potential improvements to WHO governance including a focus on the Executive Board and its subcommittees and a recognition of the need to link WHO governance improvements to efforts aimed at strengthening the global health architecture. There remains a lack of consensus around how far the WGPR should work on aspects of the broader architecture governance beyond WHO. There was broad support for a systematic exchange between the different multilateral negotiations under way on global health architecture in order to prevent fragmentation and isolated debates.

(c) Finance. There is strong convergence that WHO's current funding model, both quantity and approach, is inadequate for effective global preparedness and response and a clear direction that the WGPR needs to coordinate its work with the Working Group on Sustainable Financing to promote sustainable and flexible financing for WHO. There is also strong support for health and finance sectors to work more effectively together and with WHO and that it would be useful for the WGPR to consult with relevant external actors on these issues, but there is divergence on whether WGPR should look at health financing beyond that for WHO. However, there was broad support for a systematic exchange in order to prevent fragmentation and isolated discussions as well as to ensure that the discussions and outputs of the WGPR are aligned with activities in other multilateral forums.

(d) Equity, including access to countermeasures. In line with the proposal above, Member States agreed that equity, both within and between countries, is a critical principle for success in improving global pandemic preparedness and response. It will require more work to develop specific measures to address inequalities in access by WHO and its Member States. This might include several areas of focus: timely and equitable distribution of countermeasures including vaccines, therapeutics, diagnostics, and health systems strengthening and the health systems connector; advancing and speeding research and development; strengthening regulatory systems; sharing of technology and know-how for broadening manufacturing capacity across all regions through voluntary licenses and technology transfer and capacity-building; and social protection, health systems strengthening and universal health coverage.

(e) Benefits of a new instrument. There is strong support for exploring the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response that could complement existing instruments, including the International Health Regulations (2005). In developing such a convention, agreement or other international instrument on pandemic preparedness and response, a cautious approach should be taken, recognizing both potential benefits and potential challenges.

(f) United Nations coordination. There was also a request, shared by different Member States, to have a full picture of the United Nations system emergency response and the tasks of the different actors involved therein.

3. Gaps identified by Member States that need to be addressed to strengthen pandemic preparedness and response, include:

- (a) funding gaps at both domestic and global level;
- (b) building core capacities for the implementation of and compliance with IHR at national and subnational levels, and strengthening mutual accountability, through regular country reviews and potential mechanisms like a Universal Health Preparedness Review;
- (c) surveillance and early warning systems;
- (d) zoonotic and environmental risks prevented and managed as part of a One Health approach;
- (e) regional capacity on preparedness and response;
- (f) strengthening laboratory capacities, enabling transparent immediate sharing of data on outbreaks, sharing pathogens, and promoting equitable sharing of benefits arising from shared information and resources;
- (g) strengthening WHO's authority, including for access to outbreak sites with due regard to and respect for the sovereignty of states;
- (h) clear guidelines for action when a public health emergency of international concern is declared with potential to establish intermediate alerts issued at global or regional levels;
- (i) interdisciplinary health emergency workforce, immediately deployable, to identify health emergencies and respond;
- (j) digital systems to enable direct exchange of data and genetic sequence data;
- (k) zoonotic and environmental risks prevented and managed as part of a One Health approach including for global surveillance systems and processes;
- (l) national commitment on investment in inter-ministerial planning and preparedness, including precautionary measures to acquire and stockpile resources and on financing health systems;
- (m) national, regional and global capacities to develop, produce and distribute vaccines, diagnostics, therapeutics and medical supplies;
- (n) improving equitable access to countermeasures, through knowledge and technology sharing, better governance of intellectual property rights on pandemic/epidemic countermeasures and supply chain systems.

4. As next steps, the Bureau proposes the following:

- (a) As before the Bureau will prepare their summary of the meeting and seek comment from Member States before finalizing. This should not be seen as setting policy or recommendations in any way for the WGPR, but rather simply as a resource that Member States can use to reflect on the WGPR discussions so far and prompt further engagement.

- (b) Recognizing the substantive progress made at the second meeting, and the challenging calendar in September, the Bureau will investigate the possibility for thematic deep dive sessions focused on the priority areas described in paragraph 2 and on the gaps in paragraph 3, taking into account challenges for all countries in the virtual setting.
- (c) To promote progress in the priority areas identified above, the Bureau will also work together to collect more focused views from all Member States on these issues. With that in mind, the Bureau proposes to publish all views collected as soon as possible, so that Member States can benefit from one another's perspective.
- (d) As mentioned by several Member States, the Bureau proposes that the Secretariat tools developed at this session be posted on the website, including the database, for all to use in providing their inputs and recommendations to the WGPR, especially as the Bureau will begin targeted engagements with external partners following the agreed method of work for the WGPR.
- (e) The Bureau will strive to ensure that organizations benefiting from a standing invitation are able to participate and provide inputs on issues that concern them.

The Bureau will look at the possibility of considering holding future meetings in-person/hybrid format.

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