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

Work plan for October and proposed way forward

1. The Bureau will develop a zero draft report from the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) to the special session of the World Health Assembly (WHASS), to be provided to all Member States by October 25. Member States or groups of Member States may provide written submissions/non-papers for consideration by the Bureau for inclusion in the zero draft report and circulation to all delegations by October 19.

2. In developing the zero draft report for WHASS and identifying elements which may be included in a draft proposal (for example accompanying draft decisions or resolutions), the Bureau will draw from discussions in the first three meetings of the WGPR, written submissions/non-papers provided by Member States or groups of Member States as well as observations of non-state actors and observers.

WGPR mandate and expected outcomes

3. According to operative paragraph 2 of resolution WHA74.7 (2021), the WGPR is established to “consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, taking into account relevant work of WHO, including that stemming from resolution WHA73.1 (2020) and decision EB148(12) (2021), as well as the work of other relevant bodies, organizations, non-State actors and any other relevant information”.

4. In addition, through decision WHA74(16) (2021), the WGPR is asked to “prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and to provide a report to be considered at the special session of the Health Assembly”.

5. With these two mandates in mind, the WGPR will prepare two reports, the first to WHASS on November 29–December 1, and the second to the Executive Board at its 150th session, to be held in January 2022. Recognizing that the two mandates are so closely linked, the development of both reports will be considered in an integrated manner in order to show the synergies and benefits of taking forward our mandates holistically to achieve maximum progress.
October intersessional work

6. In addition, there are three days of intersessional meetings available in October to facilitate Member State dialogue and agreement. In each of these topical meetings, the Bureau proposes that the topic will include both a discussion of relevant recommendations to WHO strengthening and consideration of the benefits and potential challenges to amendment of the International Health Regulations (2005) and of a new instrument in relation to each topic. Guiding questions will be developed for each session and provided to all participants as early as possible in advance.

   18 October – Equity, medical countermeasures and sample sharing, and the benefits derived thereof
   18 October – Member State dialogue with non-State actors
   20 October – New instrument deep dive
   25 October – Architecture deep dive including governance and One Health
   25 October – Member State dialogue with non-State actors
   1–3 November – WGPR fourth meeting – Drafting of report to WHASS

Work in the lead-up to the WHASS

7. We anticipate further potential intersessional work in preparation for WHASS on November 29–December 1. This intersessional work will be agreed at the end of the fourth meeting of the WGPR.

8. Following WHASS, the WGPR will continue its work in order to propose actions for consideration by the governing bodies in 2022, on overarching topics as agreed, based on Member State guidance and analyses by the Secretariat. The Bureau expects the work of the WGPR to cover all aspects of our mandate as we look at each topic, including how both to use existing tools to close gaps and to develop a new WHO convention, agreement or instrument, pending any additional guidance from WHASS.

9. With all of these issues in mind, the Bureau proposes to maintain a coherent and inclusive negotiating track to cover all aspects of our mandate. This is intended to limit pressure on all delegations, but especially small delegations who cannot engage in multiple parallel work streams. At the same time, given the inter-related nature of all these discussions, this approach will allow us to maintain and strengthen overall system coherence, for both WHO and relevant partners.